

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

RF4BN

Resourcing Families for Better Nutrition Projects in Humanitarian Settings

A CASE STUDY FROM YEMEN



Save the Children

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

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

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

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

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

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

The other two case studies are:

- Battistin, F. (2022). *Enablers and challenges when integrating Cash, Nutrition and WASH interventions in humanitarian contexts. A case study from South Sudan*. Save the Children UK.
- Tripaldi, M. (2022). *An Unprecedented Crisis: The relevance of an integrated response through 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.

CONTENTS

Acknowledgements	2
Abbreviations	3
Overview of the context and project	4
Methodology	7
Findings	8
Conclusion	20
Recommendations	21
References	22



PHOTO: HADIL SAEED/SAVE THE CHILDREN

ACKNOWLEDGEMENTS

Author: Pierluigi Sinibaldi, Economic Programming Adviser, Save the Children UK.
The conclusions and recommendations expressed in this report are solely the author's and do not necessarily reflect the opinions and beliefs of Save the Children.

This case study was made possible thanks to the information and insights shared by: Waleed Saad, Aref Mahmmmed, Tammam Ahmed, Lamia Qahtan, Mustafa Nasr, Azhar Aidaroos, Hamza Saleh, Halima Ali, Muad Aqlan, Baligh Abdulrahman and Sadeq Amr.

Special thanks to all colleagues who, in different ways, participated in designing and implementing the Resourcing Families for Better Nutrition project in Yemen and to Lisa Zook and Francesca Battistin, who led the design of the MEAL system and contributed greatly in generating evidence and learning used to inform this paper.

The project and this case study would not have been possible without funding support from Save the Children Italy.



PHOTO: SAMI JASSAR / SAVE THE CHILDREN

ABBREVIATIONS

CHNV	Community health and nutrition volunteer
CMWG	Cash & Market Working Group
CU2	Children under two years
CU5	Children under five years
DDM	During Distribution Monitoring
FCS	Food Consumption Score
GBV	Gender based violence
GMP	Growth Monitoring and Promotion
IGA	Income Generating Activities
IPC	Integrated Food Security Phase Classification
IRG	Internationally Recognized Government
IYCF	Infant and Young Child Feeding
JMMI	Joint Market Monitoring Initiative
KAP	Knowledge, Attitudes and Practices
KII	Key informant interview
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MPCA	Multipurpose Cash Assistance
NCE	No Project Extension
PBW	Pregnant and Breastfeeding Women
PDM	Post-distribution Monitoring
RF4BN	Resourcing Families for Better Nutrition
SAM	Severe Acute malnutrition
SBCC	Social Behavioural Change and Communication
SMEB	Survival Minimum Expenditure Basket
TA	Technical Adviser
WASH	Water, Sanitation, and Hygiene

OVERVIEW OF THE CONTEXT AND PROJECT

Prolonged civil conflict since 2014 has made Yemen one of the poorest and most food insecure countries in the world. More than 8 million people need lifesaving curative and preventive nutrition assistance. Some 2.2 million children under five years (CU5) are projected to need treatment for acute malnutrition, including 538,000 severely malnourished children (54,000 of whom suffer from severe acute malnutrition with complications) and 1.6 million moderately malnourished children. Furthermore, 1.3 million pregnant and nursing mothers need treatment for acute malnutrition (OCHA, 2022). According to the Integrated Food Security Phase Classification (IPC, 2022), a total of 17.4 million people (54 per cent of the population) faced high acute food insecurity (IPC Phase 3 and above) from January to May 2022, with 31,000 people classified in IPC Phase 5 and 5.6 million in IPC Phase 4. Between June and December 2022, the number of people likely to experience IPC Phase 3 or above is estimated to increase to 19 million.

From July 2021 to May 2022, Save the Children piloted a 'Cash Plus for nutrition' programme in the districts of Tuban and Al-Qabbaytah, in the Lahj Governorate, using the Resourcing Families for Better Nutrition Common Approach (Save the Children, 2018).¹ The same approach was piloted in Afghanistan and South Sudan. All were funded by Save The Children Italy.

This case study aims to contribute evidence and learning on the RF4BN common approach, also known as Cash Plus for nutrition projects, and to support Yemen and other Save the Children Country Offices in planning, designing and implementing these approaches.

Figure 1: Project locations



Food Security and Nutrition Status in the Project Area

Tuban and Al-Qabbaytah, the two districts in Lahj Governorate where the project took place, are affected by high rates of acute malnutrition among CU5 and high rates of stunting among children under two (CU2), along with coexisting underlying factors and severe food insecurity.

Lahj Governorate has both highland and lowland areas, with lowland districts such as Tuban having the worst combined global acute malnutrition (GAM) rates. According to the 'Nutrition Cluster Caseload and Targets 2022' released by UNICEF in May 2022, Tuban has a combined GAM rate of 16 per cent and Al Qabbayttah of 8 per cent (UNICEF, 2022). Acute malnutrition is particularly high among pregnant and breastfeeding women (PBW) (ie, maternal acute malnutrition), with 23 per cent of PBW having been found acutely malnourished in Tuban and 17 per cent in Al Qabbaytah.

