### Webinar 15: CVA For Nutrition Outcomes

**Adapting to COVID-19 - The Use of Cash & Markets in the Red Cross Red Crescent Movement**

**18 November 2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>3 mins</td>
<td>Housekeeping</td>
<td>David Dalgado, Cash Hub team, British Red Cross - Host</td>
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<tr>
<td>5 mins</td>
<td>Opening &amp; Importance of Nutrition</td>
<td>Naziha El Moussaoui, British Red Cross, Food security, nutrition and livelihoods adviser</td>
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<tr>
<td>10 mins</td>
<td>Economic Barriers in Nutrition &amp; The Use of CVA in Nutrition Responses</td>
<td>André Dürr, Independent CVA and Nutrition Expert</td>
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<td>15 mins</td>
<td>Cash for Nutrition Interventions - Burkina Faso</td>
<td>Hortense Sombié, Head of Community Development, Food Security and Livelihood, Burkinabe Red Cross</td>
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<td>12 mins</td>
<td>CVA for Nutrition A Decision Making Tool</td>
<td>Felicien Muhire, Regional Nutrition Adviser WA, ICRC</td>
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<td>15 mins</td>
<td>Q&amp;A</td>
<td>Mirko Tommasi, Regional Emergency Technical Assistant, Belgium Red Cross, Tanjona Andriamarolaza, ICRC Cash and Markets Regional Specialist, Jacqueline Frize, Interim Food Security and Livelihoods Adviser, British Red Cross</td>
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[www.cash-hub.org](http://www.cash-hub.org) - Cash Helpdesk available for all RCRC Movement CVA support
Definitions around nutrition

- **Nutrition** is firstly a *science*, but is commonly used to refer to healthy or balanced diet.

- **Malnutrition**: refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients.

- **Triple burden of malnutrition:**
  - **Undernutrition**: includes wasting, stunting and underweight
  - **Overweight**: obesity and diet-related noncommunicable diseases
  - **Micronutrients deficiencies** (a lack of important vitamins and minerals) or micronutrient excess

Naziha El Moussaoui, British Red Cross, Food security, nutrition and livelihoods adviser
Impact of malnutrition:

Negatives consequences, sometimes irreversible, for individuals and their families, for communities and for countries: on **Health and physical development**, **Brain development**, **Economic growth with perpetuation of poverty**

- Around 45% of deaths among children under 5 years are linked to undernutrition
- 144 millions of children are stunted, with maybe not optimal brain development and then reduced chances for intellectual development and work force
- Economic impact is enormous, the drop in energy associated with deficiencies and health care costs cause a drop in 2% of GNP
- Iron deficiency affects the mental development of 40 to 60% of children in developing countries, causes 60,000 deaths/year in pregnant women,
- Iodine deficiency lead to birth of 18 million disabled children
- Vitamin A deficiency causes death of 1 million children/year
What is being done to address malnutrition?

- **Nutrition-specific approach**: interventions that address immediate causes of malnutrition (care, intake), including treatment of malnutrition.

- **Nutrition-sensitive approach**: interventions that address underlying causes of malnutrition (food security, livelihoods, child protection, CVA… programming are integrating nutrition outcomes).

- **Want to know more?** Download the Compendium of Actions for nutrition by sectors: [https://www.reachpartnership.org/compendium-of-actions-for-nutrition](https://www.reachpartnership.org/compendium-of-actions-for-nutrition)
CVA can impact underlying determinants 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

ii. Conditional CVA can be an incentive to participate in nutrition SBC activities and attend to free priority health 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.
## Economic barriers to adequate nutrition

### Demand side barriers

**Economic barriers:**
- Affordability: Nutritious diet, cooking utensils and fuel, hygiene items, safe water and water treatment, transportation, other costs related to accessing health and nutrition services
- Opportunity costs: providing adequate care, seeking health and nutrition services

**Behavioural barriers:**
- Insufficient knowledge and skills on preparation of nutritious diet adequate complementary foods, caring practices, WASH practices, etc.

**Other demand side barriers:**
- Markets not accessible due to distance, safety concerns, etc.
- Inadequate health seeking behaviour due to lack of knowledge of malnutrition, traditional beliefs, etc.

