

Enablers and Challenges when Integrating Cash, Nutrition and WASH interventions in Humanitarian Contexts

A CASE STUDY FROM SOUTH SUDAN



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:

- 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.

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.

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PHOTO: ESTHER MBABAZI/SAVE THE CHILDREN

ABBREVIATIONS

CNV	Community nutrition volunteer
CSP	Country Strategy Plan
CU2	Children under two years
CU5	Children under five years
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
FRA	Feasibility and Risk Analysis
FSL	Food Security and Livelihoods
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LOE	Level of Effort
MEAL	Monitoring, Evaluation, Accountability & Learning
MPC	Multipurpose Cash
MSC	Most Significant Change
MSSMEB	Multi-Sector Survival Minimum Expenditure Basket
NtY	Nourishing the Youngest
PBW	Pregnant and Breastfeeding Women
PDM	Post-distribution Monitoring
PDQ	Programme Development and Quality
PHCU	Primary Health Care Unit
PM	Project Manager
RF4BN	Resourcing Families for Better Nutrition
R&L	Research and Learning
SCI	Save the Children International
SOP	Standard Operating Procedures
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

INTRODUCTION

Case study topic and research questions







This case study focuses on the 2021–2022 Resourcing Families for Better Nutrition (RF4BN) project in South Sudan. It explores the enabling conditions and challenges in integrating Cash, Nutrition, and Water, Sanitation and Hygiene (WASH) in contexts of acute malnutrition, as experienced by Save the Children staff in this project.

The study evolved around these overarching questions:

- What does ‘good integration’ look like in practice? If integration is ‘done well’, what is its added value in programmes aimed at reducing and preventing acute malnutrition? In other words, *what happens/ what should we observe when integration works well? And what happens when instead we do not integrate properly?*
- What are the enabling conditions for integrated programming, according to the individuals who participated at different stages of the programme cycle?
- What were the challenges faced by team members in their efforts to integrate different types of intervention (cash transfers, nutrition, WASH) at different stages of the programme cycle? How were these challenges addressed by team members, and what are the strategies they employed to facilitate integration?



Summary of findings and recommendations

Factor	Findings: enablers and challenges	Conclusions and recommendations
Programme quality	 <ul style="list-style-type: none"> • Presence of pre-existing nutrition projects • Cash amount inclusive of WASH and health needs and intended for the whole family • Target families had a Pregnant and Breastfeeding Woman (PBW) and/or a child under 5 (CU5) • Interdisciplinary discussions on Monitoring, Evaluation, Accountability and Learning (MEAL) and cross-country learning events 	<ol style="list-style-type: none"> 1 Ensure the essential conditions exist for the integration of Nutrition, CVA, and WASH 2 Beneficiaries should receive all types of RF4BN support that emerge from nutrition situation analysis 3 Think in terms of project portfolio rather than single project 4 The cash amount must consider the needs of the entire family as well as those of PBW and CU2/CU5 5 A gender lens is key in RF4BN
	 <ul style="list-style-type: none"> • Rushed basic nutrition situation analysis • RF4BN initially handled as a cash project', and was presented to communities as such • WASH remained the weak link • Gender lens too light • Layering and sequencing more challenging when piggybacking on pre-existing and well-established projects 	
Human resources	 <ul style="list-style-type: none"> • Food Security and Livelihoods (FSL) staff trained on Nutrition and Nutrition staff trained on Cash and Voucher Assistance (CVA) • An RF4BN Project Manager (PM) with a rare background, blending CVA and Nutrition 	<ol style="list-style-type: none"> 6 Strategic and integrated approaches require higher specialist Level of Effort (LOE) at all levels 7 Mutual understanding of thematic jargon is key 8 It comes down to the quality of personal interaction
	 <ul style="list-style-type: none"> • Lack of dedicated CVA specialist • Less-than-desirable involvement of the Nutrition specialist during implementation and monitoring • Staff turnover and project-based contracts • Insufficient budgeting of critical human resources • Incentive-based engagement of human resources supporting the CVA component 	
Organisation of work	 <ul style="list-style-type: none"> • Cooperation between the Nutrition PM and the RF4BN PM • Cross-project collaboration in tackling issues 	<ol style="list-style-type: none"> 9 An integrated programme is more than the sum of its parts 10 Organisation of work must be fit for purpose and data sharing agreements must be in place 11 An integrated programme needs an integrated MEAL framework and tracking of beneficiaries 12 An orchestra needs its conductor
	 <ul style="list-style-type: none"> • Divide between specialisms (or sectors) • Organisation of work that divides programme design from implementation • Technical specialists and MEAL staff shared among too many projects 	

HOW THE CASE STUDY WAS PRODUCED

Data collection methods and sources

Data were collected through desk and literature review as well as key informant interviews (KIs). Findings were organised by recurrent themes and subthemes.

Following the first short round of KIs aimed at selecting the topic of the case study, desk and literature reviews were the first step to delving into the chosen topic, ie, 'programme integration in humanitarian settings'. The underlying intention of the desk review was not to reinvent the wheel, but to determine what information exists and what remains unexplored, and to build on existing concepts. This, in turn, helped in defining research questions, crafting definitions and concepts to be discussed in the case study, and framing the key informant interviews.

The purpose of KIs was to gain insights on Nutrition-Cash-WASH integration from colleagues involved to different extents in designing, implementing and monitoring the RF4BN project. Key informants were selected to ensure a variety of perspectives, picking representatives from the different areas of specialism (ie, Nutrition; CVA; Project Management; and Monitoring, Evaluation, Accountability and Learning (MEAL)), mainly from the South Sudan Country

Office. Others were from Save the Children at the global and regional level. A set of guiding questions were designed for each key informant, around common topics:

1. Their role and level of engagement in the project, and in relation to the other team members
2. Their definition of integration, and opinions around markers of good and poor integration
3. Their opinion around who should 'own' an RF4BN project/approach
4. Their opinion about integration in this specific project, on what went well and what went less well
5. How they worked and interacted with the different stakeholders in the project.

Definitions and concepts

This case study refers to the general definition of integrated programming proposed by UNICEF in a 2013 study (UNICEF, 2015): The intentional combining of sectoral interventions to improve humanitarian outcomes. The concurrence of multiple sectoral interventions for one common goal was mentioned by nearly all key informants. As emphasised in this definition and as highlighted in the KIs, the goal of integrating multiple sectors is to maximise the desired outcomes.

