### **Annex 2. Brief report on the Technical Consultation Workshop on CVA for Nutrition Outcomes**

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***Acknowledgements***

The GNC deployment team would like to extend its gratitude to Myanmar Nutrition Cluster, Cash Working Group and to all the partners for sharing their experiences and insights, which have been instrumental in shaping the development of the draft Operational Guidance. We are also grateful to UNICEF Myanmar for providing an excellent logistical support.

1. **Background**

It is imperative that the humanitarian operating space requires expanding on response options that includes Cash Voucher Assistance (CVA) programs as the CVA will be important to reach out to persons inaccessible, in hard to reach and underserved. CVA will also expand on available options to reach the most vulnerable children and women with humanitarian support. Hence, the UNOCHA retreat for clusters that was carried out in early 2023 in Bangkok recommended to expand the response modalities.

As an initial activity, a global webinar on “Introductory Concepts/ Orientation on Cash Voucher Assistance Programme in Nutrition In Emergencies and Explore opportunities for Adoption and Implementation in Myanmar” was held on 10 May 2023. In the Global webinar, it was recommended that Myanmar Guidelines for the CVA in Nutrition in Emergencies be drafted. This recommendation was also endorsed by the SAG+ which invariably includes all cluster partners – UN agencies, INGOs, NGO.

In August 2023, GNC deployed a team of two CVA Nutrition Advisors to develop a skeleton guidance and a capacity development plan to support nutrition cluster partners to effectively implement CVA programmes that improve nutrition outcomes and to ensure harmonized approach to design and implement CVA to improve maternal and child nutrition outcome.

As part of the Operational Guidance development process, the Myanmar Nutrition Cluster in collaboration with the Myanmar Cash Working Group conducted a 3-day technical consultation workshop on CVA for nutrition in August 2023 at UNICEF Office in Yangon. A total of 27 CVA and Nutrition Specialists from 16 Agencies (8 from UN and 8 from INGOs) participated in the hybrid workshop where 12 participants were physically present at the workshop venue while the other 15 participated virtually via Zoom.

1. **Topics Covered**

Below topics were covered in the technical consultation:

1. Myanmar Nutrition Situation Analysis with CVA Lens
2. Lessons Learned on CVA Programme for Nutrition in Myanmar (Practitioners’ Experiences)
3. Evidence on CVA for Nutrition (Global overview on CVA to achieve nutrition outcomes)
4. Setting CVA Transfer Values
5. Guidelines for Nutrition in Emergencies CVA
6. CVA Feasibility and Appropriateness
7. Protection, Gender Mainstreaming and Accountability to Affected Populations
8. Task Force for Nutrition in Emergencies CVA
9. **Results Reached**
10. ***Cash Feasibility & Risk Assessment (FRA)***

CVA Nutrition Task Force will provide technical support to the implementing partners who seek technical assistance on FRA tools including Delivery Mechanism Assessment (DMA) and Market Assessment (MA). It was agreed that FRA tools shall be developed according to specific nutrition intervention. It is most likely that the ones conducting FRA will be the CBOs/ CSOs of the implementing partners, as such, the tools should be user friendly, short and simple and easy to understand.

As part of the feasibility and appropriateness analysis, it is recommended also to assess and verify the usage and acceptance on the Specialized Nutritious Food (SNF).

1. ***Formation of Task Force for Nutrition in Emergencies CVA***

The Myanmar Cash Working Group and Myanmar Nutrition Cluster Unit have come together to establish this critical inter-agency platform, following expressed interested from their joint membership. The Myanmar CVA Nutrition Task Force (TF) is a forum of technical professionals dedicated to working towards developing best practice of enhancing Nutrition outcomes through utilising Cash and Voucher Assistance (CVA) and Market Based Approaches (MBA) sectorally and multi-sectorally.

