

**RESOURCING FAMILIES FOR BETTER NUTRITION
IN HUMANITARIAN SETTINGS**

RF4BN

An Unprecedented Crisis: Meeting humanitarian needs through integrated Cash, Nutrition and WASH interventions

A CASE STUDY FROM AFGHANISTAN



Save the Children

The case study series on Resourcing Families for Better Nutrition in humanitarian settings

This case study is one of a series of three. They were produced by Save the Children UK within the cross-country learning initiative on 'Resourcing Families for Better Nutrition (RF4BN) in humanitarian settings', implemented in 2021 and 2022 in Afghanistan, South Sudan and Yemen.

The three case studies were among the deliverables intended to document learning from the RF4BN projects. Their findings complement those from the Post-Distribution Monitoring (PDM), the baseline-endline surveys, and the cross-country learning calls. Together, they feed into a Cross-country Learning Report, which is a cross-country synthesis of all the learning harnessed through this initiative.

Compared with the PDM and baseline-endline surveys, the case studies provide more textured and specific information about potential good practices and pitfalls in the use of the RF4BN common approach in humanitarian settings. By building on the lessons from Afghanistan, South Sudan and Yemen, other Country Offices will be better prepared to successfully respond to similar challenges should they arise.

Primary intended users of the case studies include Nutrition, Food Security and Livelihoods (FSL), Cash and Voucher Assistance (CVA), and Water, Sanitation and Hygiene (WASH) specialists at the country, regional and the global level, as well as relevant Project Managers/Directors. In the country offices, the case studies will offer food for thought to Directors of Programme Development and Quality (PDQs) and Programme Operations when organising, steering, and overseeing the work of their teams.

The case studies will be shared as resources and may be used for discussion within Save the Children's Silver Course on Nourishing the Youngest (NtY) – RF4BN, and within relevant Communities of Practice. Finally, findings could potentially feed into future reviews of the RF4BN Common Approach to ensure that the guidance and tools reflect ongoing learning in humanitarian settings.

The other two case studies are:

- Battistin, F. (2022). *Enablers and challenges when integrating Cash, Nutrition and WASH interventions in humanitarian contexts. A case study from South Sudan*. Save the Children UK.
- Sinibaldi, P. (2022). *Resourcing Families for Better Nutrition in Humanitarian Settings. A Case Study from Yemen*. Save the Children UK.

The common approach 'Resourcing Families for Better Nutrition' (Save the Children International, 2018)

At Save the Children, the combination of Cash and Voucher Assistance (CVA), Social and Behaviour Change Communication (SBCC), and referrals to health and nutrition services for better nutrition outcomes constitute one of the 19 Common Approaches promoted by the organisation. This specific Common Approach is named 'Resourcing Families for Better Nutrition' (RF4BN) and is also known as 'Cash Plus for Nutrition'.

The RF4BN common approach targets families during the first 1,000 days of a child's life from the time of conception until the child reaches two years of age, a time when stunting is most likely to take place. In humanitarian settings, this timespan may be adapted, with eligibility extending beyond first 1,000 days to children under five, a time when they are at higher risk of wasting.

The CVA component can be in different modalities, including cash transfers for food; multipurpose cash transfers that can be spent in any way the household chooses; and food vouchers and fresh food vouchers. Multiple CVA modalities can be combined.

In addition to CVA, SBCC and referrals to health and nutrition services – which are the essential components of RF4BN – other optional interventions can be added. They include awareness raising and education of adolescent girls on sexual and reproductive health and nutrition; micro-nutrient supplementation or other food transfers; and interventions aimed at improving health, nutrition, and water services.

CONTENTS

Acknowledgements	2
Abbreviations	3
Introduction	4
Methodology	5
Overview of the RF4BN approach in Afghanistan	6
Findings	8
Conclusions and recommendations	21
References	22
Save the Children Key Informants	23



ACKNOWLEDGEMENTS

Author: Marina Tripaldi, Humanitarian Food Security & Livelihoods Adviser, Save the Children UK. The conclusions and recommendations expressed in this report are those of the author and do not necessarily reflect the opinions and beliefs of Save the Children.

Thank you to Alice Burrell, Sebsibie Teshome, Dr Abdul Latif Latif and Puspasari Indra for their excellent support during data analysis and reporting. Thanks to the key informants for their contributions.

Thanks to Francesca Battistin for making this project possible.



PHOTO: MICHAL PRZEDLACKI/SAVE THE CHILDREN

ABBREVIATIONS

CU2	Children under two years
CVA	Cash & Voucher Assistance
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
LOE	Level of Effort
MCCT	Maternal and Child Cash Transfer
MEAL	Monitoring, Evaluation, Accountability & Learning
MEB	Minimum Expenditure Basket
MPCA	Multipurpose Cash Assistance
MUAC	Mid Upper Arm Circumference
PBW	Pregnant and breastfeeding women
PDM	Post-distribution Monitoring
RF4BN	Resourcing Families for Better Nutrition
SAM	Severe Acute Malnutrition
SBCC	Social and behavioural change communication
WASH	Water, Sanitation and Hygiene

INTRODUCTION

Purpose

The purpose of this case study is to illustrate a concrete example of a humanitarian short-term project designed using the Resourcing Families for Better Nutrition common approach (RF4BN CA) as technical guidance. The RF4BN (also known as Cash Plus) common approach promotes the use of regular nutrition-sensitive cash transfers combined with social and behavioural change communication (SBCC) to prevent malnutrition in pregnant and breastfeeding women and children in their first 1,000 days, when good nutrition is essential for them to attain their development potential (Save the Children, 2018). With this case study we describe some of the components of the programme design considered particularly important for this project.

Topic

The case study explores important programmatic aspects as experienced by Save the Children staff involved in the 2021–22 RF4BN project in Afghanistan. These are: Situation Analysis (focus on Humanitarian Needs and CVA Feasibility); RF4BN Design and Integration; Targeting, selection and verification of PBW. These programmatic aspects have been selected because they were relevant in the project implementation or because they are not well documented in the evidence generated by RF4BN projects in humanitarian settings.



METHODOLOGY

This case study was produced through a desk review of secondary data and primary data collection from key informants. The desk review and initial discussion with the project manager helped in determining research questions discussed in the case study. Key informant interviews were conducted to gain insights on the different topics from colleagues who were involved in implementing the RF4BN project, although to different extents. Some were allocated to the project on a full-time basis, and others on a part-time basis, or occasionally.

Key informants were selected to ensure a variety of perspectives, with representatives from the different specialisms (ie, Nutrition, Cash, MEAL, project coordination, field implementation), from the Country Office, global (Nutrition Backstop) and regional level (CVA Regional Backstop).

Overarching questions

The following research questions were agreed with the project team:

1. How were the situation analysis and humanitarian needs considered in the project design?
2. Was the project well designed to meet the expected outcomes and output as promoted by the RF4BN?
3. How did integration occur across Nutrition, WASH, Food Security and Cash teams/sectors?
4. How did the targeting process occur in relation to the RF4BN approach?

Limitations

There are several limitations to be considered when interpreting some of the baseline and endline findings (Save the Children Afghanistan Country Office, 2022) that informed this case study, namely:

1. The Save the Children Italy baseline survey was conducted in February 2022, when our beneficiaries had already received the first round of Cash and Nutrition assistance.
2. Baseline and endline surveys were intended to have a panel design (before and after intervention), whereby the same respondents are interviewed at baseline and then at endline. Given the nature of the sampling frame (children under six months and 6–23 months), with children ageing and new children being born over the course of a project, a panel design is not ideal for measuring Infant and Young Child Feeding (IYCF) indicators. As a result, any new-borns and children who reached more than two years of age may have been missed out.



PHOTO: CHARLOTTE ROSE/SAVE THE CHILDREN

OVERVIEW OF THE RF4BN APPROACH IN AFGHANISTAN

The Save the Children Italy project was aimed at preventing acute malnutrition among children under two years (CU2) and pregnant and breastfeeding women (PBW) in targeted areas of Kabul, Balkh and Jawzjan provinces by increasing knowledge on nutrition and hygiene practices and by providing safe water in communities where waterborne disease was prevalent and likely an underlying cause of malnutrition. These provinces were selected by the nutrition cluster because of the high prevalence of acute malnutrition and because the Save the Children Country Office was already working there.

This integrated project provided life-saving assistance to the most vulnerable households¹ through three main components:



Cash Assistance



Water, Sanitation and Hygiene (WASH)



Nutrition

The project benefited from a six-month funding portfolio of US\$2,075,244 from Save the Children Italy. Due to political change in Afghanistan, the project was suspended between August and November 2021 and extended until June 2022. Although the project's final duration was 12 months, the combined Cash and SBCC assistance lasted for four months, between January and April 2022.

Targeted households received Multipurpose Cash Assistance (MPCA) for three months (January–March 2022); households with PBW and CU2 received top-up cash transfers in addition to the MPCA, to cover additional dietary intake (additional 500 kcal/day) for four months (from January to

April 2022). The MPCA was designed to cover household's basic needs including food, hygiene materials and basic health expenditures. It was developed based on guidance from the Afghanistan Cash Working Group.