In the case of RF4BN, it is the nutrition outcomes that we attempt to deliver with a concurrent and deliberate effort by Nutrition, CVA, and WASH specialists. An integrated approach across these sectors is indispensable, with Nutrition outcomes resulting from a complex web of determinants and related barriers, and with children's and mothers' lives not being divided into compartments.¹ As noted by a key informant, when these sectors operate in isolation, people do not understand the connections across them, to the detriment of nutrition goals.

Good integration is when the various sectoral components work together harmoniously to meet a common goal.

Multiple key informants

"[Through integration] we deliberately look at different angles of people's lives, at their lives as a whole."

Chiyambi Mataya, Regional CVA Adviser

¹ See the inter-cluster response plan to famine in South Sudan, described in the case study by Pantchova (2020).

Time and space are key dimensions in defining if and how integration occurs in practice.

According to a case study by Kim and Scantlan (2020) on a resilience programme in Nepal, integration occurs through the layering and sequencing of interventions. Layering is the strategic coordination of interventions across the different sectors and stakeholders to facilitate relevant interdependences. Sequencing entails organising interventions in a chronological order, according to their interdependencies.

As emerged from the desk review and KIs, a multisectoral project is not necessarily an integrated one. For integration to happen across Nutrition, CVA and WASH in line with the RF4BN approach, it is essential that these interventions are implemented in the same locations (ie, geographical convergence) and that the same beneficiaries receive all components of the package in the same period, whether from one single provider/project or multiple ones. By contrast, a project that includes Nutrition, CVA and WASH but where these are delivered in different geographic areas and/or to different families and individuals cannot be considered 'integrated'. When carried out in such a way, a project is merely 'multisectoral'; it lacks intentional layering and sequencing between components, which are implemented independently from one another.

At Save the Children, integration tends to happen around a physical space, as explained in the quote from one of the key informants below.

"In practice, the way I noticed we generally do integration is around a physical space – a facility or a community point. This becomes the fulcrum from which the integrated services branch out."

Jessica Saulle, Regional Anticipation Lead

The co-location of multisectoral service provision is mentioned by UNICEF (2015) as a good practice for efficiency gains and multiplier effects.

Based on the above, these are the conditions that must exist to integrate Nutrition, CVA and WASH in RF4BN:

Simultaneous presence of different sectoral components²

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 components³

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.

Finally, this case study shows that Nutrition, CVA and WASH interventions could be delivered within one single project or across multiple projects.⁴ Services and assistance could be delivered by one single organisation/service provider or multiple ones. The specific case presented in this report integrates actions from three different projects, all implemented by Save the Children but funded by different donors⁵ (see Layering and sequencing in the RF4BN project in South Sudan, page 10).

"We bring in other actors that have the capacity to deliver some of the services where there is a gap, and where we don't have the capacity..."

Chiyaambi Mataya, Regional CVA Adviser

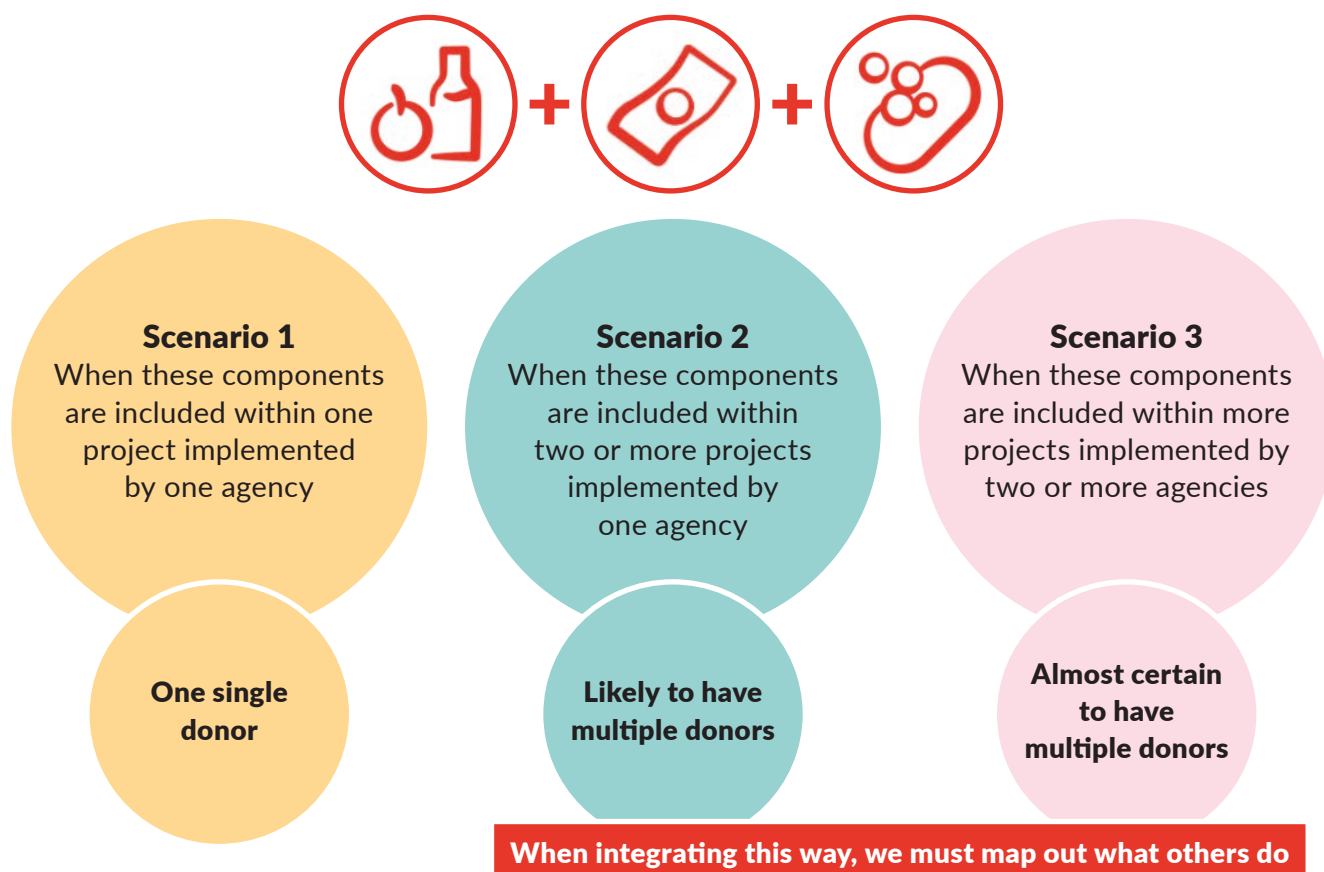
² See Pantchova (2020) for similar concepts promoted at inter-cluster level.

³ Ibid.

