

Promoting the use of cash and voucher assistance (CVA) to contribute to nutrition outcomes

On behalf of the CVA-Nutrition Global Working Group

Marina Tripaldi (SCI) (co-chair of working group)
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& Kate Golden (Concern)

OBJECTIVE

Increase confidence in using CVA as a modality for achieving nutrition outcomes by raising awareness of existing guidance, resources and support available

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Nutrition Outcomes**

24.06.21



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AGENDA

INTRO: Getting to know you and participants' expectations (5 mins)

SESSION 1: Evidence and Guidance Note on CVA for nutrition (15 mins)

SESSION 2: Current initiatives & priorities: global, regional working groups (5 mins)

SESSION 3: *Plenary discussion on Miro board:* Challenges & existing opportunities when using CVA for nutrition (30 mins)

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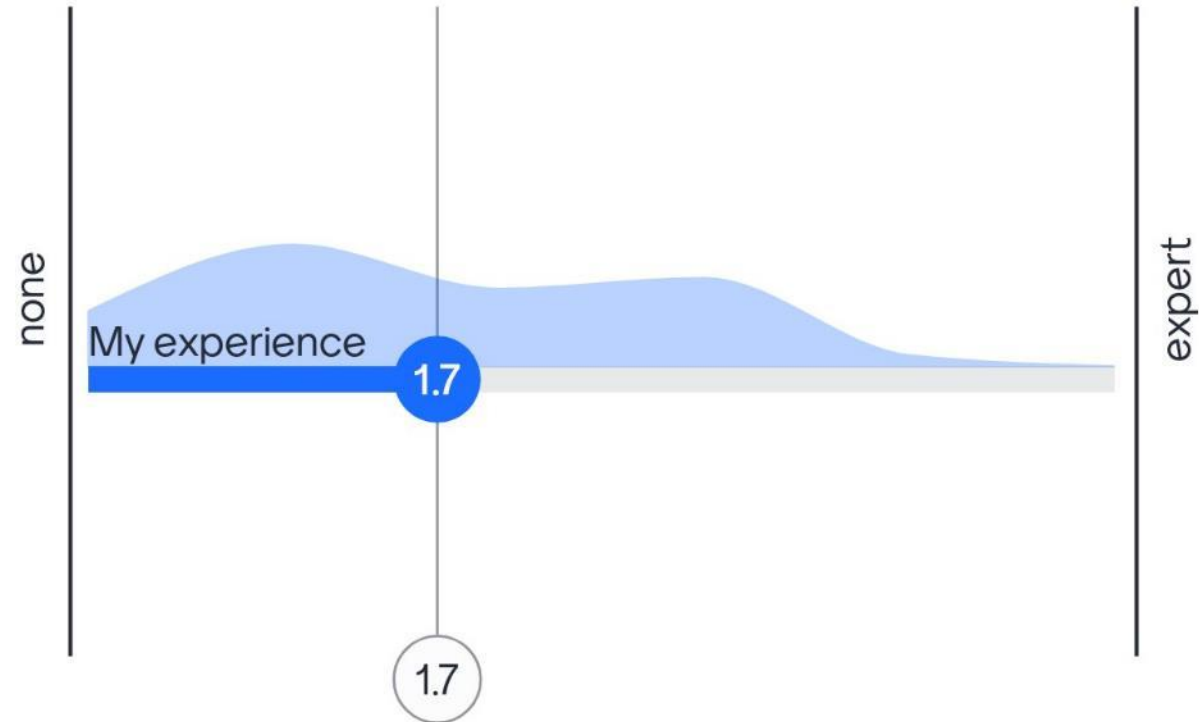
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GETTING TO KNOW YOU