The RF4BN common approach in Afghanistan

Save the Children identified cash plus for nutrition (or RF4BN) as a strategic objective for its Afghanistan Country Strategic Plan in 2020 and 2021. Since 2020, the Afghanistan team has been involved in several capacity-building initiatives on the use of CVA for Nutrition outcomes. Since then, the country has developed and successfully funded two projects using the RF4BN CA: the ECHO Maternal and Child Cash Transfer (MCCT) and the Save the Children Italy Health and Nutrition project.

At the same time as the Save the Children Italy project, Country Office was implementing an ECHO MCCT. The cash plus approach used in the two projects was similar, combining Cash and SBCC. However, under the ECHO project, the cash transfer was tailored to the needs of pregnant and breastfeeding women, while the Save the Children Italy project targeted the needs of the entire household, as well as the needs of CU2 and PBW. The ECHO MCCT project included Health and Nutrition components, providing additional health and nutrition services through a Save the Children Mobile Health Unit (Save the Children, 2022), while the Save the Children Italy project included more WASH promotion activities.

¹ Vulnerable households were defined as poor families struggling to cope with the negative impact of the draught and unable to meet their minimal necessary food demands. Vulnerable HH also included those living with vulnerable family members, such as PBW, children under two and five, elders, IDPs and people suffering from chronic diseases.

Project team and contributors

The project team consisted of a CVA project manager, three project field coordinators, and 20 per cent Level of Effort (LOE) from Nutrition and WASH technical specialists in the Country Office. The project was also supported by global advisers in Cash (20% LOE) and a Nutrition and Wash Adviser (5% LOE).

Project implementation was seriously affected by high staff turnover. The Nutrition and WASH advisers left near the beginning, with temporary replacements throughout. The Monitoring, Evaluation, Accountability and Learning (MEAL) team initially trained in the RF4BN MEAL toolkit were also lost during the project.



FINDINGS

Topic 1: How the situation analysis and humanitarian needs were considered in the project design

Humanitarian and nutritional needs

In July 2021 when the project started, 18.4 million people were in acute humanitarian need across Afghanistan (United Nations Afghanistan, 2020). At that time, 3.1 million children under five (one in two) were expected to be acutely malnourished. From these, 893,504 were expected to suffer from Severe Acute Malnutrition (SAM). One-quarter of the PBW population (722,911 women) were also projected to be acutely malnourished.

The Government of Afghanistan collapsed in August 2021, one month after the Save the Children Italy project started. After the transition of power, political, social and economic shocks reverberated across the country, causing a massive deterioration of the humanitarian and protection situation. The 2022 Humanitarian Needs Overview (United Nations Afghanistan, 2022) reported that 41.7 million people were in urgent humanitarian needs in January 2022, more than the double of the previous quarter.

According to a Save the Children survey (Save the Children, 2022a), 82.0 per cent of Afghans lost income after the change of regime, with 18.0 per cent reporting that they had no choice but to send their children out to work. As families sunk further into debt and poverty, 7.5 per cent said they were begging or relying on charity to feed their families. High acute food insecurity persisted with all the targeted provinces in Integrated Food Security Phase Classification (IPC) Phase 3 (Crises) or Phase 4 (Emergency) between June and November 2022 (IPC, 2022).

Water-borne disease was also an underlying cause of malnutrition, with UNICEF and WHO reporting that only 57.3 per cent of the rural population have access to safe drinking water. In 2021, the Government of Afghanistan declared a national drought, with water sources progressively drying up and around 15.1 million people in need of water, proper sanitation and good hygiene (United Nations, 2022). As well as malnutrition, this has led to outbreaks of infectious diseases such as watery diarrhoea, measles and dengue fever (Save the Children, 2022). Additionally, of the 2,300 health facilities that were functioning pre-August 2021, more than 1,200 were not fully functioning in September 2022.

Given the effects of this unprecedented crisis, the project arrived at the right time to provide humanitarian support. According to Save the Children's team in Afghanistan, the humanitarian assistance was extremely useful to households in communities where needs were high and often unmet. The 2022 demand for higher humanitarian assistance was also reported in the HRP 2022 (UNICEF, 2022) as well as in the IPC AFI analysis (IPC, 2022). The IPC report shows that 38.0 per cent of the Afghan population was targeted for humanitarian food assistance in March 2022 but only 8.0 per cent of this assistance was secured for June–November 2022.

“I’ve never seen anything like the desperate situation we have here in Afghanistan. We treat frighteningly ill children every day who haven’t eaten anything except bread for months. Parents are having to make impossible decisions – which of their children do they feed? Do they send their children to work or let them starve? These are excruciating choices that no parent should have to make.”

Chris Nyamandi, Save the Children's Afghanistan Country Director, February 2022

Save the Children has extensive experience in providing lifesaving emergency assistance in Balkh, Jawzjan and Kabul through the Food Security and Livelihoods, WASH, Nutrition, Education, and Protection sectors. When the project resumed the team was quickly able to start implementing the project. Beneficiaries considered the MPCA provided to 3,400 households the most useful form of assistance for a population struggling to cope with lack of income-generating opportunities and food, price increases and disruption of public services. The WASH and Nutrition interventions were also considered essential as waterborne disease increasingly became an aggravating factor for malnutrition.

Cash and Voucher (CVA) feasibility and appropriateness²

However, despite Save the Children having extensive experience in CVA and good operational conditions in place in Afghanistan, cash feasibility was a real challenge for Save the Children with this project. Although cash assistance had been provided in the same provinces (Balkh, Jawzjan and Kabul) in the past, the sudden changes in political context (in August 2021) had a drastic negative impact on the feasibility of cash: on market functionality (national liquidity crises and border closure); on the operational capacities of the financial service provider (which was unable to operate or applying very high fees) and our staff (who experienced hibernation, suspension of activity and high turnover); and finally, on the risks of fraud and safety for programme implementation.

For almost four months it was impossible to restart any cash operations in Afghanistan. Initially, the Save the Children Country Office faced a very high turnover that affected the capacity of the team to respond to the humanitarian crises. Secondly, the crises affected the operational capacity of the financial service provider. At that time, Save the Children had a contract with one Mobile Network Operator (MNO) to deliver cash. After the change in regime, the service offered by the MNO became inefficient due to lack of liquidity and staff. Between



PHOTO: KRISTIANA MARTON / SAVE THE CHILDREN

September and December 2021, the MNO service was used only to pay the salaries of Save the Children staff. Through the Cash Coordination mechanism, Save the Children learned from the experience of other humanitarian actors. Between September and December 2021, the feasibility of CVA in Afghanistan became a priority for Save the Children's leadership. Only after a long process of consultation between the finance, procurement and cash teams, with the support of the regional office, Member offices and Save the Children International, were the risk assessment and mapping of other existing delivery mechanisms completed. New framework agreements were signed with one bank (Azizi) and hawala (informal money transfer) operators for US\$60 million to restart cash operations in January 2022. In 2022, thanks to stronger operations being in place, Save the Children scaled-up the cash response, distributing US\$15.5 million in six months to approximately 100,000 families.

OVER SIX MONTHS IN 2022, SAVE THE CHILDREN DISTRIBUTED US\$15.5 MILLION TO APPROXIMATELY 100,000 FAMILIES.

² Before deciding to implement a CVA programme, Save the Children carries out a feasibility analysis to determine if cash or vouchers are feasible and appropriate, based mainly on safety and acceptance by communities, authorities and donors; market; operational conditions and capacities.

Between January and May 2022, with the support of the Save the Children Italy project, Save the Children Country Office distributed cash assistance to 3,400 most vulnerable households in Balkh, Jawzjan and Kabul provinces, including 1,200 households with PBW and CU2.

Cash was chosen rather than vouchers and in-kind assistance as the population was in desperate need, potential suppliers were not compliant with Save the Children policies, and it would have been less cost-efficient. Border closure, price fluctuation and inflation were constantly monitored to ensure that key items were available, and prices acceptable.

