

## Webinar 15: CVA For Nutrition Outcomes

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

18 November 2020



	Agenda	Speaker
3 mins	Housekeeping	David Dalgado, Cash Hub team, British Red Cross - Host
5 mins	Opening & Importance of Nutrition	<b>Naziha El Moussaoui</b> , British Red Cross, Food security, nutrition and livelihoods adviser
10 mins	Economic Barriers in Nutrition & The Use of CVA in Nutrition Responses	<b>André Dürr</b> , Independent CVA and Nutrition Expert
15mins	Cash for Nutrition Interventions - Burkina Faso	<b>Hortense Sombié</b> , Head of Community Development, Food Security and Livelihood, Burkinabe Red Cross
12 mins	CVA for Nutrition A Decision Making Tool	<b>Felicien Muhire</b> , Regional Nutrition Adviser WA, ICRC
15 mins	Q&A	<b>Mirko Tommasi</b> , Regional Emergency Technical Assistant, Belgium Red Cross, <b>Tanjona Andriamarolaza</b> , ICRC Cash and Markets Regional Specialist, <b>Jacqueline Frize</b> , Interim Food Security and Livelihoods Adviser, British Red Cross

[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



1



2



3



The power  
of kindness

# Impact of malnutrition :

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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

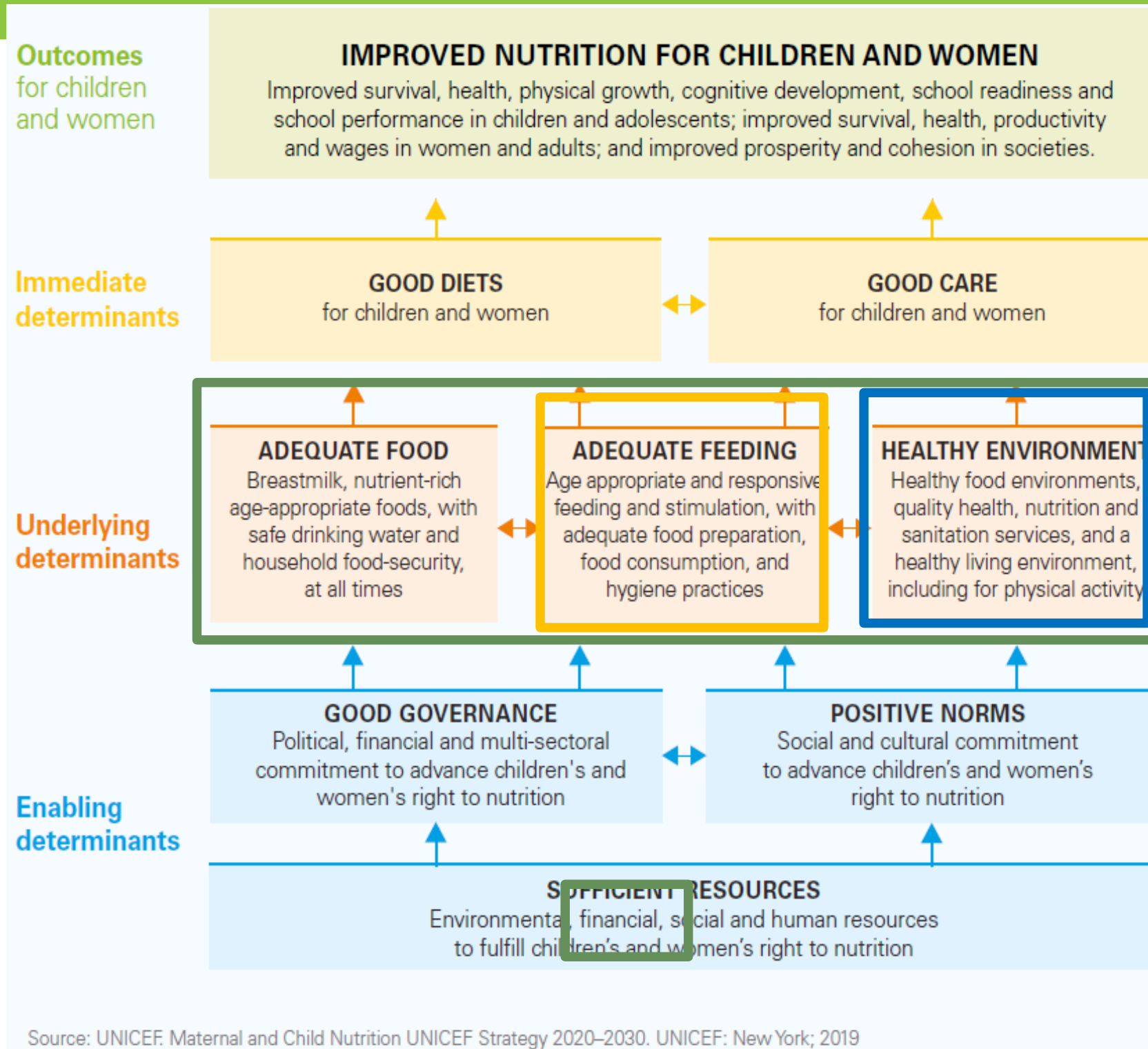
# **What is being done to address malnutrition ?**

