



Technical Alliance

WORKSHOP REPORT
CVA FOR NUTRITION MYANMAR

30-AUG-2023

PREPARED BY

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Contents

Acknowledgements.....	2
I. Background.....	3
II. Topics Covered.....	4
III. Results Reached.....	5
1. Cash Feasibility & Risk Assessment.....	5
2. Formation of Task Force for Nutrition in Emergencies CVA.....	5
3. Recommended Action Points	5
4. Defining of Myanmar CVA Use Cases.....	6
IV. Key Reflections	7
1. Lessons Learned	7
2. Challenges	8
3. Risks and Mitigations Measures	9
4. Cash Readiness and Appropriateness	10
Annex 1 : Workshop agenda.....	11
Annex 2 : Participants List.....	16
Annex 3 : Task Force TOR and membership.....	18

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.

I. 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 and will also expand on available options to reach the vulnerable 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 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 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.

II. 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. Safety, Security, and Accountability to Affected Populations
8. Task Force for Nutrition in Emergencies CVA

III. Results Reached

1. Cash Feasibility & Risk Assessment

CVA Nutrition Task Force will provide technical support to the implementing partners who seek technical assistance on FRA tools including DMA and 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.

2. 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 interest 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 (MBP) 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).

3. Recommended Action Points

- a. Validation and finalization of draft Operational Guidance - TF
- b. Capacity Building (Online Training/ Consultation) – NC & CWG
- c. Harmonization – TF, NC & CWG
 - i. Transfer Values
 - ii. Indicators
 - iii.
- d. Identify and address gaps to include in Operational Guidance (V-2) - TF, NC & CWG
- e. Provide technical support to implementing partners – NC & CWG
 - i. Operationalizing of the Guidance
 - ii. Developing SoPs
 - iii. Support on FRA

4. 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

Approach		Main objectives of the CVA component
Prevention	CVA to increase access to a nutritious diet to enhance growth and prevent deterioration of the nutritional status	<ul style="list-style-type: none"> • Maternal and child cash transfer • CVA to improve Nutrient adequacy of complementary diets • To Fill the required extra calorie and micronutrient gaps for PBWG • To use healthy snacks for 6-23 months children • To link with SBCC
Prevention	CVA to facilitate access to preventive health services	<ul style="list-style-type: none"> • Antenatal Care Services • Post Natal Care Services • Pregnancy-related complications (EmOC) • Emergency newborn care • New borne care Services • BMS services for children in exceptional circumstances
	CVA to facilitate access to nutrition services for MAM children to improve nutrition outcomes	<ul style="list-style-type: none"> • CVA for individual nutrition top-up • CVA for SBC Sessions
	CVA to facilitate access to nutrition services for SAM children to improve nutrition outcomes and prevent relapse	<ul style="list-style-type: none"> • CVA for access (e.g., transportation reimbursement) • CVA for Hygiene Kit • CVA for SAM-cured follow up • CVA to purchase Meals during stay at SC • CVA for out-of-pocket expenditures (e.g., medicine and investigation) • CVA for out of pocket expenditure (e.g Communication Charges)

The 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.

IV. Key Reflections

1. Lessons Learned

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

- a) 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.
- b) 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.
- c) 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.
- d) Cash transfers aiming to benefit nutritional outcomes of young children must be combined with frequent and salient SBCC activities to improve and sustain nutrition behaviours as cash transfer alone will have limited impact.
- e) 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.
- f) 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.
- g) 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.
- h) 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).
- i) 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.
- j) 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.

- k) 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.
- l) 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.
- m) 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.

2. Challenges

The following challenges were identified by the participants.

- a) Cash transfer challenges – increased control over cash transfers across country
- b) Pressing socio-economic conditions cause use of funds for debt repayment and basic needs – prioritizing caloric quantity over quality of foods
- c) Access challenges can hamper SBCC interventions and limit the time with beneficiaries / need to further advance digital elements
- d) Health system challenges – both screening, AN care and treatment affected by the challenges of the health system
- e) Funding constraints – restrictions on geography and modality (food or cash)
- f) Inflation and economic instability.
- g) Restrictions from authorities and central bank
- h) Lack of formal agreements between partners and authorities
- i) Restricted cash flow for cooperating partners.
- j) New KYC requirement - Data protection concerns + Displacement + Possession of NRC
- k) Choice of Financial Service Provider (FSP) for E-cash
- l) Beneficiary sensitization, mobile phone ownership etc.
- m) In case of Cash-in-Envelop modality, banking services and security situation
- n) Referral system – No functioning government services for nutrition services in Myanmar.

