

# CROSS-COUNTRY LEARNING REPORT

## EXECUTIVE SUMMARY



### ON APPLYING THE COMMON APPROACH RESOURCING FAMILIES FOR BETTER NUTRITION IN HUMANITARIAN RESPONSES AUGUST 2022







Authors: Lisa Zook, Informed International  
Francesca Battistin, Save the Children UK

Note: this executive summary is the culmination of work carried out by teams in Afghanistan, South Sudan, Yemen, and Save the Children UK.

Thank you to everyone who dedicated time, energy, and resources to this project including:

Marina Tripaldi, Sakhi Rahjoe, Natnael Tessema, Faizi Shuaib, Latif Abdul, Noori Najibullah, Bosco Kasundu, Malik Ahmad Farid, Sharif Azim, Fazluddin Haidary, Pierluigi Sinbaldi, Main Chowdhury, Mohammad Alaghbari, Tariq Alesayi, Waleed Saad, Gawhara AbdulMajeed, Ayman Ali, Azhar Idaroos, Badea Salem, Hamza Saleh, Amr Sadeq, Charles Anguba, Bilal Alsalehi, Muad Aqlan, Mohammed AlShamaa, Maureen Nzeribe, Sefanit Amdemariam, Mohsin Khan, Muhammad Bilal, Prerna Javed, Oluwatosin Osunnuyi, Gezahegn Eshete, Robert Kennedy, Dawit Hagos, Ahmed Dugsiye, Peter Nyamoko, George Mutwiri, Ronald Apunyo, Nasir Yousafzai, Burrel Alice, Rosianto Hamid, Shanmugapriyah Thiyagarajah, Puspasari Indra, Marielle Snel, Jamal Fares, Nicole Duilieu, Chiyambi Nebbat Mataya, Abdizarak Ibrahim, Daniel Kariuki

This project would not have been possible without funding support from SC Italy.

*Cover photo: Noora Nasser / Save the Children*

*Other photos: Fredrik Lerneryd / Save the Children*

# INTRODUCTION

From 2021 to 2022, Save the Children implemented 'Cash + for Nutrition' in programming in three countries at risk of famine: Afghanistan, South Sudan, and Yemen, with funding from Save the Children Italy. These Country Offices used the Resourcing Families for Better Nutrition (RF4BN) Common Approach to develop and implement programmes that combined cash transfers plus Social Behaviour Change Communication (SBCC) and other nutrition interventions to reduce maternal and child undernutrition. In some cases, a Water, Sanitation, and Hygiene (WaSH) component was added. The focus was on acute malnutrition, targeting families that were either at risk of acute malnutrition or that had acutely malnourished women and/or infants.

While there is significant evidence that the RF4BN project improves nutritional outcomes in the first 1,000 days of a child's life,<sup>1</sup> the teams in Afghanistan, South Sudan, and Yemen sought to explore whether the RF4BN approach could contribute to the prevention of acute malnutrition, and if outcomes could be achieved in programmes of a short duration such as those common in humanitarian contexts.

To assess the impact of RF4BN programming in the humanitarian contexts, the team utilized a customisable monitoring, evaluation, accountability, and learning toolkit developed for RF4BN. Over the year, the teams carried out baseline and endline assessments, PDM monitoring, and routine cross-country learning events facilitated by an independent Research & Learning consultant. This report consolidates the findings of that research and learning initiative to inform future RF4BN projects in humanitarian contexts.

Most of the learning documented in this report relates to the programmes in South Sudan and Yemen, which received direct support from the Research & Learning consultant. Learning on the experience in Afghanistan can be found in a case study written by Marina Tripaldi (2022), as well as the endline survey report produced by the Afghanistan Country Office (2022).

## RESOURCING FAMILIES FOR BETTER NUTRITION

### Common Approach

The Resourcing Families for Better Nutrition (RF4BN) tackles maternal and child malnutrition by combining three core components:



Regular cash transfer to families with are specifically designed and implemented to maximise impacts on nutrition



Social behaviour change communication (SBCC) to raise awareness and provide information on health, nutrition, hygiene and good feeding practices for pregnant and lactating women



Support to linking families to basic maternal, child health, and nutrition services

The RF4BN Common Approach includes optional components of food transfers, micro-nutrient supplements, health service strengthening, improving clean water supply, or programming to support the delay of pregnancy and the improvement of nutrition for adolescent girls.