¹ <https://resourcecentre.savethechildren.net/document/resourcing-families-better-nutrition-common-approach/>

Table 1: Nutritional situation in Tuban and Al Qabbaytah, Lahj Governate

Parameter	Tuban	Al Qabbaytah
Highland/lowland	Lowland	Highland
Combined GAM prevalence	16%	8%
Maternal Acute Malnutrition by MUAC (PBW MAM)	23%	17%
Stunting	28%	38%
Severely malnourished children	1,412	1,055
Acutely malnourished children	9,471	5,185
Acutely malnourished PBW MAM PBW Caseload	4,779	3,946
Stunted children	6,292	9,272

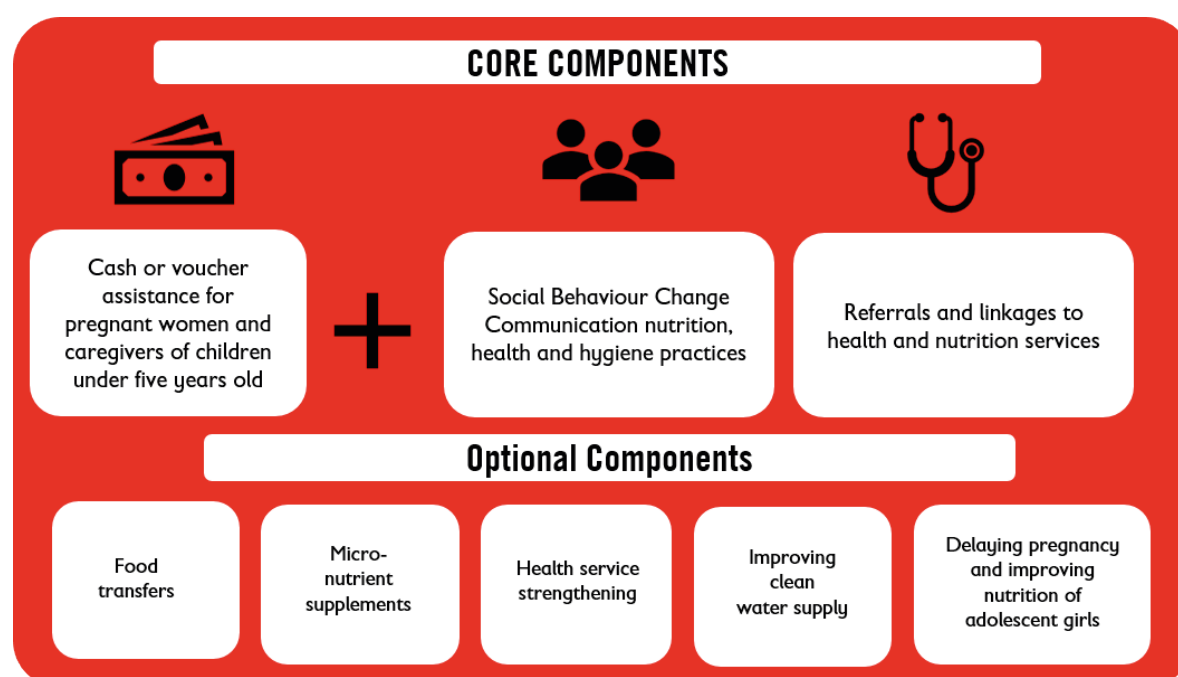
RF4BN Common Approach

The RF4BN approach aims to reduce maternal and child undernutrition by combining:

- regular cash transfers to families, specifically designed to maximise impacts on nutrition
- social behaviour change communication (SBCC) to raise awareness and provide information on good feeding practices for PBW and young children
- Support to link families to basic maternal, child health and nutrition services

While there is significant evidence that RF4BN improves nutritional outcomes in the first 1,000 days of a child’s life,² further evidence and learning is needed to determine whether the approach can contribute to the prevention of acute malnutrition, and if the outcomes can be achieved in brief programmes such as those common in humanitarian contexts. This case study aims to contribute to knowledge on this field.

Figure 2: The RF4BN common approach





Project background

The overall objective of the project was to contribute towards increased food security and positive nutrition outcomes among conflict-affected vulnerable internally displaced and host community CU5 and PBW and their families in Yemen. The project's **projected outcomes** were:

1. PBW, CU2, CU5 and other vulnerable groups improve their access to food, water, hygiene, health and nutrition services through the provision of Multipurpose Cash Assistance.
2. Maternal, Infant, and Young Child nutrition practices are improved among target groups through SBCC.

A total of seven rounds of cash were distributed through local banking and mobile bank teams, while the nutrition and SBCC activities were implemented by community health and nutrition volunteers (CHNVs). Given the governance challenges in Yemen, the project approach was to strengthen capacity to better manage nutrition at the community level.

The cash amount was calculated to cover food, WASH, health, transportation, and communication costs, and was aligned to the respective Minimum Expenditure Basket (MEB) and recommendations from the Yemen's Cash & Market Technical Working Group. However, an additional 20 per cent of the food basket value was added to cover specific needs for PBW and CU2.

