

THE USE OF NUTRITION VOUCHERS TO PREVENT MALNUTRITION AND IMPROVE THE QUALITY OF DIET

Antonio Battista
MEAL Head of
Department
Haiti

**Natacha Jean-
Baptiste Zephirin**
Nutrition and
Health Manager
Haiti

This article examines the implementation of a new and innovative approach around the use of nutrition vouchers, in the framework of a nutrition intervention in the North-West department of Haiti.

BACKGROUND

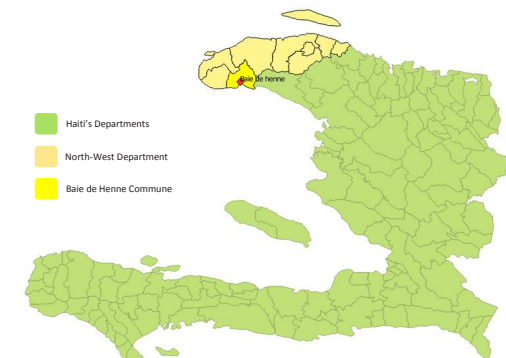
The nutrition voucher approach is the last 'leg' of the Maternal-Infant Health and Nutrition component of Kore Lavi (a four-year long programme funded by USAID, extended for two additional years) that aims to prevent undernutrition for pregnant and lactating women (PLW), as well as children aged 6 to 23 months. The activities of this programme included, among others, communication for health and nutritional behaviour change, as well as distribution of food rations and support to health facilities for the management of moderate acute malnutrition. The food rations were distributed on a monthly basis to PLW and to children 6 to 23 months of age, in addition to a supplementary ration distributed to the family.

Since the beginning of the implementation of the Kore Lavi programme in September 2013, Action Against Hunger highlighted the need to develop a small pilot by

using nutritional vouchers to replace these rations, for different reasons. Firstly, in a context like Haiti's, a food safety net has to be closely linked and integrated with nutrition services for it to be effective; secondly, the institutionalisation of a food aid approach cannot work efficiently if it is based on imported foods, as was previously the case with rations distributed within the programme. This learning came from previous experience with rations that were neither cost effective, nor culturally adapted to the Haitian diet, in addition to the fact that imported foods were logistically difficult to manage and delays were common.

The Kore Lavi consortium (composed of Action Against Hunger, CARE and WFP) consequently started thinking about piloting nutritional vouchers composed of locally available and locally produced foods, and about documenting certain aspects related to the composition of the nutritional

voucher. In order to understand better whether the implementation of the voucher would be feasible, the consortium looked at the acceptability of this voucher by project beneficiaries and the possibility of permanently replacing imported rations with this voucher. The consortium decided that Action Against Hunger would implement this voucher pilot in the commune of Baie de Henne in the North-West Department of Haiti (see map below). The Kore Lavi consortium proposed to implement this pilot activity by targeting 650 beneficiaries with a budget of USD 500,000.



THE NUTRITION VOUCHER APPROACH

The nutrition voucher has the same objective as the ration distributed to the beneficiaries: it aims to prevent malnutrition and promote growth by supplementing and improving the quality of the diet of PLW and children aged 6-23 months.

The composition of the voucher follows these principles:

- 1 Availability:** The voucher includes only locally available and locally produced foods, with the exception of oil (which is imported);
- 2 Cultural relevance:** The food items included in the voucher are adapted to the Haitian culture;
- 3 Nutritional content:** The calorie intake of the voucher is very close to the one of the ration distributed within the Kore Lavi project. A fixed amount of money is included in the voucher for the purchase of fruits and vegetables;
- 4 Cooking:** The voucher includes quick and easy cooking products that do not require much time or fuel;
- 5 Adapted to children:** Young children's guardians will receive a specific voucher with foods that are adapted for that age;
- 6 Fresh products:** Manufactured industrial products are not included

in the voucher with the exception of vegetable oil. Health education sessions were conducted within the community network and through mother leaders to promote food hygiene and dietary indications along voucher distributions.

The vouchers' distribution was implemented over 12 months, from July 2017 until June 2018, throughout the municipality of Baie de Henne. Beneficiaries received their vouchers on the third week of every month at the same sites where they were receiving rations.

The objectives of the pilot were to improve the acceptability and appropriateness of food distributions by using vouchers instead of rations, as well as to determine whether the nutritional intake of PLW and children 6-23 months would increase with the consumption of fresh and varied food from the markets.

COLLECTING (BASELINE) DATA

In order to evaluate the appropriateness and the utilisation of the nutrition vouchers by the beneficiaries of this project, the project team conducted a baseline survey that included indicators related to the satisfaction, use and appropriateness of the vouchers, and also food security indicators such as Household Dietary Diversity Score (HDDS) and Coping Strategy Index (CSI). Then, throughout



the project implementation, two Post Distribution Monitoring (PDM) surveys were conducted (a third PDM is planned for the last month of vouchers distribution) and three respective Focus Group Discussions (FGD) with a sample of PLW from the community of Baie de Henne. The results of the PDMs and the FGDs, both of quantitative and qualitative nature, helped the project staff to understand whether the objectives set at the beginning of the project were finally met. Most importantly, these preliminary results provided insights on the replicability of the approach and adjustments needed for future programming.

