

# Harmonizing Cash and Voucher Assistance Approaches for Nutrition Outcomes in Nigeria



## About this Brief

The [Global Nutrition Cluster \(GNC\) Technical Alliance](#) (known as the Alliance) is an initiative for the mutual benefit of the nutrition community, and affected populations, to improve the quality of nutrition in emergency preparedness, response and recovery, by enabling and providing coordinated, accessible and timely technical support through multiple channels. To help fulfil this mandate the Alliance holds monthly learning meetings, where members identify potential learning gaps in nutrition in emergency preparedness, response and recovery by reflecting on questions coming to the Alliance and discuss optimal ways of filling such gaps. In 2022, members of the Alliance's Cash and Voucher Assistance (CVA) for Nutrition Outcomes Global Thematic Working Group (GTWG) highlighted a learning need in relation to documenting processes to align different CVA approaches at a sub-national or country level. The example from Nigeria on harmonizing CVA approaches for nutrition outcomes was deemed a useful example to share.

## Background

In 2022, Nigeria's population faced multiple, simultaneous challenges including an ongoing protracted conflict, devastating floods, and the continued economic impacts of the COVID-19 pandemic. Sadly, the conflict in Nigeria's north-eastern states of Borno, Adamawa, and Yobe (known as the BAY states) continues with no end in sight, thirteen years after it initially began. Boko Haram and Islamic State's Western Africa Province militants continue to indiscriminately attack people living in the BAY states, resulting in an immeasurable loss of human life, widespread displacement, and loss of livelihoods. In addition, an unusually severe rainy season, combined with the overflowing of a dam in neighboring Cameroon, led to flooding in many states across the country. The crisis has devastated infrastructure and livelihoods, leaving many dependent on humanitarian assistance and in urgent need of access to basic services.

Consequently, the [Nigeria Humanitarian Needs Overview](#) (HNO), published in February 2023, estimated that 8.3 million people were in need of humanitarian assistance, among which two-thirds were children. The 2023 HNO projected that 2 million children under five were likely to become severely wasted in northeast Nigeria, a 16 per cent predicted increase in cases of child wasting compared to the previous year.

In response, several implementing partners have initiated CVA programs with the use of CVA for food security – among other purposes, including nutrition outcomes – in northeast Nigeria in recent years. However, each nutrition partner implementing CVA programs for nutrition outcomes in the area had different conditionalities, targeting criteria, transfer values, intervention durations, and transfer frequencies (Box 1 highlights these definitions further). The rationale behind the use of the different programs was arbitrary and meant that the beneficiaries were not always receiving a service that was tailored to their needs. The need to ensure well thought-through and harmonized CVA approaches by all nutrition partners quickly became a sector priority.

### Box 1: Key definitions



*Cash and voucher assistance (CVA):* Refers to the direct provision of cash transfers and/or vouchers for goods or services to individuals, households, or group/community recipients.

*Cash transfers:* Also referred to as cash assistance or cash grants, this describes assistance provided in the form of money – either physical currency or e-cash – to recipients (individuals, households, or communities).

*Conditionality:* Refers to prerequisite activities or obligations that a recipient must fulfil to receive assistance.

*Delivery mechanism:* A means of delivering/transferring cash or vouchers to recipients (e.g. smart card, mobile money transfer, over the counter, cheque, ATM card, etc.).

*Transfer value:* The amount (usually a currency value) provided directly to a CVA recipient.

*A paper voucher or e-voucher:* These can be exchanged for a set value, quantity, and/or type of goods or services, denominated either as a currency *value* (e.g. \$15), a predetermined range of *commodities* (e.g. fruits and vegetables), or specific *services* (e.g. a medical treatment), or a combination of value and commodities. Vouchers are restricted by default, although the degree of restriction will vary based on the program design and type of voucher. They are redeemable with preselected vendors or service providers or in markets created by the implementing agency. A *value voucher* has a denominated currency value and can be redeemed with participating and pre-designated vendors or service providers for goods or services of an equivalent monetary cost. *Commodity vouchers* can be redeemed at participating vendors for goods or services from a predetermined list of items/services of specified types and quality.

Source: [Cash Learning Partnership Network Glossary](#)

To support the process of harmonizing CVA approaches, the Nigerian nutrition sector approached the CVA and Nutrition GTWG, a global group of experts in the field of CVA for nutrition outcomes. Following a series of virtual consultations with the CVA and Nutrition GTWG, the nutrition sector decided to organize a three-day technical consultation workshop on the use of CVA for nutrition outcomes in the country in order to harmonize the different approaches and develop a draft of operational guidelines for the implementing community to use. The workshop's objective was to discuss the key parameters of CVA for nutrition outcomes and possible approaches to be used in the country. It was expected that the meeting would result in the development of country-level operational guidance on CVA implementation for nutrition outcomes.

