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EMERGING GOOD PRACTICE IN THE USE OF FRESH FOOD VOUCHERS





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EMERGING GOOD PRACTICE IN THE USE OF FRESH FOOD VOUCHERS

Fresh food vouchers (FFV) are increasingly being used to complement other humanitarian interventions, both food security and nutrition, that aim to maintain or improve nutritional status in emergencies. To prevent malnutrition, fresh food vouchers have been used alongside cash and in-kind interventions that aim to provide access to staple foods, as a tool to ensure access to fresh foods that might not otherwise be provided or purchased.¹ Fresh food vouchers have also been used as a complementary intervention when treating malnutrition in supplementary and therapeutic feeding programmes, either as an incentive to participate or to increase availability of fresh foods in the household, thereby reducing the risk of sharing of therapeutic foods and/or to increase the likelihood that the malnourished person (commonly the under 5 year old child, pregnant and lactating women, and the elderly) will eat a more balanced diet.²

It is important to remember that FFV, like other cash-based interventions, are not an end in themselves but are used as a tool to achieve specific objectives, most frequently nutrition-related. FFV should be chosen as a “best option” given a careful needs assessment and response analysis, the latter including cost-effectiveness as vouchers may be a more costly when compared to other means to achieve the same objective. This ‘first step’ is considered in detail in ACF’s Implementing Cash-Based Interventions: A Guideline for Aid Workers.

The purpose of this Good Practice Review is to provide practitioners with information on emerging good practice in the use of FFV, as well as practical examples from the field. It is essentially based on the findings of a 5-country meta-evaluation of ACF’s experience (2009–2011) in drought-stricken Bolivia, post-earthquake Haiti, after the floods in Pakistan, as well as chronic emergencies in the Dadaab Refugee Camps of Kenya, and the occupied Palestinian Territory (oPT) (Hedlund, 2011). While not a part of the meta-evaluation, ACF continued implementing FFV in Haiti,³ Save the Children and International Rescue Corps continued FFV in the Dadaab camps, and different agencies’ have experimented with FFV in other countries.⁴ These programmes and others were also reviewed for this GPR. While there may be potential for FFVs in other settings, such as part of a seasonal ‘safety net’ where the quality of food consumption predictably declines, as

there were no evaluations available at the time of writing, these experiences are not included here. Given the rapid and continuous learning in cash-based interventions (CBI) and FFV, this GPR should be updated regularly to incorporate new evidence and good practices. ACF will be pleased to receive comments and suggestions.

This GPR is meant to complement ACF’s Implementing Cash-Based Interventions: A Guideline for Aid Workers and as such will not go into detail on issues already elaborated therein. In addition, given the often nutritional objectives of FFV programmes, ACF’s Maximising the Nutritional Impact of Food Security and Livelihoods Interventions: a Manual for Field Workers is a fundamental document to read in combination with this GPR, as is ACF’s Food Security and Livelihoods Assessments: a Practical Guide for Field Workers and a forthcoming ACF manual concerning nutritional causal analysis.

In the Introduction, the GPR reiterates the nature of a fresh food voucher and explains some advantages and disadvantages to using the approach, based on learning from ACF and others. Subsequently, 22 “good practices”, organised to coincide with the programme cycle, are described – specifically, when are FFVs an appropriate response option and FFV design and implementation issues. To help the field worker replicate these good practices, relevant text and tools that ACF detail in their various Guidelines and Manuals are further referenced by source document, chapter and page number at the end of this GPR.

¹ See ACF examples in Bolivia, Haiti, the Dadaab refugee camps in Kenya, and the oPT.

² See ACF and Save the Children examples in the Dadaab refugee camps, Myanmar.

³ ACF continued the Haiti fresh food vouchers interventions in Gonaïves (2010) and Port-au-Prince (2011).

⁴ Among others, Catholic Relief Services, Concern Worldwide, Oxfam, Save the Children, World Vision, World Food Programme



INTRODUCTION: WHAT IS A FRESH FOOD VOUCHER?

A voucher is a paper, token or electronic card that can be exchanged for a set value or quantity of fresh foods, denominated either as a cash value (e.g. 15USD) or as predetermined commodities (e.g. 1kg of tomatoes). The former is often called a 'cash' or 'value' voucher; the latter is called a 'commodity' voucher. Vouchers are redeemable with preselected vendors at local markets or at 'voucher fairs' set up by the implementing agency (adapted from Harvey and Bailey, 2011: Table 1). A more detailed description is provided in ACF's Implementing CBI Guidelines and is reiterated here for ease (page 18-19):

Value voucher: This is a voucher which entitles the holder to buy goods up to the cash value written on the voucher. The holder can make purchases in any shops or stalls which have agreed to participate in the programme, by accepting the vouchers as if they were cash. The shopkeeper turns the vouchers into cash with the agency who gave them out. The agency can set rules which either restrict the vouchers to certain items (e.g. "tomatoes to the value of 1 euro", "food to the value of 10 Euros"), or can allow the vouchers to be spent on anything which the participating shops sell.

Commodity voucher: This is a voucher which is exchangeable for a fixed quantity of certain goods or services, at any shops or stalls which are participating in the scheme. The voucher could be for a single item / service ("1 kg of tomatoes") or for a complete, fixed food basket of several items (e.g. 2 litres of milk, 2 kg onions, 1 kg carrots). The shopkeeper then redeems the vouchers with the implementing agency at whatever price was agreed upon. In effect, a commodity voucher is the local purchase of an in-kind distribution and is less like other cash based interventions that allow for more choice.

There are examples of a mix of value and commodity vouchers that limit spending on certain food groups, e.g. of a 40USD voucher 20USD is to be spent on 2 litres of milk per week or 5 kilos of meat or 48 eggs per month, while 8USD is spent on green and yellow vegetables such as 5 bundles of chard per month or 3 bundles of celery (Table 5). However experience has demonstrated that in practice a single value coupon for a food type (Figure 1) is more likely to be respected than specific amounts of a limited number of food commodities both as local supply and a household's other food sources can vary significantly.