3. Risks and Mitigations Measures

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

Risk and potential implications	Mitigation Measures
<ul style="list-style-type: none"> Staff safety (carrying cash insecurity) Transfers are not received Loss of cash 	<ul style="list-style-type: none"> Cash insurance Regular security briefings and safety training Develop Business Continuity Plan (BCP) for the project as needed.
<ul style="list-style-type: none"> Delays in delivery of emergency cash grants. Issues with programme quality. Misappropriation of funds 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Political instability 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Internet connection problem affecting online payment or wave money for cash support 	<ul style="list-style-type: none"> Develop Business Continuity Plan (BCP) for the project as needed.
<ul style="list-style-type: none"> Some missing appointments and loss to follow up during crisis situation 	<ul style="list-style-type: none"> Strengthen Community Engagement Mechanism (CEM) system for effective communication
<ul style="list-style-type: none"> Carrying physical cash (No significant issues, but distribution points are a security risk) 	<ul style="list-style-type: none"> moving to digital cash, including over the counter

4. Cash Readiness and Appropriateness

	<p>(1) Appropriate for nutrition needs (demand side of markets)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cash is used by target population in transactions with food, water, and hygiene items markets <input type="checkbox"/> For the needs addressed through the project, the targeted groups prefer cash / vouchers <input type="checkbox"/> People cannot access goods/services they need due to lack of money, among other reasons
	<p>(2) Safe and accepted by community, authorities, and donors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community (recipients and non) is aware and accepts cash transfers (or vouchers) <input type="checkbox"/> CVA does not cause protection and safeguarding risks for targeted children and their families <input type="checkbox"/> Local/national authorities are aware and accept cash/vouchers for the targeted group and area <input type="checkbox"/> Donors and Clusters/Sectors accept cash/vouchers
	<p>(3) Viable from a market perspective (supply side of markets)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Markets respond positively and can provide the necessary quantity when needed <input type="checkbox"/> Prices will remain stable <input type="checkbox"/> Items needed to meet needs are locally available <input type="checkbox"/> Markets are accessible (physical, safety, resources) <input type="checkbox"/> Traders are willing and able to participate (vouchers and fairs)
	<p>(4) Operational conditions and capacities exist</p> <ul style="list-style-type: none"> <input type="checkbox"/> CVA can be taken to scale and quickly <input type="checkbox"/> There are functioning and reliable payment mechanisms and services <input type="checkbox"/> SC and implementing partners have the needed expertise and operational capacity

Annex 1 : Workshop agenda

Technical Alliance

MYANMAR INCEPTION WORKSHOP FOR OPERATIONAL GUIDANCE

Date: 23rd - 25th August 2023

Venue: UNICEF Yangon Office

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	Confirmed
09:30 - 10:30	Session 1: Myanmar Nutrition Situation Analysis with CVA Lens a) Snapshot of Nutrition Situation Analysis b) Lessons learnt on CVA modalities, delivery mechanism, associated risks and mitigation measures Cash Working Group (CWG)	UNICEF CWG	Dr. Kumar has confirmed Ria to confirm

	c) Plenary Discussion on the need of Feasibility and Risk Assessment	All	Kom to Facilitate - confirmed
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	Confirmed Mirza Confirmed Confirmed Confirmed
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	Marina to confirm
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	CWG SC MMR	John has confirmed SLM has confirmed

	<p>c) Nutrient Gap/ FNG</p> <p>d) Market Monitoring</p>	<p>WFP</p> <p>WFP</p>	<p>Confirmed</p> <p>Confirmed</p>
15:30 – 16:30	<p>Session 5: Guidelines for Nutrition in Emergencies CVA (Marina)</p> <p>a) Presentation on samples from other countries</p> <p>b) Key factors and Structure for Nutrition Programmes' - CVA guidelines</p>	GNC/ SCI	Marina to confirm
16:30 – 17:00	Daily Wrap-Up and Preparations for Day 2	Kom and SLM	Confirmed
DAY 2			
09:00 - 09:30	Group works tools/ guidelines, groups formation and nominate facilitators	Kom and SLM	Confirmed
09:30 - 16:30	<p>Session 6: CVA for Nutritional Adequacy (Group Work)</p> <p>Group 1 - CVA to increase access to a nutritious diet to enhance growth and prevent deterioration of the nutritional status</p> <p>Group 2 - CVA to facilitate access to preventive health services</p>	Group work co-facilitator	Coffee Breaks and Lunch Break to be determined by each group