### Supply side barriers

**Markets for food and non-food items**
- Availability and quality
- Local production
- Supply chains

**Health and Nutrition Services**
- Availability and quality of preventative services
- Availability and quality of treatment services
- IYCF support
- Availability of adequate drugs, supplies (e.g. therapeutic foods) and equipment for maternal and child health services

**Transportation services**
Most common approaches to integrate CVA in nut 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 SNF promising; positive experience with FFV

2) Pairing household CVA and context-specific SBC
   - **CVA modalities** that aim to contribute to nutrition outcomes **need to be accompanied** with context-specific SBC activities

3) Providing conditional cash transfers to incentivize attendance to priority health services
   - CCTs can improve attendance and provide household income
4) Provide CVA to facilitate access to treatment services
   ➢ frequently used to cover transport costs but poorly documented

5) Provide household CVA to caregivers of SAM children
   ➢ CVA can improve treatment outcomes (reduce relapse and non-response to treatment, improve recovery), but anecdotal evidence for perverse incentive

Can be combined with each other and be a component of a broader nutrition response!
Steps to incorporate CVA into nutrition response

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

➢ 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

https://www.nutritioncluster.net/resource_Evidence%20and%20Guidance%20Note
Humanitarian cash for nut interventions
Burkinabe Red Cross
Program introduction

• The BF has been experiencing a deterioration in security since 2015, leading to massive population displacements with more than 1,000,000 IDPs in October 2020, with malnutrition rates well above WHO emergency thresholds in certain areas of the country.

• The abandoned villages and arable lands coupled with climate change-related hazards and demographic increase, has led to a significant reduction in agricultural production.

• As a consequence, there is an increase in food needs in the country, especially in five regions (Sahel, Centre-North, East, North, Boucle de 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 6-23 months aged children and pregnant and lactating women.
Beneficiaries of the action (assistance) and areas of intervention

- Internal vulnerable displaced populations, vulnerable host communities, children between 6-23 months old, pregnant and lactating women.

- In 2020 more than 66,000 people will be assisted by the Burkina RC with food rations (1-3 months) and more than 3,100 children (6-23 months old) with enriched flours.

- Red Cross programme components: food assistance, distribution of fortified flour, health/nutrition, shelter, wash, NFI, protection.

- Zones of intervention: Sahel, Centre-North
Aims of the action

• Global objective: contribute to strengthen multisectoral emergency assistance, 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.

• Improving the nutritional status of children suffering from malnutrition

Duration of the action

• As it is a humanitarian programme, funds have a duration of one to two years, but the intervention continues over time.
Targeting / registrations

- Targeting/registration of new IDPs and vulnerable host households (working with guides and community leaders to facilitate it)
- Number of cases of malnutrition detected during targeting (2020): 495 of which 302 were male and 193 female.
- Initial assessment for determining baselines
- Use of ODK Kobo Collect for door-to-door targeting by the NS volunteers
- Cross-checking lists with other actors to eliminate duplicates
- Multisectoral needs assessments for IDPs (food, health/nutrition, shelter, wash, livelihood, etc.)
Modalities of assistance

Two (2) modalities used:

Paper coupons since 2017

E-cards with Red Rose platform since October 2020

Cash back association in certain areas
Organisation of distribution

• Beneficiaries are divided into groups according to the size of the household to receive the food rations.
  • Household with a size of 1 to 4 people
  • Household with a size of 5 to 9 people
  • Household with a size of 10 people or more
• The Burkina RC deals 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 is carried out in collaboration with the decentralized agricultural services and for flour, by certified laboratories
Community engagement and accountability in the program

• The communities are involved throughout the process (participation of key persons, guides, IDP representatives, Red Cross volunteers, community leaders, ----) in the targeting and validation of beneficiaries' lists and are consulted before the contracting with local traders.

• A dedicated phone number has been set for the feedback mechanism and widely shared during the distributions (printed on vouchers and flour distribution site, shops/stores of the vendors. This phone number is also broadcasted on local radios. This enables beneficiaries to call for information, to say thanks and to discuss with the Red Cross for any issue encountered.
Relevant information from PDMs, endline

• A PDM survey was conducted after the first distribution to identify the flaws in the process and the dissatisfactions of the beneficiaries, with the view to be corrected in further distributions.