⁴ A prior experience of the South Sudan country office in integrating across projects funded by different donors (the Food and Agriculture Organisation (FAO), UNICEF and the World Food Programme (WFP)) is documented in the case study Integration and complementarity of the three UN-funded projects in Abyei (Save the Children South Sudan Country Office, 2017). In this case study, through the WFP and UNICEF-funded projects, Save the Children delivered nutrition services through 11 facilities, including blanket supplementary feeding and vaccination of PBW and CU2. Mother-to-mother support groups were also organised in the same catchment areas to promote appropriate Infant and Young Child Feeding (IYCF) practices, some of which involved cooking demonstrations. In the same locations – although the extent of overlap of target families is not certain – Save the Children delivered conditional food assistance through the WFP-funded project and agricultural inputs and assets through the FAO-funded project.

⁵ These are Save the Children Italy, UNICEF, and WFP.

Possible types of integration across Nutrition, CVA and WASH interventions



An interesting remark by a key informant⁶ is that 'nexus' is a form of integration between short- and long-term action. While the nexus dimension of integration will not be explored in this case study because of the short-term nature of the RF4BN project in South Sudan, it is worth a mention for several reasons. The RF4BN common approach was originally conceived in the framework of nutrition-sensitive social protection, covering the first 1,000 days of a child's life. Secondly, in a context of protracted and complex crises with cyclical hunger crises, it is imperative to reflect on how to integrate short- and long-term action. For sustainable results, the key informant recommends a focus on geographic areas that are prone to cyclical shocks to empower communities with the tools to adapt and anticipate.

⁶ Jessica Saulle.

Factors at play in programme integration

Three types of factor appeared to be at play, which enabled or challenged the integration of Nutrition, Cash and WASH within the RF4BN approach in South Sudan.

- 'Programme quality' factors, including existence of the essential conditions; relevance of interventions with respect to existing barriers to nutrition; layering and sequencing of programme components; operational arrangements and procedures.
- 'Human resources' factors, including: staff turnover; competencies available to the project; staff LOE and how flexible it is; modalities, frequency and quality of interaction among staff.
- The 'organisation of work' factors, including: level of RF4BN experience within a country office and project team; how work is organised within Save the Children International; how work is organised with complementary service providers; who is entitled to make what decisions, and – related to that – ownership and accountability.

OVERVIEW OF THE RF4BN APPROACH IN SOUTH SUDAN

Programme design⁷

With a budget of around EUR 1.1 million (Save the Children South Sudan Country Office, 2021b), the RF4BN project in South Sudan reached 2,524 families in the counties of Lafon, Magwi and Torit in Eastern Equatoria state.

The project built on pre-existing nutrition projects funded annually by WFP and UNICEF in the same geographic areas and aimed at improving the nutrition status of pregnant and breastfeeding women (PBW) and children under five years of age (CU5) who were treated in 48 primary health care units (PHCUs) and nutrition centres due to acute malnutrition.

In pursuing its goal, the project complemented nutrition services with three monthly unconditional cash transfers of 38,900 SSP (~95 USD) per family per round. This amount corresponded to 70 per cent of the Multi-Sector Survival Minimum Expenditure Basket (MSSMEB) for an average family of six, as estimated by the national Cash Working Group (CWG).⁸ Messages via local radio were used as reminders on the recommended use of cash transfers, the targeting criteria and the cash amount. Further messages, including on feeding and hygiene practices, were conveyed to cash recipients during distribution of mobile phones and SIM cards. The SBCC component mirrored that of the UNICEF and WFP projects. It included group and individual counselling/awareness sessions facilitated by community nutrition volunteers (CNVs) on infant and young child feeding (IYCF) and hygiene and water practices.⁹ Members of

Project location



the mother-to-mother support groups participated in cooking demonstrations. In addition, all households receiving cash transfers were given soap and salt on a biweekly basis, through UNICEF and WFP projects.

The total project duration was eight months, with three rounds of cash assistance. It was designed between May and June 2021 and launched in July 2021. The set-up stage ran until August and the baseline survey was conducted in September, followed by the first round of cash transfers in October. Activities were suspended after the first round of cash transfers, during the whole of November, to address issues observed by staff in the field. They resumed in December with the second round of assistance, and the last round took place in January 2022. The project was closed on 28 February 2022, immediately after completing the endline survey.

⁷ Sources: Save the Children South Sudan Country Office, 2021a; SCI South Sudan Country Office, 2022.

⁸ The MSSMEB was calculated to cover monthly needs for food items (including cereals, pulses, vegetable oil and salt); non-food items (NFIs) which allow for food preparation and hygiene (soap and bleach); cost of medication; communication; transport; school supplies; and for one-off purchased NFIs such as blankets, mosquito nets, jerrycans, cooking sets, clothing and underwear, and sanitary items.

⁹ WASH topics included the five critical times to wash hands with soap, how to store water safely, how to treat water for safe consumption, and the use of latrines at household level.

Layering and sequencing in the RF4BN project in South Sudan

The RF4BN project was layered with the WFP and UNICEF projects, which – in the same locations – offered health and nutrition services through 48 PHCUs and nutrition centres, and distributed soap and salt. All cash recipients in the RF4BN project were identified through referrals from the PHCUs and nutrition centres and registered by the Nutrition Assistants supporting the RF4BN project. In addition to cash and nutrition services, families also received soap and salt on a biweekly basis. In practical terms, integration was enabled by referrals and sharing of beneficiary lists from one activity to another. Good coordination and the ability to correctly identify beneficiaries are key.

Treatment of acute malnutrition lasted at least six weeks and continued until recovery; if the child had not recovered by the 12th week, they were declared not responsive to the treatment, and causes were analysed to identify an appropriate solution. Acute malnutrition treatment was provided in parallel with cash transfers, although cash transfers may have ended before the completion of treatment since they were only meant to last for three months.

The frequency of SBCC activities was dictated by the physical distance of certain project locations and ease of access. They generally happened once a month.

Prior to the RF4BN project, the Nutrition PM and his team observed that therapeutic food was shared with other members in the targeted households or was sold locally. With the introduction of cash assistance through the RF4BN project, the Nutrition PM noticed a decrease in sale of these items.



PHOTO: ESTHER MABAZI/SAVE THE CHILDREN

Human resources and organisation of work

As in any Save the Children country office, in South Sudan programme design is the responsibility of Technical Specialists, who report to the Director of Programme Development and Quality (PDQ) and are based in the head office in Juba. Day-to-day programme operations and budget spending are tasked to Project Managers (PMs), who report to the Director of Programme Operations.