The TF will include both technical functions that focus on process (such as sharing lessons learnt, harmonising approaches, developing guidelines, SOPs and Systems when necessary) and strategic functions that focus more on results and impact (such as treatment and preventative approaches, sustainable solution, multi-sectoral needs, advocacy to promote appropriate cash and voucher assistance and influence policy).

1. ***Recommended Action Points***
   1. Validation and finalization of draft Operational Guidance - TF
   2. Capacity Building (Online Training/ Consultation) – NC & CWG
   3. Harmonization – TF, NC & CWG
      1. Transfer Values
      2. Indicators
   4. Identify and address gaps to include in Operational Guidance (V-2)  - TF, NC & CWG
   5. Provide technical support to implementing partners – NC & CWG
      1. Operationalizing of the Guidance
      2. Developing SoPs
      3. Support on FRA
2. **Defining of Myanmar CVA Use Cases**

Most notably, the following four main approaches were agreed during the technical consultation as the entry points for using CVA to improve maternal and child nutrition outcomes in Myanmar. These approaches, by means of providing in-kind assistance are already being used by partners in Myanmar, and these guidelines capture learnings and best practices from those existing experiences.

Four main approaches for integrating CVA into the nutrition response in Myanmar

|  |  |  |
| --- | --- | --- |
| **Use- case Title / Approach** | **Main objectives of the CVA component** | **Name of CVA Intervention** |
| CVA for nutritional adequacy (Preventive) | To enhance growth and prevent deterioration of the nutritional status | Maternal and child cash transfer (MCCT) in Emergency |
| To prevent deterioration in the nutritional status of at-risk groups | Individual feeding assistance CVA for PBWG |
| To reduce the prevalence of moderate acute malnutrition (MAM) in children under two and to enhance growth | Individual feeding assistance CVA for Children aged 6-23 months |
| Improve household food security and dietary diversity | CVA for household assistance combined with social and behavioral change (SBC) interventions |
| CVA to facilitate access to preventive health services (Preventive) | To improve attendance and use of essential health and nutrition services to improve maternal and child survival. | CVA to facilitate access to Antenatal Post Natal Care Services |
| CVA for Pregnancy-related complications (EmOC) |
| CVA for Emergency newborn care |
| CVA for Newborn care Services |
| CVA to facilitate access to nutrition services for MAM children (Supplementation) | To improve treatment outcomes: reduce defaulting and non-response to supplementation | CVA to caregivers of children with MAM to facilitate access to TSFP |
| CVA to malnourished PBW/G to facilitate access to TSFP |
| CVA to facilitate access to nutrition services for SAM children (Treatment) | To improve treatment outcomes: reduce defaulting, non-response to treatment and relapse | CVA to caregivers of children with SAM without medical complications to facilitate access to OTP |
| CVA to caregivers of children with SAM with medical complications to facilitate access to SC/ ITP |

These approaches are in alignment with the objectives of the Humanitarian Response Plan, most notably aligned with Strategic Objective SO2 of the 2023 Myanmar HRP - Suffering, morbidity, and mortality is prevented or reduced among 3.1 million displaced, returned, stateless and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats. The approaches are also aligned with Myanmar Nutrition Cluster Specific Objectives.

**Remarks: The Recommended CVA Design Considerations for each of the use cases prepared during the group work session are described under Section 5 in the Operation Guidance.**

1. **Key Reflections (Salient Points)**
2. ***Lessons Learned***

Below are key reflections from the Technical Consultation on CVA for Nutrition Outcomes Workshop.