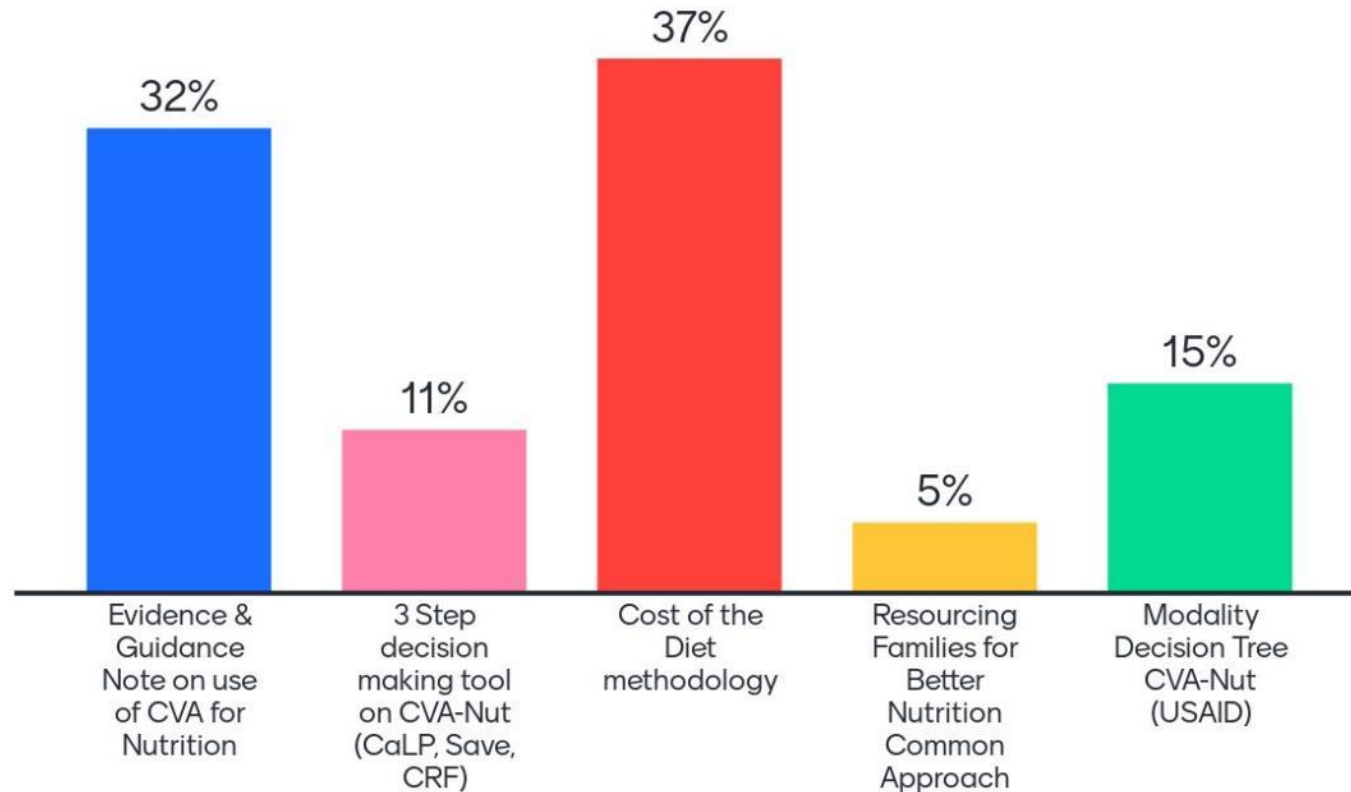
1. Your experience in CVA for nutrition?
2. Which guides / tools have you used?
3. Why did you join us today?

[Go to intro questions via mentimeter link in the chat box](#)

Please rate your level of experience in implementing cash & voucher assistance for nutrition outcomes



Which of the following guides/ tools on CVA for nutrition are you familiar with?



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SESSION 1: EVIDENCE & GUIDANCE ON CVA FOR NUTRITION IN EMERGENCIES



DEFINITIONS

WHAT IS CASH & VOUCHER ASSISTANCE (CVA)?

Provision of cash transfers and vouchers to targeted beneficiaries

Cash Learning Partnership (CaLP) [Glossary](#)

WHAT IS A NUTRITION OUTCOME?