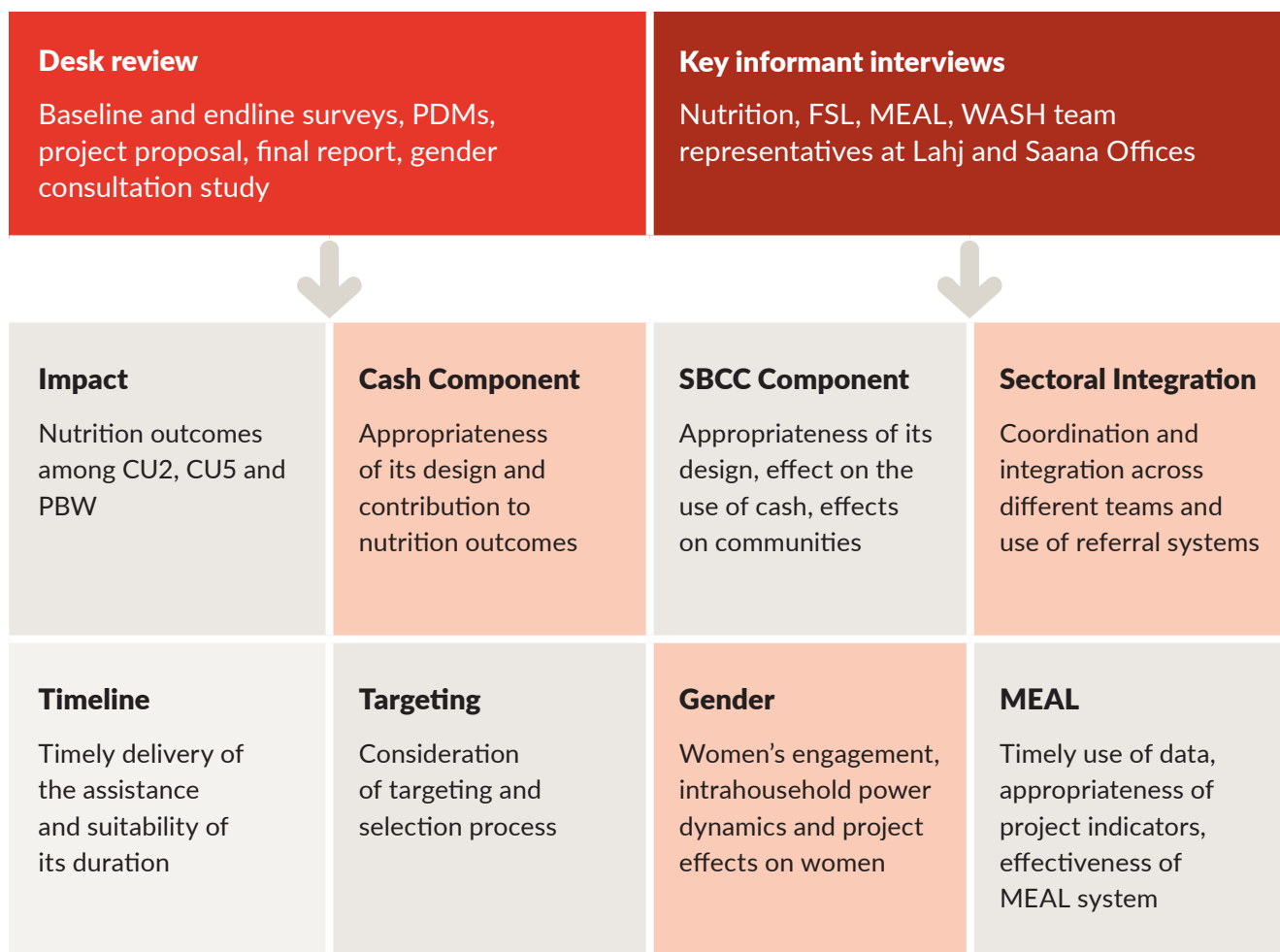
² A multi-organisation collaboration managed by the Global Nutrition Cluster examined extensive evidence on CVA programming linked with maternal and child nutrition. This analysis demonstrated CVA's impact on nutrition outcomes and identified effective programming interventions contributing to this impact (Durr, 2020). RF4BN aligns to the recommended programme design.

METHODOLOGY

The study's focus was agreed in consultation with Save the Children's UK Global Cash Team and the Yemen Country Office. Desk review and key

informant interviews (KIIs) with Save the Children staff from the Saana and Aden offices were the main methods used.

Figure 3: Methodology



FINDINGS

Impact of the Project

The following indicators were used to measure project achievements:

- Percentage change in GAM rate among CU5 (using MUAC)
- Percentage increase in beneficiary households whose CU2 meet the Minimum Dietary Diversity score
- Percentage increase in beneficiary households whose PBW meet the Minimum Dietary Diversity score.

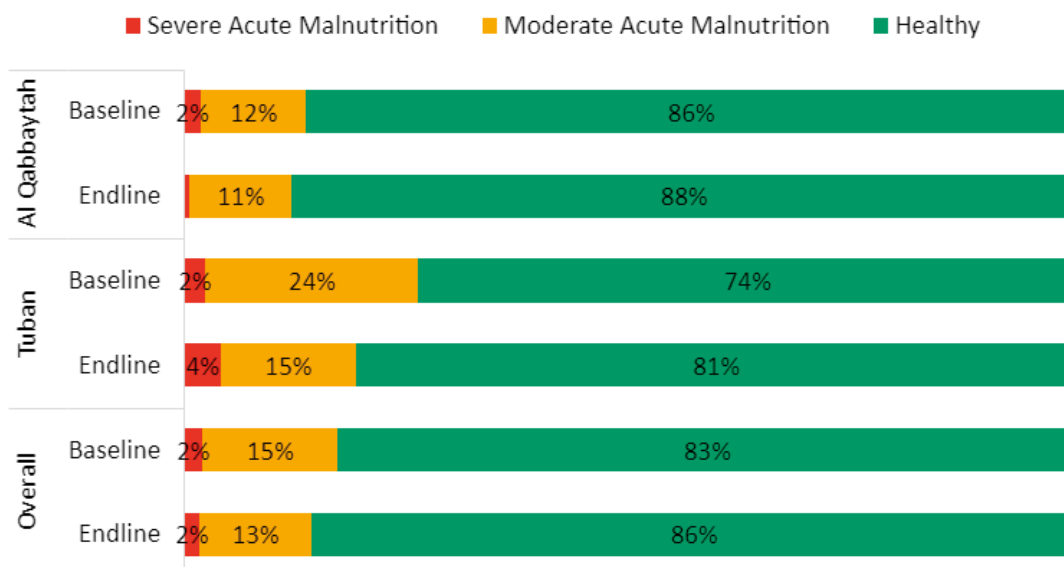
The endline survey showed few or no achievements in Tuban, but slightly better results than in Al-Qabbaytah, which recorded a worsening of the PBWs' MUAC. According to the staff interviewed and the MEAL data, multiple factors seem to have contributed to this poor result:

- Context-related data showed a worsening of the food security and economic situation in targeted areas, including a substantial increase in food and other basic commodities' prices in the local market. According to the IPC (IPC, 2022), the collapse of the local currency, combined with Yemen's high

dependency on food imports (almost 90%), has led to drastic food price rises. Between January and December 2021, the food MEB increased on average by 115 per cent in areas controlled by the Internationally Recognised Government (IRG) and 28 per cent in areas controlled by the Sanaa-based authorities.

- Both the baseline and endline surveys were affected by seasonality factors, with endline data collection undertaken after Ramadan and during the lean season.
- Data related to the SBBC component showed few improvements in households' nutritional and WASH-related behaviours, which could have limited the positive contribution of the cash assistance. This is corroborated by the fact that the project was able to substantially improve the percentage of households reporting an acceptable food consumption score (FCS) (>26%), reaching an average of 79 per cent at endline.
- The project was not able to develop an effective referral system in all locations. This meant that a large proportion of CU2 and PBW who were screened and found malnourished were not referred to health centres and did not receive

Figure 4: Severe and moderate acute malnutrition rates in CU5



treatment and supplementary food. They were also not followed up by Save the Children International staff during the entire project. It is important to note that while Tuban had fairly functional

and accessible health services, the services in Al-Qabbaytah were extremely difficult to access for the majority of the targeted population and were consistently lacking health and nutritional supplies.

Figure 5: Severe acute and moderate malnutrition in pregnant and breastfeeding women