1. CVA allows households or individuals to purchase goods and access services that can have a positive impact on maternal and child nutrition. These include nutritious foods, items to prepare food, hygiene and sanitation items, safe water, health services and medication, transportation, and productive inputs.
2. CVA can promote participation in nutrition social and behavioral change (SBC) activities and attendance to priority health services. The temporary increase in household budget can have additional positive or negative consequences which can impact child and maternal nutrition. Reduced or increased household tensions, reduced economic pressure within households which can increase time available for caregiving, improved decision-making power of women, improved psychological well-being of caregivers, etc. Empowering women in their access and control over dietary decisions can facilitate better and informed decisions over what they want to eat without thinking of the economic pressures. However, this is dependent on the primary recipient of assistance and HH dynamics in terms of who spends the money.
3. CVA modalities can be part of preventative and treatment strategies but are generally more suited for preventative approaches due to the fact that for treatment of MAM and SAM children rely more heavily on RUSF and RUTF respectively. CVA is appropriate only for individual nutrition top-up and to facilitate access to treatment services/ increase the attendance to priority health services.
4. Cash transfers aiming to benefit nutritional outcomes of young children must be combined with frequent and salient SBC activities to improve and sustain nutrition behaviours as cash transfer alone will have limited impact.
5. Digital cash transfer attached with SBC (in-person and IVR, remote counselling) seem to be one of the best solution to support the most vulnerable family especially in areas where there is mobile-phone coverage. Transferring lesser amount of cash but more frequently ensure improved control by women / accumulating larger amounts for several months of transfers cause loss of control over funds by women in number of cases – learning from previous government-led implementation especially in Rakhine.
6. Length of exposure to programme is important when considering impacts. Best results shown among participants with longest exposure (30 months). The longer the CVA, the more changes in nutrition status are observed. Challenge to secure multi-year funding so 0-24 months is prioritized.
7. Combined form of assistance – transportation, meal and investigation provided for referral cases. Hybrid (cash and food basket) is thought to be most beneficial considering regional availability and use of cash for most appropriate nutrition. Antenatal care up to 4 visits and post-natal services up to 45 days after delivery. Clean delivery kit and WASH kits for mother and children alongside CVA assistance is also provided. Disability inclusion – early detection and identification to promote early access to treatment as well as equipment such as feeding kits for children with special needs.
8. Cash is still preferred by both men and women. Despite many advantages in cash, still need to consider gender issues within vulnerable HHs which could lead to misuse and not achieving nutrition outcomes. The majority of cash assistance is through cash in envelope, and unconditional, due to beneficiary identity issues. The cash transfer value is mostly based on the SMEB which is rarely enough to meet needs. Much of the cash assistance is under sectoral cash (not MPCA).
9. Nutrition-sensitive need assessment & nutritional analysis is needed to enhance understanding of the market (particularly where vouchers are used to achieve nutritional objectives); food consumption patterns; causes of poor diets; cultural and social barriers; care practices including IYCF.
10. Partnership and coordination: At national level, coordination began between the Nutrition cluster and CWG and Rakhine among the sub-national level. More needs to be done to strengthen the coordination and partnership at other regions as well as at Rakhine. Specifically, capacity-strengthening community health workers is suggested, as they are frontline workers and provide information swiftly to relevant responders. However, working with CHWs is subject to government/authority approval. Community volunteers is another option to go. More coordination and better integration between FSC and Nutrition, as well as within Are ICCGs, sharing information and updates to and from the sub-national/national level.
11. Myanmar has the highest maternal mortality rate in the world 250 deaths per 100,000 live births which is almost twice as the regional 137 deaths per 100,000 live births. The rate is higher in rural areas at 310 deaths per 100,000 live births compared to urban communities at 139 deaths per 100,000 live births. From 2021, due to the Civil Disobedience Movement, most of the government health facilities have collapsed and in other areas non-existent. This further increases the risk of maternal and child mortality, especially in hard-to-reach areas where private health service providers are limited.
12. Targeting CVA based only on the nutritional status of children in a treatment response may tempt caregivers to slow down their children's recovery in order to prolong the treatment period, or in some cases there have been experiences of certain strategies to make children lose weight in order to meet the admission criteria. For this reason, CVA for treatment response should be accompanied by a risk analysis and strong monitoring and accountability system.
13. The implementation and functionality of one of the flagship program - the provision of Cash allowance for pregnant women and children to age two years (Maternal and Child Cash Transfer with SBC for Nutrition) is in question.
14. ***Challenges***

The following challenges were identified by the participants.