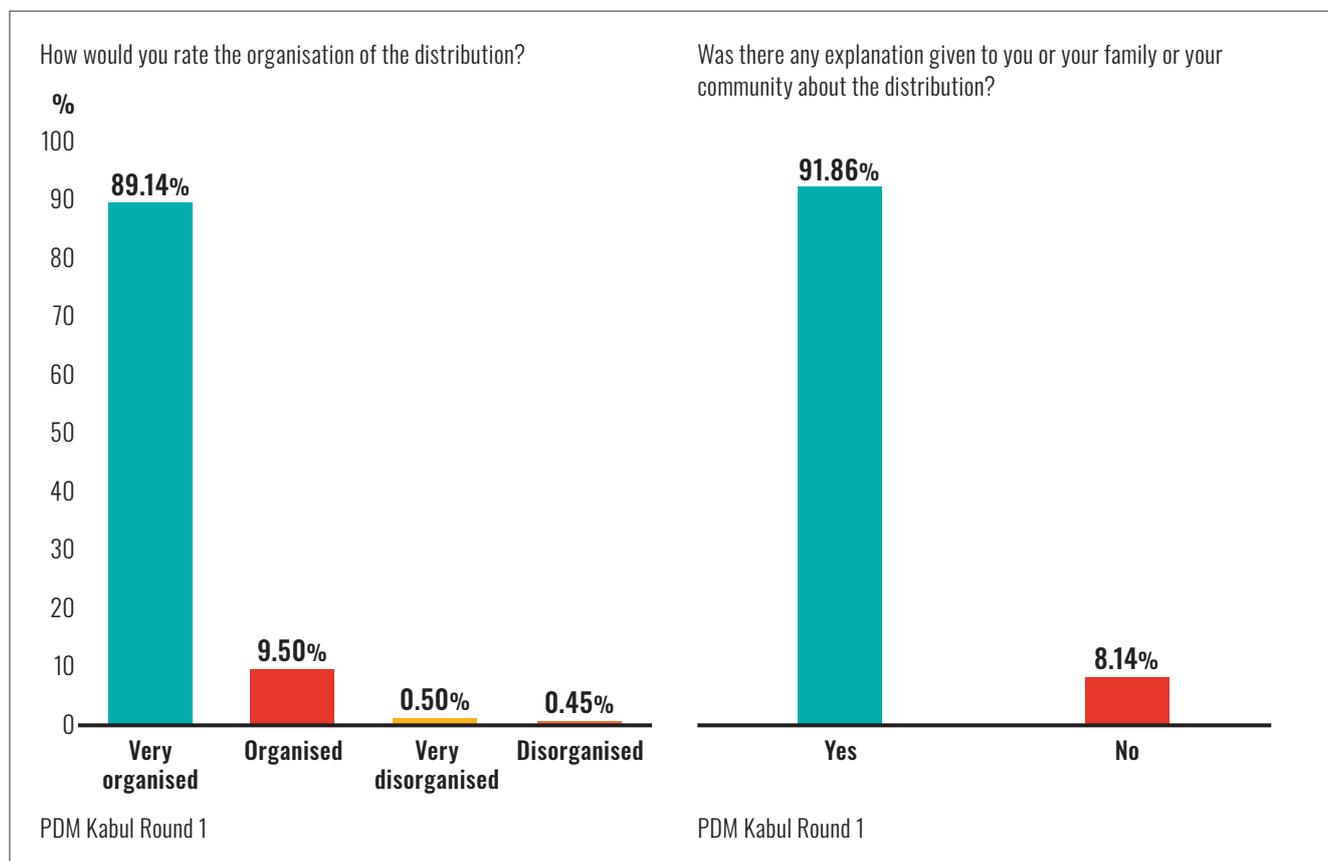
As political and economic instability continue to affect the feasibility of CVA, since August 2021 the Feasibility and Risk analysis for CVA in Afghanistan has been updated twice. Delivery mechanisms are also constantly monitored. The service provided by the Azizi bank is currently very efficient and the hawala operator is considered as a last resort should liquidity become an issue.

Risks and mitigation measures

Risks and mitigation measures were also updated in the Feasibility and Risk Analysis of market functionality, operational capacity, security, and safety. The project did a risk assessment and management plan for each province, which included analysis of risks or robbery, harassment, and safeguarding. A few mitigation measures were established, including identification of a safe place for cash distribution; mobilisation of female and male staff by the supplier to attend the female and male beneficiaries separately; and supervision of the distribution process by the local authority. During Post-distribution Monitoring (PDM) in Kabul in January 2022, most of the beneficiaries reported satisfaction with the distribution process (Save the Children Afghanistan Country Office, 2022a).

To mitigate the risks of fraud and meet the higher compliance required by donors, specific standard operating procedures were developed describing the level of involvement of the local authorities and the beneficiary selection process.

Figure 1: Satisfaction with cash distribution (Kabul)



Design: was the project well designed to meet the expected outcomes and output as promoted by the RF4BN?

CVA Design

The cash transfer value was well designed to cover multiple needs of the family (MPCA Approach) and the specific needs of the PBW and CU2 through a top-up assistance. The team learned from the previous ECHO MCCT project that cash assistance (the equivalent of US\$33) to cover only the needs of the household's PBW was not effective. A recent evaluation of the MCCT showed that the project had a limited impact on the dietary diversity and nutritional status of both mothers and CU2. It is hard to determine, however, whether the limited effectiveness of the MCCT is attributable to the low amount of cash, the quality of the SBCC, or other contextual factors such as the deterioration of people's livelihoods and disruption in access and utilisation of health and nutrition services.

For the Save the Children Italy project, a Minimum Expenditure Basket (MEB) approach was used to

design the cash transfer. The MEB included food, hygiene, and health as expenditures relevant to undernutrition, for a value of **US\$88** and used the Cash Working Group guidance in Table 1 for the transfer design.

Table 1: Cash Working Group guidance for transfer design

MEB Component	Afghani	US\$
Food security	6,850	89
Healthcare	3,000	39
Women's dignity/hygiene	408	5
Fuel and electricity	716	9
Communication	136	2
Transportation	359	5
Total of above	11,469	149
Unmet needs 10%	1,857	24
Total MEB (inc 10%)	13,326	173
Income	6,600	85
Gap (MPC transfer value)	6,726	88



A top-up assistance of **US\$20** was provided for families with PBW and CU2 to purchase what they needed for supplementary feeding. The combination of MPCA and top-up for PBW and CU2 seemed to be well designed, as beneficiaries reported an improved capacity to meet their food, health, and water needs. Households reporting that they were able to meet most of their food needs increased from 39.0 per cent to 70.0 per cent. Those reporting being able to meet most of their hygiene needs increased from 44.0 per cent to 67.0 per cent. More households reported being able to meet healthcare needs, increasing from 44.0 per cent to 68.0 per cent. Positive changes in the capacity to meet most water needs were also reported, increasing from 43.0 per cent to 76.0 per cent (Save the Children Country Office, 2022). When asked how they used the money, 95.0 per cent said food, 43.0 per cent medicines and healthcare for the whole family, 13.0 per cent debt repayment, 12.0 per cent medicine and healthcare for PBW, and 5.0 per cent food supplements for PBW and CU2s (see Figure 2).

The PDM respondents in Balkh and Kabul also said that the cash assistance had a positive effect in their household. The majority said that they were able to buy food and non-food items, and half that before they had not had enough food.

The endline survey conducted in Kabul, however, showed that households who said they had borrowed money in the previous three months to cover food and healthcare increased from 63.0 per cent to 86.1 per cent. For future projects, it is recommended to further analyse the income level of the target population and to revise MEB if it significantly increases due to inflation. Where income levels are found to be negligible, it may be appropriate not to deduct the level of income from the MEB but to provide the entire MEB amount.

Figure 2: How the cash assistance was used (Balkh and Kabul)

