

**RESOURCING FAMILIES FOR BETTER NUTRITION** RF4BN  
IN HUMANITARIAN SETTINGS

# Applying the Common Approach 'Resourcing Families for Better Nutrition' in Humanitarian Responses

**CROSS-COUNTRY LEARNING REPORT**



**Save the Children**

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

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 Duillieu, Chiyambi Nebbat Mataya, Abdizarak Ibrahim, Daniel Kariuki

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

Cover photo: Esther Mbabanzi/Save the Children

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

# CONTENTS

---

<b>Abbreviations</b>	<b>2</b>
<b>Introduction</b>	<b>3</b>
<b>Programme Impact from Evaluation</b>	<b>5</b>
<b>Lessons Learned from Programme Design</b>	<b>7</b>
<b>Lessons Learned from Programme Implementation</b>	<b>12</b>
<b>Lessons Learned from Monitoring, Evaluation, Accountability, and Learning (MEAL)</b>	<b>14</b>
<b>Recommendations for future research</b>	<b>23</b>
<b>Conclusions</b>	<b>24</b>
<b>References</b>	<b>25</b>



PHOTO: NOORA NASSER/  
SAVE THE CHILDREN

# ABBREVIATIONS

---

CLA	Collaborating, Learning and Adapting
CSP	Country Strategy Plan
CU2	Child Under 2
CU5	Child Under 5
CVA	Cash Voucher Assistance
FCS	Food Consumption Score
FRA	Feasibility & Risk Analysis
FSL	Food Security & Livelihoods
IYCF	Infant and Young Child Feeding
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MDD	Minimum Dietary Diversity
MEAL	Monitoring, Evaluation, Accountability & Learning
MEB	Minimum Expenditure Basket
MMF	Minimum Meal Frequency
MPC	Multipurpose Cash [transfers]
MSSMEB	Multi-Sector Survival Minimum Expenditure Basket
MUAC	Mid-Upper Arm Circumference
PDM	Post-Distribution Monitoring
PBW	Pregnant and Breastfeeding Women
rCSI	Reduced Coping Strategy Index
RF4BN	Resourcing Families for Better Nutrition
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

# INTRODUCTION

---

## Overview of the three-country initiative

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 and technical support from Save the Children UK and the consulting firm InformEd International, these Country Offices used the Resourcing Families for Better Nutrition (RF4BN) Common Approach to reduce maternal and child undernutrition. The RF4BN programmes combined cash transfers, Social Behaviour Change Communication (SBCC) and other nutrition interventions. 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 approach decreases stunting (ie. chronic malnutrition) when carried out in the first 1,000 days of a child's life, evidence is scant around wasting (ie. acute malnutrition). In addition, there is less evidence from programmes of a short duration such as those that are most common in humanitarian contexts. The intentional and by-design combination of the different components of the approach is not common in humanitarian settings and tends to be an afterthought.

The overarching goal of this three-country initiative was to promote continuous learning and improvements in Save the Children's RF4BN approach. We sought to introduce improvements in programme design and operations in course of action, within the RF4BN projects being implemented in the three countries. Furthermore, by documenting evidence and learning, we aimed to influence future programme design and implementation of similar interventions in other areas affected by or at risk of hunger crisis.

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

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 the first 1,000 days to children under five (CU5), 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; 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 and sanitation services.

The initiative had three main workstreams and related sets of products:

### **Workstream 1: Design and implementation of RF4BN interventions**

The three country offices designed and implemented the projects over a variable timeline of 9–12 months. Each country was assigned a global technical lead from the Emergency Cash Team at Save the Children UK. They accompanied the country offices from the design stage through project closure and final reporting to SC Italy. Monitoring at the country level was facilitated by InformEd International (see workstream 2 and 3).



### **Workstream 2: Customisable MEAL Toolkit for RF4BN (Save the Children & InformEd International, 2022)**

To assess users' satisfaction and outcomes of RF4BN programming in the humanitarian contexts, the team utilized a customisable monitoring, evaluation, accountability, and learning (MEAL) toolkit developed for RF4BN with the support from InformEd International. This toolkit is intended to lay the foundations for consistent and solid routine MEAL in RF4BN programmes.



### **Workstream 3: Evidence and learning from the three countries**

Finally, in rolling out the MEAL toolkit over the year, the teams carried out baseline and endline assessments, Post-distribution Monitoring (PDM) monitoring, and routine cross-country learning events facilitated by InformEd International. Save the Children UK's advisors gathered and documented lessons in three case studies (Battistin, 2022; Sinibaldi, 2022; Tripaldi, 2022), and provided inputs and feedback to baseline, PDM, and endline reports.

This report consolidates the findings of this initiative to inform future RF4BN projects in humanitarian contexts. Most of the evidence and learning documented in this report relates to the programmes in South Sudan and Yemen, which received direct support from InformEd International in the baseline

and endline surveys as well as the PDM. Learning on the experience and programme in Afghanistan and findings around its outcomes can be found in the case study written by Tripaldi (2022) and in the baseline–endline survey report produced by the Afghanistan Country Office (Sinwari, 2022).

# PROGRAMME IMPACT FROM EVALUATION<sup>1</sup>

In South Sudan and Yemen, outcomes of programme participants were measured before and after interventions with a baseline and an endline survey respectively.

## Nutrition Outcomes and Food Security

When it comes to mid-upper arm circumference (MUAC), there were significant improvements observed among children and pregnant and breastfeeding women (PBWs) 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 (CU2) were still not receiving a MAD by endline. In Yemen there was no discernible difference in MAD, maintaining a high level of 86% of CU2 not receiving a minimum acceptable diet by the end of the project.

Food security is one of the key determinants of nutrition outcomes, and one of the main indicators used to measure it was the Food Consumption Score (FCS). When it comes to 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 by accessing essential goods and services. In addition to such households' perception, to have a more truthful picture of how they fared in meeting basic needs, it is helpful to examine



mechanisms that they may have been adopting to cope with stressed outcomes.

Both countries observed significant increases in the proportions of households reporting to be able to meet needs and significant decreases in coping strategies, with the majority of households achieving a 'minimal' score for the Reduced Coping Strategy Index (rCSI) at endline. This is encouraging, suggesting that the influx of cash did help households feel more stable.

## Decision-Making within the Household

Both South Sudan and Yemen 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.