Some of the advantages and disadvantages of cash vs. commodity vouchers are mentioned in Table 1.

It should also be noted that many of these advantages and disadvantages can be managed through good programme planning and implementation, e.g. adequate market assessment, collaboration with vendors, monitoring, etc.

FIGURE 1 ACF BOLIVIA'S FRESH FOOD VOUCHER



(Fruit, Vegetables, Dairy and Eggs)

TABLE 1 ADVANTAGES AND DISADVANTAGES OF CASH VS. COMMODITY FRESH FOOD VOUCHERS ^A

Value voucher	Commodity voucher
Allows for more choice, taking into consideration beneficiary preferences, seasonality of fresh food supplies and other food available to the household. Beneficiary shops for the best quality and price ratio.	Restricts choice allowing for more control of actual consumption; however can result in quality control problems as beneficiaries have no choice.
During market assessment, need to analyse general availability of food, including types of commodities, quantities and prices.	During market assessment, or 'fair' planning, need to estimate the more exact amounts necessary based on beneficiary numbers and voucher composition/value, e.g. 30Mt of tomatoes given 15,000 beneficiaries receive 2kg each.
May cause inflationary pressure for voucher-specific goods.	May reduce inflation as contracts and prices are established before the intervention and be less affected by external price inflation. However if established prices are too low, vendors may create false supply shortages.
If supply is irregular, allows for more flexible purchasing.	If supply is irregular, can result in households unable to purchase pre-selected commodities. All commodities may not be available from one vendor requiring increased beneficiary time and money for transport.

^A Some are theoretical and need further monitoring and evaluation. Adapted from Hedlund (2011) and WFP 2010b.

GOOD PRACTICE IDENTIFIED FROM THE USE OF FRESH FOOD VOUCHERS IN EMERGENCIES (2009-2011)

Experience of fresh food vouchers is relatively limited given the novelty of the approach and agencies are quickly learning when fresh food vouchers are or are not the most appropriate response depending on needs, market conditions and the objective of the humanitarian response. To maximise the potential effectiveness of fresh food vouchers to meet stated objectives depends on quality of programme design and implementation, with a particularly strong emphasis on both process and impact monitoring. During the review of current FFV experience, other good practices were identified that are not specific to fresh food vouchers but are worth reiterating, particularly when FFV are an unfamiliar response, or are implemented alongside other nutrition interventions. These good practices can lead to a more coordinated, coherent and beneficiary-led and needs-driven emergency response. The section starts with a checklist or set of "guiding questions" that if carefully considered are likely to lead to replicating good practice and identifying new and better ways to use fresh food vouchers to meet crisis-affected populations.



GOOD PRACTICE 1 CONDUCTING NUTRITION SENSITIVE NEEDS ASSESSMENTS⁵ AND NUTRITIONAL CAUSAL ANALYSIS

- 1 Have you done a “nutrition sensitive” need assessment that includes the assessment of food consumption, and the likely causes of poor diet?

A nutrition sensitive needs assessment will include if and how people are not eating well and why not. If the target population is not eating a balanced diet necessary for good health, this can be due to a variety of reasons including local supply, economic access or lack of knowledge of a healthy diet, food preparation or food taboos. Agencies should not assume that families are not eating well just because they cannot afford it or vice versa - that if given cash, beneficiaries will not prioritise fresh food if other priority needs are already provided for.

- 2 If malnutrition is an actual or potential problem, have you done a causal analysis of malnutrition, including the individual's and household's food consumption as well as infant and young child feeding practices (IYCF)? Have you considered that care and health practices may be contributing factors?

Disasters can both introduce new determinants or exacerbate pre-existing causes of malnutrition. Understanding the pre-crisis nutritional situation and reasons for persistent acute malnutrition is essential in determining an appropriate response and objectives. In post-earthquake Haiti, fresh food vouchers as part of a multi-sectoral approach to preventing malnutrition may have contributed to keeping acute malnutrition below emergency levels. However where the causes of malnutrition are complex, increasing household availability of fresh foods might not result in reduced malnutrition. Particularly if care, feeding and health practices are a significant cause of malnutrition as was the case in the Dadaab refugee camps. The Nutritional Causal Assessment (NCA) needs to include analysis of the types of prevailing malnutrition (wasting, stunting, and/or micronutrient malnutrition), the population most at risk disaggregated by sex and age, scale, trends and seasonality, and causality.

Learning from Practice: Needs Assessment

In Bolivia, ACF investigated the causes of anaemia through individual dietary diversity scores and the pre-intervention consumption of micronutrient-rich food and found children were rarely eating fruits including Vit-A rich fruits (<10%) and iron-rich animal source foods (<55% (Linea Basal, ACF Bolivia, 2010).

Also in Bolivia, gender analysis revealed that men were more likely to control cash and buy necessary staple foods. Giving a fresh food voucher was more likely to increase women's role in decision making for household consumption (Cortes and Otter, 2011).

In Port-au-Prince, Haiti, existing pre-earthquake data demonstrated that household dietary diversity was already poor while acute malnutrition was very low (<5% GAM). A lack of appreciation for the nutritional benefits of a diverse diet in Haiti may have contributed to poor compliance to the voucher programme, which in turn may have been mitigated through improved nutrition education (Bazin, 2010).

- 3 Given the above, do the objectives of your programme reflect the needs assessment and problem analysis, including a clear and logical link between the FFV and the specific pathway or cause of malnutrition?

ACF's Maximising the Nutritional Impact of Food Security and Livelihoods Interventions describes how it is important not to assume that the project's outcomes will be achieved automatically. For example, the potential of ASF such as egg, meat, fish or dairy products to alleviate micronutrient deficiencies as part of a food-based strategy is well recognized especially in countries where the main staple food is cereal. However, the provision of a FFV for these products will not automatically lead to improved consumption particularly if there are culturally specific food taboos or feeding practices, particularly for pregnant and lactating women, infants and children and the malnourished child. It is hence crucial to make sure that the logic of the programme flow stands in the prevailing context.