	<p>Group 3 - CVA to facilitate access to nutrition services for MAM children to improve nutrition outcomes and/ or prevent relapse</p> <p>Group 4 - CVA to facilitate access to nutrition services for SAM children to improve nutrition outcomes and/ or prevent relapse</p>		
16:30-17:00 PM	Daily Wrap-Up and Preparations for Day 3	Kom and SLM	Confirmed
DAY 3			
9:00-9:30	Recap of Day 1 & Day 2	Kom and SLM	Confirmed
9:30-12:00	Session 6: Group presentation	4 Groups	
12:00-13:00	Lunch Break		
13:00 – 13:40	<p>Session 7: Presentations on Cross Thematic Themes</p> <p>a. Accountability to Affected Population</p>	AAP/ CE TWG	Confirmed

13:45-14:30	Session 8: Task Force for Nutrition in Emergencies CVA a. Presentation on Terms of Reference (ToR) b. Composition of the Task Force	Kom	Confirmed
14:30 - 15:50	Session 9: Planning & General a. Action Plan b. Identify topics /issues that need further research or additional work after the workshop c. AOB	Plenary	Kom and SLM to facilitate
15:50 - 16:00	Closing		

Annex 2 : Participants List

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 to increase access to a nutritious diet to enhance growth and prevent deterioration of the nutritional status				IN PERSON
1	Swe Linn Maung	GNC/CotD Presenter	swelinn.maung@savethechildren.org	Facilitator Nut
2	Ria LEWIS	WFP/CWG	ria.lewis@wfp.org	Co-Facilitator CVA
3	Kyaw Zaw Tun	UNICEF RAK Cluster	kytun@unicef.org	Presenter
4	Ms. Khin Khin Wint Aung	WFP/Nutrition	khinkhinwint.aung@wfp.org	Note Taker
5	Aung Thu Ya	HPA	AungThuYa@healthpovertyaction.org	Timekeeper
6	Naw Shirley	UNICEF	nshirley@unicef.org	Observer
Group 2 - CVA to facilitate access to preventive health services				ONLINE
1	Frank Exodus	KMSS	frankexo.hka@kmss.org.mm	
2	Esther Matama	Save the Children MMR	esther.matama@savethechildren.org	Facilitator NUT
3	Dr. Htet Aung	UNICEF	htaung@unicef.org	
4	Zaw Khaing Win	CDN/ZOA	zaw.khaingwin@zoa.ngo	
5	Tripaldi, Marina	Save the Children Global CVA	marina.tripaldi@savethechildren.org	co facilitate CVA pm
6	Myo Thida Swe	OCHA	myo.thidaswe@un.org	co facilitate CVA am
7	Soe Win Tun	UNICEF Chin/Magway	sotun@unicef.org	
8	Dr. Aye Sanda Aung	Plan	ayesanda.aung@plan-international.org	
Group 3 - CVA to facilitate access to nutrition services for MAM children to improve nutrition outcomes and/ or prevent relapse				ONLINE
1	Mabasa Farawo	Nutrition Cluster	mfarawo@unicef.org	
2	John Nelson	Mercy Corps/MEB	jnelson@mercy Corps.org	Co facilitator
3	Zay Ya Soe	Save the Children MMR	zayya.soe@savethechildren.org	
4	Fumito Morinaga	WFP Nutrition	fumito.morinaga@wfp.org	Facilitator
5	Kyaw Min Thu	UN REACH	kyawmin.thu@wfp.org	Presenter
6	Dr. Nyein Chan San	ACF	nutpm-mgd@mm-actioncontrelafaim.org	

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 to improve nutrition outcomes and/ or prevent relapse				IN PERSON
1	Sanjay Kumar Das	UNICEF	skumardas@unicef.org	Facilitator
2	Aung Thu Chai	SCI RAK Cluster	aungthu.chai@savethechildren.org	Presenter
3	Kyaw Myat Htut	CRS	kyaw.myathtut@crs.org	Timekeeper
4	Kyaw Oo Maung	GNC/TF TOR presenter	kyaw.maung@savethechildren.org	Co facilitator
5	May May Khin	UNICEF Kayin	mmkhin@unicef.org	Note Taker

Annex 3 : Task Force TOR and membership

Terms of Reference

Myanmar CVA Nutrition Taskforce

August 2023

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 and will also expand on available options to reach the vulnerable 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 nutrition outcome.

The CVA/ Nutrition advisors worked closely with the Myanmar Nutrition Cluster, Nutrition and CVA implementing partners and Myanmar Cash WG. Moreover, it has been recommended that a CVA/ Nutrition Task Force be formed *inter alia* to take forward the process of validating and finalizing the guidance.