<sup>1</sup> This section reports key findings from the comparison of baseline and endline surveys carried out in South Sudan and Yemen. See Zook, Shaner & Ryall (2022a) for South Sudan, and Zook, Shaner & Ryall (2022b) for Yemen.

## 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 said, the research found encouraging results that the RF4BN Common Approach is a programme model that translates well to the humanitarian context. Most importantly, the pilot teams identified numerous lessons that can be used to strengthen the programming and MEAL approaches for future initiatives.

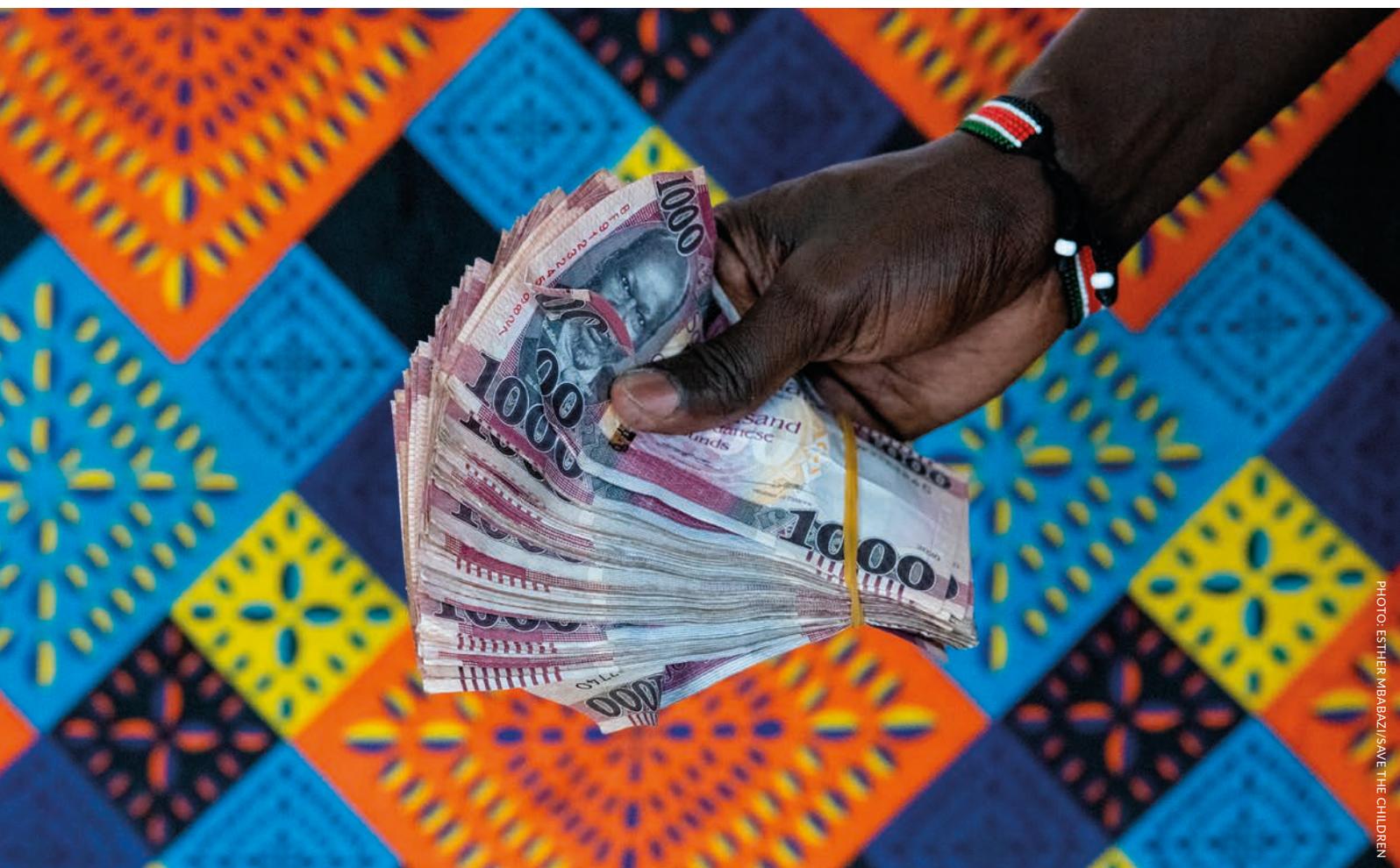


PHOTO: ESTHER MIBAZI/SAVE THE CHILDREN

# LESSONS LEARNED FROM PROGRAMME DESIGN

## Background

### **Afghanistan**<sup>2</sup>

The Save the Children Italy project was aimed at preventing acute malnutrition amongst CU2 and PBWs in targeted areas of Kabul, Balkh and Jawzjan provinces. This integrated project provided life-saving assistance to the most vulnerable households through three main components: Cash Assistance, Water, Sanitation and Hygiene, and Nutrition. The project benefited from a funding portfolio of US\$2,075,244 from Save the Children Italy for a duration of six months. Due to political change in the context, 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.



Through this project, targeted households received Multipurpose Cash transfers (MPC) for three months (January-March 2022); households with PBW and children under 2 (CU2) received a top-up cash transfers in addition to the MPC, to cover additional dietary intake (additional 500 kcal/day) for 4 months (from January to April 2022). The MPC was designed

to cover household's basic needs including food, hygiene materials and basic health expenditures; it was developed based on the guidance from the Afghanistan Cash Working Group.

### **South Sudan**<sup>3</sup>

South Sudan implemented the RF4BN project in the counties of Lopa, Magwi, and Torit in Eastern Equatoria, targeting households with pregnant and breastfeeding women (PBWs) and CU5. These were (or had been) treated for acute malnutrition in one of the 48 health facilities supported through pre-existing nutrition programmes 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 programmes 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 programmes. Mother-to-mother support groups also participated in cooking demonstrations.

<sup>2</sup> From Tripaldi, 2022.

<sup>3</sup> From Battistin, 2022.

## Yemen<sup>4</sup>

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



The team distributed 130,000 YER per household for three months (September to November 2021). This amount increased to 155,500 YER for an additional three months (December 2021 to February 2022). A final cash distribution of 67,500 YER was allocated to households in April 2022.

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. SBCC sessions encouraged programme participants to use cash distributed for items that supported WASH.

## Key Lessons Regarding Programme Design

As described above, the programmes had different target populations. While this may be a sign of adapting the RF4BN Common Approach to a specific context, programme activities were not 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 type of target population and whether they had previously experienced acute malnutrition or not, or if they currently appeared to be acutely malnourished. This likely limited programme impact.