4 Have you done a gender analysis both in terms of women's needs and women's role in the consumption of a healthy diet?

Examples of good practice include analysing women's role in food purchases, specifically fresh food, women's knowledge of fresh foods, including cultural and social barriers to using certain foods for children and pregnant and lactating women, care practices including infant and young child feeding practices, and the potential advantages and disadvantages for women if providing a fresh food voucher. Response analysis should include women's acceptance of or preference for FFV vs. other modalities to achieve similar objectives. Similarly, women are often vendors of fresh food and fresh food voucher programmes may have an impact on women's livelihoods (see Checklist Question 4).

KEY MESSAGES:

- Based on the needs assessment and nutritional causal analysis, define the need for and role of Fresh Food Vouchers including the objectives, target group and specific causal pathways the FFV (and complementary interventions) are attempting to achieve.
- If the objective is to prevent a general increase in malnutrition where the prevalence of malnutrition before the crisis was acceptable, and lack of a balanced diet is one risk factor, FFV have demonstrated their efficacy in improving household dietary diversity, even in rapid onset emergencies.⁶
- If the objective is to prevent or reduce malnutrition in vulnerable groups where pre-crisis nutritional status is already poor, nutritional causal analysis including individual consumption patterns is crucial. Most likely FFV will need to be coupled with complementary interventions.
- Gender analysis is critical to understand both women's needs (as consumers and producers of fresh food) as well as their role in increasing fresh food consumption in the household. Fresh food vouchers have the potential to benefit women, and through them their families, in disasters.

⁵ A Nutrition Sensitive Needs Assessment is elaborated in Guidance 2 of ACF's Maximising the Nutritional Impact of FSL interventions (page 16).

⁶ As long as staple food requirements are met. See Checklist Question 8.



GOOD PRACTICE 2 UNDERSTANDING MARKETS

- 5** Have you done a market assessment to understand the capacity of markets to meet beneficiary fresh food needs? Is your market monitoring system adequate to note and predict changes in quality, supply, prices and impacts on beneficiary and non-beneficiary consumption, including seasonality?

ACF's Fresh Food Assessment in post-earthquake Haiti, built on the Emergency Market Mapping and Analysis (EMMA) methodology, provided necessary information to the broader humanitarian community increasing their likelihood of implementing appropriate cash-based and in-kind interventions. Seasonality must be assessed and considered in the response analysis, e.g. seasonality influences production and supply in local markets as well as demand. When and where households produce their own fresh foods, including wild foods, is nearly for free, and the disaster has unaffected supply, FFV may be inappropriate. Vétérinaires Sans Frontiers had strict monitoring to ensure the quality of milk and meat being provided to beneficiaries (Momanyi and Jenet, 2009). Where beneficiary choice is limited, e.g. through commodity vouchers or limited number of vendors, agencies have to ensure food quality control.

- 6** Are there simple and timely interventions to benefit market actors that will enable them to meet the needs of beneficiaries and non-beneficiaries?

Fresh food vendors are often women who earn a livelihood through purchasing from wholesalers and selling retail. Their profit margins are very small and often they depend on daily credit. Complementary programmes might include micro-finance, business management, and proper food handling including sanitation, to increase food quality and reduce losses through perishing.

At a minimum, NGO payments to participating vendors must be on time. In Dadaab, Kenya, when vendors were paid sometimes 3 months late, they increased prices to manage their risk (Dunn, 2010).

A voucher initiative can be a complementary intervention to increase demand benefiting suppliers and non-beneficiaries alike, particularly where poor demand for fresh foods is due to poor KAP. Voucher interventions have been shown to correlate with an increase in fresh food supply in Nepal, Sri Lanka, and Kenya, the latter even under drought conditions (SCUK, 2011; Dunn, 2010; WFP, 2010a). Collaboration with vendors for the frequency and timing of transfers as well as monitoring are important as increased pressure on vendors to meet demand can have counter-effects such as breaks in

Learning from Practice: Helping markets recover through fresh food voucher interventions

ACF's Fresh Food Market analysis in Haiti revealed that "Madame Saras", the individual women retailers in fresh food markets, were found to be suffering most from a decline in sales due to reduced demand and an increase in wholesale prices due to increased fuel costs. On the other hand, wholesalers were benefiting from sustained demand from restaurants and hotels, largely the result of a significant expatriate humanitarian community. ACF's fresh food voucher directly benefited the Saras increasing their sales and reducing their need for credit. However the capitalization report noted that the profit margins were very low and for the Saras to benefit, they needed additional business development support (Bazin, 2010).

Immediately after the 2010 floods, as part of the Pakistan Emergency Food Security Alliance (PEFSA), ACF distributed small grants to shopkeepers. As local markets were not yet able to respond to demand, ACF distributed in-kind assistance for the first two months to allow for shopkeepers to re-establish their businesses then transitioned to vouchers and eventually cash. Beneficiaries reported no supply constraints. Shopkeepers reported a significant increase in sales. However monitoring systems were not designed to pick up synergies in the two programmes losing an opportunity to more rigorously demonstrate the potential good practice.

supply and increases in prices to the disadvantage of non-beneficiaries. During a rapid onset emergency, some agencies have experimented successfully with initial in-kind distributions, followed by vouchers and cash (Hedlund, 2011a; WFP, 2009).

Where appropriate market assessment might include value chain analysis, where complementary interventions can be implemented to increase supply, depending on the scale of the project, e.g. in Gaza Strip, Oxfam linked support to fresh food production with fresh food vouchers to reinforce the links between producers and consumers. However when doing so, an exit strategy must be designed such that vouchers do not create artificial demand (Oxfam, 2011).

7 Have you considered how to minimise the potential negative impacts of FFV on markets and non-beneficiaries, both vendors and crisis-affected populations? And how to maximise the benefits of using markets, including competition and consumer choice?