- **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](https://www.reachpartnership.org/compendium-of-actions-for-nutrition) by sectors : <https://www.reachpartnership.org/compendium-of-actions-for-nutrition>



# CVA the conceptual framework

André Dürr, Independent CVA and Nutrition Expert



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



# Most common approaches to integrate CVA in nut response

- 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

## Transversal issues:

- Preparedness
- Coordination
- Information Management
- Risk analysis and mitigation

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

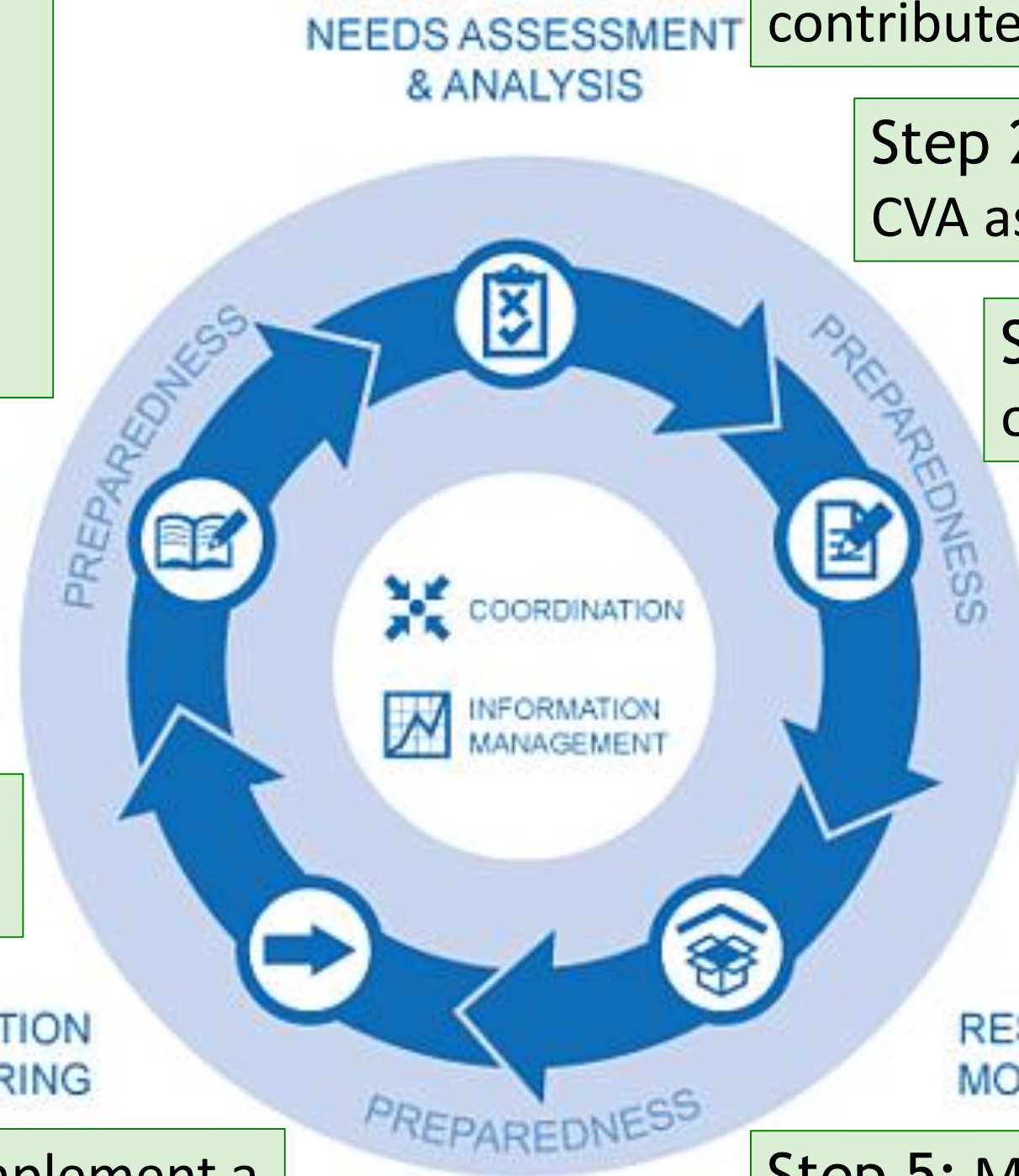
RESOURCE  
MOBILIZATION

Step 5: Mobilize resources for the response

Step 6: Implement a CVA component

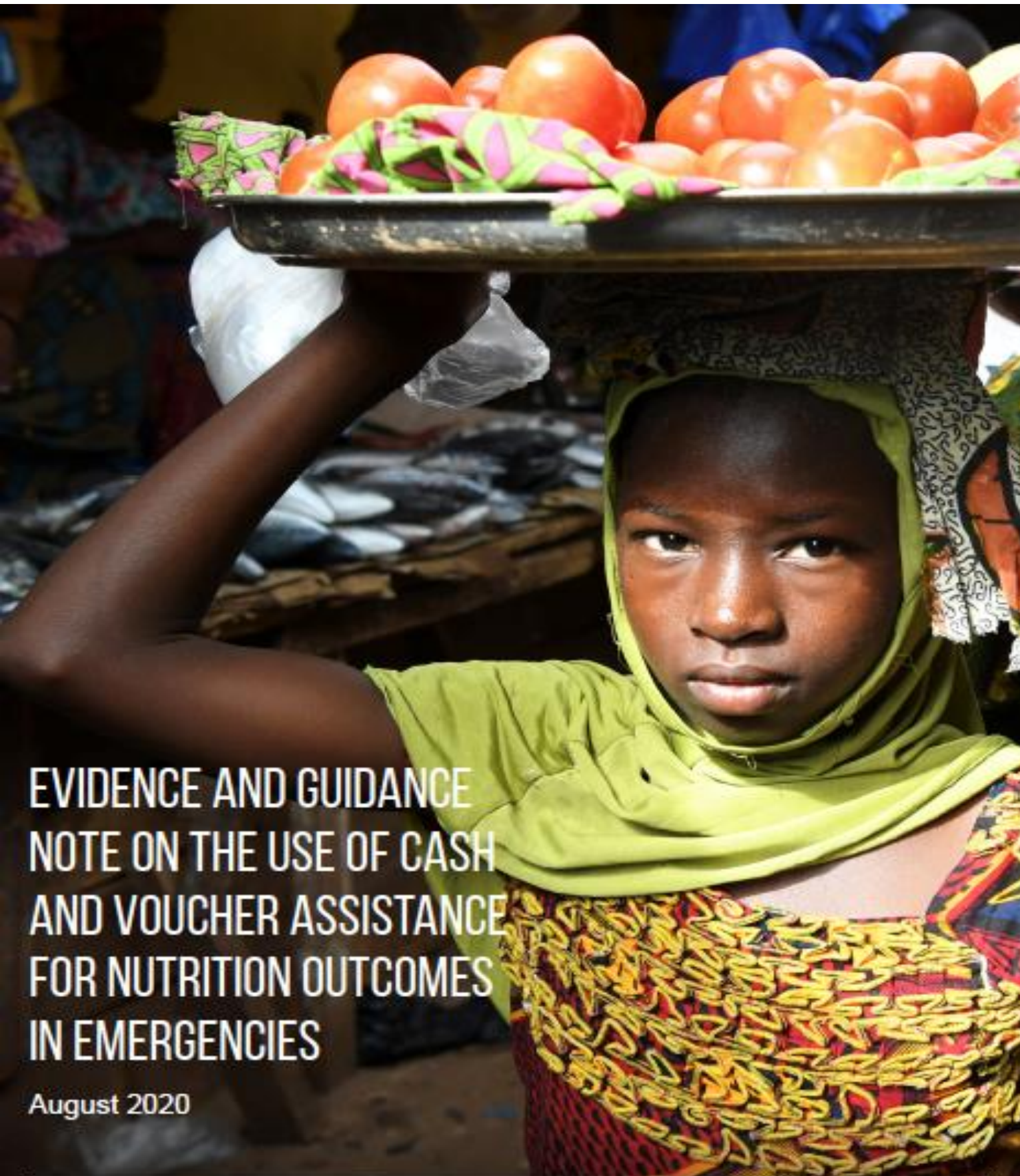
Step 7: Monitoring of a CVA component

OPERATIONAL PEER  
REVIEW & EVALUATION





# GNC Evidence and Guidance Note



EVIDENCE AND GUIDANCE  
NOTE ON THE USE OF CASH  
AND VOUCHER ASSISTANCE  
FOR NUTRITION OUTCOMES  
IN EMERGENCIES

August 2020

- 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](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.