The purpose of this learning piece is to document the process of harmonizing and codifying in operational guidelines CVA approaches among nutrition partners in Nigeria to improve maternal, infant, and young child nutrition (MIYCN) outcomes to help guide similar processes in other contexts and countries.

**Box 2: What resources and support are available at the global level for country-led initiatives to harmonize CVA approaches for nutrition outcomes?**



- The GNC Technical Alliance supports countries, agencies, and nutrition practitioners in humanitarian situations with technical assistance to meet the nutrition rights and needs of people affected by emergencies. GTWGs are the GNC Alliance's working groups. They meet regularly to answer emerging technical questions in key thematic areas and develop interim consensus-driven, timely guidance in response to technical gaps in the absence of normative guidance/guidelines or where available guidelines require further translation or contextualization.
- A [CVA and Nutrition GTWG](#), part of the [GNC Technical Alliance](#), meets regularly at the global level to respond to technical needs, map key initiatives, and identify technical knowledge gaps.

### What documents and resources are available for CVA for nutrition outcomes?

At a global level, there are a number of tools and resources to support partners in implementing CVA approaches for nutrition outcomes, including:

- [Evidence and guidance note on the use of cash and voucher assistance for nutrition outcomes in emergencies](#)
- [Webinar on the use of cash and voucher assistance in nutrition](#)
- [Case study: Documentation of experiences using CVA for nutrition outcomes in Nigeria](#)
- [Modality decision tool: Nutrition addendum](#)

### The process of harmonizing CVA approaches for nutrition outcomes in Nigeria

As there had never previously been exercises to harmonize different approaches and develop operational guidance, the process required a well thought-through plan of action. This plan of action was developed by the Nigeria nutrition sector with support from global and regional colleagues. The plan of action consisted of several steps:

#### Step 1: Consultations with various stakeholders

As soon as the nutrition sector determined the need to develop operational guidelines for CVA and nutrition in February 2022, the nutrition sector coordination team initiated consultations with various stakeholders at the global, regional, national, and sub-national levels in order to understand what resources and guidance was available for them to draw from.

#### Step 2: Creation of a core group of facilitators

As the guidance available was generic and scarce, the chairs of the CVA and Nutrition GTWG proposed to support the process of guideline development in Nigeria. Biweekly meetings were then initiated in May 2022 between a core group of facilitators, including key CVA and Nutrition GTWG members and regional and in-country stakeholders. The focus of these meetings was around organizing an in-country consultation workshop to discuss harmonization considerations.



### Step 3: Preparation for technical consultation workshop

The CVA and Nutrition GTWG suggested that an in-person consultative process would be beneficial to discuss the content of the guidelines, develop an initial draft, and to work out any challenging or controversial issues face-to-face.

### Step 4: Literature review

Once the need for an in-country consultation was agreed upon, the nutrition sector coordination team undertook a review of published and gray literature in Nigeria and other countries. The literature review was intended to help prepare for the consultation workshop.

### Step 5: Creation of a CVA for Nutrition Technical Working Group (TWG)

The nutrition sector coordination team decided to create an in-country CVA for Nutrition TWG composed of partners implementing CVA programs for nutrition outcomes. This TWG was created to provide technical advice to the nutrition sector and implementing partners on the use of CVA as a modality to support nutrition outcomes in northeast Nigeria. One of the main tasks of the newly formed TWG was to lead the development of the operational guidelines.

### Step 6: Mapping who is doing what where in CVA and nutrition

The TWG initiated its work by asking each partner implementing CVA and nutrition to share a one-pager on the implementation modalities and lessons learned. During August and September 2022, the group continued by [mapping the actors implementing CVA for nutrition in northeast Nigeria](#) in collaboration with the in-country Cash Working Group (CWG).

In preparation for the technical consultation workshop, the TWG and the core group of facilitators discussed and agreed on the content for the workshop as well as a suggested outline for the operational guidelines. A proposed workshop agenda was also subsequently agreed on.