Encouragingly, the PDM surveys (Zook & Shaner, 2021; Zook et al., 2021) showed that almost all households were aware of the selection criteria for being a cash transfer recipient within the RF4BN in Yemen and South Sudan. This was clearly communicated by the programme staff, and the selected cash recipients perceived that those receiving the cash transfer were correctly selected. However, in both countries, there was a substantial group of recipients (25%) who felt the programme wrongly excluded some households in need.

A large proportion (90%) of cash recipients indicated the programme team had recommended items to purchase with their money. However, most households experienced 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. Since Feasibility & Risk Analyses (FRA) had been conducted in both countries, they should have anticipated such issues and recommended an appropriate way forward. Perhaps, the FRA in Yemen needed to be refreshed, considering it was over 12 months old and that the situation was volatile.

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

<sup>4</sup> From Sinibaldi, 2022.



PHOTO: MOHAMMED AWADH/SAVE THE CHILDREN

period. This will allow for monitoring of participation and activities at the individual level, effectively linking MEAL and programme activities within the same project and – ideally – also across complementary projects.

South Sudan's programme included three months of cash distribution whereas Yemen's programme included seven months of cash distribution, of which the final transfer smaller. In Yemen, the cash amount began at 127% of the MEB and ended at 100%. From months 2 to 4, the cash amount was below the MEB, around 75%. These shifts are due to the high levels of inflation in Yemen throughout the programme, as well as adjustments made by the programme team.

The cash amount's coverage of the MEB in South Sudan also varied throughout the programme period but had a target of covering 70% of the total MEB cost. In addition to market variations of costs for the basket of goods, costs also varied according to the geographic location of Torit or Magwi district, with the latter typically being more expensive. At the outset of the programme in October 2021, the cash transfer covered 68% of the MEB cost in Magwi and 84% in Torit district. For the final cash distribution

in January 2022, the cash transfer purchasing power had increased, covering 85% of the MEB in Magwi and 116% of the MEB in Torit.

In Afghanistan, Tripaldi (2022) reported that key informants believed the project was instrumental in providing lifesaving assistance and improving the capacities of beneficiaries to cover basic food, hygiene, and health needs. Cash was considered as the most useful type of assistance, despite the challenges and the delays with the cash operations. The project was well integrated in the design and implementation; however, the combination of the cash, nutrition and hygiene promotion assistance did not appear to be sufficient to improve dietary and hygiene practices or reduce 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, perhaps additional interventions would have been necessary in addition to cash transfers and SBCC, and some of the barriers may have gone unaddressed (like child and maternal health). When designing future RF4BN projects, it is recommended that a thorough analysis of barriers is done to inform the project design (Tripaldi, 2022).



**Lessons learned** regarding programme design are as follows:

- **Design a strategic and appropriate integrated programme.** Use a needs assessment to identify and design appropriate core components (cash transfer, SBCC, referrals to health and nutrition services) as well as to identify the need for other components such as strengthened health/nutritional services, improving clean water supply, provide micro-nutrient supplementation. If this is not done, the effectiveness of such an approach is limited in contributing to nutritional outcomes.
- **Clearly identify target populations.** The pilot projects had a variety of different target populations (families with PBW, with CU2, with CU5, and other vulnerable households). In addition, some of the projects overlooked enrolling women in the programme when they were early in their pregnancy. 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 PBW, 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 (FSL) programme/project would be more relevant to them, with specific expected outcomes, interventions, and monitoring system. Nesting a FSL project into a Nutrition programme or vice versa is theoretically possible, provided that capacities, assistance protocols, robust participants' tracking, and monitoring systems are available and tailored to the different target populations. It is recommended that the team clarify target populations that are relevant to a RF4BN approach and design targeted, contextualized programming for each. The assistance package is to be designed around the nutrition needs of the family, and of its PBW and CU2/CU5, in a way that is holistic and that mirrors the nutrition conceptual framework. In other words, a well-integrated RF4BN approach starts from a joint definition of the geographic and people targeting among Nutrition, CVA, and WASH, and a comprehensive understanding of barriers to nutrition.

- **Use locally appropriate measures for identifying target populations.** In some contexts, the MUAC is recommended to be measured alongside weight-for-height measurements. If this is the case, adopt these measures to accurately target households for programming. It is worth also adapting MEAL to align to these measurements.
- **Thoroughly analyse the income level of programme participants and revise MEB as inflation changes.** It is 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, 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 contents of 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 (Tripaldi, 2022).
- **Build flexibility and agility into the programme design.** The humanitarian context is ever-changing and ever challenging. Given this, it is essential



PHOTO: SACHA MYERS/SAVE THE CHILDREN

that the team builds in the time, resources and budget 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 occurs or resources becomes scarcer.

- **Strengthen SBCC programming through targeted design.** Participants reported mixed participation in SBCC activities, and this may be due to minimal tailoring of activities 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. A focus during future iterations should be to examine the impact of combining SBCC and nutrition programming.
- **Create unique IDs for households and family members (caregivers and CU2 or CU5) that can be used for all RF4BN activities, whether these are implemented within a single project or multiple ones.** Essentially, given the population of interest for RF4BN, household and individual IDs could be created for all families receiving cash or nutrition assistance and that have a PBW or a CU2 or CU5. This will effectively link MEAL and programme activities so that a consolidated database records cash each household received and household engagement in additional activities. In turn, this will strengthen all RF4BN records and learning activities. Finally, it will help overcome challenges with families moving between communities, will reduce double dipping, and will enhance targeting of activities according to the profile of each household (Battistin, 2022).
- **Consider programme timeline and length.** The Afghanistan team, in particular, reflected that a longer duration of 'Cash Plus' assistance (for at least 9 to 12 months) should be sought to influence changes in nutrition and hygiene behaviour, as well as to provide poor households with sufficient financial resources to overcome reliance on debt (Tripaldi, 2022). The Yemen team reflected that doing so would allow medium and long-term strategies in programme design to support effective behavioural changes, ensuring people have access to basic services and sustainable address key determinants of child and maternal malnutrition (Sinibaldi, 2022).