One way may be to include more vendors with multiple benefits for both vendors and beneficiaries. When more vendors participate in FFV programmes, the benefits are shared among a greater number of people and beneficiaries have more choice. The risk of conflict between vendors, market distortions, including price collusion or creating parallel voucher economies are also minimised - a concern in the Dadaab, Haiti and the oPT voucher programmes. Beneficiaries benefit from increased competition, for example in Bolivia, where vendors agreed to deliver direct to distant villages in order to guarantee business and in Pakistan where vendors offered discounts. Money transfer agents and technologies are making it easier to include more vendors, by reducing administrative costs and transferring the burden of reporting (see Checklist Question 17).

KEY MESSAGES:

- Given that fresh food prices, supplies and quality can be very volatile, market analysis in FFV is crucial, particularly where vouchers are used to achieve nutritional objectives.
- Similarly markets must be continuously monitored to inform timely and appropriate adjustments to the programme.
- Collaborating with shopkeepers and vendors to determine transfer frequency and timing is critical to ensure supply so that beneficiary needs are met.
- During the needs assessment agencies should consider that food vouchers have both the potential to increase demand and supply as well as act as an early recovery livelihood intervention for vendors, often women, of locally grown produce. Decide objectives and design programmes accordingly. Be sure to include monitoring indicators that can measure change.
- Voucher programmes, like other cash-based interventions, can potentially distort markets. Careful consideration of risks and appropriate design will reduce these risks and can increase the multiplier effects, benefiting both vendors and non-beneficiaries.



GOOD PRACTICE 3 ENSURING THE VOUCHER AND COMPLEMENTARY PROGRAMMES ARE DESIGNED TO MEET STATED OBJECTIVES

- 8** Have you done a response analysis based on nutrition sensitive assessments and market analysis that considers the potential impact, including cost-effectiveness, of different programmes to achieve the same objective?

As discussed in Checklist Question 1, to justify a voucher intervention it is necessary to understand if and how people are not eating well and why not. If the problem is simply economic access, dietary diversity might improve by just providing cash grants (Box 1).⁷ If the problem is availability and markets are not likely to respond positively to increased demand, cash-based interventions are probably not the most appropriate response option. Fresh food vouchers are justified when assessments establish that household and individual diets are missing fresh foods, households are unlikely to buy fresh foods if given cash (and their other priority needs are met), and the market is able to meet fresh food needs.

- 9** How will the design of the voucher programme reflect the nutritional analysis, i.e. reflect the specific food requirements of the target group?

For the reasons mentioned in Table 1, in most circumstances it is preferable to give maximum flexibility to beneficiaries in terms of how they use their fresh food voucher. Rather than restricting beneficiary choice, the onus is on the agency to monitor beneficiary consumption and adjust the FFV if objectives, if appropriate, are not being met, e.g. to include food items not included at the design stage. Given their nutritional value, animal source foods should not be overlooked, while the inclusion of milk should be carefully considered if there is the risk of breast milk substitution. If it is duly justified to reach the project objectives, the FFV can be divided in distinct food categories (fruits, vegetables, animal protein) to promote a more specific diet. Because ACF in Bolivia had very specific micro-nutrient related objectives, the voucher was relatively restrictive, with 3 coupons to be used separately for animal source foods, green and yellow vegetables rich in iron and Vitamin A, and fruits (Figure 1 / Table 5). That said the design of the voucher has to reflect market supply, and not be too restrictive if the supply of specific fresh foods is variable as determined in the market assessment.

TABLE 2 DIVISION OF VOUCHERS INTO PERCENTAGES (%)

FOOD TYPES	AMOUNTS BASED ON REQUIREMENTS (*)	BS. 250 VOUCHER	BS. 230 VOUCHER	BS. 150 VOUCHER	PERCENTAGE OF THE VOUCHER VALUE
Meat And Dairy	2 litres of milk or 1 medium cheese/week	107	99	64	43%
	5 kilos of meat/month				
	46 eggs/month				
Green and Yellow Vegetables (seasonal)	5 bundles of chard/month	53	48	32	21%
	3 bundles of celery/month				
	2 kilos of beetroot/month				
	4 kilos of tomatoes/month				
	30 onions/month				
	6.5 kilos of carrots/month				
Fruits (seasonal)	8 pumpkins/month	90	80	54	36%
	8 dozen bananas/month				
	8 medium units of papaya/month				
	4 medium units of watermelon/month				
	4 dozen medium lemons/month				

(*) Food quantities were determined based on a sum of Bs. 470 per month. The percentage distribution of bonds by food type eventually also applied to the small final amount of the vouchers.

Source: ACH

10 How has your market analysis influenced the design of transfer value, frequency and timing?

In the programmes reviewed, the most effective fresh food vouchers were based on the local cost of the ideal fresh food basket for the family - not the individual. Prices should be monitored carefully, particularly in more remote locations where markets are less integrated and prices are more volatile, and the value of the voucher adjusted accordingly (Longley, 2010; Dunn, 2010). As the objective of FFV is to provide the household with fresh foods, the frequency of vouchers distribution or vouchers design, including several smaller value vouchers, should allow the beneficiaries to spend the FFV on a regular/weekly basis to account for the perishable nature of the food bought. The subsequent potential added costs for transportation should also be taken into account. The timing of distribution should be made ahead of the day of local fresh food main markets, and following its frequency.

11 Are staple foods an assessed need? If there is no other guaranteed source, e.g. complementary cash or in-kind distribution, the voucher must include staples.

Research has demonstrated that while the consumption of fresh foods is 'elastic' in an emergency (households will not prioritise fresh food if there is not enough money), the consumption of staple foods is relatively 'inelastic' (Skoufias, 2010; Hoddinot, 2002; Ruel, 2002). For a fresh food voucher programme this means that that if people don't have access to staple foods, they are either likely to try to exchange their FFV for staple foods or risk consuming insufficient amounts of staple foods – the caloric base of a diet. As WFP's Top 10 Lessons Learned in Cash and Vouchers argues, food, cash, and voucher interventions can complement each other (WFP, 2009). Similarly, if children are severely malnourished, fresh food vouchers cannot replace ready to use therapeutic foods (Clarke and Fison, 2010).

Learning from Practice: Guaranteeing a staple food supply

In Dadaab, WFP provided a reliable supply of cereals, pulses and oil to beneficiaries' prioritised adding fresh food to their diet. Compliance was relatively high with beneficiaries exchanging the voucher for fresh food as intended (SCUK, 2011; Dunn, 2010).