Changes in **child/ maternal anthropometry** or improved **dietary intake**



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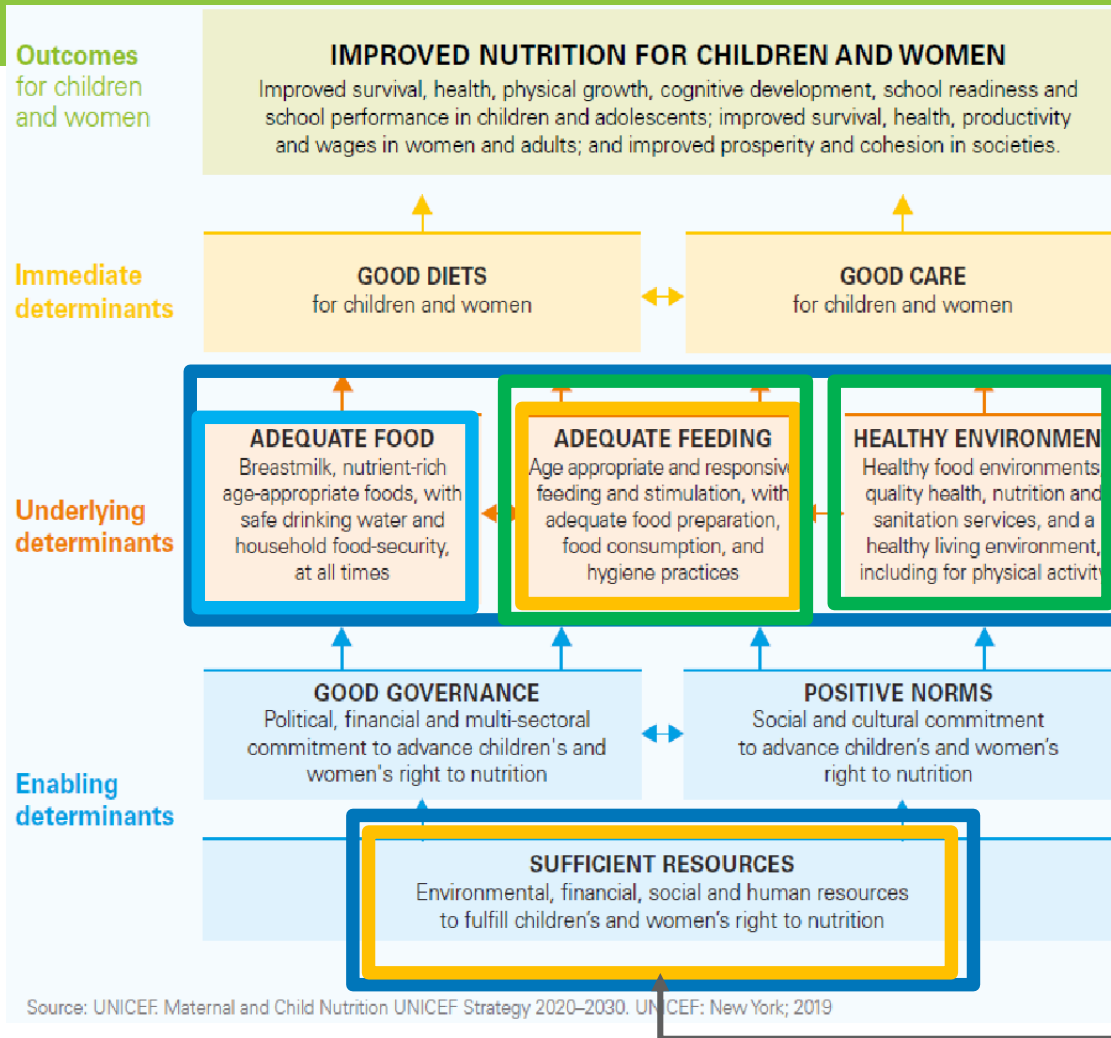
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USE OF CVA IS INCREASING

- **Overall:** CVA increased from 7.9% of total humanitarian assistance in 2015 to 17.9% in 2019
- **In nutrition programming:** nutrition is the second largest sector for CVA spent (food security-livelihoods is first)

CVA & the nutrition conceptual framework



Also....