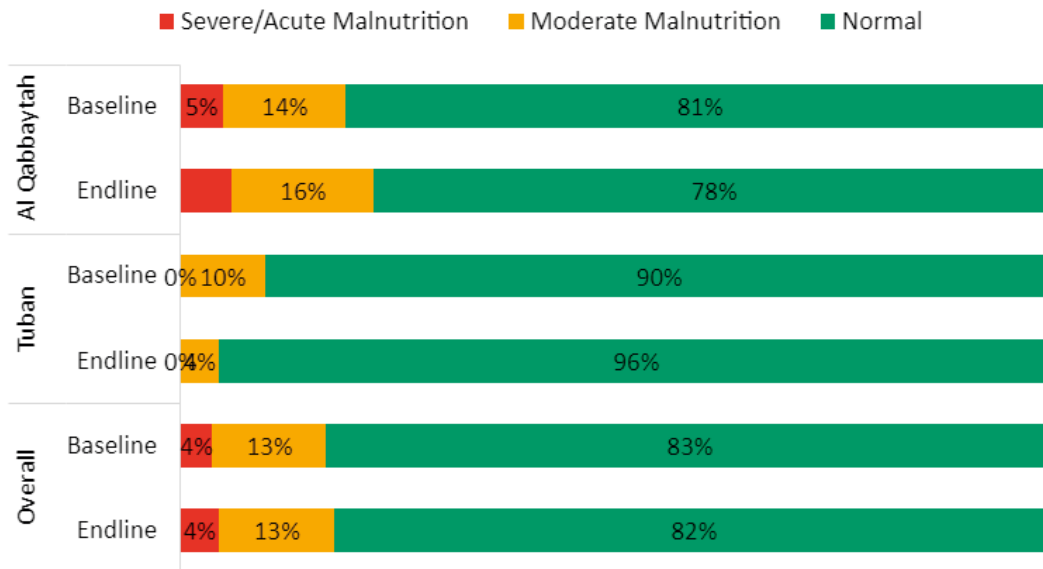


Figure 6: Children under two years with a minimum acceptable diet

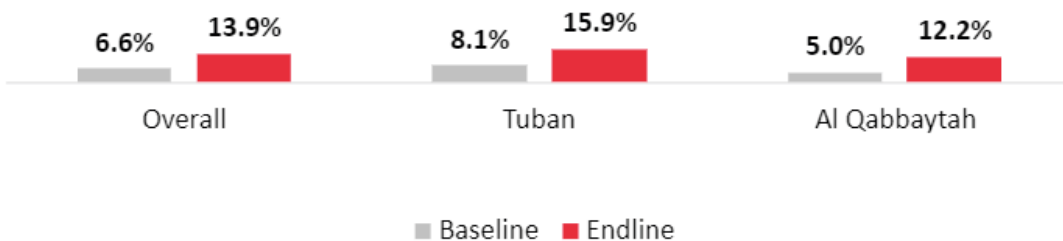
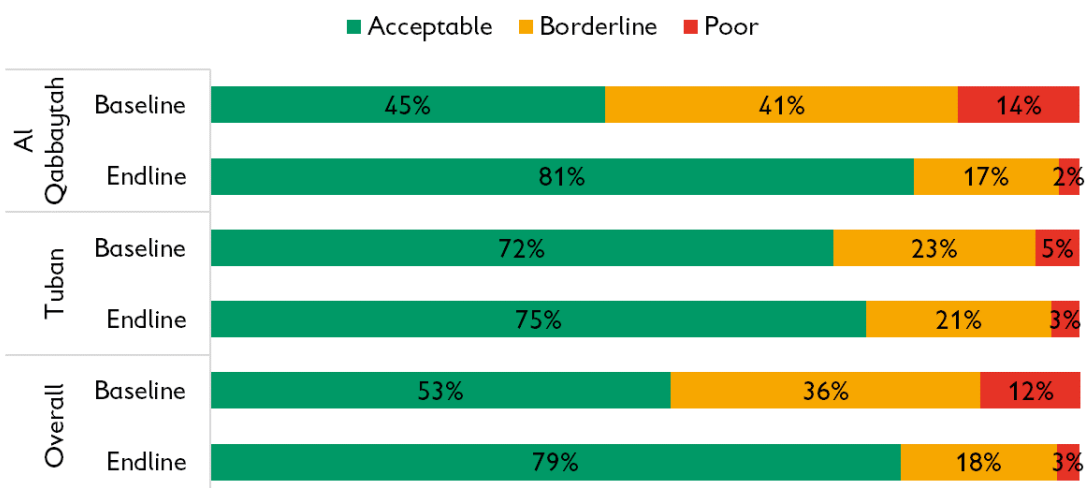


Figure 7: Food consumption scores



The Cash Component

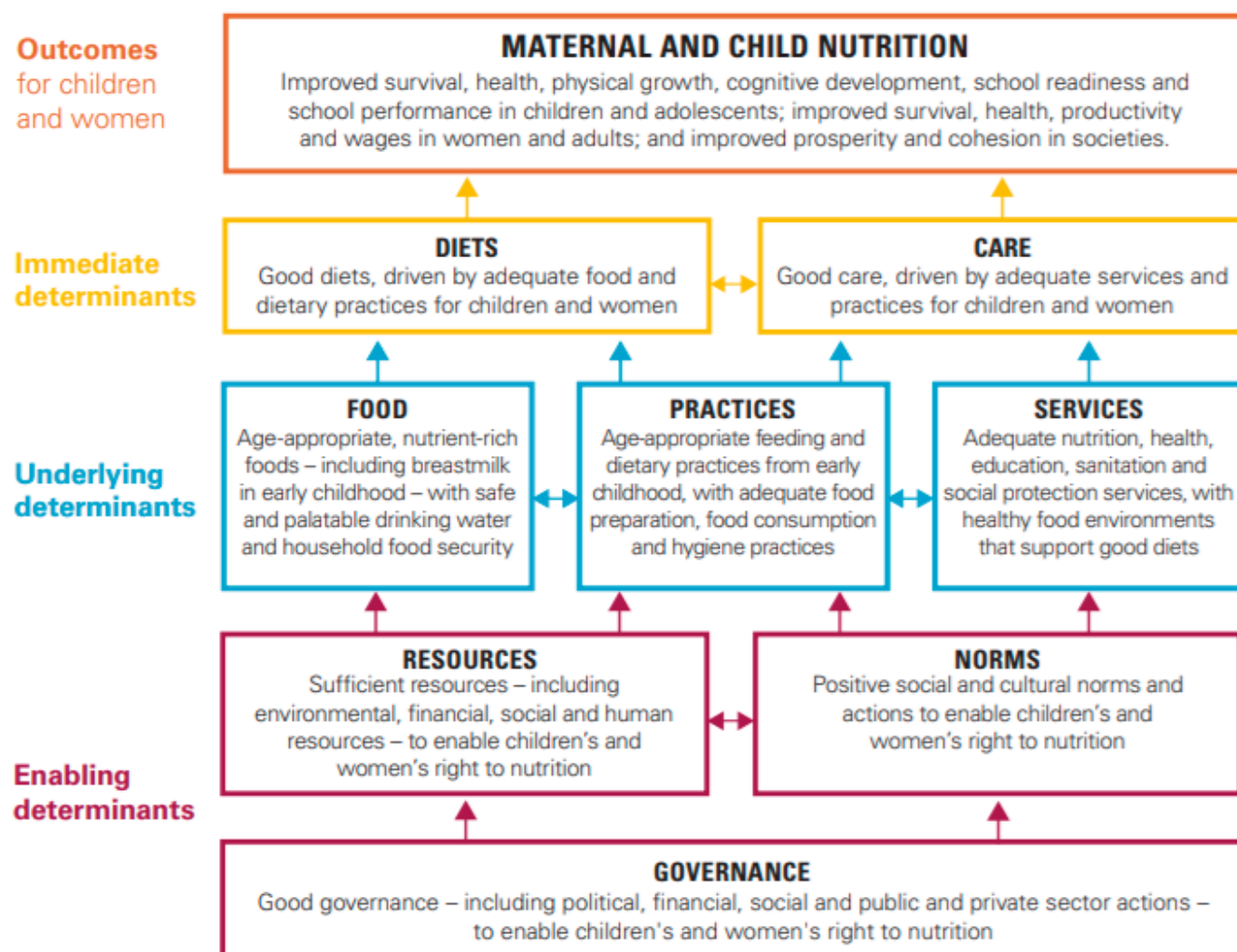
The project delivered seven rounds of cash³ through local banks and mobile bank teams. The value of the transfers was based on Yemen's Cash & Market Working Group (CMWG) recommendations and adjusted three times: twice to increasing prices of key commodities in local markets; once (7th round) because the funds available were not enough to cover the reference MEB (the total value being 57 per cent lower than the 6th round).