Based on these lessons learned, the team developed the following key recommendations:

- **The essential conditions for integration in RF4BN.** For integration to exist among Nutrition, CVA, and WASH in RF4BN, these conditions should exist (Battistin, 2022):
  - Simultaneous presence of different sectoral components
  - Intentionality in linking these components and optimising interdependences through layering and sequencing. This ensures cohesion among the components, synergies, and efficiencies
  - Geographical convergence among all components
  - Common target families and individuals among all components
  - Target families must have PBW and/or CU2 or CU5, who are primarily affected by nutrition issues.
- **Use a needs assessment to develop a contextualized Theory of Change, examining barriers to health and nutrition and outlining short- and long-term goals.** This will allow the team to really consider integration and additional components that may need to be added to the core components within a particular context.
- **Think 'portfolio' rather than 'project'.** It is of limited use to talk about "RF4BN projects" since it is more likely that the components to be integrated are contained under the umbrella of different awards. This leads to two main recommendations for country offices where RF4BN is a priority common approach. In first place, PDQ directors and Operations Directors are called to be strategic in the way award portfolios are handled, paying specific attention to how to layer and sequence Nutrition, CVA, and WASH interventions that may be contained in different awards, both at design and at implementation stage. Secondly, MEAL requires a cross-project approach, as results would be attributed to the aggregate of interventions cutting across different projects (Battistin, 2022).

With these changes in place, Country Offices can continue to build upon the strong foundation laid by the Afghanistan, South Sudan, and Yemen teams.

# LESSONS LEARNED FROM PROGRAMME IMPLEMENTATION

---

RF4BN programmes are integrated, meaning 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 within one single project or through multiple projects, and they may be implemented by the same agency or by different organisations. 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 excellent cues for learning.

The post-distribution monitoring (PDM) surveys, which were carried out after each cash distribution, found that programme participants were generally satisfied with the method and timeliness of the distributions. Attendance at an array of group sessions providing nutrition-focused SBCC messages was high for both programmes, with Yemen at just over 80% of households and with approximately two-thirds of households in South Sudan. This is encouraging, showing that communities were actively engaged in the programme offerings.

In the three months prior to the endline data collection, nearly 60% of Yemen households did not receive any direct nutritional support from Save the Children for PBW or CU2. This figure was much lower in South Sudan, at only 15% of households. Screening and referral rates for CU2 and PBW were similar for both countries at around 40% of households.

However, none of the children in Yemen were treated for SAM/MAM, nor were women provided with micronutrient supplements, both of which were a core response to SAM/MAM in South Sudan.

The research found that impact on nutrition outcomes of interest differed between the two countries. South Sudan had highly significant positive results for MUAC, MDD, MAD and FCS. Yemen had mixed results, with slight to moderate gains for MDD, MAD and FCS (and no impact on MUAC), despite the longer duration of cash assistance (i.e. seven transfers versus three).

There could be many different contextual and programme-related factors affecting the various outcomes in the two countries. Whilst we can make some assumption on which these might be, it is not possible to draw definite conclusions. For instance, it is worth mentioning that South Sudan 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 a positive note, the he participated in a 2021 RF4BN silver training, though did not complete the course.

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. Within a country office

organigram, technical specialists and programme operations staff report to different directors, i.e. the Programme Development & Quality Director and the Programme Operations Director, respectively. Technical specialists have a portfolio of projects to support, and they can only devote limited time to each. These organisational factors may have an impact on the ability of project teams to adhere to recommended quality standards.

South Sudan suffered from high levels of staff turnover, with the Cash Specialist, Nutrition Specialist, and the Project Manager changing over the course of the project cycle. Positively, the Project Manager joined shortly after the start of the project and stayed until its closure. In general, however, project staff are recruited for a specific project and leave when it is completed unless they are transitioned into a new project.



PHOTO: ESTHER MUBAZI/SAVE THE CHILDREN



### Lessons learned and recommendations

regarding programme implementation are as follows:

- **Clearly define who “owns” the RF4BN project** at both design and implementation stages to ensure accountability and ease decision making. According to key informants of Battistin’s case study on South Sudan (2022), an RF4BN project should ideally be owned by Nutrition, considering the aim is achieving nutrition outcomes. Other components, such as Cash and WASH, are intended to support and contribute to the nutrition outcomes. This is most effectively done through a RF4BN project management specialist, recognizing that RF4BN integration requires a unique and dedicated toolkit.
- **Create a pool of Project Managers with RF4BN expertise.** Ideally, 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, particularly the first time they manage the programme.
- **Ensure regular and systematic support from Technical Specialists to RF4BN Project Managers,** by allocating significant LOE from all required specialists. 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. For strategic projects, the LoE allocated by technical specialists must be significant. This may take better anticipating needs for RF4BN staffing, especially in countries where RF4BN has been prioritised in the Country Strategy Plan (CSP); budgeting higher levels of LoE than usually done; recruiting additional specialists and/or creating rosters of external and internal specialists that can be quickly mobilized (Battistin, 2022).
- **Have in place 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 beginning 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 (Battistin, 2022).

# LESSONS LEARNED FROM MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL)

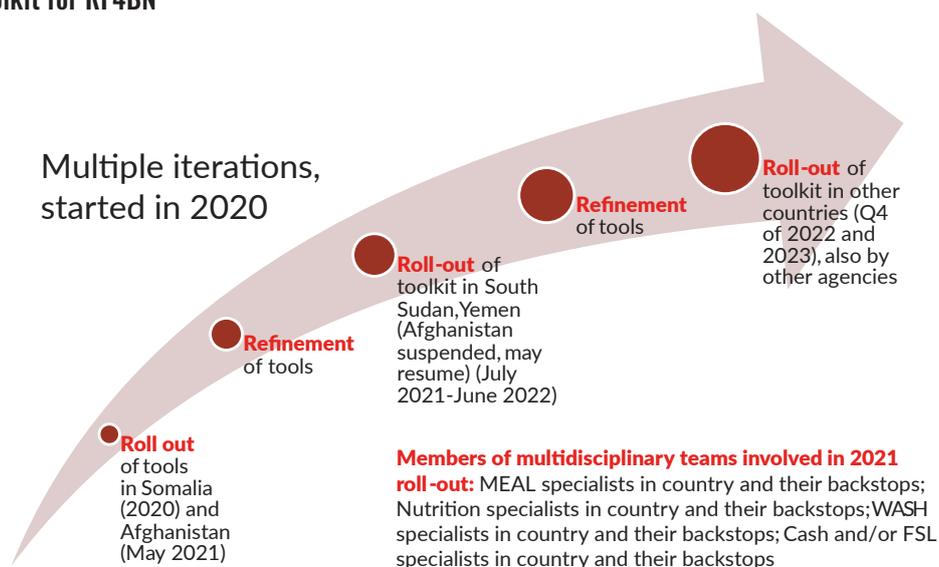
## Background on the MEAL toolkit<sup>5</sup>