Programme design

As per common practice in South Sudan, where all CVA projects are designed and quality-controlled by the in-country FSL specialist, the RF4BN project was designed under his lead. Having recently graduated from the Silver Course on Nourishing the Youngest (NtY) and RF4BN and having led the cash and voucher pilots in 2021, he was considered the best fit for the task. Of all the LOE he invested in supporting the project from May 2021 to February 2022, 60 per cent was used up in the initial stage, ie, proposal design and baseline.

With the launch of the RF4BN project and the anticipated workload, the PDQ Director recruited a CVA specialist, to be fully charged against the project budget. He joined at the end of July 2021, but – due to visa issues – never made it to South Sudan and his contract was discontinued shortly after. To replace him, a roving CVA Adviser was brought in from the Global Expertise and Humanitarian Surge Platform (GEHSP). He was deployed to Juba from the end of October to the end of November 2021 and spent a couple of weeks in Torit. His role was to ensure that all CVA mandatory requirements were met, namely feasibility and risk analysis (FRA), framework agreements with financial service providers, and standard operating procedures (SOPs). In addition to the RF4BN project, he supported the development of other CVA proposals.

In designing the nutrition contents of the RF4BN project document – including the targeting criteria and SBCC activities – the FSL specialist was supported by the in-country Nutrition specialist and

the field-based Nutrition Project Manager (PM). The latter was already responsible for the implementation of the WFP and UNICEF-funded projects, which the RF4BN project would have complemented.

Programme design was backstopped by the global technical lead (a Save the Children UK adviser with CVA specialism) and the Regional Nutrition Adviser, who both provided significant support in the multiple revisions of the proposal, by editing the document, sharing feedback, and coordinating and attending multidisciplinary meetings. During this stage, the Regional Nutrition Adviser used up most of his ten-working-days allocation. The rest of his contribution was on a pro-bono basis.

Programme implementation

In the South Sudan RF4BN project, the staff involved in implementation and monitoring included full-time personnel and staff providing part-time support on a regular or occasional basis, at the national and international level. The latter included the global technical lead from Save the Children UK, the Regional Nutrition Adviser, and the Regional CVA Adviser who provided remote support when required and when issues arose. In some cases, their effort was budgeted for and (partly) cost-recovered in the RF4BN budget. In other instances, it was offered pro bono.¹⁰

Full-time Save the Children staff covered in the RF4BN budget included one CVA PM (here referred to as RF4BN PM), one CVA specialist, one MEAL Coordinator, and five Distribution Monitors. Paid with incentives against simple collaboration agreements and, as such, not on Save the Children's payroll, there were 48 Nutrition Assistants supporting the CVA component (one per PCHU/Nutrition centre), 96 CNVs and 12 IYCF counsellors. The 48 Nutrition Assistants were either government staff or individuals recommended by the government. All above-mentioned staff and collaborators were recruited specifically for the project and only until its completion. They were line managed by the RF4BN PM.

¹⁰ For instance, the staff time of the Regional Nutrition Adviser was budgeted for ten working days, while the Regional CVA Adviser was not included in the budget. He contributed on an occasional basis, and pro bono. The global technical lead from Save the Children UK was budgeted for up to 22 working days and covered through a Member-to-Member agreement between Save the Children Italy and Save the Children UK.

In addition to participating in project design, the Nutrition PM led the start-up of project activities with a self-reported LOE of up to 65 per cent, until the full-time RF4BN PM came on board in the last week of September 2021. From then, the Nutrition PM's LOE decreased to reportedly around 50 per cent until the end of the project, although he was budgeted for up to 25 per cent of his time (Save the Children South Sudan Country Office, 2021b).

As per job description and official title (CVA PM), the RF4BN PM was recruited to manage the cash activities, as this was perceived to be a 'cash project'. However, in the end he managed the entire project, including SBCC activities, and acted as budget holder, with support from the Nutrition PM when needed. Their interaction was frequent, thanks to both being based in Torit. The RF4BN PM spent a few weeks in Juba, where he met with the Head of MEAL, the Research Specialist, the FSL Specialist, and the FSL Coordinator. Otherwise, coordination with stakeholders and collaboration with colleagues at head office level happened mostly via email. He brought the project to completion and submitted the end-of-project report to the donor.

Both the RF4BN PM and the Nutrition PM reported directly to the field office manager, who in turn reported to the Director of Programme Operations. In addition, the RF4BN PM had a dotted line to the FSL Specialist (in the absence of a CVA specialist), and the Nutrition PM to the Nutrition Specialist. A head office-based FSL Coordinator supported implementation of the project.

Programme monitoring, evaluation, accountability, and learning (MEAL)

At the in-country level, the MEAL staff who took part in the project included the Head of MEAL, who was budgeted for a five per cent LOE, was based in the head office in Juba, and led the baseline and endline; a Research Specialist, who did not have a budget allocation, and was also based in the head office; a

CVA MEAL coordinator and five cash distribution monitors, all fully charged against the project budget and based in the field office in Torit, with a direct reporting line to the RF4BN PM. Enumerators for the baseline and endline were hired as daily workers, which was flexible and efficient considering the time-bound need for these human resources. In addition, not having been involved in programme implementation, they were more likely to be neutral when gathering information.

From the global level, the MEAL team in South Sudan received support from a global manager for the RF4BN MEAL initiative,¹¹ and a global Research and Learning (R&L) consultant with the team from her consulting firm. A budget for copy editing and graphic design was included to produce this case study. The global technical lead from Save the Children UK acted as catalyser of discussions with PMs and in-country specialists around the findings from baseline, Post-distribution Monitoring (PDM), and endline surveys, to ensure that they were used to course correct and stimulate learning.

In total and including EUR 30,000 from the Member-to-Member agreement between Save the Children Italy and Save the Children UK, MEAL activities for South Sudan had a budget of approximately EUR 103,000 – 8 per cent of the RF4BN project cost. This is slightly above the usually recommended minimum of 5 per cent. However, had we kept timesheets for all contributors, the actual spend may be higher. For instance, the Research Specialist was not budgeted for but provided a significant LOE as he was heavily involved in the discussion of baseline findings as well as in the oversight and analysis of PDM surveys. He was also a speaker at each of the three cross-country learning events, sharing lessons from South Sudan's experience in using the MEAL toolkit for RF4BN. Reportedly, he devoted around 10–16 hours per week to this project, especially after the baseline survey and to lead and analyse PDMs.

¹¹ The author of this case study.

Highlights of RF4BN outcomes

The endline survey by Zook et al. (2022) found significant positive changes with respect to baseline levels in several key outcomes of interest.