• An endline survey is carried out to assess the level of achievement of the food security and nutrition indicators that had been assessed in the baseline survey.

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<tr>
<th>Indicators</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Proportion of the target population achieving an acceptable Food Consumption Score (FCS)</td>
<td>80,70%</td>
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<tr>
<td>Proportion (%) of 6-23 months aged children who receive an Acceptable Minimum Food Allowance</td>
<td>91,19%</td>
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<tr>
<td>Proportion of IDPs with minimal food diversity (&gt;=4/7)</td>
<td>90,82%</td>
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<tr>
<td>% of assisted displaced households with a Simplified Household Coping Strategies Index (CSI) ≤1</td>
<td>90,72%</td>
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</tbody>
</table>
Suggestions and key points learnt from the CRBF CVA experience in nutrition programmes.

• Integrate emergency and development activities in the different programs

• Flexibility of modalities options (vouchers, cards, cash or cash back) depending on the area. Use transfer modality analysis by zone to decide modality and mechanism.

• Malnutrition screening during targeting as well as home MUAC scale-up enable early detection of malnutrition

• Assessment of beneficiaries' nutritional preferences when assistance is provided through distributions.

• Association of enriched flours distribution + sensitization to prevent malnutrition

• Promotion of local products with high nutritional value
Merci
CVA for Nutrition
A decision making tool

Felicien MUHIRE, Regional Nutrition Adviser WA, ICRC
Abidjan November, 18th 2020
The tool pack

What’s it used for?

Purpose and use of the tool pack

• 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.

Developed by consortium WCA: CaLP, SCI, CRF, Unicef
CONSIDERING & INCORPORATING CVA INTO NUTRITION PROGRAMMING –

A 3 STEP DECISION-MAKING TOOL

**Step 1**
Identify the determinants of malnutrition in the context of intervention and set desired nutrition outcomes.

**Step 2**
Identify intervention combinations appropriate to tackle the causes of malnutrition in the context and achieve the desired nutrition outcomes.

**Step 3**
Select the combinations of interventions that are feasible, safe, and efficient.

Context-specific, evidence based foremost appropriate combinations of interventions, potentially including CVA to achieve nutrition-specific outcomes.
**Objective**: Help practitioners identify the causes of malnutrition in their context by integrating economic barriers.

Steps to be taken to contextualize the conceptual framework of malnutrition by integrating an analysis of economic barriers

1. **Task 1**: Review of existing data
2. **Task 2**: Identify the determinants of malnutrition in context
3. **Task 3**: Classify the determinants of malnutrition (+ targeted economic barriers)
4. **Task 4 (Optional)**: Optional complementary analyses (analysis of certain barriers)
Task 1: Review of existing datas (national and local level)

**Objective:** Identify existing data and their level of reliability (Rely on IPC MA approach)

- **How to do it:** Rely on IPC MA analyses done at the country level (FAO/WFP/UNICEF - Country Cluster) or other analyses incorporating data review or existing reports.

Nutrition, IYCF, Care Practices, Disease, Food Consumption, Food Safety, Quality of Health/Environment Health Services, Root Causes (Socio-Economic), etc. To be completed/modified

- Temporality (good/limited)
- Source (good/limited)

Low/Acceptable/Medium/High

Liste the indicators

National and local datas

Reliability level

Representativeness and Seasonality
Matrix to be filled in:

<table>
<thead>
<tr>
<th>Secondary data analysis</th>
<th>Figures</th>
<th>Recent data (++/+-/-)</th>
<th>Reliability of data (++/+-/-)</th>
<th>General impact of Covid (level of deterioration)</th>
<th>Impact on nutrition situation (++/+-/-)</th>
<th>Most vulnerable target (&lt;2 years old/&lt;5 years old/PLW/HH….)</th>
<th>most critical seasonality/period</th>
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<tbody>
<tr>
<td>National level</td>
<td>level (region, distr)</td>
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<tr>
<td>Nutrition</td>
<td>Global acute malnutrition</td>
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<td></td>
<td>Severe acute malnutrition (SAM)</td>
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<td></td>
<td>Stunting</td>
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<td>underweight</td>
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<td></td>
<td>number of SAM admission in health centre last 3 months</td>
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<td>Health care</td>
<td>Prevalence of anemia among children 6 - 59 months (Haemoglobin &lt;= 12g/dL)</td>
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<td>Prevalence of anemia among pregnant and non pregnant women (Haemoglobin &lt;= 12 and 11 g/dL, respectively)</td>
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<td>Micronutrients deficiencies among mothers of children 6 - 59 months</td>
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<td>Food consumption</td>
<td>Food consumption score</td>
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<td></td>
<td>Household dietary diversity score</td>
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<tr>
<td>Food security</td>
<td>food security IPC phase (from 1 to 5)</td>
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<td>reduced coping strategy index (rCSI)</td>
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<td></td>
<td>level of extreme poverty</td>
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<td>Health environment</td>
<td>distance from health centre</td>
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<td></td>
<td>presence of health-community agent</td>
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Task 2: Identification of the determinants of malnutrition (context)