The MEAL Toolkit for RF4BN (workstream 2 of the initiative) was created and tested from 2020 to 2022 in subsequent iterations and in multiple countries (Afghanistan, Somalia, South Sudan, and Yemen) and languages. From August 2021, Save the Children UK collaborated with Informed International to further develop, pilot, and refine it following the first two pilots in Somalia in 2020 and in Afghanistan in May 2021. The baseline, endline, and PDM survey questionnaires for digital data collection are available in English, Arabic, French, Darsi, Pashtu. The enumerators guides have been translated into French.<sup>6</sup>

The Toolkit aimed to provide MEAL and programme teams with the tools, guidance, templates, training and other resources necessary to effectively embed monitoring, evaluation, learning, and adaptation into programme activities.

The primary intended users of the Toolkit are in-country Heads of Monitoring, Evaluation, Accountability & Learning (MEAL), and MEAL or Research & Learning (R&L) Specialists. These are deemed to have the required proficiency in handling surveys from design and logistical oversight, to data analysis. Specialists from CVA, Nutrition, WaSH, and FSL are expected to participate in customising the questionnaires to the desired outcomes and context, and are responsible for interpreting and using the findings to course correct and feed into future programmes.

## Roll-out of the toolkit for RF4BN



<sup>5</sup> Save the Children & Informed International (2022). It can be retrieved from this URL <https://onedrive.live.com/?authkey=%21ALBBf1CT%2D6uvOow&id=18E42CF17A16E327%21191184&cid=18E42CF17A16E327>. Note that the baseline, endline, and PDM questionnaires are available in Arabic, Darsi, English, and Pashtu.

<sup>6</sup> The French version is not being released, but it is available on demand from Save the Children

The Toolkit includes the following tools and resources:

### **1 Instruments for baseline-endline.**

These surveys are aimed at estimating the contribution of our interventions to nutrition outcomes and intermediate outcomes (e.g. food security, WaSH).

### **2 Instruments for post-distribution monitoring (PDM)**

These surveys are aimed at assessing the quality of our 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 has taken place in each country after every round of distribution and will be a responsibility of the project team/MEAL staff.

### **3 Instruments to facilitate cross-country learning on this type of programme, among staff that is directly involved in the design, implementation, and monitoring**

In this regard, three cross-country learning calls were organised and facilitated, the first one after completion of the baseline surveys, to gather inputs to improve the data collection tool, the format in which baseline findings are presented, and – more generally – the MEAL processes; the second one after the first PDM survey was completed in South Sudan and Yemen, to discuss the experience in carrying out the PDM as well as in using findings to course correct project activities; and the third and final one to close the project, present key findings from the endline surveys, and share lessons with colleagues from other countries and the regional and global offices.

Findings from surveys, experts' observation, and learning calls were documented in reports (including this one) and three case studies (Battistin, 2022; Sinibaldi, 2022; Tripaldi, 2022).

The MEAL Toolkit was piloted in two ways. One was applied to South Sudan and Yemen, which had the opportunity to customise the tools and get full support in rolling them out from InformEd International. In Afghanistan, instead, we tested the user-friendliness of the toolkit. In other words, we explored how autonomous a country can be and whether the tools are easy to use by Heads of MEAL and MEAL or Research Specialists. Hence, in the case of Afghanistan, the country office did not receive any support.

Based on the experience in South Sudan and Yemen, the country-neutral Toolkit was refined for future country offices to use. This section of the report documents key learnings when it came to the MEAL activities associated with the piloting and should be used to inform future MEAL activities.

In 2023 and onwards, it is hoped that this Toolkit will be used and further improved by Save the Children and/or other agencies in future programmes and research initiatives on RF4BN in humanitarian contexts.

## Key Lessons Learned for the Baseline and Endline Survey

Two prior versions of the baseline-endline questionnaire had been used in Somalia (2020) and Afghanistan (May 2021) and subsequently refined for roll-out in South Sudan, Yemen, and – again – in Afghanistan. A two-hour workshop with MEAL, Nutrition, FSL, and WaSH specialists was facilitated by InformEd International to review the questionnaire.

South Sudan and Yemen’s MEAL teams carried out baseline and endline data collection using a team of local enumerators. In South Sudan, the team used 12 enumerators and carried out data collection for a total of 10 days for each baseline and endline period. The Yemen team employed 16 enumerators and carried out data collection for 9 days. Both teams struggled with security issues throughout data collection and had to remain agile and flexible. For South Sudan this meant dropping one area from the baseline data collection and instead gathering

additional data from the more secure locations. For Yemen, security issues interrupted data collection, and the team had to adapt to phone interviews, during which MUAC measurements could not be taken.

The original design for the baseline and endline surveys was to follow individuals over the life of the programme, reassessing the same sample of programme participants at endline that were assessed at baseline. This requires detailed tracking of household and household member IDs, as well as over-sampling at baseline to account for loss-to-follow-up. The South Sudan team was not able to track participants over the life of the programme due to challenges with tracking IDs. The Yemen team was able to track participants over the life of the programme. Both scenarios provided useful endline datasets for insightful analyses but required different approaches and methodologies. This learning prompted the team to incorporate guidance on each sampling methodology within the toolkit.





Building upon these experiences, the team generated the following **key lessons learned**:

- **Timing is everything.** Timing was a key theme throughout the learning process. When it came to baseline preparations, the team recommended at least 5-7 weeks for preparing and carrying out the data collection. This includes tool refinement, translation, digitization, enumerator recruitment, training, and data collection itself. This needs to be timed well so that data collection takes place immediately before the first cash distribution. 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.<sup>7</sup>
- **An integrated programme is more than the sum of its components.** As such, MEAL should reflect the integrated nature of the approach. On the monitoring side, it is important to cover all sectoral components in a holistic way, including across different projects. Accordingly, results should be attributed to the comprehensive package of assistance that beneficiaries receive, regardless of which project is delivering each element (Battistin, 2022).
- **Secure ample staff time to dedicate to this initiative.** Effective MEAL requires significant resource and time allocation from staff. Without sufficient MEAL staff time, the project is at risk of gathering poor quality data or not effectively processing and putting the data to use. In South Sudan, for instance, MEAL activities accounted for at least 8% of the budget (Battistin, 2022), which probably is a slight underestimation of the actual cost. Given the time that participants are dedicating to answer the questions in the survey, teams have a duty to ensure that the data is used for programme decision making. This ensures high quality data collection and analysis as well as facilitation of learning activities and discussions to interpret findings.
- **Secure consistent and experienced leadership throughout baseline and endline.** The design,

management, and analysis of baseline and endline surveys must be led in a consistent way, by a highly experienced Research or MEAL specialist. For the toolkit to produce the desired output at the highest standards, the survey lead must be well versed in all its components and instruments. The Afghanistan country office suffered significantly from high staff turnover in the MEAL team and from lack of a dedicated and experienced lead throughout baseline and endline. As a result, the surveys design did not allow for a statistically significant baseline-endline comparison.