1. Cash transfer challenges – increased control over cash transfers across country
2. Pressing socio-economic conditions cause use of funds for debt repayment and basic needs – prioritizing caloric quantity over quality of foods
3. Access challenges can hamper SBC interventions and limit the time with beneficiaries / need to further advance digital elements
4. Health system challenges – both screening, AN care and treatment affected by the challenges of the health system
5. Funding constraints – restrictions on geography and modality (food or cash)
6. Inflation and economic instability.
7. Restrictions from authorities and central bank
8. Lack of formal agreements between partners and authorities
9. Restricted cash flow for cooperating partners.
10. New KYC requirement - Data protection concerns + Displacement + Possession of NRC
11. Choice of Financial Service Provider (FSP) for E-cash
12. Beneficiary sensitization, mobile phone ownership etc.
13. In case of Cash-in-Envelop modality, banking services and security situation
14. Referral system – No functioning government services for nutrition services in Myanmar.
15. ***Risks and Mitigation Measures***

Below table provides few CVA risk areas relating specifically to Myanmar context.

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| --- | --- |
| **Risk and potential implications** | **Mitigation Measures** |
| * Staff safety (carrying cash insecurity) Transfers are not received  Loss of cash | * Cash insurance * Regular security briefings and safety training * Develop Business Continuity Plan (BCP) for the project as needed. |
| **Risk and potential implications** | **Mitigation Measures** |
| * Delays in delivery of emergency cash grants. Issues with programme quality. Misappropriation of funds | * Capacity-building of cooperation partners for beneficiary identification, verification, and distribution * Strengthen Community Engagement Mechanism (CEM) system for effective communication. * Beneficiary monitoring to ensure receive entitlement through timely and accurate ration delivery |
| * Political instability | * Coordination with various sectors to provide nutrition assistance  to vulnerable individual * Maintaining the constant communication with local partners (CBOs/ CSOs) should be performed to adapt to changes and ensure continuity. |
| * Internet connection problem affecting online payment or wave money for cash support | * Develop Business Continuity Plan (BCP) for the project as needed. |
| * Some missing appointments and loss to follow up during crisis situation | * Strengthen Community Engagement Mechanism (CEM) system for effective communication |
| * Carrying physical cash (No significant issues, but distribution points are a security risk) | * moving to digital cash, including over the counter |

1. ***Cash Readiness and Appropriateness***

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**Workshop Annex 1. MYANMAR INCEPTION WORKSHOP FOR OPERATIONAL GUIDANCE**