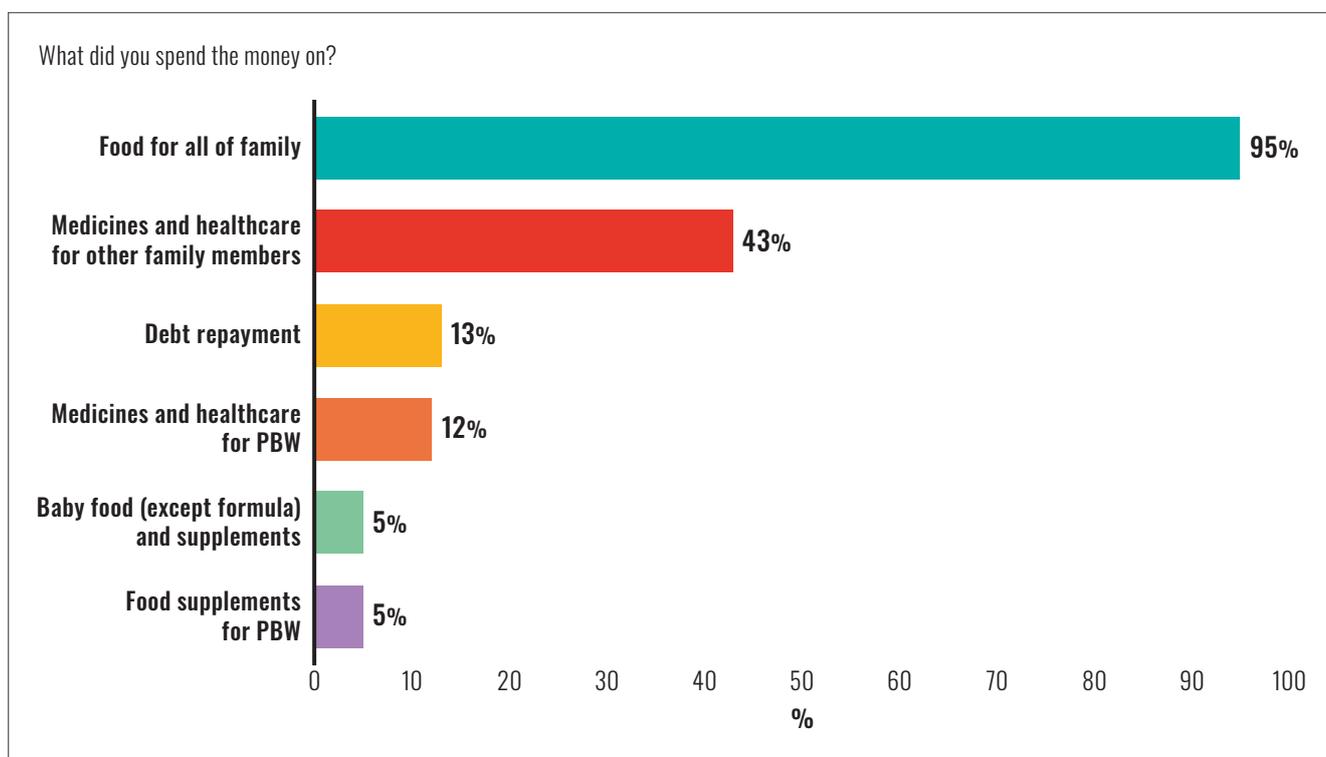
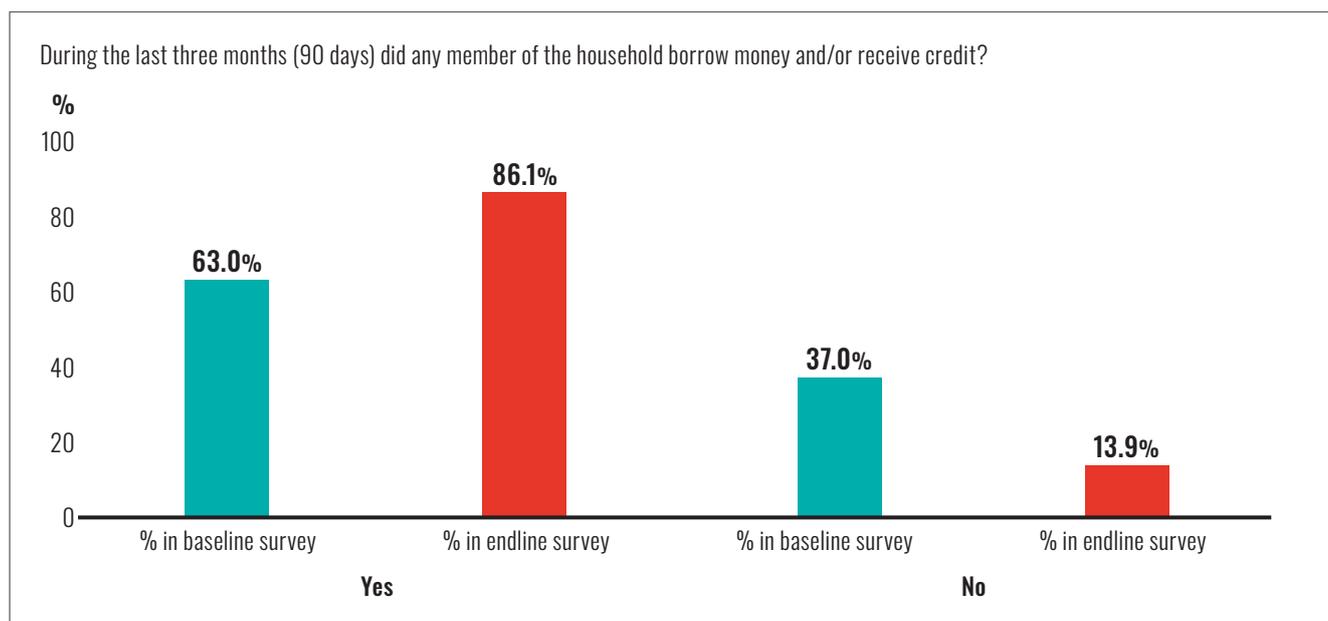


Figure 3: Households that had borrowed money or received credit during the previous three months (Kabul)



Nutrition Design and combination Cash/SBCC

SBCC activities included a mass awareness-raising campaign, individual counselling, and group sessions for mothers and caregivers of CU2 on IYCF. The group sessions covered IYCF topics such as: nutritious diets for each trimester of pregnancy and breastfeeding; nutrients and their importance to both mother and child; the significance of the first 1,000 days; how to take care of an infant's health; how to dispose of a child's faeces; handwashing; anaemia prevention; and COVID-19-related prevention.

Although the awareness campaign covered the most important IYCF topics, two factors impeded the effectiveness of nutrition interventions: 1) limited technical support due to high staff turnover; 2) lack of contextualisation of the SBCC strategy. The country team's nutrition specialist left in August 2022. However, a nutrition surge technical adviser was not appointed until November 2022 and was not involved in implementing the strategy. In addition, the SBCC strategy was designed for national-level use and would have benefited from analysis and tailoring to IYCF practices in the target population. Without such contextualisation, the IYCF messages were possibly less effective and potential platforms for SBCC delivery not utilised.

The endline survey showed limited improvement in both minimum dietary diversity for women and minimum acceptable diet for children aged 6–23 months. The PBW who reported having consumed at least 5 (out of 10) food groups in the previous 24 hours increased from 8.0 per cent to 13.0 per cent. Similarly, the proportion of children with a minimum acceptable diet (consuming at least five food groups with a minimum meal frequency) increased from 7.1 per cent to 10.2 per cent. This could be due to a number of reasons: ineffective contextualised SBCC; the extent to which populations are experiencing poverty and food insecurity; deterioration of the economy and increasing food insecurity following the Taliban's government takeover; short-term monthly cash assistance to cover basic needs may not be enough to offset households' severe financial hardship. It should also be noted that data collection happened at the end of the lean season after a long period of draught, when food stocks were exhausted and agricultural production affected (FAO, 2022).

Looking to the PDM, while 95.0 per cent of households spent cash on food, the predominant food groups consumed by children aged 6–23 months were foods made from grains (63.0 per cent) and orange/yellow vegetables rich in Vitamin A (40.0 per cent).

This was similar for all women, with 70.0 per cent reporting consumption of food made from grains or tubers and 39.0 per cent pulses. In future cash-SBCC projects, Save the Children will need to have more influence over the types and diversity of food purchased to have a significant impact on dietary diversity and prevent malnutrition among PBW and CU2.

The endline survey showed a positive change in the early initiation of breastfeeding. The proportion of children put to the breast immediately or within the

first hour increased from 70.5 per cent to 88.7 per cent. However, it is not possible to ascertain whether this significant change was attributable solely to the project or if other interventions on the early initiation of breastfeeding were conducted in the same area. It was also not possible to conclude that the project had a positive impact on exclusive breastfeeding as the sample size was too small and not statistically representative.

The endline survey did not show significant changes in the nutritional status of PBW. There was no