- **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 ID and household member ID.
- **Digital data collection helped the team ensure high quality data collection.** Data collection using KoboToolbox enabled the team to regularly check data quality and address challenges in real time. To enable digital data collection, projects should budget for tablets.
- **Adapt and simplify the list of outcome indicators as appropriate for your project and context.** The first key decision for all specialists involved in RF4BN is which outcome indicators should be measured out of those listed in the customisable Terms of Reference for the baseline-midline-endline survey (see the MEAL Toolkit; Save the Children & InformEd International, 2022). The present baseline-endline survey questionnaire contains a fairly exhaustive list of outcome indicators covering nutrition, food security, livelihoods, WASH, basic needs, expenditures. Each survey required about 45 minutes to administer. Some respondents grew tired with the length of the survey tool and, as such, teams are encouraged to remove indicators and related questions 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. Crucially, indicators measured through the survey should match with those in the logframe, which in turn should reflect the intentions of the project.

<sup>7</sup> The 30-day time lag for conducting the endline survey is also recommended by the Grand Bargain's Cash Workstream in their guidance on MPC outcome indicators (2022).

- **Consider whether measuring anthropometric indicators in addition to the MUAC.** For acute malnutrition, when designing the logframe and the baseline, MEAL and Nutrition specialists should discuss whether to include the measurement of weight for length (for U2) or weight for height (2-5 years old) z scores (WHZ), which are not covered in the current version of the RF4BN MEAL Toolkit. There isn't full overlap of cases identified with the two indicators, and evidence has shown that WHZ identifies the highest proportion of wasted children compared to MUAC. At the same time, it is important to consider that measuring WHZ requires specific training and devices (e.g., a scale); hence it may be more expensive and time consuming. The estimated length of the interview would be longer.
- **Frequency of data collection for outcome indicators.** As also recommended by the Grand Bargain's Cash Workstream (2022), the RF4BN MEAL Toolkit is designed for outcomes indicators to be measured at least at baseline (ie. before the first round of assistance) and endline, which should happen approximately 30 days after the last round of CVA. Outcome indicators should be measured halfway (ie. midline) in RF4BN programmes with relatively long duration for humanitarian standards (ie. six rounds of RF4BN assistance or more). Midline findings can inform adjustments in programme design, such as in the combination

## Alignment with the MPC outcome indicators by the Grand Bargain's Cash Workstream

Although RF4BN programming includes all possible CVA modalities, not only MPC, the list of outcome indicators proposed in the RF4BN MEAL Toolkit takes into account the work by the Grand Bargain's Cash Workstream on MPC outcome indicators (Grand Bargain's Cash Workstream, 2022).

The specificity of RF4BN programming, which is multisectoral, implies that certain dimensions proposed by the Grand Bargain's Cash Workstream are prioritised over others, namely Nutrition, FSL, WASH, basic needs, women's decision making, and expenditures. These dimensions are all included in the Terms of Reference and questionnaire of the baseline-midline-endline surveys. Child protection and education indicators have been included too, because we deemed important to consider the wellbeing of all children in targeted households, in a holistic way.

It is worth mentioning two key differences with respect to the outcome indicators that are proposed by the Grand Bargain's Cash Workstream.

With many dimensions and sectors to be explored in RF4BN and a questionnaire that, as a result, takes 45 minutes to administer, some sacrifices had to be made. For Nutrition, we prioritised the individual indicators, namely the MUAC, the Minimum Meal Frequency, the Minimum Dietary Diversity for child and PBW and the Minimum Acceptable Diet, at the expense of a proposed household indicator, ie. the Household Dietary Diversity Score.

The second difference is in the population for which the Minimum Dietary Diversity for Women is measured. Considering the purpose of RF4BN programming, we opted for taking this measurement only from pregnant and lactating women in the sampled households, rather than from all women aged 15-49.

After all, as the Grand Bargain's Cash Workstream states in their MPC outcome indicators guidance (2022), 'the selection of indicators should always be informed by the project design and objectives. [...] To that extent there is some value in providing flexibility to see what works best and where, recognising that the 'right' indicator(s) may vary by intervention, organisation, and context.'

The datasets and baseline-endline reports generated through the RF4BN MEAL Toolkit can offer a starting point for future discussions on potential revisions of the MPC outcome indicators and related guidance.

of interventions or their sequencing. In a short-term project (below six months of assistance),<sup>8</sup> measuring outcomes at midline would unlikely translate in any programmatic change; hence, a midline survey would be of limited practical use and would not be an efficient investment of time, human, and financial resources. A midline survey may have a narrower scope than the baseline and endline, focusing on a selected set of indicators. It could be administered in place of a PDM or in conjunction with it.

- **Data analysis is time consuming and requires strong capacity in the use of statistics.** 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 and statistics to interpret analyses and report results, especially to effectively compare measurements between baseline and endline as well as across sample strata.

- **Establish data security** through initial orientation with all country office staff involved in the project. Personal and sensitive data should not be shared outside of a group made of strictly necessary members. Data protection protocols should be reminded at each training and in all documentation.

As the MEAL teams generated learnings, the Toolkit was adapted to better meet the reality of the field.

## Key Lessons Learned for Post-Distribution Monitoring

Post-Distribution Monitoring (PDM) surveys were carried out among approximately 100 programme participants (or roughly 5%) after each cash distribution. These participants were randomly selected. The research and learning consultant analysed the first PDM and trained Country Office staff in the use of Stata to analyse subsequent PDMs. The reporting template was in PowerPoint format to encourage a quick turnaround and active engagement with the results, ultimately prompting evidence-informed adjustments to the programming.