# PROGRAMME DESIGN



## South Sudan

South Sudan implemented the RF4BN project in Lopa, Magwi, and Torit from September 2021 to February 2022, targeting households with pregnant and lactating women (PLWs) and children under 5 years of age (CU5). These were (or had been) treated for acute malnutrition in one of the 48 health facilities supported through pre-existing nutrition programs funded by UNICEF and WFP.

Households received 38,900 SSP for three monthly rounds, covering 70% of the Multi-Sector Survival Minimum Expenditure Basket (MSSMEB). SBCC programming on nutrition built on the nutrition programs funded by UNICEF and WFP. It included group and individual counselling/awareness sessions on the topic of infant and young child feeding (IYCF). Sessions also included hygiene promotion messaging while households received soap and salt distributions from UNICEF and WFP programs. Mother-to-mother support groups also participated in cooking demonstrations.



## Yemen

Yemen implemented their RF4BN project from September 2021 to April 2022 in Tuban and Al Qabbaytah targeting households with PLWs, children under 2 (CU2) (70% of the caseload) and other vulnerable households (30% of the caseload). In this case, there was no previous nutrition programme on which to build or tag along; hence, the SBCC and referral components had to be developed from scratch.

The team distributed 130,000 YER per household for 3 months (September to November). This amount increased to 155,500 YER for an additional 3 months (December to February). A final cash distribution of 67,500 YER was allocated to households in April.

SBCC programming on nutrition included group and individual counselling/awareness sessions which were facilitated by community health nurses and volunteers. Topics included IYCF, health and WaSH practices, as well as gender equality. Cooking demonstrations and health screenings were also offered. SBCC sessions included hygiene promotion messaging, focusing on the five critical times to wash hands with soap, personal hygiene, and cholera prevention.



# PROGRAMME IMPACT FROM EVALUATION

## Nutrition Outcomes

The nutrition outcomes of programme participants were measured before and after the programme. When it comes to mid-upper arm circumference (MUAC), there were significant improvements observed among children and PLWs in South Sudan, but no significant improvements observed in Yemen. Both countries observed some improvements in minimum dietary diversity (MDD) but did not observe any improvements in minimum meal frequency (MMF). In South Sudan, there was a significant increase in Minimum Acceptable Diet (MAD) over the life of the programme, but it is important to recognize that 78% of children aged under 2 were still not receiving a minimum acceptable diet by endline. In Yemen there was no discernible difference in MAD. When it comes to Food Consumption Score (FCS), there was a significant increase in the proportion of households meeting the acceptable FCS in both countries.

## Perceived Ability to Meet Needs and Coping

As a result of the cash distribution, it was hoped that households would increase their perceived ability to meet basic needs. In addition to perceived ability to meet basic needs, it is helpful to examine mechanisms that the household may have been adopting to cope with stressed outcomes. Both countries observed significant increases in the proportions of households being able to meet needs and significant decreases in coping strategies. This is encouraging, suggesting that the influx of cash did help households feel more stable.

## Decision-Making within the Household

Both countries observed increases in the decisions being made by husbands and wife jointly. This included more female engagement in decisions regarding spending / saving money and food purchases.

## Overall

Overall, the programme baseline and endline surveys found encouraging findings that the RF4BN programme had contributed to the desired outcomes in the humanitarian contexts. Projects observed improvements in female involvement in decision making within the households, decreases in coping mechanisms, and increases in perceived ability to meet needs. Improvements in nutritional outcomes were less clear and it was a challenge to quantify the impact of programming without a counterfactual. Given the unstable contexts, it was difficult to account for ongoing contextual shifts (worsening situations) in judging changes from baseline to endline in nutritional outcomes. That being said, the research found encouraging results that the RF4BN Common Approach is a programme model that translates to the humanitarian context. Most importantly, the pilot teams identified a number of lessons that can be used to strengthen the programming and MEAL approaches for future initiatives.





# LESSONS LEARNED FROM PROGRAMME DESIGN

The two programmes had different target populations. While this may be a sign of contextualizing the RF4BN Common Approach to a specific context, programme activities weren't necessarily contextualized for these different target populations and the goals of the programme. For example, there was not a clear strategy for SBCC, WaSH, and other programming for each population target.