Technical consultation for CVA and Nutrition in Nigeria workshop agenda
1. Evidence on CVA for nutrition
2. Nigeria nutrition situation analysis
3. CVA feasibility and appropriateness in the Nigeria context
4. Practitioner experiences in Nigeria
5. Components of a solid CVA for nutrition intervention design
6. Minimum food baskets for nutrition gap filling



## 7. Defining Nigeria CVA use cases<sup>1</sup>

Since no guidance on how to conduct this exercise was available due to it being an entirely new process, it was clear that the core group of facilitators – a mix of national, regional, and global stakeholders – was essential to brainstorm and support preparation for and discussions during the workshop. The list of participants was put together by the TWG, and was intentionally limited to one technical person and one decision maker per organization (though this was not strictly followed) to keep the group small and ensure that there were sound technical inputs to the guidelines as well as management buy-in for the process.

The Nigeria nutrition sector invited Action Against Hunger, Cash Learning Partnership (CALP), Catholic Relief Services, food security sector, Food and Agriculture Organization, Global Healthcare Village Initiative (GHIV) Africa, GNC, International Medical Corps, International Rescue Committee, Mercy Corps, Ministry of Health, Nigeria Cash Working Group, Save the Children, the United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), and World Food Programme (WFP) representatives to a three-day technical consultation on CVA for nutrition in October 2022.

As many of the participants were from the regional and global levels, it was decided that the workshop would take place in Nigeria's capital, Abuja. This also helped in ensuring the process was broader than just at sub-national level, as the Nigerian government had requested that the guidelines be written for the national level. In addition to being very supportive throughout the process, the USAID Bureau for Humanitarian Assistance (BHA) also funded the consultation along with UNICEF contributing additional funds. The preparation for the workshop took the TWG four months to complete, with monthly meetings to brainstorm and report on tasks.

In order to ensure that the members joining the technical consultation understood the basics of CVA, the TWG requested participants to complete the online CALP CVA training course: [Summary of Cash and Voucher Assistance – The Fundamentals](#) and view the following videos online: 1) [Cash and Vouchers in Humanitarian Operations](#); 2) [CVA assistance, what are the risks?](#); 3) [Recipient access and CVA delivery mechanism](#); and 4) [CALP video: Top tips for strong response analysis and modality decision-making](#). These resources helped provide a uniform understanding of the basics of CVA.

During the workshop, participants discussed and attempted to answer questions such as the following: What are the global experiences on CVA and nutrition? How can those be adapted for the Nigerian context? What are the experiences to date in implementing CVA for nutrition outcomes in Nigeria? What are the lessons learned with each modality (cash and vouchers) and what is the most appropriate modality for influencing nutrition outcomes? What are the main barriers to good nutrition in the country and how can CVA be used to improve nutrition outcomes? How can one ensure that CVA for nutrition outcomes is linked to other sectors? What are the risks and mitigation measures in relation to implementing CVA for nutrition outcomes?

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<sup>1</sup> The colleagues in Nigeria defined use cases as the description of all the different scenarios where CVA interventions for nutrition outcomes are implemented

During the consultation, the participants agreed on four main approaches as entry points for using CVA to improve maternal and child nutrition outcomes in Nigeria. Those four main approaches now constitute the skeleton of the guidelines:

### 1: CVA for nutritional adequacy

Individual supplemental nutrition assistance to improve dietary adequacy

Objective:

- Increase access to a nutritious diet to enhance growth and prevent deterioration in the nutritional status of children under five years of age and pregnant and breastfeeding women (PBW)

### 2: CVA to access newborn care as prevention services

Incentivizing attendance of Maternal, Newborn, and Child Health (MNCH) programs and providing CVA to support infant nutrition in the absence of breastfeeding options.

Objectives:

- Incentivize attendance of MNCH programs, including antenatal care, postnatal care, facility-based delivery, and immunization.
- Increase access to breastmilk substitute for infants that cannot be breastfed (as a last resort mechanism).

### 3: CVA to facilitate access to moderate wasting supplementation

Provide CVA to facilitate access to supplementation of moderate wasting using locally available nutrient-dense foods such as Tom Brown (see Box 3).

Objective:

- Supplement moderate wasting in children under five years of age.

### 4: CVA to facilitate access to severe wasting treatment

Provide CVA to improve access and adherence to treatment of severe wasting.

Objectives:

- Cover the costs associated with accessing inpatient care at stabilization centers (SCs).
- Caregiver ration for when children are admitted to SCs.
- Protection ration to reduce sharing of ready-to-use therapeutic food and prevention relapse.
- Cover out-of-pocket costs associated with accessing SCs.