The MEAL teams used enumerators to carry out PDM data collection over a period of about 3 days, with PDM data collection being completed within 10 days of the cash distribution. In South Sudan, the team reflected that community functions like burials and farm work, a 'community clash,' and long distances between programming areas presented challenges searching for respondents during PDM data

collection. Similarly, the Yemen team experienced challenges with carrying out the PDM given rugged and mountainous areas, requiring nearly 3 hours to travel to many locations. The long distances, coupled with security challenges, led the team to carry out phone interviews.

Both project teams reported important programmatic shifts that took place because of the PDMs. For South Sudan, the Operation Team postponed the second cash distribution until challenges identified during the first PDM were addressed. An example of these challenges is 58% of PDM respondents were unaware of the number of transfers they would receive, and 91% reported an argument with their spouse occurred because of the money they received. The team used this information to design and carry out community awareness campaigns. In addition, the PDM alerted the team to the high cost of transportation to the cash distribution area in one of the programming areas which prompted the team to discuss increasing the cash value of the transfer to compensate for these costs.

<sup>8</sup> At project design stage, the duration of assistance in both South Sudan and Yemen was planned to be shorter than six months. Hence, a midline was not in the plans.



**Key lessons learned** from the PDM process include:

- **Timing is everything for PDM** because findings should be ready and discussed before the next round of assistance, to inform programme changes in course of action. To speed up PDM reporting, the recommendation is to keep it simple. Oftentimes, long narrative reports go unread and – as a result – evidence and lessons may end up not being used as it would be desirable. So, why writing them? Using slide decks to document, communicate, and discuss findings among project manager and specialists proved to be efficient and effective.
- **Digital data collection helped ensure data quality.** Similar to baseline and endline data collection activities, carrying out the PDM using KoboToolbox helped the programme team identify and address data quality issues quickly.
- **The PDMs prompted programme changes and action.** Both project teams identified programmatic challenges using PDMs, validating the importance of PDM.
- **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 to gather feedback from teams.
- **Data analysis and reporting could be automated in the future.** The current data analysis and reporting system is 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, but this would require additional development and piloting beyond this initial toolkit.
- **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 stabilized 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 and the work required to do these activities, it is recommended that programmes have a dedicated MEAL staff member.

The PDM process was essential for identifying and adjusting programming to meet the needs of the community. The PDM survey tool, data analysis code, and reporting template is available in the Toolkit (Save the Children & InformEd International, 2022). As always, Save the Children can continue to improve and adapt the PDM process to increase efficiency over time.

## Key Lessons Learned for Translating Evidence into Action

USAID’s Collaborating, Learning, and Adapting (CLA) is a set of practices that helps development initiatives improve effectiveness through continuous learning. USAID’s Program Cycle guidance states ‘Strategic collaboration, continuous learning, and adaptive management link together all components of the Program Cycle.’ The MEAL activities for RF4BN align to USAID’s CLA approaches, enabling Save the Children to be an effective learning organisation, thereby being a more effective development organisation.

An essential component of this work was an intentional effort to process information, feed data into programming, and translate evidence into action. The piloting process did this through regular learning events, including three cross-country learning sessions where programme staff across the Partnership gathered to discuss and reflect upon progress. While there are tools included in the Toolkit to help facilitate the process, the team identified the following **key lessons learned** for translating evidence into action.

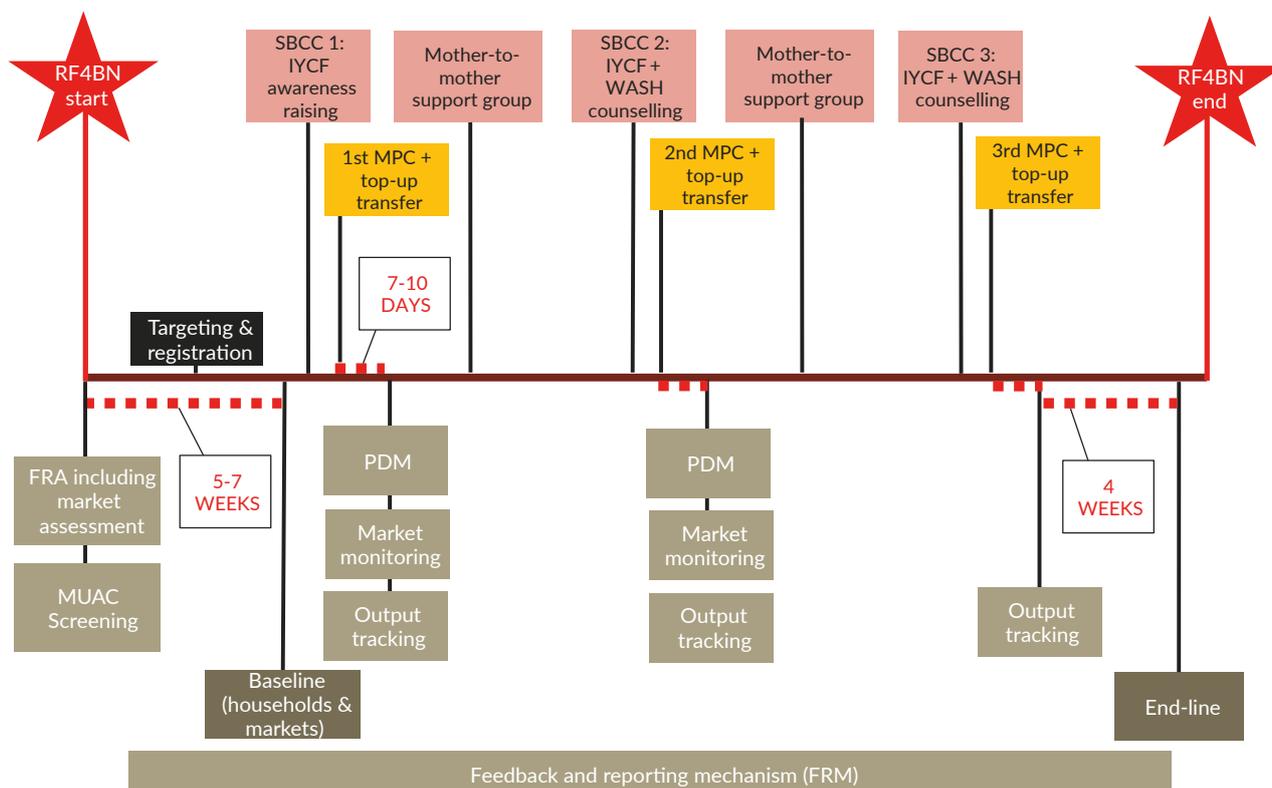


**Key lessons learned** for translating evidence into action:

- **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 perspectives and expertise. Note that this will require securing the time of team members through formal mechanisms like discussion with managers, time allocations, TORs, and job descriptions.
- **Create one comprehensive masterplan** of all activities, including MEAL ones, which shows sequencing and interdependences. The Project Manager shall be responsible for bringing together all specialists and relevant teams (including MEAL) to ensure they coordination and collaboration is effective (Battistin, 2022). A simplified graphic representation of the master plan may help communication with multiple stakeholders (see example below).