Whereas in Haiti, the planned general ration distribution was stopped at the request of the government. While beneficiaries were given the option to participate in cash for work, this might have been one of the reasons 30% of beneficiaries used some portion of the voucher to purchase rice, oil or charcoal, items not included in the voucher (Bazin, 2010).

In Bolivia, when WFP changed the frequency of GFD distribution to quarterly, ACF FFV beneficiaries still used the voucher to purchase fresh foods, but perhaps at the expense of needed calories. Global acute malnutrition rates increased during the period from 1.5% to 3.0% (Cortez and Otter, 2011).

In Pakistan after the floods, staple and fresh foods were eligible voucher commodities. While beneficiaries prioritised staple food purchases, household dietary diversity increased from a baseline of 4.0 to 9, two points higher than general food distribution alone (7) (Hedlund, 2011b idem)

12 Malnutrition has multiple causes and normally requires a multi-sectoral approach. If you are implementing an integrated approach, how will the fresh food voucher complement the other programmes? How will monitoring and evaluation reflect the complementary objectives of different programmes and detect synergies?

There are few examples of FFV programmes that are simultaneously implemented in a multi-sectoral approach with overlapping beneficiaries (Longley, 2010; ACF Haiti, unpublished). There are opportunities to detect the enabling and/or the incentive effect of fresh food vouchers when combined with feeding programmes, nutrition, health and IYCF promotion, potentially multiplying the impacts of fresh food vouchers (See Learning from Practice: Unintended positive effects). For example, supplementary and therapeutic feeding programme recovery and default rates with and without FFV, IYCF promotion and changes in household and individual consumption of micronutrient foods with and without FFV, etc.

⁷ See Bailey, Hedlund, and Levine (forthcoming) The impact of cash based emergency interventions on nutrition. Humanitarian Policy Group. Overseas Development Institute and Skoufias et al (2011) Policy Research Working Paper 5548 Can We Rely on Cash Transfers to Protect Dietary Diversity during Food Crises? Estimates from Indonesia, Emmanuel Skoufias Sailesh Tiwari Hassan Zaman.



- 13** Similarly, if behaviour is one cause of malnutrition, have you identified a narrow set of well-tailored, actionable nutrition-related messages? Will monitoring systems detect a change in behaviour? How does the behaviour change programme promote the best use of the voucher?

Good nutrition education is vital for fresh food voucher programmes with nutritional objectives (WV, 2010). While guidelines encourage the use of pre and post knowledge, attitudes and practice (KAP) assessments, to tailor as well as evaluate the impact of behaviour change strategies (BCS), rarely is the effectiveness of this programmes evaluated (Bailey, Hedlund, and Levine, forthcoming). This is particularly important when testing the relative effectiveness of cash only, voucher only, or CBI plus behaviour change strategies including public health promotion to meet stated objectives.

- 14** If using conditional vouchers, have you clearly defined the role of the voucher as an incentive and/or enabler, and included in your design and monitoring the ability to detect unintended negative effects? If the voucher is effective, attendance at complementary programmes will increase. Have you planned for maintaining the quality and quantity of complementary programming?

Conditional food vouchers (and other cash interventions) have been used as an incentive to participate in health and nutrition programmes, potentially increasing the coverage and effectiveness of these interventions.⁸ If the objective is to increase coverage of programmes, these programmes must be sufficiently resourced and organised to absorb additional beneficiaries, as does the voucher programme. That said, providing humanitarian assistance (food, cash or vouchers) on the condition of meeting certain requirements risks incentivising beneficiaries to do things they would not otherwise do with potentially both positive and negative impacts.

- 15** If your aim is to improve micronutrient consumption and thereby contribute to the reduction of micronutrient deficiencies (MND), such as anaemia, have you clearly identified the cause of the MND and is this reflected in the design of the voucher - as well as monitoring and evaluation indicators and tools?

There is some evidence that FFV can increase micronutrient intake however appropriate indicators and their accurate measurement is essential, particularly if poor absorption or utilisation is a concern. There are successful examples of dietary analysis, low-tech and safe technologies for blood tests (hemacues) and nutritional surveys combined to triangulate results.

Lessons from Practice: Designing good behaviour change strategies

In oPT, while beneficiaries had low animal product and fruit consumption, anaemia wasn't identified as a problem until late in the programme (Hedlund and McGlintchy, 2009). ACF subsequently conducted in-depth studies to design appropriate nutrition education including home economics to promote the most efficient use of the voucher given nutritional requirements.

In Dadaab, while poor KAP was presumed to be one of the causes of malnutrition, no mentionable baseline was undertaken and existing studies were under-utilised, resulting in a very generic behaviour change strategy that included public health messages (Powell, 2009; Dunn, 2010). SCUUK continued the FFV project in the camps including nutrition and public health education. While encouraging beneficiaries to eat fruit, SCUUK monitoring found that a large percentage of beneficiaries (50%) consumed primarily bananas with little added nutritional value (SCUK, 2011).

Learning from Practice: A positive unintended impact

In Dadaab, while not an explicit objective, the coverage of supplementary feeding programmes almost doubled (37% to 57%) when fresh food vouchers were provided to the families of registered children. When beneficiaries increased from 1000 to more than 5000 per month during implementation, ACF had to double its staff to ensure adequate programme quality and monitoring (Dunn, 2010).

However, other Dadaab nutrition partners were concerned that associating a benefit with the poor nutritional status of children might be the wrong incentive, and mothers might be purposely neglecting their children. While qualitative investigations found no evidence of this, the programme did not measure children's individual dietary diversity and so was difficult to verify. In subsequent voucher programmes in Dadaab, SCUUK targeted all 6-12m olds in order to prevent malnutrition rather than treat it (SCUK, 2011).