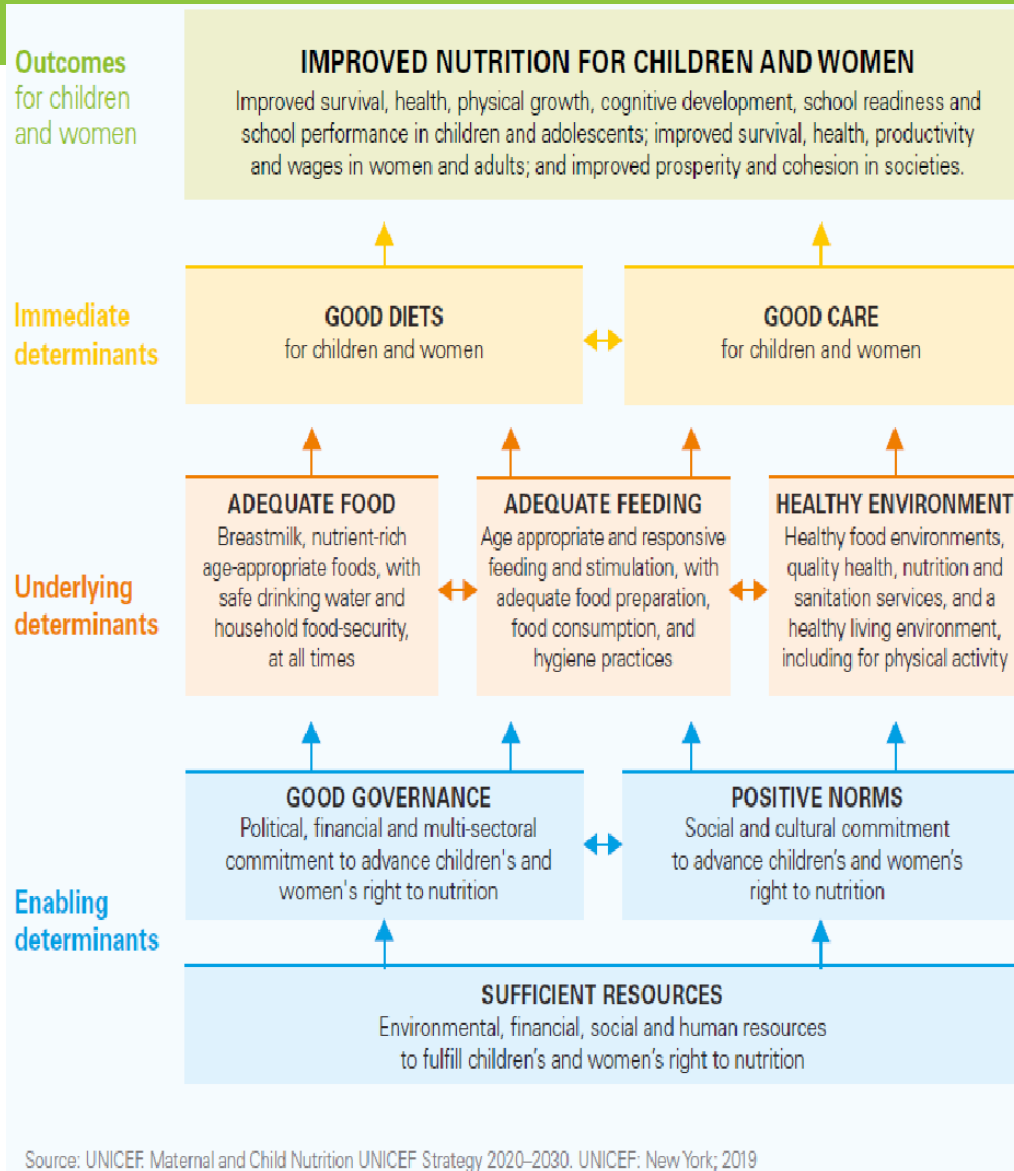
CVA can impact underlying determinants in 3 main ways:

i. Allows HHs and individuals to directly purchase goods and access services important for nutrition

ii. *Conditional CVA* as incentive to participate in nutrition communication/counselling sessions and attend (free) priority health services.