*continued on next page*

**Example of RF4BN and MEAL activities on a timeline (ie, a masterplan) (Battistin, 2022)**



- **Identify a leader for research and learning activities.** The pilot benefitted 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 simply 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 are being acted upon.

Save the Children has passionate, knowledgeable, and talented staff. There is great potential for these staff to engage with data and use those data to improve programming, not only to amplify impact within the communities where Save the Children is working but also contribute to global knowledge of best practices. The key to this is setting aside the time and resources to engage in discussion, debate, and planning.



PHOTO: SAGHA MYERS/SAVE THE CHILDREN

# 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 initiative, 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? How can programmes be designed to adjust cash amounts as needed given fluctuations in inflation over the life of the programme?
2. How does access to markets and availability of commodities influence nutrition outcomes? What interventions can the programme implement to improve market access?
3. Can programming targets (and nutritional status targets) be used to help teams better define success of programming?
4. What was the fidelity of SBCC programming? How does the fidelity of SBCC programming impact nutrition outcomes?

# CONCLUSIONS

The pilot of RF4BN programming in the humanitarian contexts of Afghanistan, South Sudan, and Yemen produced encouraging results in terms of shifting coping strategies, decision-making within the households, and some improvements in nutritional status. Given the context, the team was not able to carry out a rigorous impact assessment that included a counterfactual to quantify the impact, but the before- and after- study design did provide useful insights into the role that the RF4BN approach can have within these contexts.

More importantly, an intentional approach to embedding monitoring, evaluation, and learning into the programme generated key lessons learned to inform future programme initiatives.

When it comes to programme design, it is recommended that country offices clearly identify and target specific populations within the programming

context. This will allow the teams to focus programme initiatives and integration across sectors. It will also simplify and streamline programming in a complex environment.

For MEAL, it is strongly recommended that Save the Children continue to embrace a collaboration, learning, and adaptation approach when it comes to RF4BN in humanitarian contexts. In particular, it is essential that MEAL and sector specialists come together in all stages of the project cycle, including when monitoring RF4BN activities. The MEAL Toolkit that has been developed can be used within these contexts, as proven during this pilot. It is through this approach that the teams can build upon the key learnings generated in this context and continue to refine and build the Common Approach to amplify impact.



PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

# REFERENCES

---

- 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.
- Grand Bargain's Cash Workstream (2022). *Multipurpose Outcome Indicators and Guidance*. CALP Network. <https://www.calpnetwork.org/wp-content/uploads/2022/04/CALP-MPC-Outcomes-EN-final.pdf>
- Save the Children & InformEd International. (2022). *Customisable Monitoring, Evaluation, Accountability and Learning (MEAL) Toolkit for Resourcing Families for Better Nutrition (RF4BN)*. <https://onedrive.live.com/?authkey=%21ALBBf1CT%2D6uvOow&id=18E42CF17A16E327%21191184&cid=18E42CF17A16E327>
- Save the Children. (2018). *Comprehensive paper – Resourcing Families for Better Nutrition*. [https://save.thechildren1.sharepoint.com/what/Child\\_Poverty/ThematicLibrary/Resourcing%20Families%20for%20Better%20Nutrition%20-%20Comprehensive%20Overview%20%E2%80%93%20English.pdf](https://save.thechildren1.sharepoint.com/what/Child_Poverty/ThematicLibrary/Resourcing%20Families%20for%20Better%20Nutrition%20-%20Comprehensive%20Overview%20%E2%80%93%20English.pdf)
- Sinwari, R. K. (2022). *Baseline and Endline Survey Report of the Resourcing Families for Better Nutrition Project Funded by Save the Children Italy*. Save the Children Afghanistan Country Office.
- Sinibaldi, P. (2022). *Resourcing Families for Better Nutrition in Humanitarian Settings. A Case Study from Yemen*. Save the Children UK.
- Tripaldi, M. (2022). *An Unprecedented Crisis: Meeting humanitarian needs through integrated Cash, Nutrition and WASH interventions. A Case Study from Afghanistan*. Save the Children UK.
- Zook, L. & Battistin, F. (2022). *Executive summary - Cross-country learning report on applying the common approach 'Resourcing Families for Better Nutrition' in humanitarian responses*. Save the Children UK. <https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/630eeca0f57f741321246196/1661922473373/Cross+Country+Learning+Report+Executive+Summary.pdf>
- Zook, L., Shaner, B., & Ryall, C. (2022a). *Resourcing Families for Better Nutrition (RF4BN) Endline Report – South Sudan*. Save the Children UK. [https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/6349dbad771b7a501b6246f5/1665784751631/RF4BN+Endline\\_South+Sudan.pdf](https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/6349dbad771b7a501b6246f5/1665784751631/RF4BN+Endline_South+Sudan.pdf)
- Zook, L., Shaner, B., & Ryall, C. (2022b). *Resourcing Families for Better Nutrition (RF4BN) Endline Report – Yemen*. Save the Children UK. [https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/634db580c40b8916c9760e68/1666037124345/RF4BN+Endline\\_Yemen\\_Final.pdf](https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/634db580c40b8916c9760e68/1666037124345/RF4BN+Endline_Yemen_Final.pdf)
- Zook, L., & Shaner, B. (2021). *Post-distribution monitoring comparison – Resourcing Families for Better Nutrition (RF4BN) project in Yemen*. Save the Children UK.
- Zook, L., Shaner, B., & Yousafzai, N. K. (2021). *Post-distribution monitoring comparison – Resourcing Families for Better Nutrition (RF4BN) project in South Sudan*. Save the Children UK.