Webinar on the use of CVA for nutrition outcomes in Nigeria

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Agenda of the webinar

- Part I: Key frameworks and messages (40 min)
- Part II: Experiences in Nigeria (40 min)
  - CVA for nutrition outcomes
  - Multi-purpose cash transfers and MEB
- Part III: Recommendations and actions (20 min)
  - To review recommendations from the case study
  - To agree on actions and next steps

CVA terminology

- CVA = provision of cash or vouchers to targeted recipients (individuals, households or communities) to access goods and services
- What is not CVA? Payment of incentives for volunteers or CHW, payments to institutions (schools, health centres, etc.)

SECTOR SPECIFIC	BASIC NEEDS MULTIPURPOSE CASH TRANSFER	**DESIGN** What the interventions aim to achieve (objectives), and/or how they are designed
UNCONDITIONAL	CONDITIONAL E.g. Participation in SBCC, attendance to health services	**QUALIFYING** Activities or obligations that must be fulfilled ***in order to receive*** assistance

CVA terminology

UNRESTRICTED

RESTRICTED

UTILIZATION

Limitations, if any, on use of assistance received. What a transfer can be spent on ***after*** the recipient receives it

CASH TRANSFER

IN-KIND

SERVICE DELIVERY

VOUCHER

Commodity voucher

Value voucher

MODALITY

The form of assistance provided to recipients

E-CASH

CASH IN HAND

PAPER VOUCHER

E-VOUCHER

DELIVERY MECHANISM

The means of delivering a transfer

Key frameworks an messages: conceptual framework

Outcomes for children and women

IMPROVED NUTRITION FOR CHILDREN AND WOMEN
Improved survival, health, physical growth, cognitive development, school readiness and school performance in children and adolescents; improved survival, health, productivity and wages in women and adults; and improved prosperity and cohesion in societies.

Immediate determinants

GOOD DIETS for children and women

GOOD CARE for children and women

Underlying determinants

ADEQUATE FOOD
Breastmilk, nutrient-rich age-appropriate foods, with safe drinking water and household food-security, at all times

ADEQUATE FEEDING
Age appropriate and responsive feeding and stimulation, with adequate food preparation, food consumption, and hygiene practices

HEALTHY ENVIRONMENT
Healthy food environments, quality health, nutrition and sanitation services, and a healthy living environment, including for physical activity

Enabling determinants

GOOD GOVERNANCE
Political, financial and multi-sectoral commitment to advance children's and women's right to nutrition

POSITIVE NORMS
Social and cultural commitment to advance children's and women's right to nutrition

SUFFICIENT RESOURCES
Environmental, financial, social and human resources to fulfill children's and women's right to nutrition

Source: UNICEF. Maternal and Child Nutrition UNICEF Strategy 2020–2030. UNICEF: New York; 2019

Barriers to adequate food

Barriers to adequate feeding and care

Barriers to healthy environment

- Key message: CVA can help to directly address the underlying determinants of malnutrition

Key frameworks and messages: economic barriers

Demand barriers		Supply barriers
- Nutritious food not affordable - Transportation to markets not affordable - Markets physically not accessible - Inadequate storage and preparation of food at household level - Food usage and sharing within households is not child or women centred	**Barriers to adequate food**	- Insufficient food production and/or importation - Insufficient availability of nutritious food in local markets - Insufficient quality of available foods - Food prices instability - Inadequate storage of foods, especially fresh foods
- Inadequate care for mothers and parenting capacities Insufficient awareness of caregivers on quality complementary feeding - Nutrition dense complementary foods not affordable - Lack of caregivers' control over resources - Lack of caregivers' time for optimal feeding and care due to other priorities (e.g. work or mono-parental families) - Inadequate physical and mental well-being of caregivers	**Barriers to adequate feeding and care**	- IYCF policies and regulation at central and local level not adequate - IYCF services and support for adequate care (e.g. health services, IYCF counselling services, women support groups) are not available or not functional - Insufficient availability of nutrition dense complementary foods - Lack of social protection policies (e.g. maternity leave/support, support to families with multiple young children etc.)
- Inadequate health seeking behaviour (e.g. lack of knowledge of malnutrition and other disease, traditional beliefs and perceptions) - Lack of knowledge on health services - Health services not affordable due to out of pocket expenses (e.g. consultation, medication, food and accommodation during hospitalisation, etc.) - Transportation to health services not affordable - Opportunity costs of seeking health and nutrition services are considered too high - Health services physically not accessible - Lack of awareness on hygiene and sanitation practices - Hygiene items for general and specific needs (e.g. new-born hygiene, menstrual hygiene, etc.) not affordable - Safe water and water treatment not affordable	**Barriers to healthy environment**	- Lack of knowledge on existence of services - Health services not available - Health service of insufficient quality - Therapeutic foods, medication or vaccinations are not available - Unfavourable disease environment - Hygiene and sanitation items not available in the local market - Inadequate availability and quality of water at household, community and health facilities level - Inadequate water and sanitation infrastructure - Inadequate and insufficient water storage at household and health facility level - Lack of hygiene items in the market