**Objective:** Identify the main contributing factors to Malnutrition in the area based on reliable existing evidence.

- **How to do it:** In a plenary session with all the multisectoral actors.
- **Starting from the causal framework of malnutrition and based on the evidence identified** in Step 1 and existing knowledge, identify the main contributing factors.
- **Matrix to be filled:**

<table>
<thead>
<tr>
<th>Secondary data analysis</th>
<th>Contributing factor</th>
<th>Why (Key words)</th>
<th>Most vulnerable target (&lt;2 years old/&lt; 5 years old/PLW/HH….)</th>
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</thead>
<tbody>
<tr>
<td>Food and Care practices</td>
<td>Infant and Young Children feeding indicators</td>
<td>HIGH</td>
<td></td>
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<tr>
<td></td>
<td>Knowledge and capacity of care takers</td>
<td>LOW</td>
<td></td>
</tr>
<tr>
<td>Food consumption</td>
<td>Food consumption score</td>
<td>LOW</td>
<td></td>
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For each indicator (Step 1):
- **Contributing factor**
  - High
  - Low
  - Non-contributory
  - No data available
Task 3: Classification of the determinants of malnutrition by targeting economic barriers

- **Objective:** Provide a classification of the determinants that have an impact on malnutrition according to level

- **How to do it:** Plenary/group work with all stakeholders: nutrition and other sectors

- For each **Contributing Factor to Malnutrition**, identify whether the cause is **economic**, **behavioral**, or **structural** (multiple cases possible).

<table>
<thead>
<tr>
<th>Economic:</th>
<th>• Financial barriers of access and availability</th>
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<tbody>
<tr>
<td>Behavioral:</td>
<td>• Barriers related to women's knowledge, perception, use, norms and decision-making power</td>
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<tr>
<td>Structural:</td>
<td>• Weaknesses at the level of state structures/policies on the availability and quality of basic services (health, sanitation, drinking water)</td>
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</table>
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 2 :
Identify intervention appropriate combinations to tackle the causes of malnutrition in the context
**Prerequisite:** identified set of combinations (Step 2) to address contextualized causes of malnutrition (Step 1)

**Objective:** design the implementation of cash transfers in nutrition programming, and identify cash transfer modalities in relation to the SBCC component

→ Key considerations by step + orientation of operational tools to help design the approach

**STEP 3:**
Basic considerations for the design and implementation of CVA in Nutrition Programming
The tool is still new _ Need to pilot _ Technical support will be provided by these partners: Available very soon...

THANKS FOR YOUR ATTENTION
Questions & Answers

Please post questions in the chat,

(Stop sharing slides so video feed can be shared)
Thank You

- Naziha El Moussaoui, British Red Cross, Food security, nutrition and livelihoods adviser
- André Dürr, Independent CVA and Nutrition Expert
- Hortense Sombié, Head of Community Development, Food Security and Livelihood, Burkinabe Red Cross
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- Mirko Tommasi, Belgium Red Cross,
- Tanjona Andriamarolaza, ICRC Cash and Markets Regional Specialist,
- Jacqueline Frize, British Red Cross
- Stefania Imperia & Cara Wilson – Cash Hub team, British Red Cross

Next Webinar (To Be Confirmed) 9th December in conjunction with the newly launched Anticipation Hub.

www.cash-hub.org - Cash Helpdesk available for all RCRC Movement CVA support