Indicators	Outcome
Proportion of the target population achieving an acceptable Food Consumption Score (FCS)	80,70%
Proportion (%) of 6-23 months aged children who receive an Acceptable Minimum Food Allowance	91,19%
Proportion of IDPs with minimal food diversity ( $\geq 4/7$ )	90,82%
% of assisted displaced households with a Simplified Household Coping Strategies Index (CSI) $\leq 1$	90,72%



# 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, 18<sup>th</sup> 2020



# The tool pack

*What's it used for?*

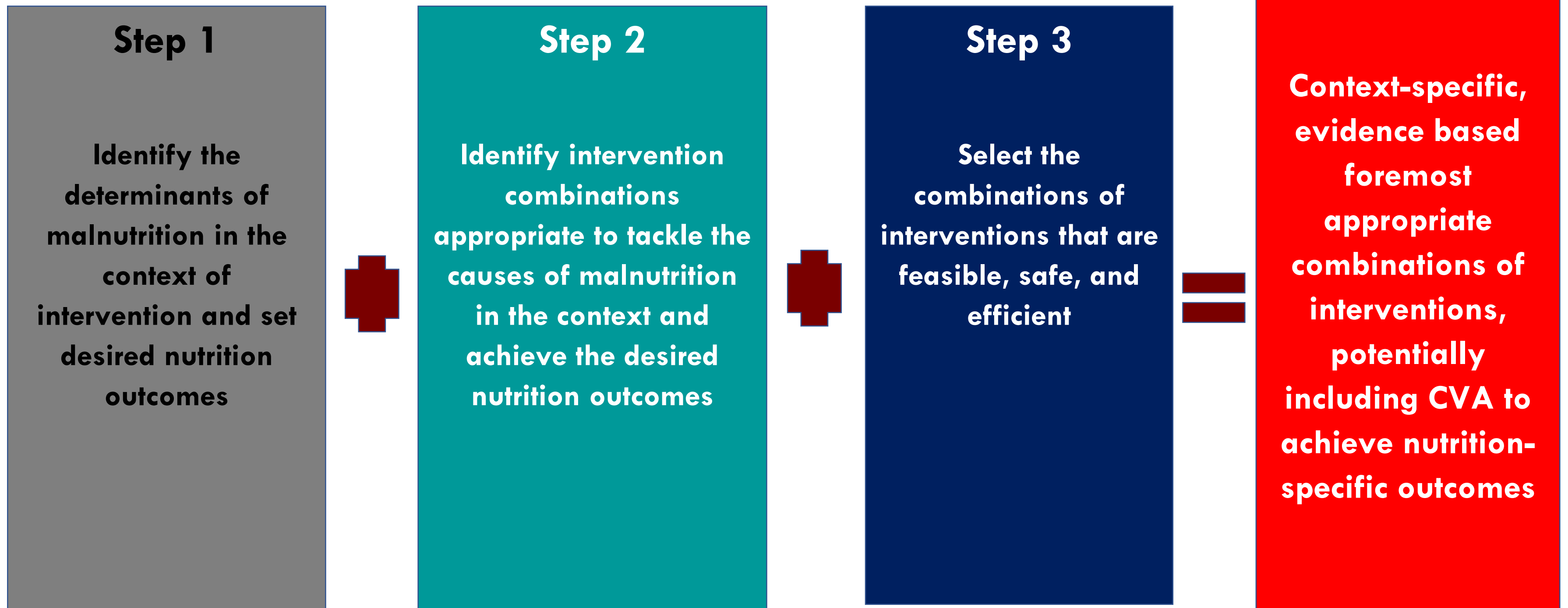
## *Purpose and use of the tool pack*

Developed by  
consortium WCA :  
CaLP, SCI, CRF, Unicef

- 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.