The cash value was also determined taking into account UNICEF's Conceptual Framework on maternal and child nutrition determinants and the target population's financial barriers related to food, health and WASH expenditures.

Figure 8: Sectors and expenditures considered in determining the cash value

Sector	Items
Services	Transportation
	Communication
	Health
WASH	Soap
	Washing powder
	Sanitary napkins
	Water
Food	Plus 20% for children U2 specific expenditures

Figure 9: UNICEF Conceptual Framework on maternal and child nutrition determinants



³ The project initially anticipated four rounds of cash. These were extended to seven because of the saving obtained through the exchange rate.

The appropriateness of the cash value and its positive contribution versus nutritional status is supported by multiple evidence:

- About 80 per cent (or more) of the households interviewed in the endline survey reported being able to meet fully or largely children's and other household members' needs in term of food, water, hygiene and health, showing a substantial increase in relation to the baseline.
- Food and WASH-related expenditures almost doubled compared to the baseline.
- The percentage of households reporting an acceptable FCS substantially increased (>26%) with respect to the baseline, reaching an average of 79 per cent at endline.

Some learnings emerging from the study

- In contexts affected by high currency fluctuation, such as Yemen, it is important to ensure a strong market monitoring system, agile mechanisms allowing timely modifications of the transfer value, and contingency funds. All these requirements enable the effects of local currency fluctuations to be absorbed and the numbers of predicted transfers stabilised, as well as the target population's purchasing power. Indeed, the project benefited greatly from Save the Children Italy's flexible procedures, which allowed an immediate change of the cash value when needed.

- Despite Yemen's well-functioning market monitoring system,⁴ the adoption of new SMEB values, based on the Joint Market Monitoring Initiative (JMMI) from the CMWG, and subsequently from humanitarian organisations, suffered delays of one to two months, resulting in loss of purchasing power by the cash recipients. The setting of more timely and agile mechanisms (eg, allowing agencies to adjust their cash value based on JMMI data and up to a certain percentage without waiting for formal CMWG approval) or the foreseeing of a cushion as a percentage of the SMEB to absorb the negative fluctuation of the local currency, could be some options to explore.
- Market monitoring data and field observations showed a high variation in market prices within the two districts, and occasionally within communities within those districts. Furthermore, in very remote communities, such as some of those in Al-Qabbaytah, the costs of transport to reach the nearest markets as well as water trucking costs are substantially higher than was foreseen in the SMEB. Despite Yemen having two SMEB values (north and south), these seem not to be enough to ensure equity in terms of purchasing power among different communities, particularly disadvantaging the most marginalised ones. In such cases, flexible mechanisms allowing humanitarian agencies to reflect those differences (ie, top ups over the established SMEB) would be appropriate.

Figure 10: SMEB estimations according to location

Month	Cash Transfer Amount (YER)	Estimated SMEB (YER)		
		National	Al Milah ⁵	Tuban
September 2021	130,000	79,212	98,040	102,100
October 2021	130,000	131,895	154,715	149,064
November 2021	130,000	113,875	185,010	180,350
December 2021	155,500	183,406	215,285	206,269
January 2022	155,500	151,332	152,140	150,524
February 2022	155,500	153,776	164,740	156,309
April 2022	67,500	119,859	189,105	205,075

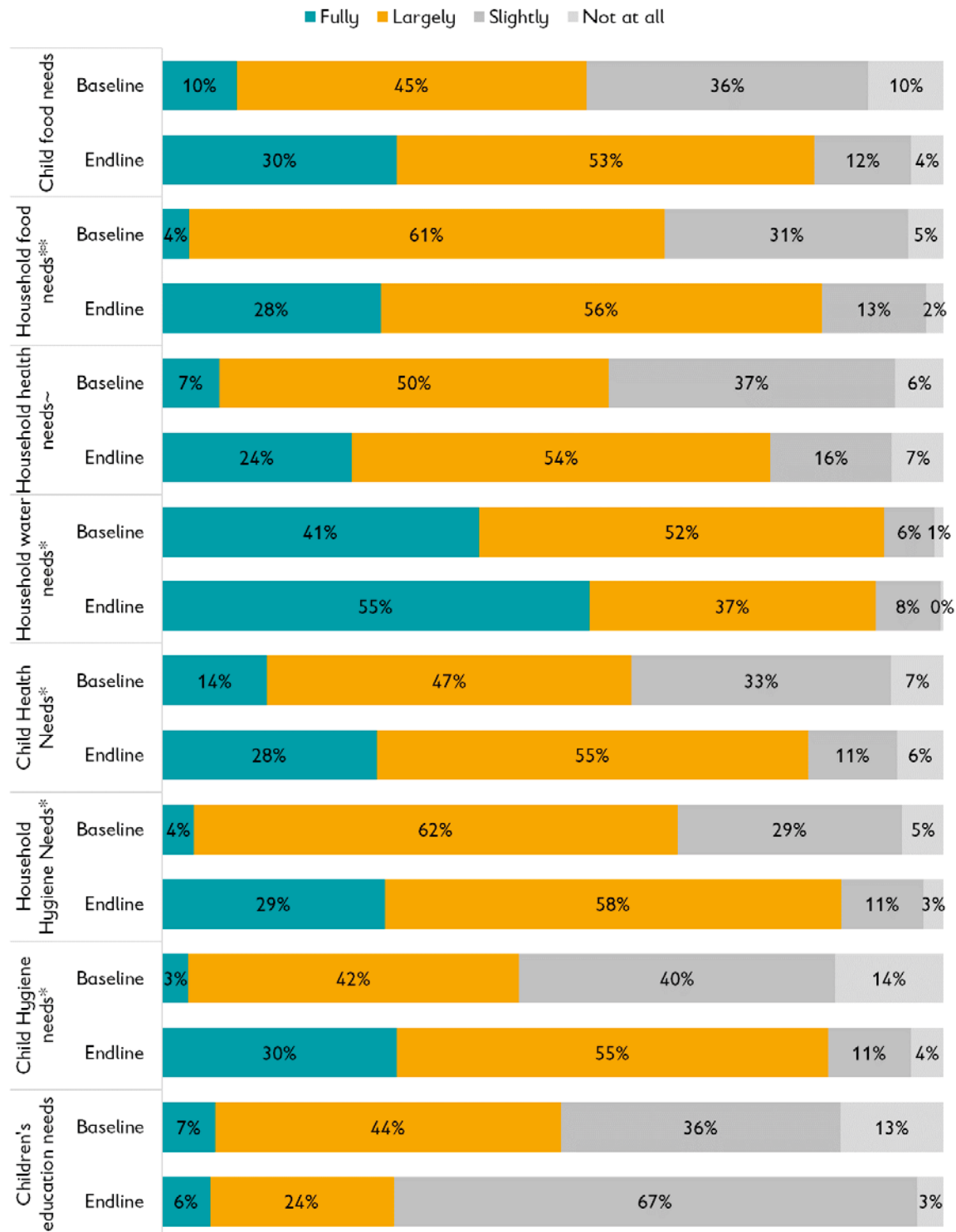
Source: REACH. (n.d.).