Figure 4: Early initiation of breastfeeding by gender

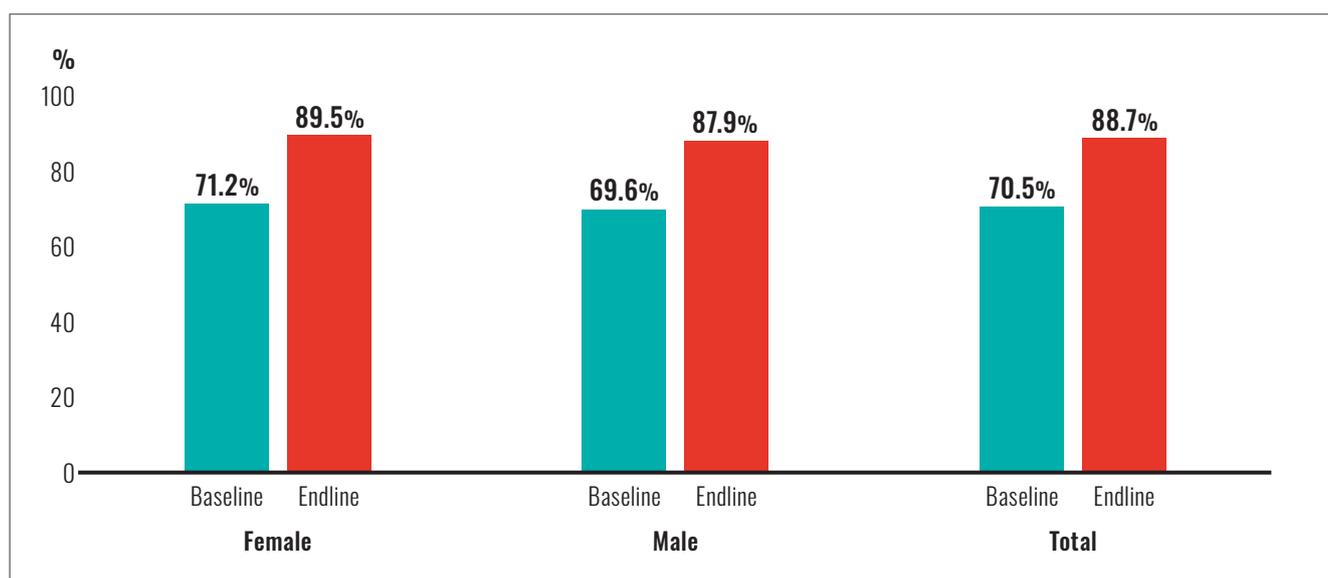
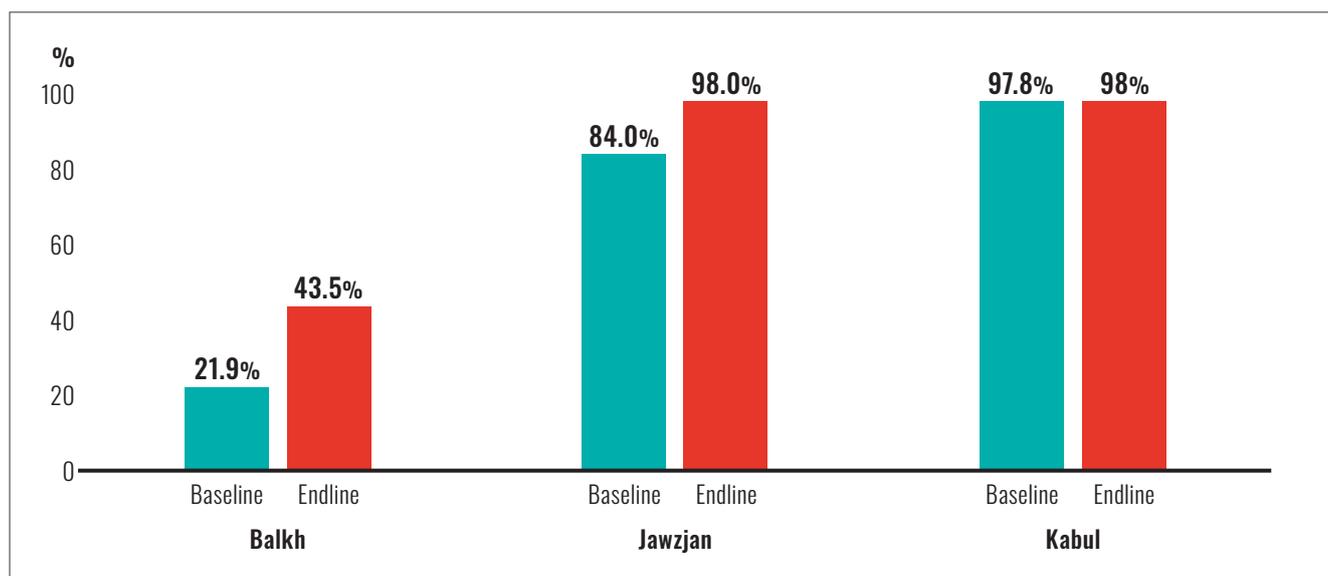


Figure 5: Early initiation of breastfeeding by province



decrease in the prevalence of PBW with severe acute malnutrition. The percentage of PBW with severe acute malnutrition (a MUAC of less than 21cm) was 5.0 per cent at both baseline and endline. The prevalence of moderate acute malnutrition (MUAC between 21 and 23cm) appears to have increased, from 7.9 per cent to 9.0 per cent. PBW with a normal MUAC reduced from 87.2 per cent to 85.8 per cent. Given the lack of dietary diversity indicated for this group, the amount of food eaten per day is not likely to meet the high calorific demand for women who are pregnant or breastfeeding.

The endline survey also showed a deterioration in the nutritional status of CU2. The proportion of male and female SAM cases (<11.5cm) increased by 9 percentage points (pp), the proportion of Medium Acute Malnutrition cases (11.5 to <12.5cm) by 2 pp, and the proportion of healthy children decreased by 10 pp (Figure 7).

Unfortunately, the cash and SBCC provided under this project does not appear to be sufficient to improve dietary practices or reduce maternal and child malnutrition.

Figure 6: PBW MUAC results

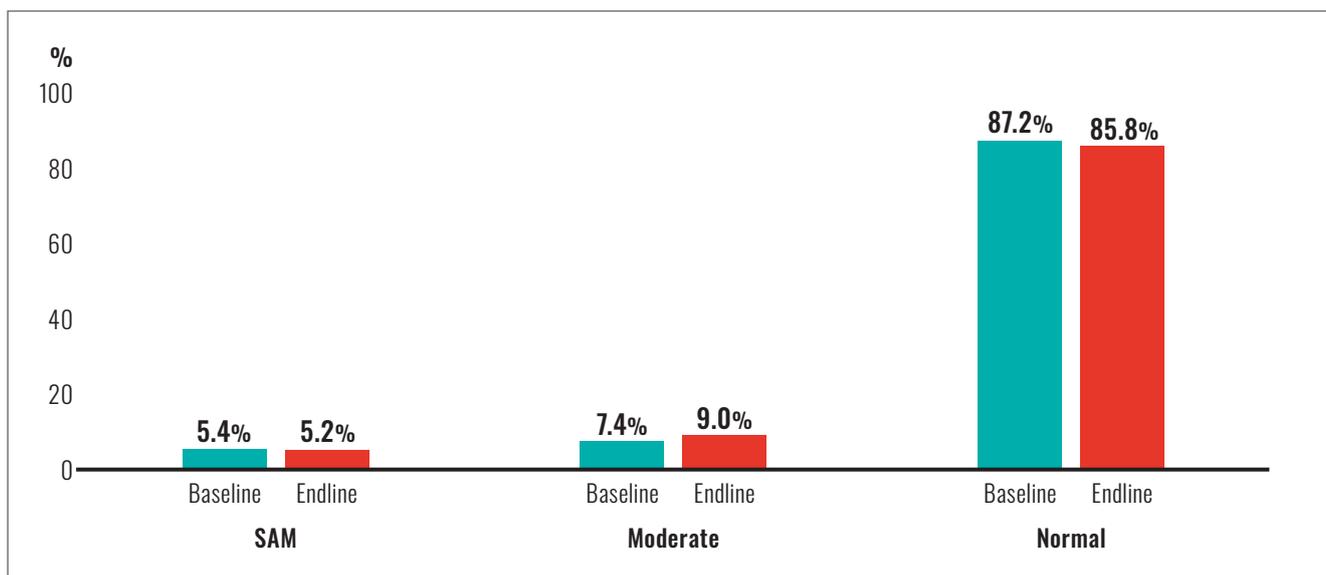
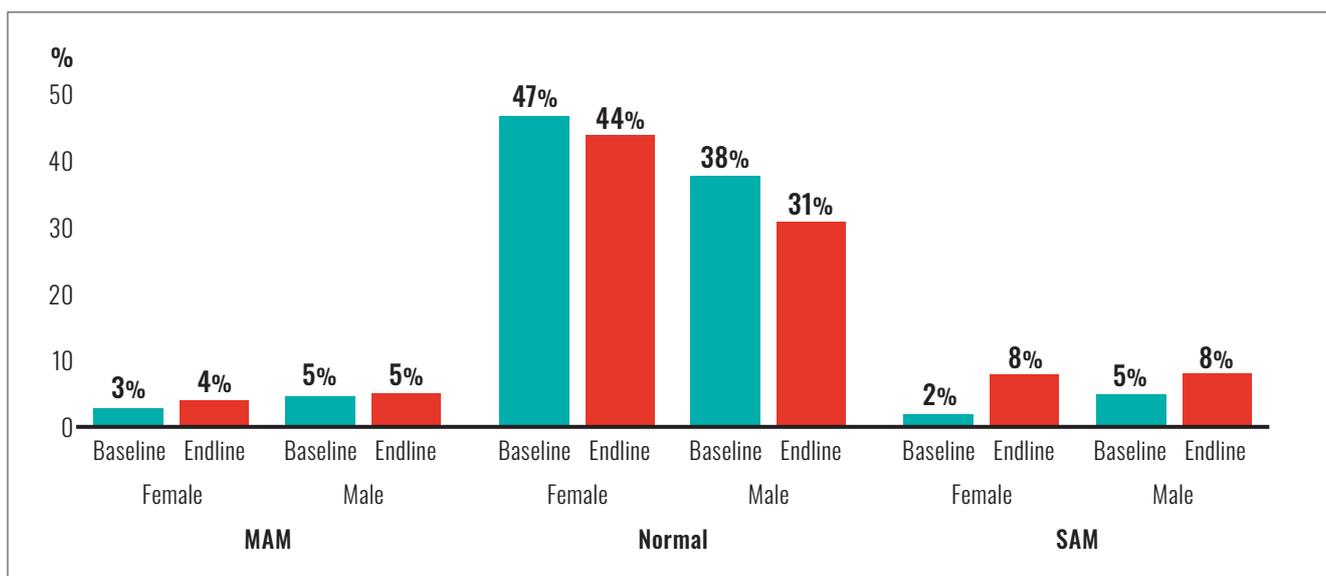


Figure 7: MUAC results for children aged under two years



The design of the WASH component was considered appropriate to meet humanitarian needs. The distribution of hygiene kits coupled with awareness-raising sessions improved hygiene practices. In fact, at the end of the project in Kabul, the number of beneficiaries with a hand-washing facility at home had increased from 48.0 per cent to 86.1 per cent, and the use of soap and water for handwashing increased from 62.6 per cent to 84.3 per cent. However, most respondents reported only washing their hands after using the toilet and after cleaning their child. More needs to be done to promote handwashing before preparing food, eating, or feeding their child.