A large proportion (90%) of cash recipients indicated the programme team had recommended items to purchase with their money. However, most households experienced either challenges purchasing goods to support household nutrition, either because of issues concerning access to the market (security, transportation cost) or finding commodities in the market (availability, price, quality). For future iterations of the programme model, efforts should be strengthened to contextualise the model, including engaging the target community to design/select programme activities.

Additionally, as discussed in the MEAL section, it is recommended that households receiving cash, nutrition, and WaSH assistance through the same or different projects are provided with a household ID and that members within each household are provided with a member ID during the registration period. This will allow to monitor participation and activities at the individual level, effectively linking MEAL and project activities and – ideally – also across complementary projects.

Lessons learned and recommendations regarding programme design are as follows:

## **Create unique IDs for households and family members (caregivers and CU2 or CU5) that can be used for all RF4BN activities and across projects.**

Given the population of interest for RF4BN, household and individual IDs should be created for all families receiving cash or nutrition assistance and that have a PLW or a CU2 or CU5. This will strengthen all RF4BN records and learning activities while helping overcome challenges with families moving between communities, will reduce double dipping, and will enhance targeting of activities according to the profile of each household.

## **Clearly identify target populations.**

The pilot projects had a variety of different target populations (families with PLW women, with CU2, with CU5, other vulnerable households). Each of these categories should have SBCC, nutrition, and WASH programming tailored to their specific needs, based on nutritionists' recommendation. For instance, families with no PLW, CU2, or CU5 would not require SBCC or any specific nutrition intervention and would not be part of a RF4BN programme. A Food Security & Livelihoods programme/project would be more relevant to them, with specific expected outcomes, interventions, and monitoring system.

## **Build flexibility and agility into the programme design.**

The humanitarian context is ever-changing and ever challenging. Given this, it is essential that the team builds in the time and resources to adapt and shift as the team learns and as the context changes. This may include additional money that can be allocated to cash distributions if inflation rates increase, or resources becomes scarcer.

## **Strengthen SBCC programming.**

Participants reported mixed participation in SBCC activities, and this may be due to the limited tailoring to the target population groups or the creative and effective design of SBCC programming. It may also be due to greater emphasis of getting the cash-transfer component right, or to lack of pre-existing similar activities, experience, and capacities in the selected geographic areas, which relate to implementation rather than programme design. This should be a focus in the future to really examine the impact of combining SBCC and nutrition programming.



# LESSONS LEARNED FROM PROGRAMME IMPLEMENTATION

RF4BN programmes are integrated, meaning that they intentionally combine interventions “belonging” to different sectors and specialist areas (i.e. nutrition, WaSH, health, cash and voucher assistance). As a result, RF4BN beneficiaries receive a composite package of assistance. In practice, the different elements of the package may be delivered either within one single project or through multiple projects, they may be implemented by the same agency or by different ones. As such, implementation of RF4BN projects is complex by nature and requires tight coordination and constructive collaboration across specialists and project managers, and - in some cases - even organisations. The different components of the assistance package must be “dosed” at the appropriate intensity over the course of the project and must be sequenced in a way to reinforce each other’s effect on the desired nutrition outcomes. In putting integration into practice, the teams in South Sudan and Yemen encountered similar but also different challenges, all of which offer learning.

South Sudan’s programme could rely on pre-existing and well-consolidated nutrition projects funded by WFP and UNICEF, which supported a network of 48 health and nutrition facilities in the targeted areas. There was prior SBCC experience as well as a nutrition project manager in the same duty station as the RF4BN project manager. The latter had prior experience in a large-scale RF4BN project in Nigeria, and familiarity with the implementation of both cash transfers and SBCC. The Yemen project included a mix of RF4BN (for 70% of the caseload) and FSL, with a Project Manager whose area of expertise was FSL and Cash rather than nutrition programming. On the positive side, in 2021 he had participated to the RF4BN silver training, although had not managed to complete it.

In both South Sudan and Yemen, whilst technical specialists in all thematic areas engaged more prominently at the design stage, they were not consistently involved during implementation, a task that - based on division of labour at Save the Children - is assigned to programme operations staff and project managers.