Lessons from Practice: Fresh food vouchers and micronutrient deficiencies

ACF Bolivia used a combination of tools to detect change in micronutrient status, including disaggregated dietary analysis by sex and age and low-tech method to test for anaemia in beneficiaries pre and post intervention. As a result ACF was able to demonstrate the relationship between iron-rich food consumption and haemoglobin levels. The number of children with anaemia decreased from 80 to 60%.⁹

SCUK used in-depth micronutrient analysis, “clustering” the type of food basket purchased by beneficiaries. Each cluster had sufficient intake in Vitamin A, Vitamin C, moderate of thiamine, and poor consumption of calcium. This is only food sources and does not include breast milk. During the UNHCR Nutrition Survey of 2010, children receiving vouchers were 3.26 times more likely to eat eggs, 2.02 times more likely Vitamin A rich fruit and vegetables, and only equally as like to eat other types of vegetables when compared to non-beneficiaries (UNHCR, 2010).

Fresh food vouchers may be a complementary means to reduce micronutrient problems in the Dadaab camps where MixMe, CSB++ and Nutributter, other supplements have low acceptability among refugees, are costly and have short shelf life.

KEY MESSAGES:

- The decision to use FFV should be based on a response analysis process that is based on the assessments and market analysis and considers the likely impact, including cost-effectiveness, of different interventions that might achieve the same objective.
- The design of the voucher must reflect the nutritional analysis - value vs. commodity voucher and eligible food items - and be of sufficient value to cover household needs including staples if there is no other source. A compromise must be found between restricting consumption to meet micronutrient needs vs. ensuring adequate market supply.
- If the objective to prevent malnutrition and the causes are multiple, design the voucher to complement other programmes, including beneficiary overlap and coherent messaging to beneficiaries. Design monitoring and evaluation systems that can capture synergies.
- If poor knowledge, attitudes and practice are a cause of malnutrition, appropriate education and training is an essential complement to a voucher. Design behaviour change strategies based on a realistic assessment of likelihood of success and relative impact on nutrition. Ensure any education component includes how to maximise the nutritional benefit of the voucher.
- Decide if a conditional fresh food voucher is an enabler, an incentive or both to participating in complementary nutritional programmes, such as feeding programmes. Ensure monitoring and evaluation systems can measure both intended and unintended impacts. Also plan for success. If the voucher increases participation, anticipate the need for more money, staff and other resources.
- Increased fresh food consumption of micronutrient foods can improve micronutrient deficiencies (MND) if consumption is the cause (vs. absorption or utilisation). Ensure you understand the cause of MNDs and design a voucher and nutrition education that directly addresses the missing nutrients, and relevant behaviours that may limit MN absorption or utilisation. Use multiple means to measure impact, including disaggregating dietary diversity scores and nutritional surveys.

⁸ Brewin (2011) Children enrolled in a Somalia OTP whose families received cash grants, gained weight significantly faster than those who did not receive cash, per the evaluators as cash increased household food availability reducing sharing of ready to use therapeutic foods meant for the malnourished child.

⁹ Note the sample size was too small to detect a statistically significant change.



GOOD PRACTICE 4 IMPLEMENTING A FRAMEWORK FOR ACCOUNTABILITY, MONITORING & EVALUATION AND LEARNING AND COMPLEMENTARY PROGRAMMES ARE DESIGNED TO MEET STATED OBJECTIVES

- 16** How have beneficiaries and other stakeholders participated in the design, implementation, and evaluation of the programme? How will you share the results of the voucher programme with stakeholders?

Participation contributes to improved understanding and support of voucher programmes and sustainability of programme impacts, particularly where behaviour change strategies are effective. This is very important when vouchers are a new modality and stakeholders, including beneficiaries, are more familiar with other types of assistance, e.g. in-kind distributions (WFP, 2010). Government support is critical (WV, 2010; Hedlund and McGlitchy, 2010).

- 17** Do you have a strategy and a system in place to enhance the accountability of your agency, beneficiaries, vendors and the broader community? Do you have a contingency plan if small changes to the voucher programme are not sufficient to resolve problems?

Accountability frameworks to promote the intended use of the voucher (compliance) and reduce the likelihood of counterfeiting are essential for programme quality and conflict resolution (WV, 2010). Systems should be formal, well designed and include a complaints mechanism. While upward accountability is important (using resources as intended and being able to account for them), downward accountability - ensuring programmes are meeting beneficiary needs - is equally if not more important. Sometimes lack of beneficiary or vendor compliance is a problem. However before reinforcing monitoring and discipline of participants, investigate the reasons why beneficiaries and/or vendors are not complying. Perhaps the problem is the result of poor needs assessment, response analysis, or programme design that does not meet beneficiary needs or vendor capacities. Common adjustments include changes in the value of the voucher, repayment processes and schedules, involving new financial institutions, and redesigning the voucher to make sure the programme meets beneficiary and vendor needs.

Learning from Practice: Stakeholder participation

Taking the time to explain, listen and respond to concerns in Bolivia contributed to the high degree of beneficiary cooperation of beneficiaries. Similar to Haiti, the planned general food distribution was not implemented during the Bolivia fresh food voucher. While beneficiary households had unmet staple food needs, compliance was nonetheless very high.

The lack of information to local government stakeholders in Bolivia resulted in a resistance to the new approach, as they did not understand the nutritional objective and felt the voucher should be in exchange for work.

In oPT, after the Urban Voucher Programme pilot, WFP stepped up high-level advocacy with the Ministry of Social Welfare who has since made a commitment to voucher programmes, starting with assuming the responsibility for processing the bread e-voucher.

Learning from Practice: Improved participation and accountability for performance

Vouchers were used "like cash" in Haiti where both ACF and non-ACF vendors accepted the voucher in exchange for non-voucher specified goods and non-beneficiaries counterfeited vouchers. Based on recommendations and learning from the first Port-au-Prince voucher programme, ACF Haiti later ensured full time presence of staff in the markets to formally receive complaints and improve follow-up, increased the participation of market administrators, revised the voucher to include staples reflecting beneficiary needs, enhanced PHP to targeted beneficiaries to improve understanding of the importance of a diverse diet, and continued with their earlier practice of using community-based organizations for information sharing and targeting.

