18th November 2020 Cash Hub Webinar Summary Points

Topic: CVA For Nutrition Outcomes

Speaker	Summary Takeaways
Naziha El Moussaoui, British Red Cross, Food security, nutrition and livelihoods adviser	**Importance of Nutrition** **Definitions around nutrition** - Nutrition is a science and a multisectoral field, the term nutrition is commonly is used to refer to a healthy or balanced diet. - Malnutrition refers to the deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. - There are three types of malnutrition which coexist, termed the Triple Burden of Malnutrition: *Undernutrition*: which is the consequence of an individual having insufficient amounts of healthy food, it leads to wasting, stunting and being underweight and can in the long-term lead to starvation, famine and death. According to WHO there are 420 million people globally who suffer from undernutrition. *Overweight*: which is the overeating or excessive intake of nutrients which leads to obesity and diet-related non-communicable diseases. According to WHO there are 1.9 billion people who are overweight globally. *Micronutrients deficiencies:* The lack or excess amount of important vitamins and minerals, e.g. iron or folic acid, which can lead to anaemia or problems of immune deficiencies. These vitamin and mineral deficiencies are often hidden until their related symptoms occur. In the humanitarian sector responses primarily focus on addressing the undernutrition or micronutrient deficiencies of a targeted group. **Impact of malnutrition** There are many negative consequences of malnutrition for individuals and their families and for communities and for countries, some of these consequences are irreversible. These include the effects to health and physical development, brain development, and impacts on economic growth of the country with the perpetuation of poverty. The following statistics demonstrate why malnutrition is such a key issue for public health and humanitarian responses: - Around 45% of deaths among children under 5 years are linked to undernutrition. - 144 million children have suffered from stunted growth due to malnutrition, with potential effects on their brain development and subsequently reduced chances for their intellectual development and joining of the work force. - Large economic impact, the drop in energy associated with deficiencies and health care costs causes a drop of 2% of GNP. - Iron deficiency affects the mental development of 40 to 60% of children in developing countries and causes 60,000 deaths a year in pregnant women.

	- Iodine deficiencies has led to the birth of 18 million disabled children. - Vitamin A deficiencies causes the deaths of around 1 million children a year. **What is being done to address malnutrition?** Combating malnutrition requires a multisectoral approach. - Nutrition- specific approach: interventions that address immediate causes of malnutrition (care and intake), including treatment of malnutrition. - Nutrition-sensitive approach: interventions that address underlying causes of malnutrition (food security, livelihoods, child protection, CVA). - The Compendium of Actions for nutrition by sectors can be downloaded here: https://www.reachpartnership.org/compendium-of-actions-for-nutrition
André Dürr, Independent CVA and Nutrition Expert	**Economic barriers in nutrition & the use of CVA in nutrition responses** **CVA the conceptual framework** CVA can impact underlying determinants of nutrition in three main ways: i) Allows HHs and individuals to purchase goods and access services that can have a positive impact on maternal and child nutrition. E.g. food that constitutes a health diet, items to prepare food, safe water, health services, transportation to health services and medication. ii) Conditional CVA can be an incentive to participate in nutrition Social and Behavioural Change activities and/or to attend free priority health services (preventative and primary health services which are known to have a good impact on the nutrition of children and mothers). E.g. targeting people to promote what constitutes a healthy and nutritious diet and incentivise, and targeting specific groups such as mothers to attend specific services. iii) Increased household income can reduce household tensions, economic pressures, enhance decision-making power of women, improve health and well-being of caregiver etc. **Demand side barriers to adequate nutrition** - Economic: These barriers include the affordability of goods and services and opportunity costs related to seeking health and nutrition services. E.g. cost of nutritious food, care-giver attending a clinic will mean they can not take part in livelihood related activities, transport to the clinic, etc. - Behavioural: These demand side barriers include the insufficient knowledge and skills related to the preparation of a nutritious diet, adequate complementary foods, caring practices, WASH practices ect.

- Other: Other demand side barriers could include an individual's access to markets or inadequate health seeking behaviours due to lack of knowledge of malnutrition, traditional beliefs, etc.

Supply side barriers to adequate nutrition

- Supply side barriers to adequate nutrition include the availability and quality of food and non-food items on the market, as well as the availability and quality of preventative services, treatment services and the availability of adequate drugs. Not the focus of this talk.

CVA is not an adequate response on its own to combat the malnutrition of children and caregivers as it does not address the behavioural or supply side barriers. Therefore, CVA in a nutrition response should always be complimented with other nutrition sensitive and specific interventions.