Key frameworks and messages: economic barriers

- Key message: CVA can help to address demand side economic barriers to adequate nutrition, but is less effective on the supply side
- Key message: CVA alone unlikely to be successful strategy to improve nut status of children → should be combined with other nut sensitive or specific interventions

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Key frameworks and messages : replace and complement

- Key message: CVA can complement or substitute traditional nutrition response options

Components of nutrition response	Traditional response modality	Possible role of CVA	Primary objective of CVA
Nutrition sensitive response options			
General household assistance *Can complement any nutrition-specific response option*	In-kind general food distribution (GFD) And non-food item distribution (NFI)	**Replace** in-kind assistance through general household CVA	• Improve household food security and dietary diversity • Protect nutritional status • If provided in combination with individual feeding: Reduce sharing of specialized nutritious foods • If provided in combination treatment: Reduce defaulting, non-response to treatment and relapse.
Livelihood support	Cash grants Livelihood in-kind inputs (seeds, tools, etc.)	Cash grants and vouchers for productive inputs commonly used in livelihood support interventions	• Enhance food production and/or income generation

Key frameworks and messages : replace and complement

Components of nutrition response	Traditional response modality	Possible role of CVA	Primary objective of CVA
Nutrition-specific response options aimed at preventing malnutrition			
IYCF through social and behavioural change communication	Communication and counselling services	CVA can be provided **conditional** on attendance in SBCC activities	Incentivize participation in SBCC activities
Blanket supplementary feeding	Specialized nutritious foods: LNS-MQ; fortified blended foods	**Replace** in-kind food products through • Cash top-up or (Fresh) food voucher: value based on the nutrient requirements of at-risk groups	• To prevent deterioration in the nutritional status of at-risk groups. • To reduce the prevalence of MAM in children under five • Increase access to fresh and nutritious foods
Complementary feeding	Specialized nutritious foods such as fortified foods and micronutrient powders targeting children 6-23 months	**Replace** in-kind specialized nutritious foods through • Cash top-up or (Fresh) food voucher: value based on the nutrient requirements of at-risk groups	• children between 6-23 months receive sufficient macro and micro-nutrients for their growth and development
Prevention of micro-nutrient deficiencies	Variety of options, including: Vitamin & mineral powder; LNS-LQ/MQ; fortified blended foods	**Complement** nutrition supplements through general household CVA	to reduce the prevalence of micro-nutrient deficiencies
Provision of breast milk substitutes (BMS)	Provision of in-kind BMS	**Replace** in-kind BMS vouchers to access BMS	Provide BMS to infants that cannot be breastfed
Provision of priority health services	Health service provision: vaccination, deworming, pre- post-natal care, growth monitoring	CVA can be **conditional** on attendance to priority health services **Complement**: CVA to cover costs associated with accessing health service	• Promote attendance to priority health services • Cover transportation costs • Cover out-of-pocket expenditure • Reduce opportunity costs