Among them, those worthy of notice are the proportion of children 6 to 59 months and PBW with healthy Mid Upper Arm Circumference (MUAC), which increased from 63 per cent to 79 per cent ($p<0.001$) and from 66 per cent to 84 per cent ($p<0.001$) respectively; an increase in the proportion of children 6 to 23 months and PBW with minimum dietary diversity from 8.3 per cent to 39.5 per cent ($p<0.001$), and from 3.2 per cent to 10.5 per cent ($p<0.01$) respectively; an increase in the proportion of children 6 to 23 months with minimum acceptable diet, from 6 per cent to 22 per cent ($p<0.001$); a significant decrease of households with a poor food consumption score (FCS) from 29 per cent to 3 per cent ($p<0.001$) and a concomitant increase of those

with an acceptable FCS from 32 per cent to 63 per cent ($p<0.001$). According to the reduced Coping Strategy Index, the proportion of households that had minimal coping strategies went from 53 per cent at baseline to 68 per cent at endline ($p<0.01$).

These positive findings based on 'expert-based indicators' match with households' perception of their ability to meet their basic needs, which improved significantly for all 'sectoral needs'.

Although it is not possible to attribute the mentioned results to Save the Children's Nutrition-CVA-WaSH assistance entirely, because other possible concurring factors may have played a role (eg, seasonality, cash assistance from other organisations), we may conclude that these interventions made a positive contribution. Yet, the nutrition situation of PBW and children is still far from ideal and much more work needs to be done (Zook et al., 2022).



PHOTO: ESTHER MBABAZI/
SAVE THE CHILDREN

WHAT FACTORS ENABLED INTEGRATION?

Programme quality

Presence of pre-existing nutrition projects These were funded by WFP and UNICEF in the same locations as the RF4BN project and supported 48 PHCUs.

Cash amount inclusive of WASH and health needs and intended for the whole family For details on the transfer amount and how it was calculated, see *Programme design* section. The cash transfers were not earmarked to any specific individuals within recipient families. Three considerations emerged from KIs:

1. Even when healthcare is free and available – a rare occurrence – families may face indirect costs, such as transportation to PHCU;
2. Money and in-kind food are shared within a family regardless of our recommendations, so it may be ineffective to earmark them for specific individuals;
3. If we want to maximise nutrition outcomes, we should somehow influence families to spend the money in a certain way, through specific SBCC messaging. The question is: if we label and nudge its use, is it still Multipurpose Cash (MPC)?

“There were advantages in having a nutrition project on which to build, such as expertise, structures and relationships, and a referral system and nutrition services that were functioning well”

Pierluigi Sinibaldi, Global Technical Lead

“What’s been very helpful is that MEAL was integrated into programme activities from the start and there was support on how to do the PDM and documentation of learning”

Nasir Khan Yousafzai, Research Specialist

Target families had a PBW and/or CU5 At project proposal stage, when defining the profile of the target group, there was consensus between FSL and Nutrition teams that targeting criteria had to be driven by Nutrition, because the project’s goal was to improve nutrition outcomes. Hence, all families receiving support through this RF4BN project had a PBW and/or CU5.

Interdisciplinary discussions on MEAL and cross-country learning events The Head of MEAL and the Research Specialist noted the usefulness of the interdisciplinary discussions organised and moderated by the global R&L consultant when refining the baseline-endline and PDM questionnaires, and – most importantly – when discussing and interpreting findings. In particular, the Head of MEAL noted that the post-PDM discussions enabled the use of findings to make collaborative decisions and course correct the project. According to the Research Specialist, the way in which learning was documented and shared (eg, cross-country learning calls) was very helpful in improving project activities. These activities were the link between MEAL, technical specialists and project management. Reportedly, similar practices had not taken place in South Sudan.

Human resources

FSL staff trained on Nutrition and Nutrition staff trained on CVA Before being tasked to lead the drafting of the RF4BN project proposal, the in-country FSL specialist had completed the NtY and RF4BN silver course. Reportedly, he was selected as proposal lead specifically because of having graduated from the course. When deployed to Torit, the roving CVA adviser delivered training on CVA and its risks and mitigation measures to the RF4BN project team, including Nutrition Assistants.

A RF4BN PM with rare background, blending CVA and Nutrition The RF4BN PM had previous experience in managing a large-scale, multi-year RF4BN programme in Nigeria, the Child Development Grant Programme (CDGP). The nutrition activities of the RF4BN project in South Sudan had many similarities with those of the CDGP: delivering services through community volunteers, mother-to-mother groups, food demonstrations to support mothers with breastfeeding, and cooking demonstrations. His role in the CDGP was CVA PM, but over the years he became familiar with SBCC and nutrition programming, which came in handy in South Sudan.



PHOTO: ESTHER MBAZI/
SAVE THE CHILDREN

Organisation of work

Cooperation between the Nutrition PM and the RF4BN PM This was positive and facilitated by the fact that both were based/spent significant time in the same office in Torit and could meet as needed. The RF4BN PM could easily access the Nutrition PM with queries and for support.

Cross-project collaboration in tackling issues These included women reporting arguments with their spouse over the money they received (Save the

Children South Sudan Country Office, 2021b). The CNVs and mother-to-mother groups, originally set up to deliver nutrition services, were used to discuss and address these problems, mostly concerning the cash component, with community members. Technical specialists and PMs worked together to resolve emerging issues.

WHAT FACTORS CHALLENGED INTEGRATION?

Programme quality

Rushed basic nutrition situation analysis Because funds had to be spent by the end of 2021, the deadline for submitting the proposal was very tight and the expected duration of the project was only six months. The nutrition situation analysis had to be rushed and barriers were not thoroughly analysed. This is likely to have limited the quality of programme design and contributed to the weak WASH component.

RF4BN initially handled as a 'cash project', intended to complement separate nutrition projects. This is evidenced by the budget allocation of a full-time CVA PM versus 25 per cent of a Nutrition PM (Save the Children South Sudan Country Office, 2021b). Initially, the layering between the RF4BN project and the pre-existing WFP and Nutrition projects was limited to the referral of malnourished women and CU5 from PHCU and nutrition centres to create cash beneficiaries' lists. It did not include cash recipients in the SBCC delivered through the WFP and UNICEF projects, and in the mother-to-mother support groups. Instead, the RF4BN budget was initially used to increase the number SBCC sessions received by WFP and UNICEF beneficiaries. As a result, not all cash beneficiaries in the RF4BN project were receiving SBCC, which implied that CVA and Nutrition weren't in fact integrated. Eventually, this issue was acknowledged and rectified; cash beneficiaries were included in SBCC activities and additional mother-to-mother support groups were created.

