

Q&A

CVA Myanmar Webinar

May 10, 2023

Question 1: How transfer value is calculated when it is given to increase access to treatment services?

Answer 1: The presented showed in one of the slide that NutVal and Cost of Diet tools can be used to determine the transfer value.

Question 2: Can you provide an example how CT can practically be complemented with SBCC in humanitarian settings which encounter a high level of insecurity ? What was the approach to SBCC?

Answer 2: Answered live

Answer 2: Additional response from Swe Lin Maung (SCI)

The approach to SBC in emergency (SCI experiences): (1) Strengthening Community Capacity through Mother Group Leader capacity building/Family MUAC, etc. (2) Introducing Virtual Channel of SBC: Virtual SBC Mother Group Meeting (Telephone Conference Call) (Helpline call) and IVR call attached to In person SBC mother care group meeting.

Question 3: Is there any guidance on MEB specific for nutrition requirement of PBW and CU2?

Answer 3: The evidence and guidance provide some guidance. It proposes to use the Codt or the Nutval as tools that can help determine the micronutrient requirement for these individuals at risk (PBW, CU2). The Global Cash WG will work this year on developing a short guidance on how to set the Nutrition sensitive MEB. Will keep you posted.

Question 4: In some situations, beneficiaries are not able to come to the voucher distribution location. Is it acceptable to issue by alternate people? How will SBCC deliver on this case, if it happens?

Answer 4: It depends on the risk analysis and delivery mechanism available; if there is an access issue with physical cash or voucher, it might be more appropriated to use other delivery mechanism that do not require a physical distribution (mobile money operators, cards, it depend on what is available). However, an assessment of the delivery mechanism and the risks

associated to the use of the modality it is required, teams should work together to identify mitigation measures. Also, choose safe distribution points with the community at an accessible distance. It is not recommended to issue to other people as much as possible. SBCC messages as well can be delivered through radio, mobile money operators, other platforms that do not require physical movements.

Question 5: How CVA modality is modified/ locally adapted when the financial service providers are limited at the targeted areas?

Answer 5: in most cases if financial service providers are limited in an area the cash is picked up in town and then physically moved to the target sites by local partners and distributed by them. Various types of Financial services providers are quite prevalent in towns but in rural villages or displacement sites it is more challenging. Sometimes financial service providers can move to the rural villages but that is a case by case basis.

Question 6: For the 3 million USD in nutrition-focused cash, do you have any breakdown of what that funding is being used for?

Answer 6: Yes, the majority appears to be linked with the Maternal Child Cash Transfer Program targeting PLW and Children U5. It also looks like some WFP school feeding was also classified as nutrition. There was also some cash assistance for nutrition support to HIV and TB patients.

Question 7: Is there any planning to integrate the CVA modality into an existing interim nutrition in emergency guidelines (Dec 2021 version)?

Answer 7: After this webinar, resources permitting, an Advisor whose TOR have already been drafted will be deployed likely remotely with support from the GNC to support with CVA guidelines tailormade for Myanmar. You will be posted on these developments through the Nutrition Cluster platforms.

Question 8: Is there any example related to Voucher Assistance Program Implementation? How do you usually choose the supplier/service providers especially in the field level in order to access beneficiaries easily?

Answer 8: Voucher support is not as frequent as in the past, given the access constraints, but some partners are still using it. Particularly in the health and protection sectors. It's important to choose the supplier that has the types of items needed to meet the particular program

objectives. These connections are usually made at field level. There are assessment tools also for this.

Question 9: That is sad to find out that mother use CVA for bottle feeding based on Post distribution Monitoring report, how can we ensure in conditional cash transfer?

Answer 9: We can use SBCC to reinforce messages on how to use the CVA assistance for Nutrition purpose. The conditionality is a condition, like the attendance to an activity that we propose as a condition for the beneficiaries to receive the assistance. If you are really worried that beneficiaries can misuse the assistance you might apply "restrictions", like the use of value or commodity vouchers. However, if we target people in need for cash, and we combine the cash assistance with SBCC messages, most of the times our beneficiaries use the cash assistance primarily for food and health expenditures.

Question 10: Any evidence about the findings (whatever positive or negative impact) of CVA on the wasting program in Myanmar or global?

Answer 10: There is something for Myanmar albeit on development nutrition pre-coup

Question 11: In-kind assistance is seemingly low according to what IDPs claimed, as the local groceries are getting rocket high.

Answer 11: Answered live

Question 12: in Rakhine each IDP get 25,000 MMK (less than 10 USD) a month instead of ration.

Answer 12: Perhaps this is something to be reviewed internally in the organization or with the partners/ donors based on the updated cost of diet for minimal food basket.

Question 13: would you please share the PPT after the session ?

Answer 13: All materials including recordings in Burmese and English on the Webinar will be shared and available in GNC Technical Alliance website, here:

[Introductory Concepts/ Orientation on Cash Voucher Assistance Programme in Nutrition In Emergencies and Explore opportunities for Adoption and Implementation in Myanmar | Global Nutrition Cluster: Technical Alliance](#)

For any additional questions, please contact: Mabasa Farawo mfarawo@unicef.org