18 Are other agencies doing cash and/or voucher interventions? Is it feasible and desirable to consider working as an alliance or consortia?

Cash Alliances and Consortia, such as the PEFSA and the Horn of African NGO Cash Consortia, are increasing the coverage and awareness of cash-based initiatives, including fresh food vouchers, influencing decision makers at a national level.

Learning from Practice: The Pakistan Emergency Food Security Alliance

The PEFSA in Pakistan, the NGO Cash Consortia in Somalia, and the Cash Learning Partnership are some positive examples of collaboration to promote more appropriate interventions in humanitarian crisis as well as facilitate learning to increase effectiveness. The PEFSA Lessons Learned document noted that consortia take time to develop, including developing roles and responsibilities and ways of working that add value to individual programmes. Donors need to allow time for Consortia to develop including trust building and effective communication. After two years of operation, the PEFSA is regularly consulted by the national food security working group on appropriate strategies for emergency response to repeated flooding in Pakistan.

19 Have you set up a monitoring system that considers the programmes intended and unintended impacts?

Effective monitoring and evaluation is a common thread throughout this Good Practice Review. Baselines and monitoring systems need to include the appropriate indicators that can measure the progress and impact of food voucher programmes. A key reference document is ACF's Monitoring and Evaluation Guidelines and Matrix ([hyperlink](#)) which provides guidance on how to design and implement a M&E system given certain activities, and an indicator framework with core (non-negotiable for ACF) and thematic indicators.

For example:

- A combination of both individual and household indicators can provide insight into sharing at household level as well as child feeding practices. Disaggregating the dietary diversity scores, including determining consumption of certain micronutrient-rich foods or food groups, can give additional information on dietary trends and the effectiveness of nutrition education.

- Considering the impact on women and gender dynamics in the household is indispensable. It is highly likely that FFV will be managed by women. Ensure monitoring results can be disaggregated by gender, including who receives, manages and spends the FFV.
- Ensuring monitoring can determine if fresh food vouchers are meeting beneficiaries' priority needs, and if not, why not, e.g. are beneficiaries selling vouchers or exchanging vouchers for non-voucher items.
- Market monitoring should not only focus on ensuring vendor compliance but understanding market dynamics, and detect what is normal vs. programme-induced intended and unintended effects, e.g. changes in supply and prices
- Many emergency food security and nutrition interventions aim to prevent or reduce malnutrition. However the causes of malnutrition are complex and isolating the impact of a single intervention on malnutrition is difficult unless it is built into the design. Where feasible and ethical, control groups are one way to test for effectiveness (see Checklist Questions 9 and 10 for some ideas).
- If demonstrating the cost-effectiveness of fresh food vouchers is an objective, collecting comparable indicators such as WFP's Food Consumption Score, is useful. Other data requirements include comparable baseline and follow-up outcome indicators, beneficiary numbers, duration and cost of the programme to calculate the cost per beneficiary given a relative change in the outcome indicators, e.g. percent decrease in beneficiaries with poor food consumption scores.



Learning from Practice: Measuring Impact

In Bolivia, there appeared to be no correlation between a change in dietary diversity, improvements in haemoglobin levels or anaemia, and acute malnutrition rates. Where a change in Hg levels was significant - El Tunal and Itembeguasu - changes in IDDS were not. However a decline in anaemia did appear to correlate with an increase in consumption of iron-rich food. While children's IDDS in Itambeguasu increased only marginally (5.0 to 5.6), iron-rich food consumption increased from 47% to 76% of children, while normal Hg levels increased from 4% to 39%.

Isolating a programme's impacts on nutrition is notoriously difficult. ACF's Dadaab programme cited no less than 10 other factors, including complementary programming, which might have contributed to improved nutritional status of children.

In Bolivia, baseline surveys revealed that men more often go to the market and use their cash for staple food purchases. The fresh food voucher therefore targeted women, who during the programme had increased responsibilities for purchasing fresh food from 60% to more than 80%.

KEY MESSAGES:

- Even with a good design, without effective implementation programmes will fail to meet or be unable to measure progress toward objectives. Quality FFV programmes are correlated with stakeholder participation, being aware of and responding to problems, taking corrective action, and other components of strong accountability frameworks, such as information sharing and transparency.
- Good M&E systems are critical to provide the right information at the right time to agency staff. Considerable effort and experience has contributed to a set of well defined, easily measurable, meaningful indicators. Use them and keep improving on them.

GOOD PRACTICE 5 MAKING PAPERWORK WORTH IT

- 20** Have you thought carefully of the required human resources, monitoring, administrative, logistical and financial requirements for your FFV programme?

With experience, planning and preparedness are improving. However where agencies (and donors) remain flexible and respond quickly to required changes, fresh food voucher programmes are already having a positive impact. In Dadaab and Haiti, nutrition education, programme and market monitoring suffered when there was insufficient programme staff (Dunn, 2010). In Dadaab, staff numbers doubled to accommodate the increased number of beneficiaries and ensure effective programme monitoring and performance, which had been compromised in favour of administration and finance. (Dunn, 2010). There is an essential need for close collaboration between programming and finance staff.

- 21** Have you considered innovative partnerships and the comparative advantages of different technologies, and service providers including financial institutions, to reduce transactions costs and make the implementation of voucher programmes more efficient?

Money transfer agents in Dadaab, Haiti and oPT reduced transactions costs over time, reduced the workload of ACF staff, and provided good coverage and prompt payment to vendors. The introduction of simple technologies such as bar code readers in Dadaab or more advanced technologies where available, such as e-vouchers in the oPT, can further reduced administrative workloads, one of the drawbacks of voucher programmes. ACF Haiti found that developing relationships with financial institutions requires an initial investment of time to solve problems, improve reporting and customer service.

- 22** Are you documenting the process of programme implementation, noting changes to the programme as they happen?