Project presented to communities as a 'cash project', maybe as a consequence of the above issue. Communities were therefore unaware that this was a programme bringing together different components with the aim of improving children's and PBW's nutrition status. This may have limited their understanding of the connections between the different RF4BN components. Communication helped to correct this, and – by asking questions about all components – the PDM surveys may have helped

recipients to appreciate that the approach went beyond cash transfers.

WASH remained the weak link after integration between CVA and Nutrition improved by fixing the above issues. Crucially, no budget was allocated for LOE of the in-country WASH specialist (South Sudan Country Office, 2021b) and he was not involved in project design or implementation. As noted by two key informants, inappropriate WASH conditions and practices may void any improvement made on food access, dietary diversity, food utilisation and preparation.

Gender lens too light KIIs flagged the crucial importance of a Gender lens when aiming to improve nutrition because of the role played by women in children's nutrition and care. At the same time, targeting women in cash and SBCC activities with limited sensitisation of male spouses and the community in general may have led to the intra-household arguments reported by 91 per cent of female respondents interviewed in the first PDM (Zook et al., 2021). Despite its cruciality, Gender was only marginally resourced, accounting for only 5 per cent of LOE of a Gender specialist (Save the Children South Sudan Country Office, 2021b).

Layering and sequencing more challenging when piggybacking on pre-existing and well-established projects The KIIs identified no specific way of sequencing cash, SBCC and WASH interventions. No SOP was in place to define how these interventions would be layered and sequenced. The sequencing was deliberate between malnutrition treatment and cash transfers, as malnourished women and CU5 were referred for cash transfers on a one-off basis from the PHCUs and nutrition centres. Hence, when starting to receive cash, all recipients had already received some sort of nutrition service in response to acute malnutrition. Cash transfers may have run in parallel with treatment, but the two did not necessarily overlap as they had different timeframes. The frequency of SBCC activities was dictated by the physical distance of certain project locations

“If we start with cash before the plus component, we may be late in terms of influencing how people spend the cash. We must deliver SBCC messaging before the cash distributions, although this may show low burn rates in the first project phase.”

Chiyambi Mataya, Regional CVA Adviser

and ease of access. They generally happened once a month and perhaps should have been more frequent to produce the desired behavioural change. These challenges could have emerged because the WFP and UNICEF-funded projects in which the RF4BN initiative was nested were pre-existing and already had their own plans and timeframes.

Human resources

Lack of dedicated CVA specialist CVA is a core component in an RF4BN project. Because of the specific operational and risk management requirements and the ambition to increase the CVA portfolio, the idea of hiring a dedicated CVA specialist was a timely and sound one. Unfortunately, the contract of the identified staff member was soon discontinued under the circumstances mentioned above (see *Programme design*). In-country technical advice was provided by the FSL specialist, who had many other projects and tasks to support and lead on. When a roving CVA adviser was deployed, decision-making authority on CVA was clearly assigned to neither him nor the FSL specialist.

Less-than-desirable involvement of the Nutrition specialist during implementation and monitoring

Some key informants noted that, after having participated in proposal design, the Nutrition specialist was not very involved in the baseline survey, the PDM surveys, and the design and roll out of SBCC messaging. He left the organisation in December and, during his final weeks worked remotely from the United States. When his successor joined, the project was already close to its end.

Staff turnover and project-based contracts erode institutional memory and undermine learning from project to project and progressive improvement. In addition, project-based staff are under pressure to deliver and do not have headspace and time to collaborate with other projects. Of the staff who was more or less directly involved in this project, eight have now left the Country Office or Save the Children itself: the Country Director, the PDQ Director, the Nutrition specialist, the RF4BN PM, the CVA specialist, the roving CVA adviser, the field office manager, and the Head of MEAL. Some of these left during project implementation with no written handover.

Insufficient budgeting of critical human resources

The salaries of some key members of staff (ie, the Research Specialist and WASH specialist) were not included in the project budget, or were only marginally covered (eg, Gender specialist). This may explain the lightness of the WASH and Gender elements throughout the project. Although his time had not been budgeted for, when MEAL activities were at their peak the Research Specialist had an LOE of 10–16 hour per week in the project, and – in parallel – was involved in five to six other assessments. The project budgeted for and hired only five distribution monitors, which was insufficient given the number of locations where cash had to be distributed (Save the Children South Sudan Country Office, 2021b).

Incentive-based engagement of human resources supporting the CVA component According to a key informant, the incentive-based collaboration arrangement whereby the Nutrition Assistants supported the CVA component made it difficult to hold them accountable and to pursue them when issues relating to beneficiaries' identification and registration were spotted.



Organisation of work

Divide between specialisms (or sectors) A key informant observed that, if leadership of a project is assigned to FSL, they may not involve/get input from Nutrition on targeting and on the design and roll-out of SBCC strategies and messages. Hence, the FSL component would become prominent. Another key informant noted that as each team draws up its plan separately, we end up with a Nutrition plan, an FSL plan, a WASH plan, and a MEAL plan. An integrated approach such as RF4BN should have a master plan that shows sequencing and interdependencies across all activities, regardless of which project they are budgeted or paid for. Joint field missions and concomitant delivery of multiple services (eg, cash distributions, SBCC sessions) are recommended for cost efficiency and for the synergies they facilitate (UNICEF, 2015).

Organisation of work that divides programme design from implementation The fact that programme design and programme implementation sit under different teams, with different reporting lines, appears

conducive to neither integration nor learning. This is aggravated by technical specialists being based in the head office. Also, with five to ten projects to support in addition to other responsibilities, their capacity to control the quality of each single project and visit the field is extremely limited. Field visits are less frequent than desirable and access to some areas is challenging, especially during some months of the year. On the other hand, PMs are expected to rely on technical specialists for guidance on design and quality. It is worth noting that the RF4BN PM never met with the Nutrition specialist in person and that interaction occurred mostly via email.

Technical specialists and MEAL staff shared between too many projects The LOE required may vary across the project cycle. However, the work does not seem to be organised to systematically distribute the LOE allocation according to needs and feasibility. The risk is that staff are overbooked or – typically – that LOE is diluted across many projects to the point that the contribution to each remains superficial and insufficient.

CONCLUSIONS AND RECOMMENDATIONS

Programme quality

1 Ensure the essential conditions exist for the integration of Nutrition, CVA and WASH in RF4BN:

- (i) Simultaneous presence of different sectoral components/interventions;¹²
- (ii) Intentionality in linking these components and optimising interdependences through layering and sequencing;
- (iii) Geographical convergence among all components;¹³
- (iv) Common target families and individuals among all components;
- (v) Target families must have PBW and/or CU2 or CU5, who are primarily concerned with nutrition issues.