Save the Children delivered sufficient clean water for communities at risk of water borne disease, which as well as improving access to water improved the community’s wellbeing. Communities in the targeted locations were using water from a river that in 2021 had run dry due to drought. For three months, water trucks were therefore used to provide safe water for 24,000 people. However, the Save the Children Country Office was unable to sustain this response (chosen because the project had limited resources). Since the end of the project, the population is again in need of access to safe water.

Hygiene messaging and awareness sessions conducted at household level and in communal areas such as markets, roadsides and at water points helped to improve knowledge and practices, mostly in handwashing, food preparation and clean water. This helped communities to understand the importance of washing hands and eating clean food.

Project duration and frequency of the CVA/Nutrition assistance

Project duration was a challenge, given staff turnover and the suspension of work following the change in government. The project was planned to take place over a year but was implemented in six months. Assistance was provided during the winter months of January–March when needs are greatest. However, livelihoods have deteriorated to such an extent under the new regime that households remain highly reliant on debt. It is recommended that projects should last a minimum of 12 months (with at least nine or ten cash transfers coupled with SBCC) to influence on one side, spending decision in the longer term and changes in nutritional behaviour. Beneficiaries also requested a longer duration, as reported in the Kabul PDM survey (see Figure 9).

Figure 8: Handwashing times in a typical day

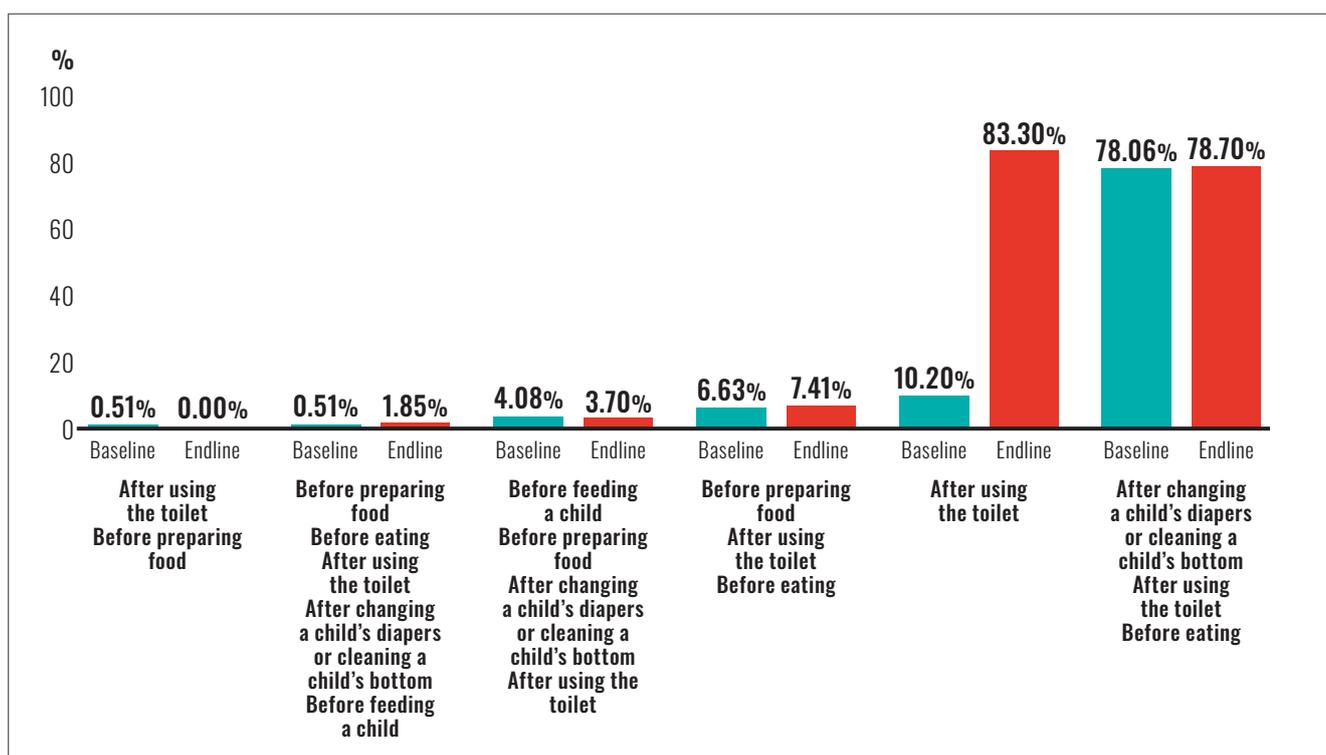
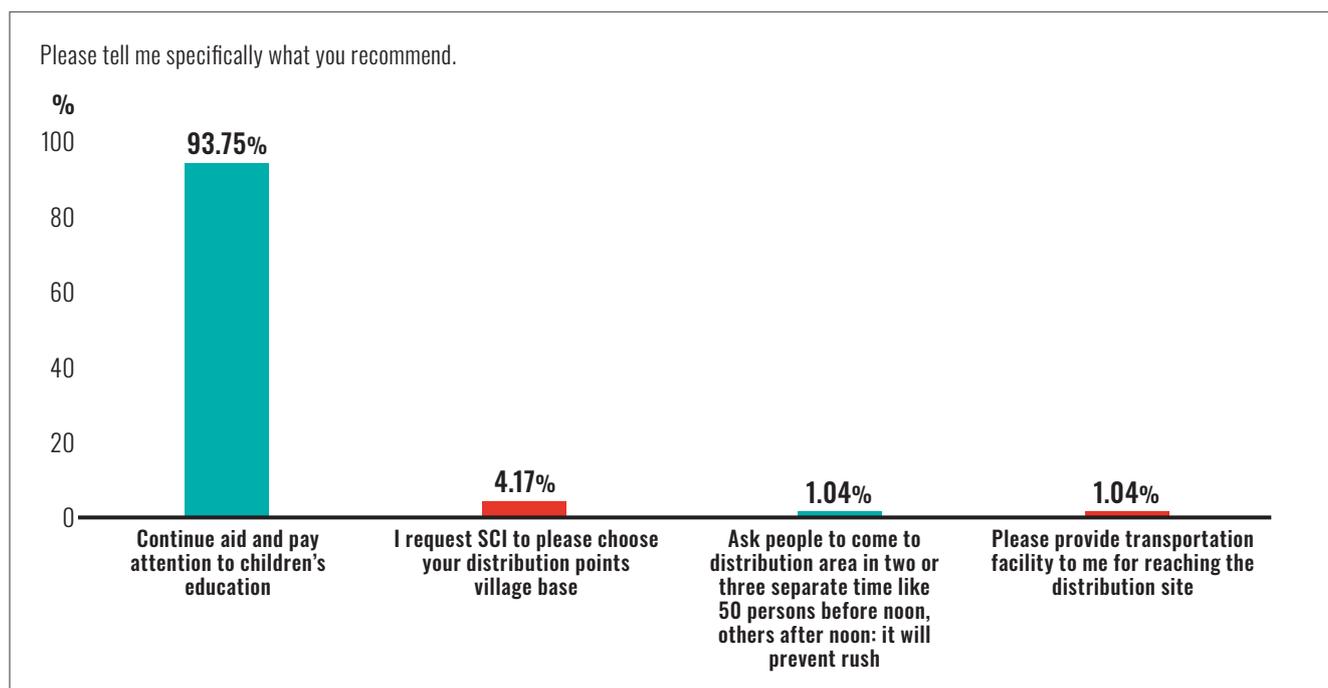


Figure 9: Recommendations from beneficiaries (Kabul)



Topic 2: Integration across Nutrition, WASH, Food Security and Cash teams/sectors

Integration in the Design and implementation

Humanitarian assistance was delivered with a fully integrated approach between the Cash, Nutrition and WASH sectors, with the aim of covering the basic needs relevant to optimal nutrition status. With a community-centred approach, 3,400 vulnerable households were first identified and supported with three rounds of MPCA and hygiene kits. Among the cash beneficiaries, 31,000 people (men, women, boys and girls) were invited to the nutrition and hygiene promotion sessions.

Focus group discussions were organised to orient the beneficiaries on the project objectives and how to use the money. Cash and nutrition awareness-raising sessions were organised by the nutrition educators and hygiene promoters on the same days as the cash distribution. Female and male colleagues led sessions for female and male beneficiaries separately (including young people and elders).

In districts where access to water was the main concern, safe water was provided at community level for 24,500 individuals. This support was complemented with cash, nutrition or hygiene promotion interventions delivered by a project funded by the Bureau of Humanitarian Affairs.