⁴ The Joint Market Monitoring Initiative (JMMI), led by REACH in collaboration with the WASH Cluster and the CMWG.

⁵ SMEB for Al Qabbaytah was unavailable so Al Milah's SMEB figures were used as a proxy.

- Water treatment products (ie, filters or tablets), when appropriate to the context and available in the market, should be considered within the SMEB.
- The team added an extra of 20 per cent to the food MEB to cover CU2's specific food needs. However, there is no information about how this amount was calculated.
- Save the Children International might consider regular ante- and postnatal visits as a condition for PMWs to receive cash to ensure follow up. This approach is currently being piloted by the World Food Programme in Yemen.

Figure 11: Households' perceived ability to meet needs



The SBCC Component

RF4BN suggests the combination of cash assistance with SBCC activities, in addition to referral to health and nutrition services. Due to several challenges faced by the team and some oversights during the assessment and designing phases, the project's SBCC was not implemented appropriately. This resulted in limited improvements in WASH and nutritional behaviours in the endline surveys. The major causes identified by the study were:

- The SBCC component was not designed based on contextualised SMART or Knowledge, Attitude and Practices (KAP) surveys. Moreover, no similar studies that could have informed the project design had been conducted in the targeted areas. The SBCC strategy and activities were therefore not tailored to address the specific needs, behaviours and barriers facing the targeted communities.
- The SBCC component started later than the cash component, becoming fully operational after the third distribution. This was because it was the first time Save the Children had operated such a component in the area. Furthermore, the Government did not have any guidelines or experience in the south. This meant that Save the Children had to train government staff and community health volunteers (CHVs) and develop all the materials required (ie, training resources, guidelines, etc).
- The SBCC's coverage and effectiveness was limited by the fact that government policies allow only women to be CHVs. However, in some communities (mostly in Al-Qabbaytah district) men refused to attend nutrition awareness-raising sessions led by women. When Save the Children became aware of this issue, awareness-raising sessions were held at cash distribution points and led by male staff. Nevertheless, this factor might have negatively affected project outcomes as a gender consultation study (Save the Children, 2021) conducted by Save the Children in the project areas noted the important role that men play in purchasing food and influencing Infant and Young Child Feeding (IYCF) practices within the household.