iii. Increased HH income can reduce economic pressures, enhance decision-making power of women, improve health and well-being of caregiver

CVA impact on maternal and child nutrition



Level of impact	Mostly positive	Mixed	None
Impact on nutrition status of children			
Child nutrition status		**	
Impact on immediate determinants			
Dietary diversity of children	**		
Health status of children	*		
Impact on underlying determinants			
Household food expenditure	***		
Household food consumption and dietary diversity	***		
Uptake in preventative health services	**		
Water, sanitation and hygiene	*		
Feeding behaviours and practices			*
Psychosocial care for children			*
Intra-household decision making	**		
Intimate partner violence	**		
Caregivers' mental health			*

Strength of evidence: * none or limited, ** growing, * moderate, **** strong**

5 most common approaches: integrating CVA in nut response (1)

1) Using CVA for household assistance and/or individual feeding assistance

- CVA can be used for both - with limitations for individual feeding
- HH cash transfers plus specialized nutritious food (SNF) - promising approach
- Good operational experiences with fresh food vouchers for individual feeding

2) Pairing household CVA and context-specific social & behaviour change communication (SBC)

- CVA modalities that aim to improve nutrition outcomes need to be accompanied by context-specific SBC activities

5 most common approaches: integrating CVA in nut response (2)

3) Providing *conditional* cash transfers as incentive to attend free preventive health services

- Dual objective: improve attendance and provide household income
- Different ways to design conditionality (register vs. actual visit)
- Different ways to determine transfer amount (based on indirect costs or HH basic needs)

4) Provide CVA to facilitate access to wasting treatment services

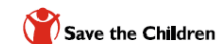
- Indirect cost: costs for transportation or related accommodation/ food if caregiver needs to stay with the child (inpatient care)
- Covering transport costs is very common but poorly documented

5) Provide household CVA to caregivers of SAM children (be cautious)

- DRC study: CVA can improve treatment outcomes
- Anecdotal evidence of perverse incentive (keep child malnourished), but limited understanding
- Mitigation measures available, risks to be assessed and monitored

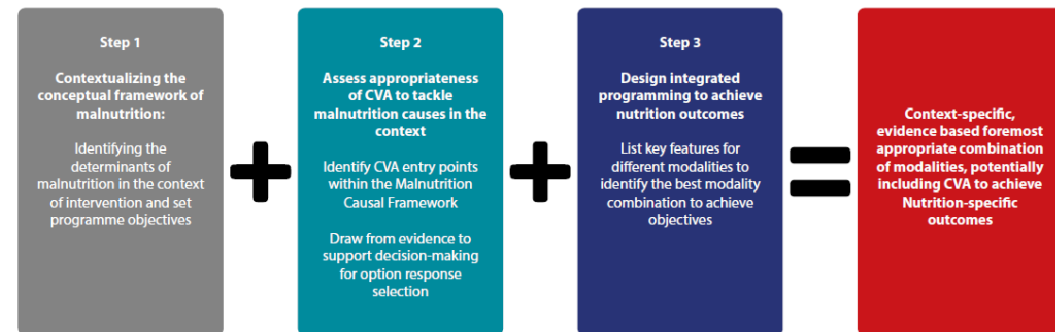
EXISTING GUIDANCE AND TOOLS

CONSIDERING & INCORPORATING CVA INTO NUTRITION PROGRAMMING – A 3 STEP DECISION-MAKING TOOL



CONSIDERING & INCORPORATING CVA INTO NUTRITION PROGRAMMING – A 3 STEP DECISION-MAKING TOOL

This tool is intended to support nutrition practitioners with how to assess appropriateness of cash and vouchers assistance (CVA) in emergency nutrition programming, to support, complement, maximize other modalities more routinely considered in nutrition programming. This tool takes the user through the full response option analysis process, identifying key considerations and directing the user to the most relevant tools as per the following steps:



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

August 2020

GUIDANCE BRIEF HOW TO INCORPORATE CASH AND VOUCHER ASSISTANCE INTO NUTRITION RESPONSE

September 2020

COMMON APPROACHES RESOURCING FAMILIES FOR BETTER NUTRITION

Every year millions of children suffer from undernutrition. Undernutrition can have permanent debilitating impacts on children such as disease, stunted growth, poorer intellectual performance and even death. Undernutrition is associated with around half of all under-5 deaths. The first 1,000 days of a child's life are the most critical for preventing permanent impacts of undernutrition. Growing up in poverty is an underlying driver of undernutrition.

USAID FROM THE AMERICAN PEOPLE

Modality Decision Tool: Nutrition Addendum

Purpose

The *Modality Decision Tool (MDT) Nutrition Addendum* aids implementing partners (IPs) to apply a nutrition lens to the selection of appropriate food assistance modalities (cash, vouchers, or in-kind) for the nutritionally vulnerable. IPs are encouraged to use this addendum alongside the MDT when planning for the development of interventions for the Supplemental Nutrition Assistance (SNA) sub-sector as described in [Annex A of the Bureau for Humanitarian \(BHA\) Assistance Emergency Application Guidelines](#). The SNA

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LINKS TO AVAILABLE RESOURCES

Guidance Brief is now available in four languages in the GNC library (GNC and others):

https://www.nutritioncluster.net/resource/The_Guidance_Brief_on_Cash_and_Vouchers_for_NIE.

Evidence and Guidance Note available in English and French (GNC and others):

https://www.nutritioncluster.net/resource_Evidence%20and%20Guidance%20Note.

Resourcing Families for Better Nutrition (RF4BN) Common Approach (Save the Children):

<https://resourcecentre.savethechildren.net/library/resourcing-families-better-nutrition-common-approach>

Considering & Incorporating CVA in Nutrition Programs: 3 steps decision Making Tool (CaLP, Save, CRF) :

<https://www.calpnetwork.org/publication/considering-incorporating-cva-into-nutrition-programming-a-3-step-programming-tool/>

Modality Decision Tool: Nutrition Addendum (USAID):

https://www.usaid.gov/sites/default/files/documents/Modality_Decision_Tool_Nutrition_Addendum.pdf

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SESSION 2: GLOBAL AND REGIONAL INITIATIVES & PRIORITIES



GLOBAL CVA & NUTRITION THEMATIC WORKING GROUP

GROUP OBJECTIVE

- To create a collaborative platform to discuss challenges & potential solutions associated to the use of CVA for Nutrition.
- To coordinate evidence generation in relation to identified gaps, promote cross-learning and document best practice.

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CVA-NUTRITION WORKING GROUPS

[Global CVA-Nutrition Working Group](#)
[page on GNC website page](#)

GLOBAL
WEST CENTRAL AFRICA
EAST SOUTHERN AFRICA
LATIN AMERICA CARRIBEAN
MIDDLE EAST

Want to join any of these?

Contact the Diane or Marina, co-chairs of the Global Working Group

Diane.Moyer@concern.net or

M.Tripaldi@savethechildren.org.uk



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CVA-NUTRITION GLOBAL WORKING GROUP

Workplan 2021-2022

- **Network & identify** group members (Apr –May 2021)
- **Map initiatives** on CVA for nutrition outcomes (Jun –Aug 2021)
- **Survey on gaps/ challenges** on CVA for nutrition outcomes (Jul-Oct 2021)
- **Identify priority topics for quarterly workshops** (Oct-Nov 2021)
- **Identify guidance & tools to be further developed** (Oct-Nov 2021)
- **Organise 2 quarterly workshops** (Nov 2021-Mar 2022)
- **Develop 2 priority guides** (Nov-Mar 2022)