*Date: 23rd – 25th August 2023*

*Venue: UNICEF Yangon Office (and Zoom)*

**AGENDA**

|  |  |  |
| --- | --- | --- |
| **Day 1** | | |
| **Time** | **Topic** | **Facilitator** |
| 09:00 – 09:15 | Self Introductions | All |
| 09:15 - 09:30 | Agenda, Objectives & Expected Outcomes of the Workshop | Kom and SLM |
| 09:30 – 10:30 | **Session 1: Myanmar Nutrition Situation Analysis with CVA Lens** |  |
|  | a) Snapshot of Nutrition Situation Analysis | UNICEF |
|  | b) Lessons learnt on CVA modalities, delivery mechanism, associated risks and mitigation measures Cash Working Group (CWG)  c) Plenary Discussion on the need of Feasibility and Risk Assessment | CWG  All |
| 10:30 – 10:50 | **Coffee Break** |  |
| 10:50 – 12:00 | **Session 2: Lessons Learned on CVA Programme for Nutrition in Myanmar**  i. UN - WFP  iv. INGO 1 – SC MMR  v. INGO 2 - HPA  vi. INGO 3 - Malteser | WFP  SC MMR  HPA  Malteser |
| 12:00 – 13:00 | **Session 3: Catch Up/Get on the same page: CVA for Nutrition**: What do we know so far?  Quick overview of the current use cases for cash voucher assistance (CVA) for Nutrition, evidence/guidance, and relevant tools | GNC/ SCI |
| 13:00-14:00 | **Lunch Break** |  |
| 14:00 – 15:30 | **Session 4: Setting CVA Transfer Value**  a) Minimum Expenditure Basket (MEB)  b) Cost of Diet  c) Nutrient Gap/ FNG  d) Market Monitoring | CWG  SC MMR  WFP  WFP |
| 15:30 – 16:30 | **Session 5:Guidelines for Nutrition in Emergencies CVA (Marina)**  a) Presentation on samples from other countries  b) Key factors and Structure for Nutrition Programmes’ - CVA guidelines | GNC/ SCI |
| 16:30 – 17:00 | Daily Wrap-Up and Preparations for Day 2 | Kom and SLM |
| **DAY 2** | | |
| 09:00 - 09:30 | Group works tools/ guidelines, groups formation and nominate faciltators | Kom and SLM |
| 09:30 - 16:30 | **Session 6: *Defining of Myanmar CVA Use Cases***  **Group 1 - CVA for Nutritional Adequacy**  Group 2 - CVA to facilitate access to preventive health services  Group 3 – CVA to facilitate access to nutrition services for MAM children  Group 4 - CVA to facilitate access to nutrition services for SAM children | Group work co-facilitator |
| 16:30-17:00 PM | Daily Wrap-Up and Preparations for Day 3 | Kom and SLM |
| **DAY 3** | | |
| 9:00-9:30 | Recap of Day 1 & Day 2 | Kom and SLM |
| 9:30-12:00 | **Session 6: Group presentation** | 4 Groups |
| **12:00-13:00** | **Lunch Break** |  |
| 13:00 – 13:40 | **Session 7: Presentations on Cross Thematic Themes**   1. Protection and Gender Mainstreaming 2. Accountability to Affected Population | Protection Cluster  AAP/ CE TWG |
| 13:45-14:30 | **Session 8:** T**ask Force for Nutrition in Emergencies CVA**  a. Presentation on Terms of Reference (ToR)  b. Composition of the Task Force | Kom |
| 14:30 - 15:50 | **Session 9: Planning & General**   1. Action Plan 2. Identify topics /issues that need further research or additional work after the workshop 3. AOB | Plenary |
| 15:50 – 16:00 | **Closing** |  |

**Workshop Annex 2. Participants List**

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| **Participants by Groups** | | | **Date: 24/Aug/2023** | |
| **No.** | **Name** | **Name of Organization** | **Email** | **Remark** |
|  | **Overall SUPPORT and ZOOM control** | | |  |
| 1 | Sai Boon Watt Sai | UNICEF | sboon@unicef.org |  |
|  |  |  |  |  |
|  | **Group 1 - CVA for nutrition adequacy** | | | IN PERSON |
| 1 | Swe Linn Maung | GNC/CotD Presenter | swelinn.maung@savethechildren.org | Facilitator Nut |
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| 3 | Kyaw Zaw Tun | UNICEF RAK Cluster | kytun@unicef.org | Presenter |
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|  |  |  |  |  |
|  | **Group 2 - CVA to facilitate access to preventive health services** | | | ONLINE |
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|  |  |  |  |  |
|  | **Group 3 - CVA to facilitate access to nutrition services for MAM** | | | ONLINE |
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| 7 | Kyaw Zin Htun | MI/Lesson Learned Presenter | kyawzin.htun@malteser-international.org |  |
|  |  |  |  |  |
|  | **Group 4 - CVA to facilitate access to nutrition services for SAM children** | | | IN PERSON |
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|  |  |  |  |  |