Introduction

The Myanmar Cash Working Group and Myanmar Nutrition Cluster Unit have come together to establish this critical inter-agency platform, following expressed interest 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 (MBP) 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).

Objective:

To explore how CVA can contribute to improvement in the nutritional status of targeted community and build up on the learnings for future planning and implementation- established in the draft “Myanmar Operational Guidance” for Nutrition CVA actors.

To ensure harmonized approach in designing nutrition interventions to support nutrition cluster partners to effectively plan and implement CVA programmes that improve nutrition outcomes.

Tasks:

1. Validate and finalize the draft guidance. and regular update
2. Regular updating of Myanmar Operational Guidance
3. Regular updating and mapping of organisations working on Nutrition and CVA to understand area coverages and gaps.
4. Collect documents (reports, guidance, PDMs, SoPs, etc) on CVA and nutrition linkages
5. Provide technical support to Implement Agencies and Partners to carry out Feasibility and Risk Assessments/ Delivery Mechanism Assessments/ Market Assessments along with assessments on the impact/contribution of CVA to nutrition, as needed.
6. Establish and strengthen referral pathways between CVA and Nutrition interventions and explore the use of data sharing agreement/SOP between actors to transfer beneficiaries’ caseload between the different CVAs approaches
7. Set up regular exchange forum with the CWG and FSC to discuss reporting, learning and dissemination; opportunities to integrate CVA modalities in the nutrition sector and opportunities to improve nutrition sensitivity of MPCA, SMEB and transfer amounts by harmonizing the transfer rates, frequency and duration for each specific intervention, and any operational issues (e.g., data sharing agreement targeting, monitoring etc.
8. Build capacities among CVA practitioners on nutrition (e.g., MUAC screening) and SBC
9. Document emerging experiences and learning from nutrition responses with CVA components.
10. Provide capacity building to nutrition partners on technical aspects of CVA, risk and market/vendor assessment, and price monitoring.

Notes:

- *The TF will meet monthly on..... (TBD)*
- *TF outputs will be presented at both CWG and Nutrition Cluster regular meetings.*
- *Include nutrition-sensitive criteria in assessing needs and vulnerabilities analysis (e.g., presence of PLW and/or children under 2/under 5) and prioritize the most nutritionally vulnerable in the MPCA.*
- *Explore entry points such as integration of nutritious foods in regular market analysis; options to establish a dedicated multi-sectoral basket to cover nutrition needs of PLW (e.g., Food, health, wash etc.)*
- *The Operational Guidance is intended to be a living document and shall be considered for update on a regular basis under the leadership of the CWG and the NC.*

TF Members

No	Primary Member	Name of Organization	Location	Position	Email	Phone Number
1	Mabasa Farawo	MMR Nutrition Cluster	Zimbabwe	Nutrition Cluster Coordinator	mfarawo@unicef.org	
2	John Nelson	MMR CWG/Mercy Corps	Thailand	CWG Co chair	jnelson@mercy Corps.org	
3	Ria Lewis	MMR CWG/WFP	Naypyitaw	CWG Co chair	ria.lewis@wfp.org	
4	Marcel Vaessen	MMR CWG/OCHA		CWG Co chair	vaessen@un.org.	
5	Sanjay Kumar Das	UNICEF	Nay Pyi Taw	Nutrition Manager	skumardas@unicef.org	9457166622
6	Fumito Morinaga	WFP	Naypyitaw	Head Nutrition	fumito.morinaga@wfp.org	
7	Chaw Su Su Khaing	WFP	Naypyitaw	Nutrition Specialist	chawsusu.khaing@wfp.org	09 2543 78453
8	Vacant	UNOPS	Yangon	Nutrition Specialist	TBD	
9	Mirza Delmo	SCI MMR	Thailand	Technical Lead- Child Poverty	mirza.delmo@savethechildren.org	
10	Esther Matama	SCI MMR	Kampala	Technical Lead- Nutrition	esther.matama@savethechildren.org	
11	Swe Linn Maung	SCI MMR	Yangon	Senior Program Advisor- Nutrition	swelinn.maung@savethechildren.org	(95)09799848951
12	Aung Thu Ya	HPA	Yangon	Technical Officer	AungThuYa@healthpovertyaction.org	
13	Mar Lar	CRS	Yangon	CVA Nutrition Program officer	mar.lar@crs.org	(95)9442000382

This ToR will be updated periodically