Lessons learned and recommendations regarding programme implementation are as follows:

## **Have in places clear SBCC protocols and relationships with nutrition and health providers.**

If prior experience and resources on SBCC do not exist, build enough time into the project workplan to develop them before kicking off the delivery of assistance. For cash and voucher assistance, country offices are required to have Standard Operating Procedures in place as a pre-condition for implementing cash transfers and vouchers; a similar condition should be required for SBCC, where it does not exist.

## **Clearly define who ‘owns’ the RF4BN project.**

This recommendation is important at both design and implementation stages, to ensure accountability and ease decision making. According to key informants, an RF4BN project shall ideally be owned by Nutrition, considering that it aims at achieving nutrition outcomes. Other components, such as Cash and WaSH, are intended to support and contribute the nutrition outcomes.

## **Create a pool of Project Managers with RF4BN expertise..**

Ideally, we would hire PMs with prior experience in both cash and nutrition programming. Realistically, this is a rare profile to find, and it may be recommendable to create a pool of project managers that are trained on RF4BN (e.g. through the silver course), and provided with dedicated support from the country, regional, and/or global level whilst implementing RF4BN projects especially the first times.

## **Ensure regular and systematic support from Technical Specialists to Project Managers.**

Since technical specialists have multiple projects to support at once, make sure that additional specialists (or coordinators) are hired to provide sufficient support and quality oversight to project teams at field level.



# LESSONS LEARNED FROM MONITORING, EVALUATION, ACCOUNTABILITY, & LEARNING

## Background

From 2021 to 2022, a team of Save the Children staff partnered with an external monitoring and evaluation consulting firm to develop, pilot, and refine a MEAL Toolkit for RF4BN programming. The MEAL Toolkit aimed to provide programme teams with the tools and resources necessary to effectively embed monitoring, evaluation, learning and adaptation into programme activities. The Toolkit includes the following tools and resources:

- Instruments for **baseline and endline surveys** aimed at estimating the contribution of the intervention to nutrition outcomes and intermediate outcomes such as food security.
- Instruments for **post-distribution monitoring (PDM)**. The PDM surveys are aimed at assessing the quality of the programming assistance and users' experiences in receiving it, including any risk they faced. For this reason, the PDMS are generally carried out with recipient households after each distribution or provision of assistance. Data collection takes place after each round of distribution.
- Instruments to help project teams **translate evidence to action**, facilitating interpretation, learning, and adaptation.

Based on the experience in South Sudan and Yemen, the country neutral Toolkit was developed for future Country Offices to use.

## Key Lessons Learned for the Baseline and Endline Survey

### Timing is everything.

When it came to baseline preparations, the team recommended at least 5-7 weeks for preparing and carrying out the data collection. The endline preparation can be slightly less (4-6 weeks) but the team must account for additional data collection time if tracking individuals that were assessed at baseline. Finally, the endline data collection must be completed within 30 days of the last cash distribution, if the cash transfers are monthly and designed to cover the basic needs of a family for one month.

### Secure ample staff time to dedicate to this initiative.

Without sufficient MEAL staff time, the project is at risk of gathering poor quality data or not effectively processing and putting to use the data.

### Strengthen the accuracy of household IDs and household member IDs.

Ideally these IDs could be used throughout programming so that the MEAL teams have baseline, PDM, endline, and programme monitoring (attendance data) all recorded by household and member ID

### Simplify the tool as appropriate for your context.

Each survey required about 45 minutes. Some respondents grew tired with the length of the survey tool and, as such, teams are encouraged to remove questions and indicators that are not a top priority for their programming. However, core nutrition indicators should be maintained, since RF4BN projects are ultimately aimed at nutrition outcomes.

### Data analysis is time consuming and requires strong capacity in data analysis.

The toolkit includes data analysis and reporting guidance as well as a Stata .do file. Project teams will still need strong capacity in data analysis to carry out analysis and reporting.



## Key Lessons Learned for Post-Distribution Monitoring

### **PDMS prompted programme changes and action.**

Validating the importance of the PDM, both project teams identified challenges using PDMs and were able to make adjusting to the programming.