Key frameworks and messages : replace and complement

<table>
<tr><th>Components of nutrition response</th><th>Traditional response modality</th><th>Possible role of CVA</th><th>Primary objective of CVA</th></tr>
<tr><td colspan="4">Nutrition specific response options aimed at treating malnutrition</td></tr>
<tr><td>Targeted supplementary feeding (for treatment of MAM)</td><td>• Health service provision (routine treatment)
• Specialized nutritious foods: fortified blended foods; RUSF</td><td rowspan="3">Complement:
• CVA to cover costs associated with accessing health service
• General household CVA</td><td rowspan="3">• Improve access to health services
• Cover transportation costs
• Cover out-of-pocket expenditure
• Reduce opportunity costs
• In-patient care: cover food and accommodation costs of caregivers</td></tr>
<tr><td>Therapeutic care (for treatment of SAM)</td><td>• Health service provision
• Specialized nutritious foods: RUTF</td></tr>
<tr><td>Treatment of micro-nutrient deficiency disease</td><td>• Health service provision
• Oral supplement tablet or capsule</td></tr>
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Key frameworks and messages

- Key message: HH CVA plus SBCC: effective strategy, cash for nut outcomes should **always** have SBCC component
- Key message: HH assistance plus individual feeding : different options possible, CVA might be more adequate for HH component, specialized food might be more adequate for individual feeding, good operational experience with fresh food vouchers
- Key message: CVA can potentially replace some specialized nutritious foods in preventative strategies (if nutritious diet can be accessed in local markets)
- Key message: CVA should not be used to replace micro-nutrient supplements
- Key message: CVA should not be used to replace specialized nutritious foods in treatment strategies
- Key message: CVA conditional on attendance to health services can increase uptake of priority health services
- Key message: Provide CVA for SAM children: can increase treatment outcomes but likely to lead to perverse incentives, some mitigation possible, degree of problem not well understood

End of Part I

Questions on key frameworks and messages?

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CVA for nutrition outcomes in Nigeria

Org.	Duration	States, *LGAs*	Projects reviewed	Documents reviewed
AAH	2016 to 2017	Yobe	Protecting and promoting the food and nutrition security in the Yobe State, Phase II	Final evaluation report
AAH	2018 to 2019	Borno *MMC, Yere*	Improving food and nutrition security in Borno state	Project proposal Endline report Final evaluation report Porridge Mom case study
AAH	2019 to 2020	Borno, Yobe *Several*	Improving food and nutrition security of conflict affected communities in North East Nigeria.	Project proposal (internal)
ICRC	May 2019 - Dec 2019	Borno *Jere*	Relief Assistance for the IYCF beneficiaries	Project Proposal
Consortium (AAH, WFP, UNICEF)	2016 to 2017	Borno, Yobe	Integrated basic nutrition response	ACF learning document
Consortium (AAH, WFP, UNICEF)	2017 to 2019	Borno, Yobe *3 LGAs in Yobe, 6 LGAs in Borno*	Integrated basic nutrition response to the humanitarian crisis in Borno and Yobe	Project proposal
Consortium (AAH, WFP, UNICEF)	2017 to 2019	Borno, Yobe *Shani, Nagere*	INP+ multi-sectoral pilot	Baseline report Midline report
WFP	2019 to 2020		Multisectoral programme (MSP)	NA

Three main approaches:

- Cash transfers coupled with SBCC
- Cash transfers conditional on the attendance of priority health services
- Provide general household CVA to caregivers who access SAM treatment

Nigeria: Cash transfers coupled with SBCC

- AAH in Yobe and Borno states
- Household assistance (food, cash or voucher) to food insecure households (CVA = 17,000-20,000 NGN / HH / month)
- Coupled with: behaviour change interventions targeting PLWs
- BCC through care groups in Yobe state
- BCC through porridge mom groups in Borno state: daily cooking demonstrations, voucher and cash transfer to committee to buy and prepare food for cooking demonstrations (community CVA!)
- Positive results and high satisfaction, but kitchen-based activities, i.e. the daily preparation of nutritious meals, were not sustainable (stopped with end of assistance)
- Change of approach: vouchers provided directly to PLWs (NGN 5000), cooking demonstrations once per week
- ICRC: IYCF counselling, cash component added later on

Nigeria: CT conditional on health service attendance

- INP+ (Consortium), INP+ intersectoral pilot (Consortium), MSP (WFP)
- Conditional cash transfer component targeting PLWs (5,000 NGN, first 1000 days)
- Condition: initial registration at a health centre
- Enrolment in mother-to-mother support groups for IYCF counseling
- Results:
  - significant uptake of ANC visits and immunizations and improvements in the dietary diversity of PLWs and children
  - ANC visits → increase in the proportion of women who received Iron and folate supplementation in pregnancy