Staff coordination

Coordination was sometimes challenging. The staff involved in Cash, WASH and Nutrition interventions were not always sufficiently coordinated to monitor the quality of the programme. The Nutrition and WASH advisers left the Save the Children Afghanistan team at the beginning of the project and specialist staff (a medical doctor and WASH engineer) were recruited at field level. The Cash project manager was the budget holder and responsible for implementation of the project and coordination with the other sectors, who were only accountable for their own activities.

Coordination worked better at provincial level where nutrition educators and hygiene promoters were recruited from the local communities. All staff were involved in the selection of beneficiaries and were trained in Cash, Hygiene, and Nutrition education. While they managed sectoral activities separately, they were all involved in more routine project activities such as coordination with the authorities and community mobilisation.

Topic 3: How targeting occurred in relation to the RF4BN approach

Targeting methodology

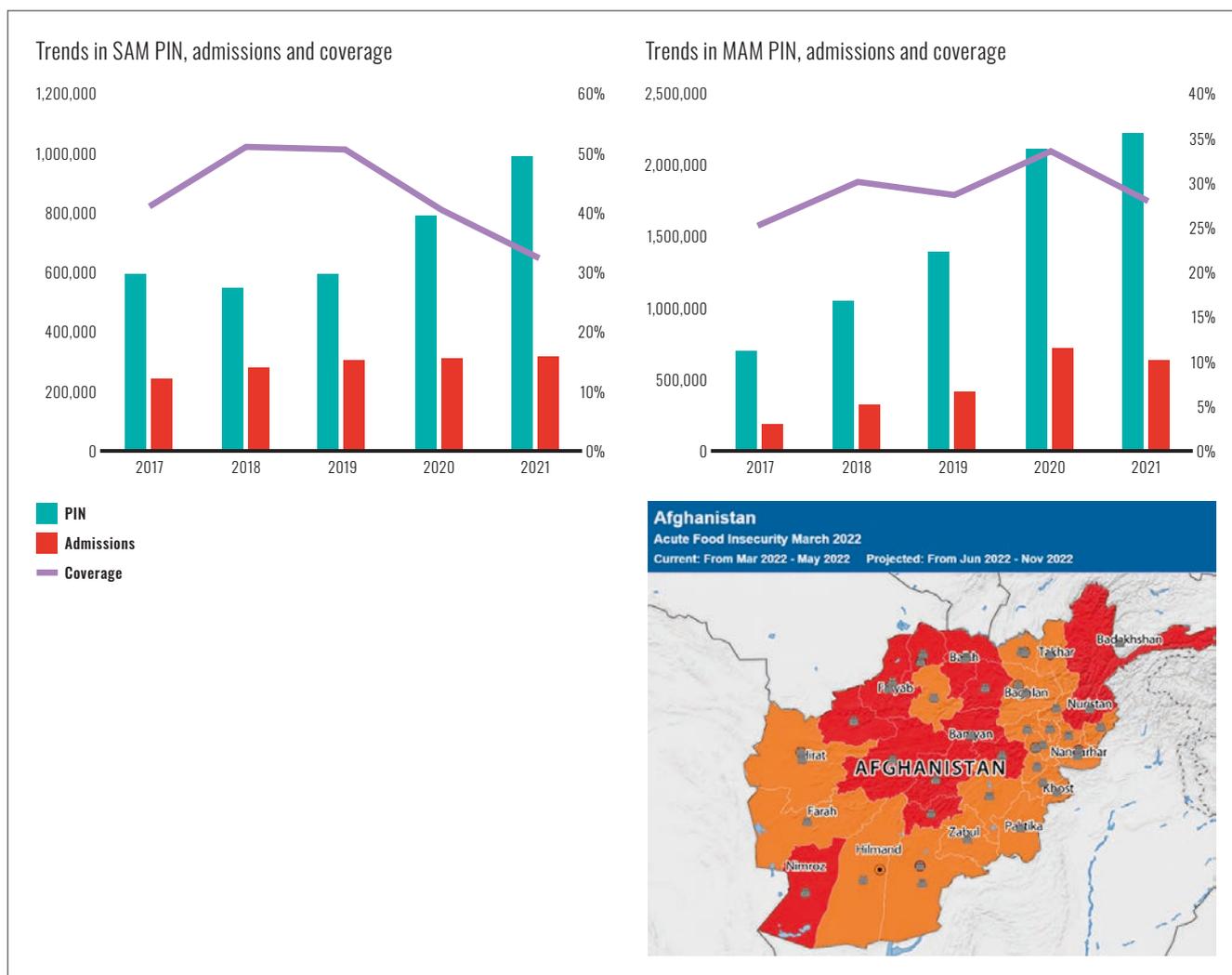
The choice of provinces targeted was based on humanitarian needs and the prevalence of acute malnutrition. The conflict-affected provinces of Balkh, Jawzjan and Kabul were among those identified by the Nutrition Cluster as provinces in Critical Emergency Level of Acute Malnutrition. Figure 10 below shows acute malnutrition trends and programme coverage over the last five years, with increasing prevalence of moderate as well as severe acute malnutrition and reduced coverage of treatment services in most provinces where Save the Children operates. Those provinces were also classified as IPC 3 and 4 for the current and projected period.

The targeting methodology applied was community based (considering different types of vulnerabilities),

combined with categorical targeting (families with PBW and CU2 were targeted for cash top up, Nutrition and Wash interventions). A community committee was established to select beneficiaries.

A mix of targeting methodology (based on wider vulnerability combined with categorical targeting) appears appropriate in the Afghanistan context. The story of a widow and elder (aged 60 years) shows how important it is to support not only PBW but also others living in difficult circumstances (Save the Children Afghanistan Country Office, 2022). This woman was internally displaced (an IDP), the mother of five, a widow, and responsible for feeding her son's family. This family had multiple needs – with extreme food gaps, protection concerns and no fuel to heat the house during winter.

Figure 10: Acute malnutrition trends and programme coverage 2017–2021





Similarly, the story of a 13-year-old fatherless boy from a poor family shows how important it is to target different vulnerable groups. He was suffering from diarrhoea due to poor personal hygiene, which could have led to malnutrition in the long term. His family said that, thanks to the project, the boy was 'saved from infectious disease and not getting sick as much as before'.

Beneficiary selection process

In collaboration with local authorities, the project targeted communities most affected by drought, with a high number of IDPs and high levels of humanitarian need living in 130 villages in six districts in three provinces – Kabul, Balkh and Jawzjan. The project used a community targeting approach: 130 committees were created for the selection of the cash beneficiaries and 120 mobilisation sessions were organised to empower the community representative in charge of the selection process. During these sessions, the project team explained the project objective, targeting criteria, and feedback and complaints mechanism (sharing hotline numbers that communities could use to raise their complaints, ask questions, and seek support). The beneficiary selection tool, which included information about the targeting criteria, name and gender of beneficiaries, household size, etc, was also explained to the selection committee. There was also space to note which criteria the family met, and the weight attributed to each criterion.

A diverse range of criteria reflecting different types of vulnerabilities were used to select the project

beneficiaries. These included: lack of income, presence of a disabled person, number of children under two or five years, presence of PBW or CU2. The beneficiary list was compiled by the selection committee and then submitted to the Save the Children field team, which verified that the people in the list met the selection criteria. If they did not, the beneficiaries were rejected and substituted with others. This process ended with the verification of 10.0 per cent of the beneficiaries identified by the Save the Children MEAL team. If more than 10.0 per cent of beneficiaries do not meet the selection criteria, the beneficiaries list is disqualified. However, this did not happen in any of the target provinces.

In a context such as Afghanistan, where 98.0 per cent of the population is considered vulnerable, selecting beneficiaries of cash assistance based on vulnerability is not an easy task. Pressure from the communities and local authorities to provide support was very high. The Save the Children Country Office has invested a lot of time in working with local actors and building community acceptance, which is critical for good governance. The collaboration between Save the Children country staff and communities for the selection of beneficiaries was a success. For example, community heads sometimes tried to include multiple family members. To avoid fraud, the Save the Children country team accepted only two families from the same community with the same father's name and, when possible, checked their ID. The country team was also proactive in targeting hard-to-reach areas, asking for help from the selection committee to identify the most remote villages, and organising home visits.

In such a context, blanket distribution could be the most appropriate approach to avoid inclusion and exclusion errors. However, when Save the Children used this approach previously in Afghanistan, there were many challenges. The local authorities thought that blanket distribution would have a negative impact on their reputations, and the safety of Save the Children staff was a constant issue during the distribution process.

A good accountability system enabled beneficiaries to submit a complaint in case of problems. During project implementation, despite some initial complaints for inclusion and exclusion errors, the majority (96 per cent) of beneficiaries reported satisfaction with the beneficiaries' selection process.

The households selected were divided into two categories: 1) households without PBW and CU2 receiving US\$88 and 2) households with PBW and CU2 receiving US\$108.