“[To successfully integrate Nutrition, CVA, and WASH], there must be a good FRA and [nutrition] situation analysis; the sector teams must visit the project sites together and understand what the project is about; there must be guidance and SOPs for both SBCC and CVA; staff must be trained; communities must be aware of our work; a feedback mechanism and a monitoring system must be in place to feed back to implementation. [An integrated programme] needs close monitoring because there are several teams working together.”

Naim Karsli, roving CVA Adviser

2 Beneficiaries should receive all types of RF4BN support that emerge from nutrition situation analysis, whether through one single project or multiple projects, from one single service provider or from different ones (Save the Children South Sudan Country Office, 2017). To make this happen, the relative costs must be budgeted for in the relevant project. The assistance package should 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 collaborative definition of the geographic and people targeting among Nutrition, CVA, and WASH, and a comprehensive understanding of barriers to nutrition. It is important to include WASH in the situation analysis that will inform the design of the project.

3 Think in terms of project portfolio rather than single project. It is of limited use to talk about ‘RF4BN projects’ since it is more likely that the components to be integrated come under the umbrella of different awards. This leads to two main recommendations for country offices where RF4BN is a priority common approach. First, PDQ directors and Operations Directors need 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 will be attributed to the aggregate of interventions cutting across different projects. How to report results to donors is to be discussed.

4 Cash can add value when treating acute malnutrition, but **the amount must consider the needs of the entire family as well as those of PBW and CU2/CU5.** When there are economic

¹² A similar concept was promoted by a group of lifesaving clusters in South Sudan, which – in 2018 – established a minimum famine response package of services and agreed on a joint geographical convergence (Pantchova, 2020).

¹³ Ibid.

barriers to accessing food, cash can add value during acute malnutrition treatment. According to the Nutrition PM, it appears to have enabled families' adherence to acute malnutrition treatment protocols, by reducing the sale of therapeutic food and the practice of sharing it with other family members. If the amount is sufficient, cash allows the users of nutrition and health services to buy food, and hygiene and other items they need. As noted by a key informant, within a family, money and food are shared regardless of our recommendations, so it may be ineffective to design and earmark them for specific individuals. The amount would be too small to make any difference for either households or single individuals. At the same time, MPC amounts are estimated on average household needs and do not consider additional food, hygiene and health costs of PBW and CU2/CU5. Therefore, when aiming at nutrition outcomes and targeting households with PBW and CU2/CU5, a key informant recommended giving both an MPC and a 'nutrition top-up'.

5 A gender lens is key in RF4BN. A strong gender lens must be incorporated in the approach at all stages of the programme cycle (design, implementation, monitoring). In practice, this means: ensuring that the Feasibility and Risk Analysis (FRA) includes an assessment of the gender and child safeguarding risks, as per Save the Children's new FRA tools; allocating reasonable staff time of a Gender adviser in the budget and ensuring participation at all project stages; training PMs and all project staff (including CNVs) on gender risks that may emerge and the mitigation measures; keeping the gender-related questions in the PDM and baseline–endline surveys; including male spouses/ caregivers in SBCC activities; based on the gender analysis, deciding which of the two spouses should be the direct recipient of the cash transfer, if not registering both and letting them decide who collects the money.

Human resources

6 Strategic and integrated approaches require higher specialist LOE at all levels. For strategic and complex approaches such as RF4BN in humanitarian contexts, the LOE allocated by specialists in all relevant technical areas (ie, Nutrition, CVA and WASH) must be substantial and ideally higher than in other projects. Their closer supervision is also necessary. This is because RF4BN in humanitarian contexts is not 'business as usual', and because the time needed by the organisation and its staff to learn, discuss and adjust according to MEAL findings must be factored in. This recommendation is particularly relevant for countries where RF4BN has been prioritised in the Country Strategy Plan (CSP). It may require recruiting additional specialists and/ or creating rosters of external and internal specialists who can be mobilised quickly. One backstop for each thematic area (Nutrition, CVA, WASH) must be identified with the relevant Regional Office and/ or the Global Team; the LOE required from them would be higher in the design stage and during the first rounds of assistance and PDM, and again at the end of the project, for endline and donor reporting; it should not be lower than 15 per cent for the entire project. It is important that all Offices and Teams involved appreciate the strategic nature of the effort and agree to allocate their expertise, which means also acknowledging that giving more to one initiative implies giving less to another.

7 Mutual understanding of thematic jargon is key. Integrating different interventions requires being able to understand each other across different disciplines and specialisms. In this respect, the jargon that is typically used in each thematic area can create a barrier. In the RF4BN approach, CVA should become the business of Nutrition staff and Nutrition

“To carry out an integrated project, you must be willing to cross the bridge, to listen and learn, and even to admit when you don't understand what others are saying”

Silvia Paruzzolo, Global Head of Programmes, Child Poverty Reduction

the business of CVA staff. This can be addressed through training. In countries where RF4BN has been prioritised in the CSP, it may help for Nutrition, CVA, FSL and WASH specialists and PMs to complete the silver course on NtY-RF4BN. In South Sudan, only the FSL specialist had graduated from the course. At the field level, it would be useful to train Nutrition Assistants and other RF4BN staff on CVA and its risks and mitigation measures, as the roving CVA Adviser did in Torit.