Nigeria: HH CVA for SAM treatment

- INP (Consortium) from 2016 to 2017
- Monthly cash transfer (NGN 20,000) over 6 months following discharge from stabilisation centre
- Objective: to address underlying financial causes of child malnutrition and mitigate the risk of relapse
- Lessons (AAH):
  1) to avoid using nutrition status as targeting criteria;
  2) to systematically ensure independent verification of household eligibility;
  3) to determine a contextually appropriate transfer amount;
  4) to ensure sufficient internal controls including monitoring and accountability systems are available for communities to share anonymous feedback
- Based on these learnings, the organizations decided to shift towards a preventive approach, which resulted in the INP+ approach.

Discussion on part II

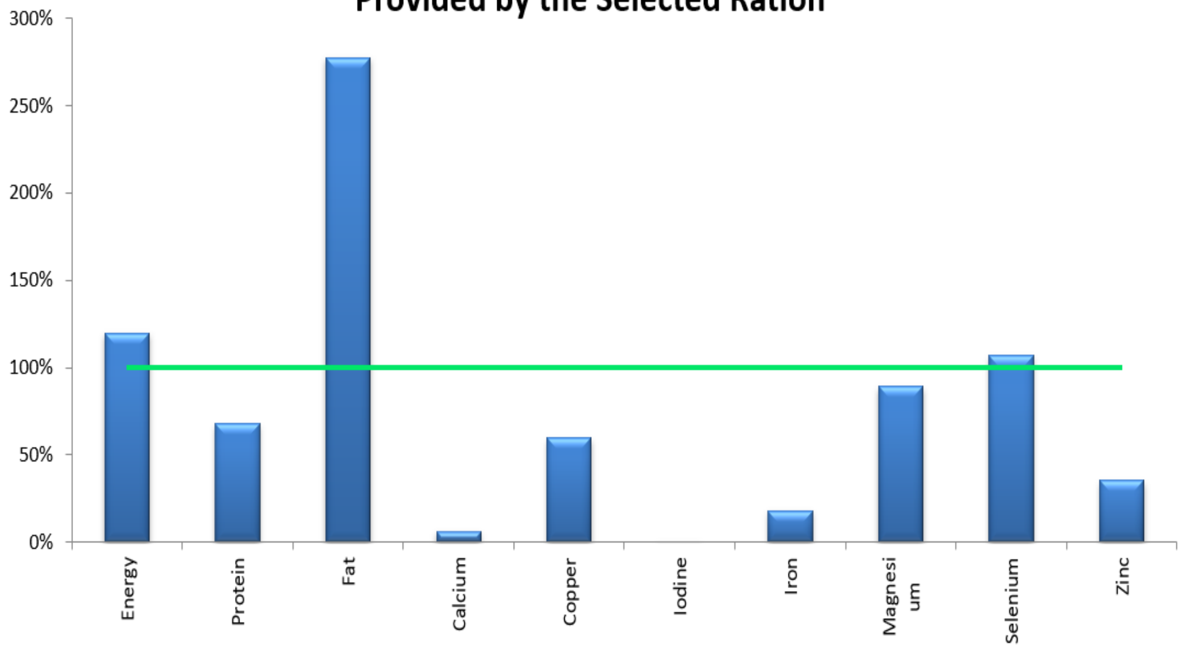
- Was this a correct representation of reviewed projects?
- What were the main challenges?
- What were additional lessons learned?
- Where do you see opportunities to use more CVA as part of the nutrition response in Nigeria?
- Etc.