# CONSIDERING & INCORPORATING CVA INTO NUTRITION PROGRAMMING –

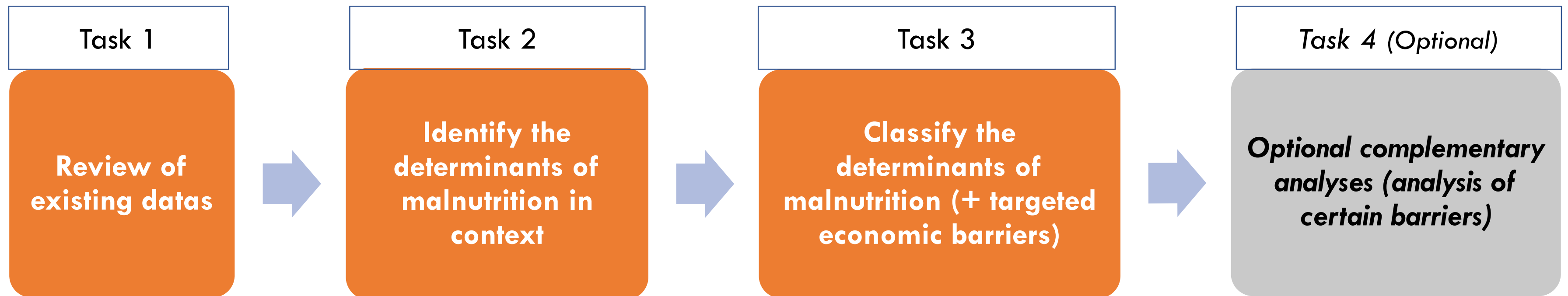
## A 3 STEP DECISION-MAKING TOOL



# STEP 1 : Contextualizing the conceptual framework of malnutrition by integrating economic barriers

**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



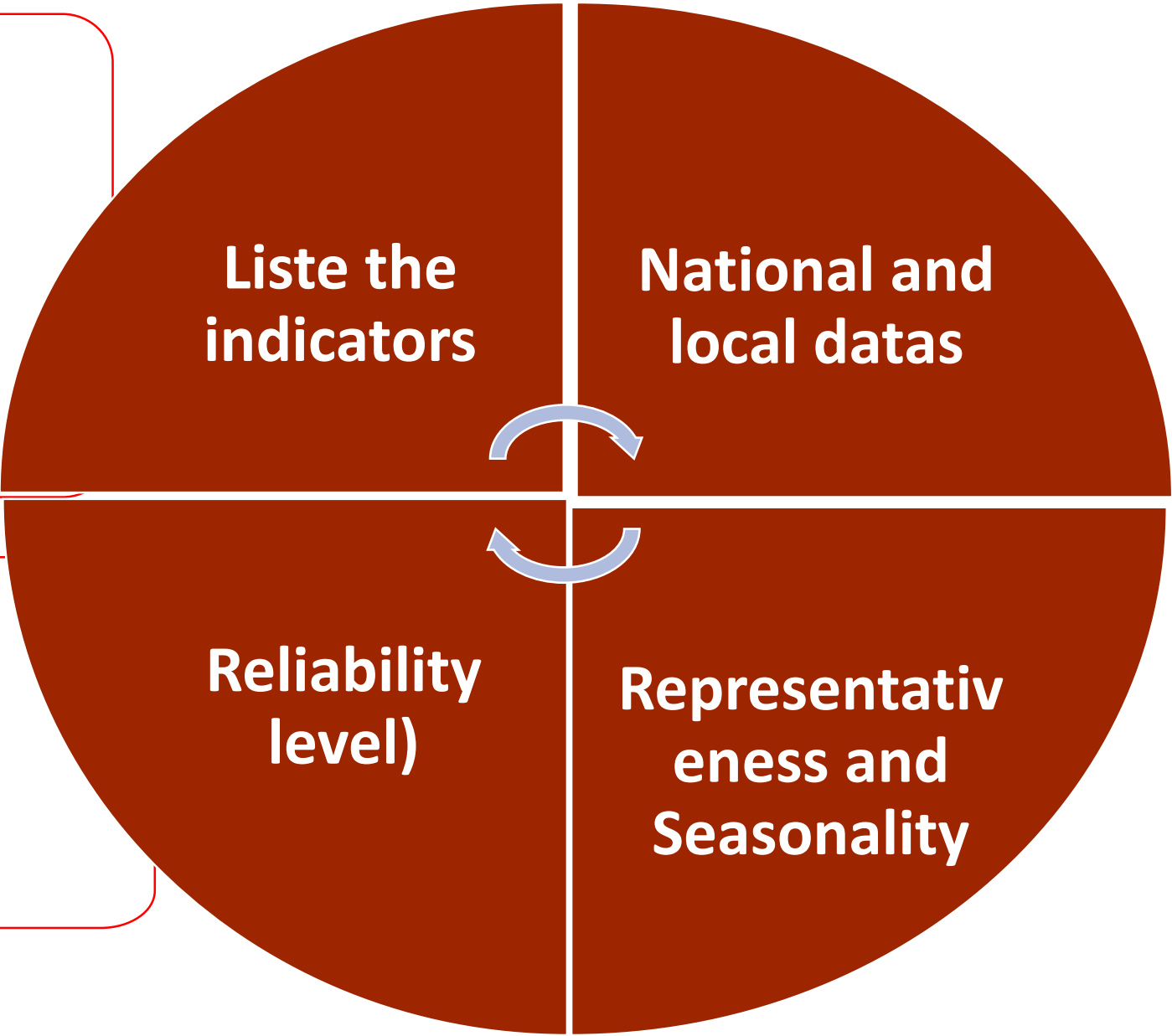


# Task 1: Review of existing datas (national and local level)

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

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*



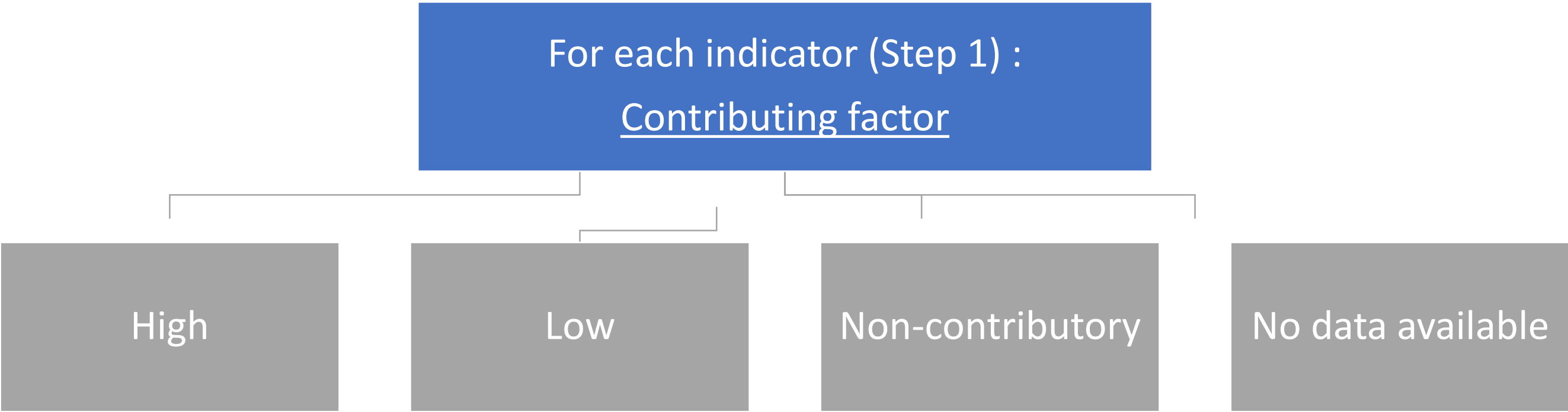