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SESSION 3: CHALLENGES & EXISTING OPPORTUNITIES TO USING CVA FOR NUTRITION




OVER TO YOU: GAPS/ CHALLENGES/ OPPORTUNITIES (MIRO BOARD)

- Please log into Miro if you can www.miro.com.
- Or you can watch Marina's screen as she goes through it.
- Please add a gap/ challenge/ opportunity by:
 1. Directly adding post-it notes in Miro
 2. Writing it in the chat and Nicolas will transfer to a post-it note
 3. Raise your hand, we'll ask you to speak (and we will transfer your idea to a post-it)
- If time, we can have a general discussion (hands raised)

Miro board

CVA-NUTRITION GLOBAL WORKING GROUP

ACTION POINTS

1. **Use the MIRO board** to inform the workplan (Diane/ Marina/ WG) 
2. **Join CVA-Nut Global or regional groups** by contacting Diane/ Marina (all participants)
3. **Stay in touch and watch for updates** on the [GNC website page](#) (all participants)

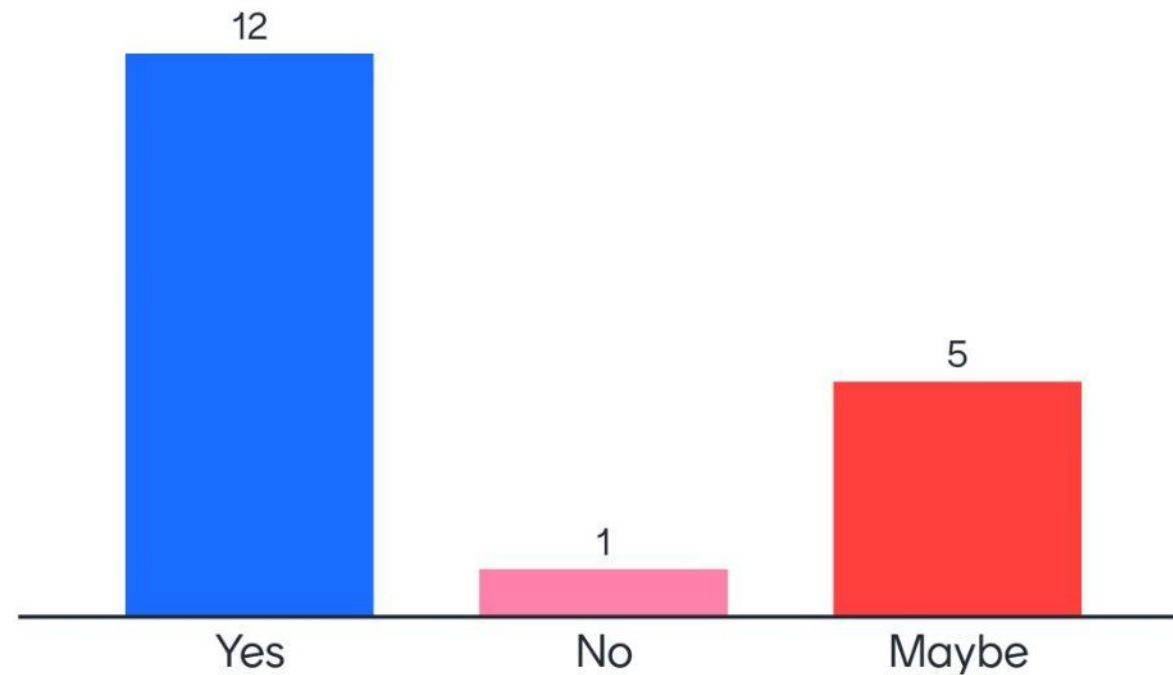
Workplan 2021-2022 CVA-Nut Working Group

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[Evaluation of session:](#)
[Go to Mentimeter link](#)
[in the chat box](#)

Have you learned something useful today that you will apply in your work?





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THANK YOU

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