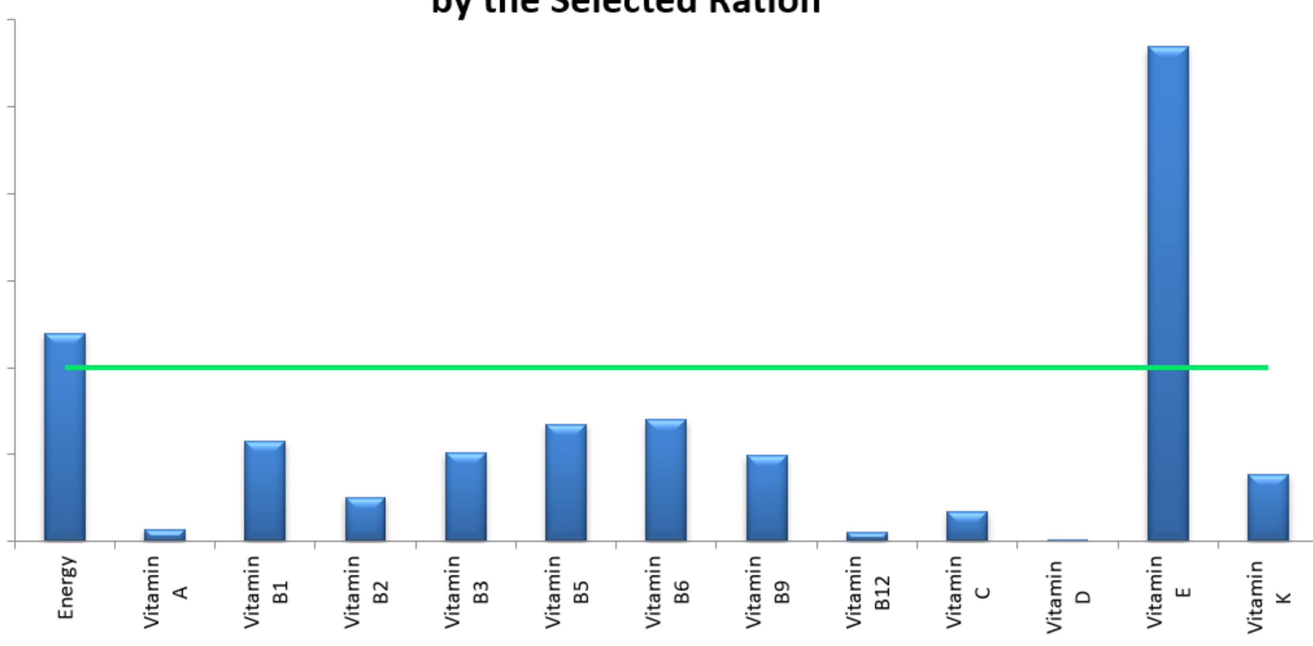
Cash transfers in Nigeria

- Financial requirement for CVA: from $22.3 Million in 2016 to $473 Million in 2020
- Harmonisation of MPC through collaborative model in North-East Nigeria
- MEB: basic food items, condiments and supplements, cooking fuel (charcoal, firewood), water, laundry soap, bathing soap, sanitary pads, transportation, communication
- MEB from a nutrition perspective:
  - MEB food basket should provide the macro and micro-nutrient requirements of average households and at-risk groups within households (see NutVal calculation)
  - MEB can take into account expenditures that facilitate access to health services (transportation, out-of-pocket expenditure)

Cash transfers in Nigeria

NutVal calculation of food basket:
Macro and micro nutrient requirements of average population





Recommendations

To the Nutrition Cluster:

- Engage more on documentation of emerging experiences and learning from nutrition responses with CVA components.
- Set up a regular exchange forum with the Cash Working Group to discuss: reporting, learning and dissemination, opportunities to integrate CVA modalities in the nutrition sector, opportunities to improve nutrition sensitivity of MPC, MEB and transfer amounts, etc.

To the Cash Working Group:

- Set up a regular exchange forum with the Nutrition Cluster (see above)
- Consult the Nutrition Cluster on discussions around MEB and transfer value calculation for MPC
- Advise as required nutrition partners on technical aspects of CVA and market assessment

To nutrition partners:

- Document and disseminate learning on CVA in nutrition responses

Some reflections on Covid-19

- Impact of Covid-19 on food market systems: could prevent the use of CVA to access a nutritious diet
- Impact of Covid-19 on supply chains of specialized nutritious foods: could push actors to do more CVA because of potential supply shortages specialized nutritious foods
- Important to understand and anticipate changes to market systems for local nutrition dense foods and supply chains for specialized nutritious foods (→ linkages to FSC and CWG)
- Measures that can be taken to reduce the risk of CVA contributing to transmission: see CaLP guidance
- horizontal and vertical expansion existing National Social Safety Nets Project (NASSP) for existing chronic poor as well as transient poor (vulnerable households and individual to be affected by COVID-19 crisis) → advocate for SBCC integration?