- **How to do it:** *Rely on IPC MA analyses done at the country level (FAO/WFP/UNICEF - Country Cluster) or other analyses incorporating data review or existing reports.*

# Matrix to be filled in:

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

# 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.



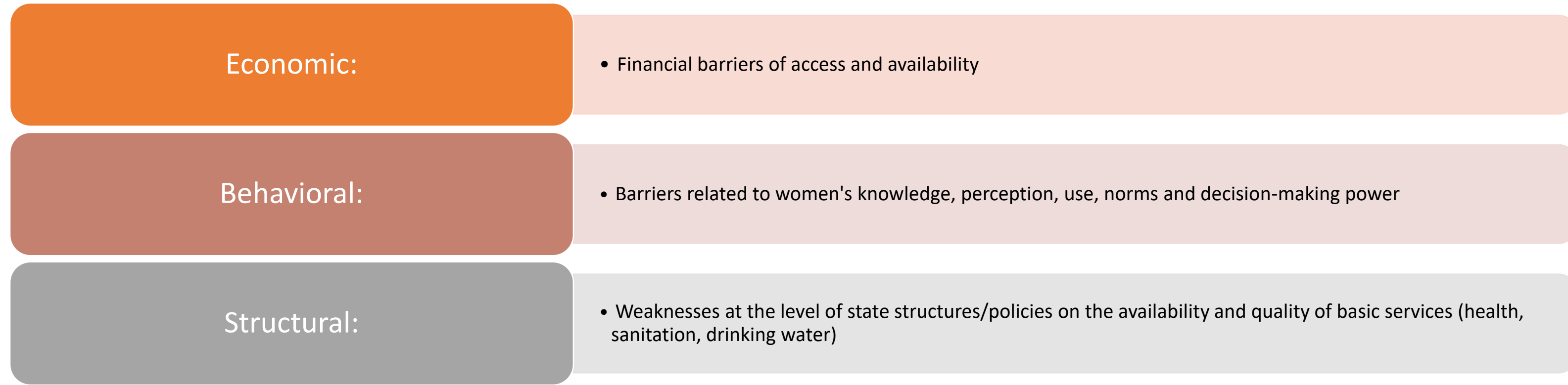
- **How to do it:** In a plenary session with all the multisectoral actors.
- Starting from **the causal framework of malnutrition** and **based on the evidence identified** in Step 1 and **existing knowledge**, identify the main contributing factors.
- **Matrix to be filled :**