Money transfer agents in Dadaab, Haiti and oPT redDocumentation is integral for continuous learning particularly during this period (WFP, 2011).¹⁰ For this Good Practice Review alone, ACF's capitalisation reports and other grey literature provided vital insight into early challenges and adaptations from the implementing agencies' perspective. The frank and detailed descriptions allow stakeholders to learn from experience without the added pressure of an evaluation. Useful documentation includes how the value of the voucher was estimated, the process of tendering and contracting vendors, and monitoring systems and reports.

KEY MESSAGES:

- Creating a working environment that is flexible, dynamic, and open to admitting mistakes and learning is resulting in the fast expansion and continual improvements of fresh food voucher (and other CBI) programming.
- However, finances and administration will take priority over participation, monitoring and evaluation when programmes do not have the management and staff.

¹⁰ WFP has recently published a similar descriptive report called documenting the design of their cash and voucher programme in Pakistan (PASH).



USEFUL GUIDELINES AND TOOLS

Nutrition Sensitive Needs Assessments

- ACF's forthcoming (2012) Nutritional Causal Analysis Manual
- ACF's Food Security and Livelihoods Guidelines:
 - Table 3: Core food security and livelihoods indicators, page 35
 - Table 4: Summary tools matrix, page 40
 - Table 13: Sample format for changes in sources of household income by %, page 79
 - Table 14: Sample format for changes in patterns of household expenditure by %, page 80
 - Table 16 and Box 85 Household Dietary Diversity (HDDS), Individual Dietary Diversity (IDDS), disaggregated by age and sex, page 83
 - Table 17: Food utilisation checklist, page 87
 - Box Optimal Infant and young child feeding recommendations, page 89
 - Table 18: Coping strategies by level of severity, page 92 (adapt to include compromising fresh food consumption)
 - Appendix 24: Calculating the Food Consumption Score, page 248
 - Appendix 25: FCS, HDDS and IDDS comparison matrix, page 254
 - Appendix 26: Calculating the Coping Strategy Index 255
- ACF's Maximising the Nutritional Impacts of FSL Interventions:
 - Guidance 2, 2.2. Assessing food consumption patterns and dietary intake, page 17
 - Guidance 6, 6.6 Cash based interventions, page 61
 - Annexes 5a and 5b: IYCF protocols
- ACF's Cash-based intervention Guidelines:
 - Appendix 9: Focus Group Discussion guideline & templates
 - Appendix 10: Household Questionnaire guideline & templates

Gender Analysis

Oxfam GB and Concern Worldwide: "Walking the Talk": Cash Transfers and Gender Dynamics

Market Assessment

- EMMA Emergency market and mapping analysis
- ACF's FSL Guidelines
 - Market and Price Trends Analysis, page 67
 - Table 9: Markets and price trends checklist, page 71
 - Table 10: Food availability checklist, page 72

ACF Cash Based Interventions Guidelines:

Market assessment, page 51
 Market monitoring, page 136
 Annexes 10, 11, 12, 22, 23.

Nutritional Causal Analysis

- ACF's Maximising the Nutritional Impacts of FSL interventions:
 - Guidance 4, 4.3 Consider the intervention as a flow with unexpected barriers and enhancers, page 32
 - Guidance 6, 6.1 Common principles, page 39, 6.1.1 Address seasonality to ensure food and nutrition security all year round, page 39, 6.1.2 Consider socio-cultural and economic aspects of nutrition and food systems, page 40, 6.1.3 Create linkages and synergies with other interventions, page 40, 6.1.4 Do no harm! Page 41

Complementary programming: Behaviour Change

- ACF's Maximising the Nutritional Impacts of FSL interventions:
 - Guidance 2
 - Guidance 8 Nutrition Promotion and Behaviour Change Strategy, page 72
 - Annex 5a and 5b: IYCF protocols
 - Annex 9 Use the cost of a Healthy Diet tool
- Emergency Nutrition Cluster (2010) Infant and Young Child Feeding Practices in Emergencies
 - Assessment tools

Programme Logic

- ACF's Maximising the Nutritional Impacts of FSL interventions:
Guidance 4, 4.3 Consider the intervention as a flow with unexpected barriers and enhancers, page 32
Guidance 6, 6.6.1 Consider attaching nutrition-friendly conditions to cash transfers, page 63
Figure 10, when to use conditionality in cash-based interventions
Guidance 6, 6.4.1 Do no harm! Table 8: Potential negative impacts and mitigation measures for FSL projects

Micronutrient Deficiencies

- ACF's Maximising the Nutritional Impacts of FSL interventions:
Guidance 2, 2.6 Explore the need to conduct an in-depth micronutrient assessment, page 22
Annex 6: Helen Keller dietary assessment tool to measure vitamin A intake
Annex 7: Harvest Plus dietary assessment tool to measure iron and zinc intake

Accountability

- Humanitarian Accountability Partnerships (HAP) Accountability Framework ([hyperlink](#))
- ACF's CBI Guidelines:
Getting started, communication and sensitisation, page 82
The voucher design, page 101
- ACF's FSL Guidelines:
Community participation, page 26
- Good Practice Review Cash Transfer Programming in Emergencies:
Fraud, page 104

Working in Consortia

- Pakistan Emergency Food Security Alliance (PEFSA) Lessons Learned 11

Monitoring and Evaluation

- ACF's Evaluation Policy and Guideline: Enhancing Organisational Practice through an Integrated Evaluations, Learning & Accountability Framework
- ACF's FSL M&E guidelines
- ACF's FSL Assessment Guidelines:
Table 3: Core food security and livelihoods indicators, page 35
- ACF's 5-country FFV Meta-evaluation, for an example of cost-effectiveness analysis
- Oxfam GB and Concern Worldwide: "Walking the Talk": Cash Transfers and Gender Dynamics

Transfer technologies

- CaLP (2010) Delivering Money: Cash Transfer in Emergencies
- CaLP (2010) Quick Delivery Guides
- UNDP, Cash Programming in Haiti - Lessons Learned in Disbursing Cash

Documentation

- ACF Spain Capitalisation Manual

¹¹ See also RELPA (2010) Policy Brief, January 2010, Working as a Consortium – Benefits and Challenges, Insights from the Enhanced Livelihoods in the Mandera Triangle Programme (ELMT/ELSE).



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