### **Balance time/resources for PDM with goals.**

Teams are encouraged to think creatively about how feedback is gathered from programme participants after cash distribution. Given the security concerns and the significant resources required to visit some of these programming areas, teams should explore phone or SMS-based PDM surveys.

### **Data analysis and reporting could be automated in the future.**

Current data analysis and reporting is still manual with a Stata .do file and PowerPoint reporting template. Given the desire to process PDM data and quickly act and adjust programming, there is the potential to automate PDM analysis and reporting through a dashboard.

### **The frequency of PDMs can be adjusted, depending on the length of the programming.**

Project teams reflected that the first few PDMs were the most helpful to identify and address challenges. Depending on the length of a programme, it might be more efficient to decrease the frequency of PDMs once the programme has stabilised and issues have been addressed. Regular checks are still recommended to identify any emergent issues in constantly shifting contexts.

### **Dedicate time and resources to the PDM activities.**

Effective use of PDMs requires sufficient time and resources within the MEAL team. This includes time to recruit and train enumerators, oversee quality data collection, analysis, reporting, and facilitating of sense-making/action planning workshops. Given the frequency of PDMs, it is recommended that programmes have a dedicated MEAL staff member.

## Key Lessons Learned for Translating Evidence into Action

### **Create a cross-disciplinary team to feed into all aspects of programming.**

The RF4BN common approach is cross-sectoral and, as such, it is important to secure the team and inputs from team members across sectors and areas of expertise. This cross-team collaboration is essential for creating an effective integrated programme as each team member brings unique perspective and expertise. Note that this will require securing the time of team members through formal mechanisms (discussion with managers, time allocations, TORs, and job descriptions).

### **Identify a leader for research and learning activities.**

The pilot benefited from having an external consultant drive the research and learning activities. When the MEAL initiatives are embedded within Country Office teams, it will be imperative that there is a lead person identified to convene project staff and cross-sectoral staff members for ongoing learning and reflection activities.

### **Carry out sense-making workshops with programme teams.**

Sharing written reports through email is not effective for facilitating discussion and engagement with results. The team strongly recommends scheduling regular reflection workshops to engage with data and discuss as a team.

### **Set aside time for regular action planning.**

During the reflection workshops mentioned above, programme teams should carry out action planning, clearly articulating steps that will be taken and roles/responsibilities of team members. This will ensure that data is being acted upon.



## Recommendations for future research

The work carried out during this pilot process was essential for the refinement of the toolkit and has successfully established a set of tools and resources that Country Offices can use to embed data collection, research, and learning into their programming.

As is the case with any research and learning initiatives, the work carried out from 2021-2022 answered an initial set of research questions, as articulated in the country-level evaluation reports and further documented in this learning report. The work simultaneously stimulated additional questions among team members which can be explored as other Country Office teams apply the RF4BN Common Approach and Save the Children continues to learn and evolve Cash Plus Nutrition programming.

Based on the lessons learned from this pilot activity, the team recommends that future learning and research initiatives explore the following questions:

1. How does the amount of cash (as % of MEB) and duration of programming impact nutritional outcomes? Is there an ideal combination of these factors?
  - a. How can programmes be designed to adjust cash amounts as needed given fluctuations in inflation over the life of the programme?
1. How does access to markets and availability of commodities influence nutrition outcomes? What interventions can the programme implement to improve market access?
2. Can programming targets (and nutritional status targets) be used to help teams better define success of programming?
3. What was the fidelity of SBCC programming? How does the fidelity of SBCC programming impact nutrition outcomes?

## INTERESTED IN LEARNING MORE?

### Additional Resources

This cross-country learning activity was carried alongside the development of the [Monitoring, Evaluation, Accountability, & Learning Toolkit for Resourcing Families for Better Nutrition](#). The toolkit contains customisable data collection, analysis, and reporting tools and training materials for programmes integrating Cash & Voucher Assistance, Nutrition, and WaSH interventions.

#### Questions or comments?

Contact:

Lisa Zook: [lisazook@informedinternational.org](mailto:lisazook@informedinternational.org)

Francesca Battistin: [f.battistin@savethechildren.org.uk](mailto:f.battistin@savethechildren.org.uk)



Save the Children Fund is a charity registered in England & Wales (213890), Scotland (SCO39570) and Isle of Man (199)