Secondary data analysis	Contributing factor :	Why (Key words)	Most vulnerable target (<2 years old/< 5years old/PLW/HH...)
Food and Care practices			
Infant and Young Children feeding indicators	HIGH		
Knowledge and capacity of care takers	LOW		
...			
Food consumption			
Food consumption score	LOW		
Household dietary diversity score			
...			
Health environment			
distance from health centre			
presence of health-community agent			
....			



### 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



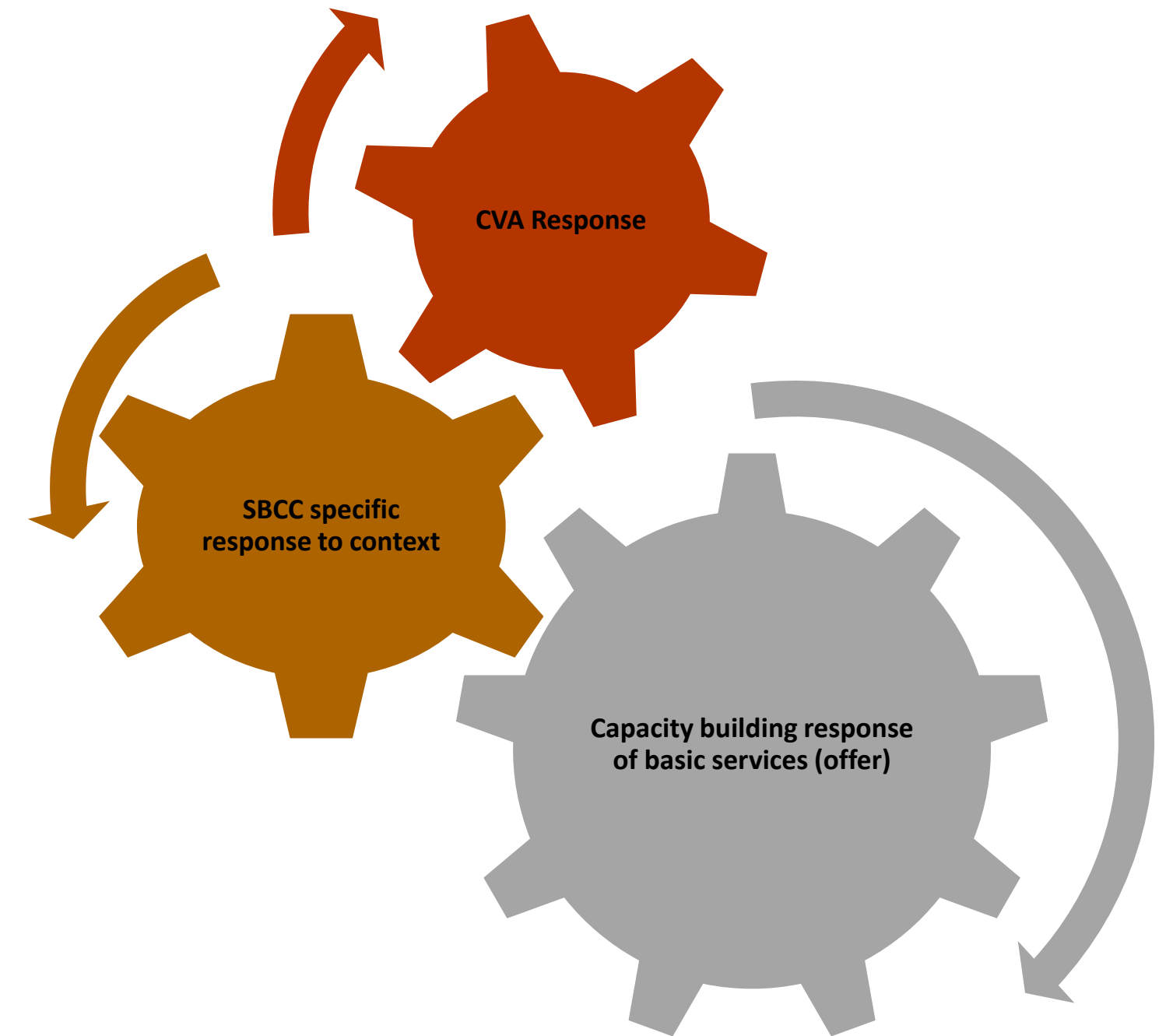
- **How to do it:** Plenary/group work with all stakeholders: nutrition and other sectors
- For each **Contributing Factor to Malnutrition**, identify whether the cause is **economic**, **behavioral**, or **structural** (multiple cases possible).