### Box 3: Who is Tom Brown<sup>2</sup>?

Tom Brown is not a person but a recipe, [as this article by the International Committee of the Red Cross \(ICRC\)](#) puts it. Caregivers of malnourished children come together to make porridge mix out of locally sourced and grounded grains such as soy, peanut, millet, guinea corn, and oil. Caregivers use the local mix to feed their children for eight to 12 weeks to prevent malnutrition. The local mix is called Tom Brown, probably due to its color. Each group of caregivers is led by a lead mother who, prior to the workshop, received either cash or a voucher to purchase the grains needed to produce the Tom Brown porridge. During the workshop, the modality delivery approach for Tom Brown was also discussed. Different members of implementing agencies realized that using commodity vouchers instead of value vouchers or instead of cash would simplify the process, as the commodity voucher would not need to be adjusted when fluctuations in commodity prices were seen. Preselected vendors would receive the commodity voucher from the lead mothers and provide them with the exact amount of grains needed, regardless of the day's price. The preselected vendors would then receive the equivalent value via the implementing partner, usually by bank transfer.

For each of the main approaches, workshop participants discussed some of the considerations in smaller groups and suggested recommendations relating to: 1) barriers (including financial constraints) to good nutrition and how CVA could best support in overcoming such barriers; 2) choice of modality (cash or voucher); 3) risks and mitigation measures associated with each modality; 4) lessons learned in relation to the different delivery mechanisms; 5) lessons learned on duration and frequency of CVA provision; 6) targeting and enrolment criteria; and 7) the value of combining CVA with additional nutrition-sensitive interventions.

The transfer value was discussed at length during the workshop, as this required defining both the objective and the target for the transfer. For example, if the transfer was intended to improve dietary adequacy in children under five years of age then a set of food items or a food basket tailored to reach this nutrition objective needed to be defined. Since a general food distribution was already taking place in parts of the country, a top-up basket (additional rations beyond those provided by the general food distribution) needed to be defined, and its value had to also be calculated to better understand the required transfer values. It was recommended that transfer values be calculated depending on the actual costs of the food basket, as the cost kept changing. Participants tried to define a basket that was nutrient dense and yet low cost. Participants also had to take into account what food was available during the lean season (i.e. May–September) when the prevalence of malnutrition is typically highest. The [Nutval](#) tool<sup>3</sup> was used to help define the top-up baskets for children under five and PBW. This approach was particularly important because top-up baskets tend to require routine recalculation and recalibration due to shifts in food assistance transfers. If the value of a household-level food assistance transfer is reduced then the resulting nutrition gaps are higher for nutritionally vulnerable groups, and the nutrition basket must be reworked accordingly. Documentation of a clear rationale and methodology using a transparent, free, and user-friendly tool was considered essential for operational usefulness due to the need to routinely recalculate values and nutritional coverage.

<sup>2</sup> More information on Tom Brown can be found in the Catholic Relief Services' [Tom Brown Supplementation Feeding Program Implementation Guide](#).

<sup>3</sup> A spreadsheet application for planning and monitoring the nutritional content of food assistance.





### Step 7: Agreeing on next steps and timeline

During the workshop, next steps were discussed and a timeline was developed for drafting, reviewing, and validating the operational guidelines. Although the timeline was later adapted, it provided a useful reference to work toward.

### Step 8: Creation of drafting and reviewing task forces

Following the workshop, two additional task teams were created: a task team for drafting the guidelines based on the discussions during the workshop and a task team for subsequently reviewing the guidance drafts. The task team for drafting was composed of the in-country CVA TWG and the nutrition sector coordination team in Nigeria, while the task team for reviewing was composed of the CWG members, BHA, WFP, and members of the CVA and Nutrition GTWG.

After several rounds of review the country team is very close to validating its national operational guidelines for CVA approaches to improve MIYCN outcomes.

## **Successes, challenges, and lessons learned**

### Successes:

The process of harmonizing CVA approaches in Nigeria had several successes, challenges, and learnings that may be useful for other contexts and countries also considering operational guidance on CVA for nutrition outcomes. The key informants identified the following successes:

- Leadership to drive the process forward: One of the main successes was the leadership of the nutrition sector in Nigeria, which saw this process through with diligence despite its complexity and while responding to an ongoing emergency. Although the process was time consuming, nutrition sector leads prioritized allocating sufficient time to it, including consulting others to ensure buy-in.
- An inclusive approach: The dedicated CVA for Nutrition TWG successfully engaged with all partners in the lead-up to the workshop to suitably prepare for the process while ensuring inclusiveness and respect of the points of view of all partners. While an inclusive approach added to the time this process took, it was essential to gain buy-in and acceptance of the guidelines when developed.
- Collaboration across country, regional, and global levels: The collaboration with in-country, regional, and global experts was essential to the process, particularly given that there was limited resources and tools to guide harmonization exercises, and ensured high-quality guidance was developed, linking available global-level information and resources and supporting contextualization to Nigeria.
- Government buy-in: The Nigerian government was supportive of the harmonization exercise and co-led the process. Additionally, the consultation workshop was very inclusive, which facilitated the buy-in of all partners.
- Prioritizing learning: Opportunities for cross learning were provided within the workshop, which helped improve the quality of ongoing CVA for nutrition programs. Partners implemented changes in the weeks following the workshop. For example, it was realized that, instead of giving cash to lead women within the Tom Brown program, they could provide commodity vouchers. By doing so, two problems were solved: firstly, it meant they did not have to worry about sourcing cash during times when cash was scarce in the country (due to the cash



crisis) and, secondly, they no longer needed to calculate the value of the commodities every month – as prices were fluctuating – since the commodity voucher was set on fixed quantities and types of food to be collected.

### Challenges:

Despite the many successes, the following challenges were reported by key informants:

- High turnover of staff at the CWG: The in-country CWG was a vital actor to bring in and their heavy involvement would be highly recommended. Unfortunately, the CWG either did not have a leader or had frequent turnover in its leadership throughout the process in Nigeria. To compensate for the orientation that the CWG could have provided, the CVA TWG in Nigeria made the online CVA courses mandatory to all participants. This facilitated the discussion during the workshop as it ensured participants were on the same page. The solution to this challenge is now considered a best practice.
- Lengthy discussions, particularly in relation to financial constraints: The technical discussions were perceived as long and the food basket seemed too costly at first. The group's first priority was to accurately describe what the nutritional or financial gaps were. Some of the solutions proposed seemed impossible (like a top-up basket that is too expensive), but with perseverance and the presence of nutrition experts workshop participants were able to provide low-cost alternatives for nutrient-dense foods that are equivalent to higher-cost food items.
- Limited access to cash in the country: As mentioned previously, Nigeria went through a cash crisis in January and February 2023 and as a result a cashless system had to be considered as an option in the guidelines. Alternative modalities included vouchers, transfers, debit and master cards, and prepaid cards<sup>4</sup> for people who did not have bank accounts.

### Lessons learned:

Key informants also highlighted several important lessons learned through the process:

- The importance of creating sufficient time for CVA discussions: The important topic of harmonization and CVA for nutrition outcomes in general could not be discussed at length during regular nutrition sector meetings. Thus, creating a dedicated CVA for Nutrition TWG in the country was critical to moving the process forward and a recommended step in the process to facilitate the work and allow time for discussions.
- Engaging global, regional, and country-level experts: The presence of global-level experts helped when certain technical references were missing and guidance was not available. A mix of decision makers and experts from national, regional, and global levels would be recommended for the consultation and CVA for nutrition outcomes guidelines development in other countries.
- Engaging national cash groups early: Another lesson learned would be to ensure the engagement and commitment of the national CWG early on in the process, and seek their support in orienting the nutrition partners on the CVA terminologies. If this is not possible then the online courses would need to be mandatory for participants in the workshop, as was done in Nigeria.

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<sup>4</sup> Prepaid cards act as a cashless wallet, they are used in the same way as a debit card but are not linked to a bank account and one can only spend the balance that is deposited in them.

- Consider hiring a consultant to lead the process (if budget allows): Key informants mentioned that hiring a consultant would have greatly alleviated the burden on the country colleagues who were leading the process, especially given that responding to an ongoing emergency was the main focus of all partners.
- Focus on getting buy-in from all partners: Finally, the Nigeria process was transparent and inclusive, in both the content and the methods used to develop it, which facilitated buy-in from all partners. For example, the method to calculate the value of the food basket was clearly delineated in a transparent and replicable way and colleagues opted to not use an analysis method that could not be used by the entire stakeholder group.

## Conclusion

The operational guidelines on harmonizing CVA to improve MIYCN outcomes in Nigeria are in the final stages of development and validation, but some CVA programs in the country have already started to use the described approaches. While the true impact of the harmonization process is not visible at this early stage, small changes are already being seen. Key informants have already highlighted how logistically lighter their programs have become after embracing the guidelines' recommendations (e.g. when they started using commodity vouchers instead of using cash, especially during the time when cash was scarce). As the guidelines are not fully official and validated, a review will likely be needed in approximately six months' time to document the changes in regard to CVA and nutrition program staff, beneficiaries, and the nutrition outcomes of the target population.

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