Most common approaches to integrate CVA into nutrition response

Based on a review of studies and operational examples, five main approaches to integrate CVA in nutrition response were identified:

1) Using CVA modalities for household assistance and/or individual feeding assistance
   - CVA can be used for both components, with limitations for individual feeding
   - household cash plus specialised nutritious food shows promise; with positive experience with fortified food vouchers to date
2) Pairing household CVA and context-specific social and behaviour change
   -CVA modalities that aim to contribute to nutrition outcomes need to be accompanied with context-specific social and behaviour change activities
3) Providing conditional cash transfers to incentivize attendance to priority health services
   - conditional cash transfers can improve attendance at health services and provide household income
4) Provide CVA to facilitate access to treatment services
   - frequently used to cover transport costs but this has been poorly documented to date
5) Provide household CVA to caregivers of Severe Acute Malnutrition children
   -CVA can improve treatment outcomes (reduce relapse and non-response to treatment, improve recovery), but this is the anecdotal evidence for perverse incentive

The above can be combined with each other and be a component of a broader nutrition response.

Steps to incorporate CVA into nutrition response

There are 7 steps to incorporate CVA into nutritional response, using the programme cycle.

Step 1: Determine whether CVA can contribute to nutrition outcomes

Step 2: Determine the feasibility of CVA as part of a nutrition response

	Step 3: Determine and select response options and response modalities *Step 4:* Design the CVA component *Step 5*: Mobilize resources for the response *Step 6:* Implement a CVA component *Step 7*: Monitoring of a CVA component Transversal issues: - Preparedness - Coordination - Information Management - Risk analysis and mitigation **GNC Evidence and Guidance Note** This document includes guidance on the following areas: - Targeted towards nutrition (and CVA) practitioners - Provides overview on evidence base and identifies main approaches to integrate CVA in nutrition response - Provides guidance on how to incorporate Cash and Voucher Assistance into Nutrition Response - Provides guidance on how to apply a Nutrition Lens to a Cash-Based Response The link to this document can be found here.
Hortense Sombié, Head of Community Development, Food Security and Livelihood, Burkinabe Red Cross	**Cash for nutrition intervention – Burkina Faso** - Burkina Faso has been experiencing a deterioration in security since 2015, leading to massive population displacement with more than 1,000,000 IDP's in October 2020. This has resulted in malnutrition rates well above the WHO emergency thresholds in certain areas of the country. - The abandoned villages and arable lands couples with climate change-related hazards and demographic increase, has led to a significant reduction in agricultural production. - As a consequence, there has been an increase in food needs in the country, particularly in five regions (Sahel, Centre-North, East, North, Boucle of Mouhoun). - Since 2017, the Burkina RC with the support of its partners has been providing support to vulnerable displaced populations and host communities, with a specific focus on children aged 6-23 months and pregnant and lactating women. **Programme beneficiaries and areas of interventions** - In 2020 more than 66,000 people have been assisted by the Burkina RC with food rations (for 1-3 months) and more than 3,100 children (aged 6-23 months old) with enriched flours. - This programme includes the following components: food assistance, distribution of fortified flour, health/nutrition, shelter, wash, NFI, protection. - This intervention will be focused in the Sahel, Centre-North area of Burkina Faso. **Aims of the programme** *Global programme objectives:*

	- To strengthen multisectoral emergency assistance and support the protection and resilience of the most vulnerable people affected by the security and natural disasters in Burkina Faso; - To improve the living conditions of the most vulnerable people affected by the conflicts in the Sahel and North Center regions; - To improve the nutritional status of children suffering from malnutrition. Currently the funding support of this programme lasts a duration of one to two years, however the intervention will aim continue to run for several years with new funding sources. **Targeting and registration:** - This programme has used the support of guides and community leaders in the targeting and registration of new IDPs and vulnerable host households. - Number of cases of malnutrition identified through the targeting exercises in 2020 was 495, of which 302 were males and 193 females. - The Burkina RC conducted initial assessments for determining baselines in this programme and NS volunteers used ODK Kobo Collect for door-to-door targeting. - Lists were cross-checked with other actors to eliminate duplicates. - Multisectoral needs assessments for IDPs (food, health/nutrition, shelter, wash, livelihood, etc.) were also conducted as part of the targeting process. **Modalities of Assistance** - Two modalities were used in this response. Firstly, the use of paper vouchers and secondly, e-card through the Red Rose platform with the use of cash back association in certain areas. **Organisation of distribution** - For the distribution beneficiaries were divided into groups according to the size of their household in order to receive the food rations. Households were broken into sizes of 1-4 people, 5-9 people, 10+ people. - The Burkina RC dealt with local providers in each department for the distribution of food and enriched flour via vouchers or cards (Red Rose platform), with the aim of supporting the development of the local economy. - Quality control of foodstuffs was also carried out in collaboration with the decentralized agricultural services and certified laboratories for the fortified flour. **Community engagement and accountability (CEA) within the programme:** - The communities were involved throughout the process of targeting and validation of beneficiary lists (including participation of key persons, guides, IDP representatives, Red Cross volunteers,