DETAILS ON PDM AND FGD METHODOLOGY BY THE PROJECT TEAM

“For the PDM we randomly selected the beneficiaries’ households for the survey by using a simple random sampling methodology for the first PDM and a random sampling (by clusters) for the second PDM. We realised that for this type of survey and for the context, where it is logistically difficult to move from one location to another, we needed a more structured survey design and that is the reason why we changed the methodology from the 1st PDM to the 2nd PDM. As for the FGD, we conducted one FGD with caregivers of children 6-23 months, one FGD with pregnant women and one FGD with lactating women. We selected the participants to the FGDs following a purposive sampling method.”

RESULTS OF THE PILOT PROJECT

The results of the two PDMs and the FGDs provided information on a range of indicators such as the use of the vouchers, their acceptability in the community, the quantity of food received by beneficiaries, the distribution process, and changes in the household’s diet. Below are some learning points generated from the implementation of this pilot:

- When we designed the content of the nutrition vouchers, we considered the ideal nutritional intake³ for the PLW and the child of 6-23 months, as well as the days of consumption of the items, which are supposed to be used throughout the whole month. Both the PDM and the FGD indicated that most of the food is used within the first 10 days of the voucher exchange in the market, which was a long way off from our original assumptions.
- When asked the question of who benefits the most from the food exchanged with the vouchers, the parents or guardians of children confirmed that it is the children who benefit the most (81% at 1st PDM and 90% at 2nd PDM). Similarly, the PLW responded that they themselves mostly benefit from the nutrition voucher’s products (approximately 70% on average

3 Total calories (g) 1027.8. Total Protein (g) 28.3. Calories from Protein (g) 113.3. Total fat (g) 49.7. Calories from fat (g) 447.1. % calories from protein (%) 11%. % of calories from fat 43.5%

from two PDMs). Nonetheless, during the 2nd PDM the food consumption of the target beneficiaries had decreased, and the food consumption of the rest of the household had increased.

- The vast majority of respondents (over 95%) affirmed that they prefer the nutrition voucher over rations. The FGD revealed that recipients managed to have more diversified food by using vouchers with the quality being significantly better. However, when participants were asked on their preference of cash over vouchers, they all confirmed that the cash would be the preferred option since the food products exchanged with vouchers are often overvalued.
- The HDDS at Baseline was 4.25, followed by a score of 4.36 at PDM 1 and 6.83 at PDM 2.⁴
- Additionally, the respondents of the FGDs affirmed that they feel like they have more food available at the

4 The household dietary diversity score (HDDS) is meant to reflect, in a snapshot form, the economic ability of a household to access a variety of foods, applying a score from 0 (minimum) to 12 (maximum). An increase in the average number of different food groups consumed provides a quantifiable measure of improved household food access. For this pilot, the increase in household dietary diversity (from 4.36 to 6.83) reflects an improvement in the household’s diet.

household level and that their diet is more varied thanks to the nutrition vouchers. It should be noted that the increase of dietary diversity was reached by adopting a twofold strategy: on one hand, the vouchers included a list of food items that were not largely purchased by the household so far (mostly because of the lack of financial means). On the other hand, Action Against Hunger conducted sensitisation sessions on the importance of a complete and diversified diet for PLW and children.

CONCLUSIONS

The nutrition voucher pilot could be considered overall a positive experience, mainly for these reasons:

- It allowed the beneficiaries to have access to better and fresher food compared to the rations;
- The households had access to more diversified food due to the fact that food items were already pre-determined and were based on calculations of the adequate nutritional intake for PLW and children;
- It allowed Action Against Hunger to support the local market by encouraging merchants to accept vouchers in exchange for money from a monetary institution.

This approach has also been used in

other contexts;⁵ such approaches work in environments where markets are functioning and monetary institutions are available in the area of intervention to exchange the vouchers received by local merchants. In addition, since the objective of the nutrition voucher is focused on the nutritional intake of fresh food including categories such as meat and fish, this approach can be used only in those contexts where food is locally produced and where a decent variety of products can be found at the market.

RECOMMENDATIONS FOR FUTURE PROGRAMMES

The following elements should be taken into consideration for the implementation of the nutrition voucher for future actions:

- The voucher recipients often felt that they received less quantity of food with the nutrition vouchers compared to paying in cash at the market. This could be easily avoided by closely monitoring the market prices

5 As a reference, see the Research on Food Assistance for Nutritional Impact (REFANI), 3-year research project funded by UK aid from the UK government, and co-financed through humanitarian aid from the European Commission (ECHO). For more information: <https://www.actionagainsthunger.org/refani>

(something that was not done during this pilot) to ensure the merchants exchange the correct amount of food with the vouchers.

- It is advisable to combine the use of vouchers (which can ensure a balanced food diet) with cash, so that beneficiaries feel they have more control over their purchases at the market.
- As mentioned above, it became clear that most food products were shared amongst all household members. The fact that the voucher included fresh products certainly had an influence on the number of days of food consumption, which seemed to be quite low compared to expectations. For future programming, it is suggested to trial several voucher distributions throughout the month to adapt to the households' food consumption habits.
- Consider increasing the quantity of food provided through the nutrition voucher in order to cover the consumption of other household members, as there is little Action Against Hunger can do (or should do) to avoid sharing of food within the household or with neighbours.
- Explore the possibility of conditional cash instead of vouchers, to keep supporting the local market but at the same time providing more choice to beneficiaries and reducing the risk of price inflation connected to the use of vouchers.