## STEP 2 : Identify intervention appropriate combinations to tackle the causes of malnutrition in the context

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)



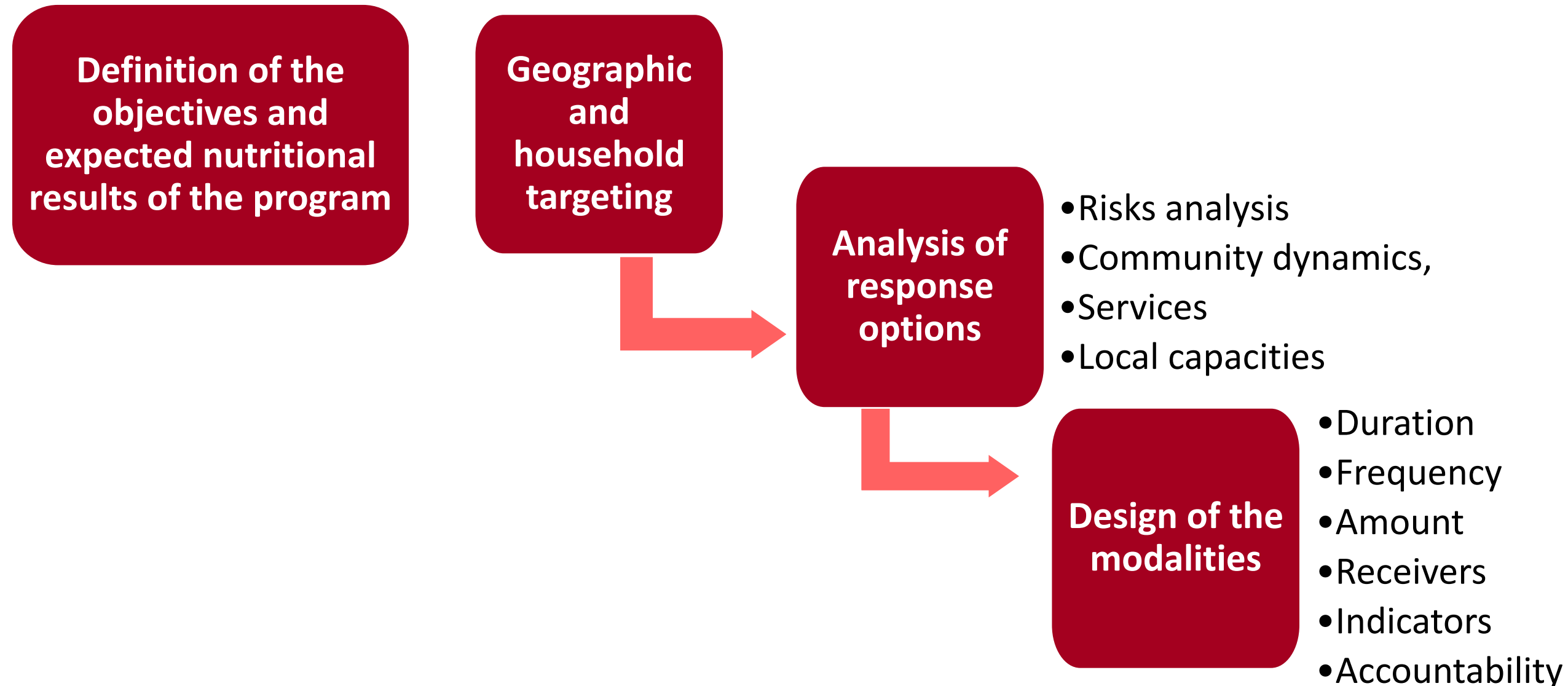


## STEP 3 : Basic considerations for the design and implementation of CVA in Nutrition Programming

*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



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
- **Felicien Muhire**, Regional Nutrition Adviser WA, ICRC
- **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) 9<sup>th</sup> December in conjunction with the newly launched Anticipation Hub.

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