Identification and verification of pregnant and breastfeeding women

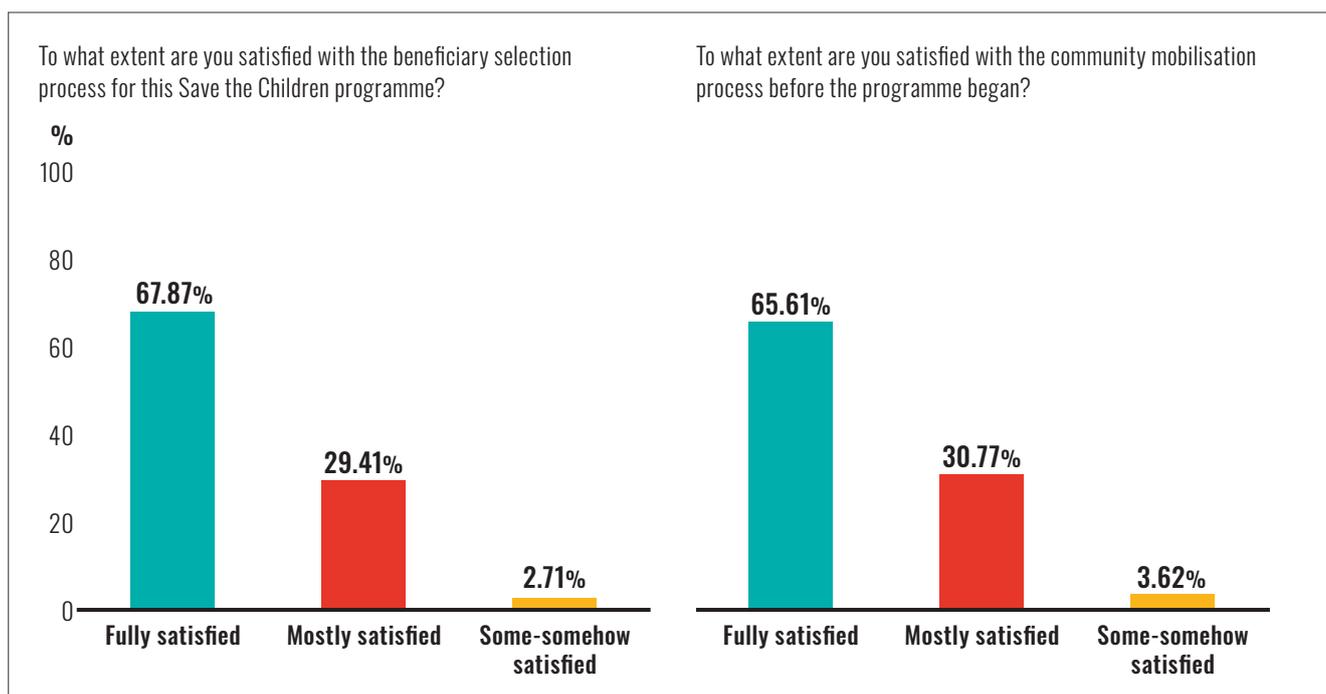
The PBW were selected following the same process as for other beneficiaries: the list of PBW was provided by the selection committee. Pregnancy verification was initially a challenge as it is not culturally acceptable to ask a woman directly

whether or not she is pregnant. A group of female Save the Children staff (including health workers and midwives) conducted house-to-house visits to verify that the women included in the list were pregnant or lactating. Pregnancy was verified by observation (when it was visible) and breastfeeding by the presence of a CU2 and, when possible, breastfeeding itself. Some women in their first trimester were excluded as their pregnancy was not visible. The team of female staff also asked neighbours and community members to confirm the pregnancy, that there was a CU2, and that the woman was breastfeeding. No physical examinations were carried out to confirm pregnancy and it was not possible to check antenatal cards as there was no antenatal service. Doctors helped to confirm whether some women were pregnant, but in general the project team trusted the community members.

Mobilisation of female staff was also a challenge as women are not authorised to travel independently under the Taliban regime, which sometimes delayed the selection process. The other challenge was that there were more eligible PWB than those selected.

Out of 700, more than 30 women were excluded as pregnancy was not verified. Some accepted the decision, others were disappointed. Although more appropriate ways of verifying pregnancy are needed, there were no complaints.

Figure 11: Beneficiaries' satisfaction with the selection process and community mobilisation (Kabul)



CONCLUSIONS AND RECOMMENDATIONS

Save the Children Italy's project was instrumental in providing lifesaving assistance and improving the capacities of beneficiaries to meet basic food, hygiene and health needs. Cash was considered the most useful type of assistance, despite the challenges and delays with distributing the cash. The project's design and implementation were well integrated, but the combined cash, nutrition and hygiene promotion assistance does not appear to have improved dietary and hygiene practices or reduced maternal and child malnutrition in the targeted areas. To inform proposal design, a good-enough analysis of the barriers to nutrition was carried out by Nutrition staff in Afghanistan. However, it is possible that additional interventions were necessary in addition to cash transfers and SBCC, and that some of the barriers may have gone unaddressed (such as child and maternal health).

Recommendations

- When designing future RF4BN projects, it is recommended that there is a thorough analysis of barriers to inform project design.
- For future projects, it is also recommended to further analyse the income level of the target population and to revise MEB if it significantly increases due to inflation, in consultation with the Cash Working Group. Where income levels are found to be negligible (e.g. because severely impacted by the ongoing crisis), it may be appropriate not to deduct the level of income from the MEB, but to provide the entire MEB amount.
- More should be done to contextualise the SBCC strategy and tailor messages based on an analysis of barriers in the target populations and the IYCF and hygiene practices. In particular, the impact on dietary diversity and acute malnutrition could be improved with stronger influence on the variety of food purchased through cash.
- A longer project (at least 9 or 12 months) should also be sought to influence changes in nutrition and hygiene behaviour, as well as to provide poor households that are highly reliant on debt with sufficient financial resources. Targeting based on wider vulnerability seems also to be appropriate in a context such as Afghanistan. On the other hand, for verification of pregnancy, a more inclusive approach should be identified to avoid the exclusion of women in the first trimester of gestation.



REFERENCES

Food and Agriculture Organization (FAO). (2022). Newsletters from the Decentralized Offices series number 27, 2022 Kabul, Afghanistan.

<https://www.fao.org/publications/card/en/c/CB9485EN>

Integrated Food Security Phase Classification (IPC) Afghanistan. (2022). *Afghanistan, Acute Food Insecurity Situation for March –May 2022 and Projection for June–November 2022*: <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155595/?iso3=AFG>

Save the Children. (2018). *Resourcing Families for Better Nutrition*: <https://resourcecentre.savethechildren.net/pdf/Resourcing-Families-for-Better-Nutrition-Comprehensive-Overview-%E2%80%93-English.pdf/>

Save the Children. (2022). Press release 'A fifth of starving Afghanistan families sending children to work as incomes plummet in past six months': <https://reliefweb.int/report/afghanistan/afghanistan-fifth-starving-families-sending-children-work-incomes-plummet-past>

Save the Children. (2022a). Save the Children Nutrition team, *Afghanistan Nutrition Response Analysis*.

Save the Children. (2022b). Save the Children Nutrition team, *Need for Wash in Mobile Health Unit* (unpublished).

Save the Children Afghanistan Country Office. (2022). *AFG Initiative on Cash Plus for Nutrition, Compared Baseline–Endline Survey report*.

Save the Children Afghanistan Country Office. (2022a). *AFG Initiative on Cash Plus for Nutrition, Post-Distribution Monitoring (PDM) report, January 2022*.

United Nations Afghanistan. (2020). Published by OCHA, December 2020. *Afghanistan Humanitarian Response Plan*: <https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-humanitarian-needs-overview-2021>

United Nations Afghanistan. (2022). Published by OCHA, January 2022. *Afghanistan Humanitarian Response Plan*: <https://afghanistan.un.org/en/167820-afghanistan-humanitarian-response-plan-2022>

SAVE THE CHILDREN KEY INFORMANTS

Alice Burrell – Senior Adviser, Emergency Nutrition (MAMI), Save the Children US

Wafiullah Hanani – Nutrition Specialist, Afghanistan Country Office

Puspasari Indra – Regional Humanitarian, Livelihoods & Economic Programming Adviser,
Save the Children International

Bosco Kasundu – Head of Research, Evidence and MEAL, Save the Children International

Shiragha Khobaib – Project Coordinator (Kabul)

Dr Abdul Latif Latif – CVA Technical Adviser and former Project Manager, Afghanistan Country Office

Jamaldine Sediqi – Project Coordinator (Kabul)

Ahmad Sha Aminzai – Project Coordinator (Jawzjan)

Sebsibie Teshome – Nutrition Technical Adviser during project implementation

Dawood Yaqubi – Project Coordinator (Balkh)



Published by
Save the Children
1 St John's Lane
London EC1M 4AR
UK
+44 (0)20 7012 6400
savethechildren.org.uk

First published 2022

© The Save the Children Fund 2022

The Save the Children Fund is a charity registered in England and Wales (213890), Scotland (SC039570) and the Isle of Man (199). Registered Company No. 178159.

This publication is copyright, but may be reproduced by any method without fee or prior permission for teaching purposes, but not for resale. For copying in any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.

Design: GrasshopperDesign.net

Cover photo: Sacha Myers/Save the Children



Save the Children