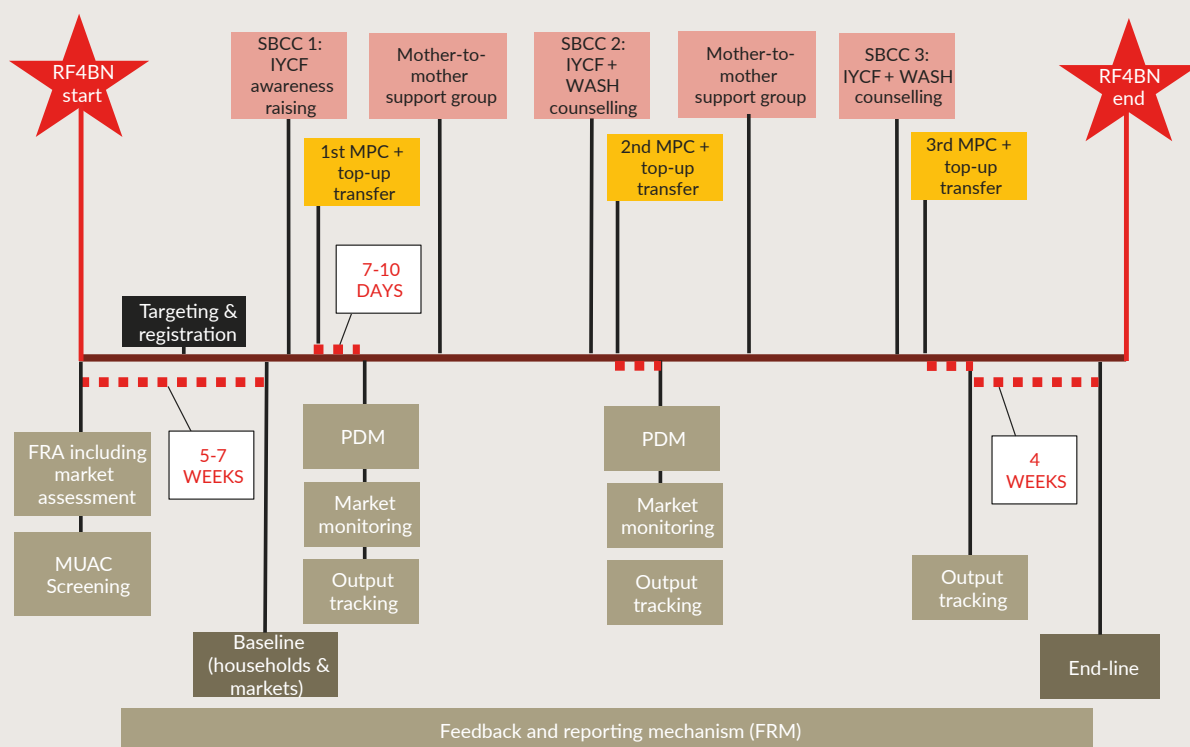
8 It comes down to the quality of personal interaction. In the day-to-day practice of integration within Save the Children, what's needed is that technical specialists, PMs and the MEAL team work well with and trust each other. The PDQ and Programme Operations Director have a major role to play in this regard by creating a working environment that stimulates positive interaction, that breaks down silos across sectors and across projects, and that encourages staff to be transparent with senior management and between each other about what is going well and what is going less well, in the spirit of finding constructive solutions as a group. As well as allocating sufficient staff time for the relevant specialisms (see above), the choice of each member of staff's duty station and number of

field visits are among the factors that can enable or challenge integration. Remote interaction has its limitations, especially when staff are new and/or not yet familiar with one another or with the RF4BN approach. In those instances, time and money for in-person interaction in the field locations should be made available.

Organisation of work

9 An integrated programme is more than the sum of its parts. RF4BN is an approach (not a project) and interventions may be contained in different projects rather than a single one. The overarching goal that the approach seeks to achieve goes beyond each single contributing sector. Furthermore, the coexistence of different sector interventions under the umbrella of one project or programme is neither necessary nor sufficient to obtain integration. Complexity increases when the approach components are delivered by other agencies. Layering and sequencing, stakeholder coordination, work organisation and MEAL must all take that into account. One comprehensive masterplan should be designed.

Example of RF4BN and MEAL activities on a timeline (ie, a masterplan).



Attention should be paid to avoid a disproportionate focus on the CVA component – which is quite typical, due to all its operational requirements – at the expense of the other components. In RF4BN, CVA is just an instrument to support Nutrition goals.

10 Organisation of work must be fit for purpose and data sharing agreements must be in place.

RF4BN integrates different sectoral components, and these may be managed in different projects or even entities. The work must be organised to overcome four types of silo: those across sectors; those across projects; those across donors, if different; and those across teams in charge of programme design and of programme implementation. It goes without saying that it can be a complex endeavour, especially when multiple organisations and sectors/clusters are involved. Within Save the Children, an ad hoc approach to work organisation and project ownership should be devised that is specifically fit for RF4BN, and data sharing agreements and protocols must be in place with other entities as needed. As well as setting up a customised management matrix, the following options could be considered to tackle sector silos:

1. recruiting a PM/Director with practical field experience in both Nutrition and CVA;
2. recruiting a generalist PM/Director to be supported by two deputies (or Coordinators), one specialised in Nutrition and one in CVA.

The first scenario, although ideal, is harder to realise as such a profile is rare, at least until experience grows; the second would result in higher staffing costs, which donors may challenge. When some of the RF4BN components are delivered by other entities, Save the Children should make sure to coordinate with them through the relevant Sectors/Clusters.¹⁴

11 An integrated programme needs an integrated MEAL framework and tracking of beneficiaries. On the monitoring side, it is important to cover all sectoral components in a holistic way, including across different projects when there are more than one. Accordingly, results should be attributed to the comprehensive package of assistance that beneficiaries receive, regardless of which project is delivering each element. This is why tracking of households and individuals through unique identifiers should be promoted and made possible (Zook & Battistin, 2022). It should happen at the very least within Save the Children, and – ideally – with other entities providing key services that we cannot deliver. If so, data-sharing agreements should be established.

“There are indicators and targets, but they are sector specific, they do not measure integration [across sectors]. There is one child, who is experiencing different issues: dropped off school, was exploited, didn’t eat enough...we are not understanding the life of a child as a whole. Most Significant Change (MSC) stories would be helpful in evaluating how are we affect overall life of a child”

Nasir Khan Yousafzai, Research Specialist

¹⁴ See the inter-cluster famine response strategy described in the case study by Pantchova (2020).

12 **An orchestra needs its conductor.** A programme approach that combines Nutrition, CVA and WASH can be likened to a symphony where a multitude of musicians play different instruments. Without a conductor, these instruments lack coordination, and the result is music lacking unified vision, harmony and power. In the case of the RF4BN approach, the role of ‘conductor’ could be played by the PM/Director, or even the PDQ Director. All key informants noted that, because of the nutrition outcomes it aims to achieve, the leading specialism in RF4BN should be Nutrition. Without being prescriptive on the ‘sectoral home of RF4BN’, one lead must be identified, empowered to make decisions, and held accountable accordingly. Having one lead should not take responsibility away from the others, because RF4BN needs the concurring effort of many. Given how work is organised within Save the Children’s country offices, the best structure would be a matrix, where the ‘orchestra conductor’ is empowered to oversee and direct the work of human resources not directly reporting to them.

“[The decision on] who owns [an RF4BN programme] should be guided by what we want to achieve”

George Mutwiri, Regional Nutrition Adviser

“RF4BN is complex and Nutrition, FSL and MEAL have a shared role to play”

Gezahegn Eshete, FSL Specialist



PHOTO: ESTHER MBABAZI/SAVE THE CHILDREN

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