	community leaders, etc.). These stakeholders were consulted before local traders were contracted. - A dedicated phone number has been set for the feedback mechanism and was widely shared during the distributions (printed on vouchers, shared at flour distribution sites, and posted in shops/stores of the vendors). This phone number was also broadcasted on local radios. This enabled beneficiaries to call for information, to provide feedback and to register complaints. **Relevant information from PDMs, endline** - A post distribution monitoring survey was conducted after the first distribution to identify the flaws in the process and to collect feedback from the beneficiaries, with the view to make improvements and amendments in further distributions. - An endline survey will be carried out to assess the level of progress against the food security and nutrition indicators which were used in the initial baseline survey. **Suggestions and key points learnt from the CRBF CVA experience in nutrition programmes** - The importance of integrating emergency and development activities in different programmes. - The key benefits of flexible modality options (vouchers, cards, cash or cash back) depending on the area. The use of transfer modality analysis by zone to decide on the modality and mechanism for the programme. - The important role malnutrition screening plays during targeting as well as scale-up of home measurement of MUAC (Mid-Upper Arm Circumference) to enable early detection of malnutrition and referrals. - The importance of assessing beneficiaries' nutritional preferences when assistance is provided through in-kind distributions. - Work with relevant stakeholders for the sensitisation to prevent malnutrition, helping to ensure that consumers use the enriched flour to combat child malnutrition. - The role that the NS plays in promoting of local products with high nutritional value within communities.
Felicien Muhire, Regional Nutrition Adviser WA, ICRC	**CVA for Nutrition, a decision-making tool** **Purpose and use of tool pack** - The aim of the tool pack is to support nutrition practitioners in identifying the most appropriate and operationally feasible combinations of interventions to address nutrition needs. - The combination of interventions may include cash or vouchers, where these can support, complement, maximize other modalities more routinely considered in nutrition programming. - This tool takes the users through the full response option analysis process, helping them in considering key appropriateness and feasibility factors, and pointing them in the direction of the most relevant tools. The tools were developed by CaLP, SCI, CRF, UNICEF.

Considering and incorporating CVA into nutritional programming, a three-step decision-making tool

The tool goes through three steps with relevant tasks and actions related to each step. Together in combination these steps will help to support the delivery of a context-specific, evidence based, and appropriate combination of interventions, potentially including CVA to achieve nutrition-specific outcomes.

Step 1: Identify the determinants of malnutrition in the context of intervention and set desired nutrition outcomes.
The aim of this step is to enable practitioners to identify the causes of malnutrition in their context by integrating economic barriers. This step is split into 4 tasks.

- Task 1: Review of existing data (at both national and local level)
  The purpose of this task is to identify existing data and their level of reliability. Practitioners can reply on IPC MA (Integrated Food Security Phase Acute Malnutrition Classification) analysis completed at country level (e.g. by FAO/WFP/UNICEF) or other analyses incorporating data review or existing report. By listing all the potential indicators available and from these indicators analyse how they link to malnutrition.
- Task 2: Identify the determinants of malnutrition in context.
  The aim of this step is to identify the main contributing factors to malnutrition based on reliable existing evidence. This is done by working with multisectoral actors to create a matrix of contributing factors for each indicator identified in Step 1.
  Using both the causal framework of malnutrition identified in Step 1 and existing knowledge practitioners should identify the main contributing factors to malnutrition.
- Task 3: Classify the determinants of malnutrition (+ targeted economic barriers). The aim here is to provide a classification of the determinants that have an impact on malnutrition according to one of three levels. Through plenary or group work stakeholders work together to identify the economic, behavioural and structural barriers contributing to malnutrition.
- Task 4: Optional complementary analyses (analysis of certain barriers)

Step 2*:* Identify intervention combinations appropriate to tackle the causes of malnutrition in the context and achieve the desired nutrition outcomes.
Evidence has shown that, to be more impactful, CVA should be complemented by nutrition specific activities and sensitive interventions.
CVA can help to:

- Address financial barriers (access to food and basic services)
- Strengthen the use of services (conditional CVA)

	Step 3: **Select the combinations of interventions that are feasible, safe, and efficient.** The aim of this step is to design the implementation of CVA in nutrition programming, and identify cash transfer modalities in relation to the social and behaviour change component. This step includes geographic targeting, household targeting, analysis of response options (including risk analysis, community dynamics, services and local capacities), and design of modalities (including duration, frequency, amount, recipients, indicators and accountability). A prerequisite of beginning this step would be an identified set of combinations (Step 2) to address contextualised causes of malnutrition (Step 1). This tool is still new and will soon be made available on the Cash Hub platform.

Prepared by Cara Wilson, Cash Hub, based on what was said in the Webinar.

Abbreviations used in the talk:
CCTs: conditional cash transfers
FFV : fortified food vouchers
IPC- AM: integrated phased classification for acute malnutrition
IYCF : Infant and young child feeding
SAM: severe acute malnutrition
SBC : social and behaviour change
SBCC : social behaviour change communication
SNF : specialised nutritious foods