Figure 12: Households identifying times at which to wash hands

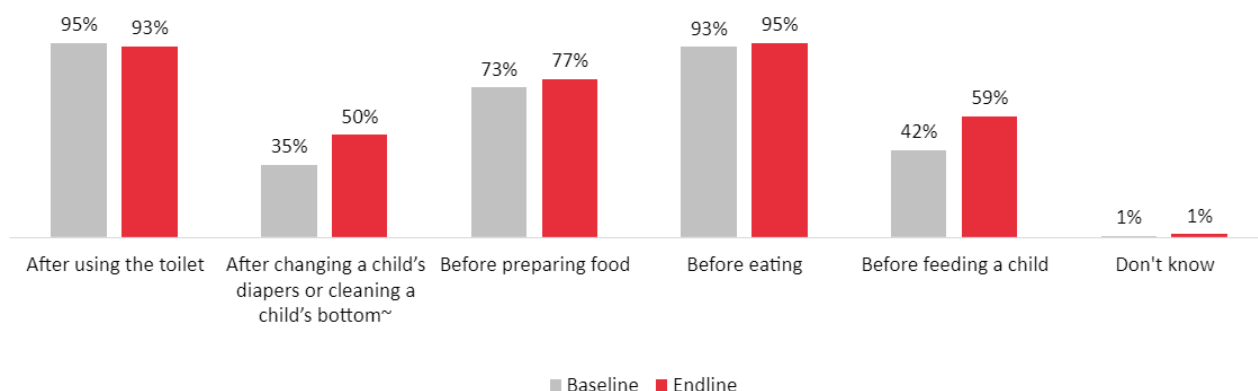


Figure 13: Household WASH facilities

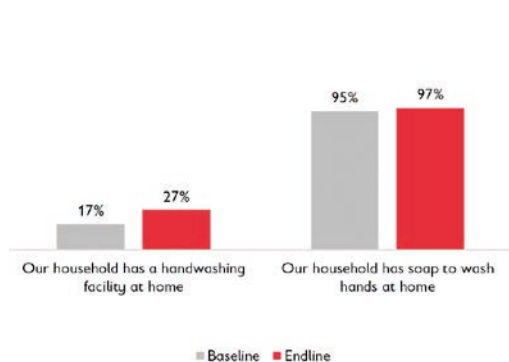
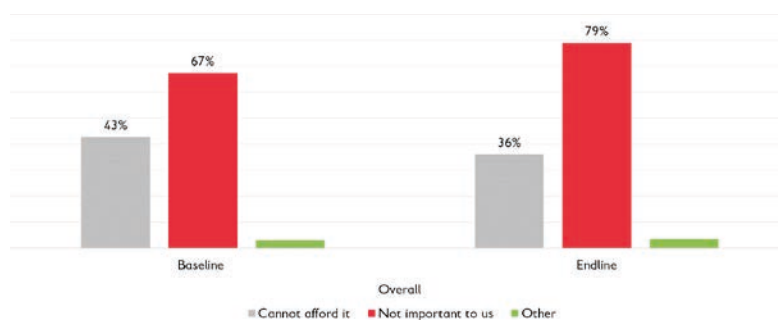


Figure 14: Reasons for not having a handwashing facility at home

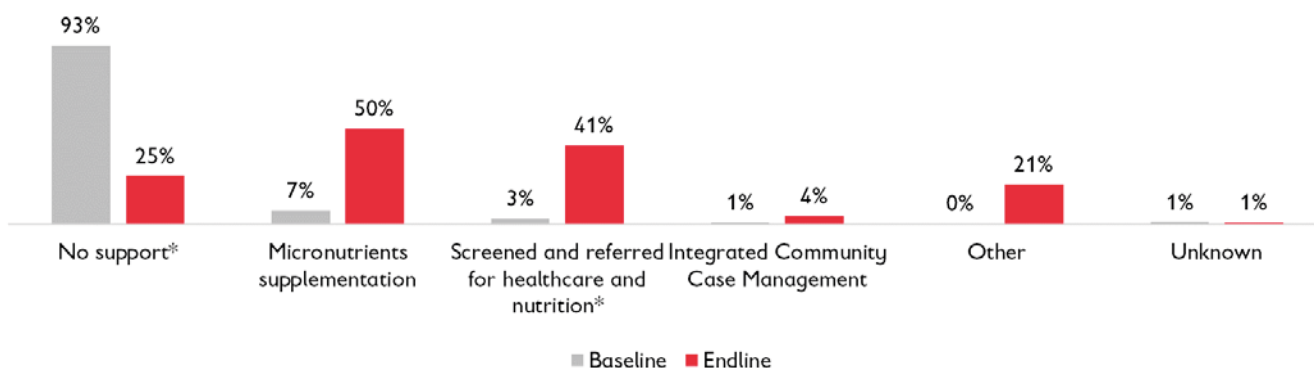




Sectoral Integration

- The project was designed extremely quickly (in a couple of weeks) as Save the Children wanted continuity for a cash-based food security and livelihoods (FSL) intervention in the Lahj Governate, funded by the UK's Food, Commonwealth and Development Office (FCDO). This affected understanding of the nutritional situation in the targeted areas (eg, no SMART or KAP surveys were conducted), the level of participation of some Save the Children teams (WASH and Health teams were not involved in the design) and the timely engagement of external stakeholders. The design was led by the FSL Technical Adviser (TA) in close collaboration with the nutrition TAs, both based in the Saana office. At this stage, the implementing team in Aden was involved only in providing information on the geographical targeting. All key informants interviewed agreed that these factors contributed to weakness in the project design.
 - WASH can play an important role in Cash Plus for nutrition projects following the RF4BN approach. Such involvement could range from supporting context analysis, to ensuring the proper design and implementation of SBCC strategies, up to identifying the needs and support for WASH hardware interventions aimed at ensuring safe water and proper sanitation. It is worth mentioning here that, although budgets often do not include WASH hardware activities, these can be ensured by targeting locations where Save the Children or other stakeholders have ongoing programmes.
 - While the Gender TA was fully involved in the design of the project, and in the revision of the MEAL tools, the gender TA did not participate in any data monitoring analysis. Moreover, the Aden office (where the implementing team was based) did not have a gender focal point and its staff did not receive any induction or training on gender prior to or during implementation. These facts appear to have limited the mainstreaming of gender during the project. (See Gender section below for more details.)
- The WASH team was not involved in the design, implementation and monitoring of the SBCC component. Some important considerations related to WASH were therefore missing, such as water treatment products and water quality tests at source and household levels (to check water safety and any improvement in water management behaviours), as well as the proper design of handwashing related activities. The WASH team's lack of involvement in the monitoring process meant that when the PDM identified the need for project adaptations, no action was taken.
 - All staff interviewed reported that the SBCC interventions did not last long enough to make any substantial changes in the targeted population. (See Timeline section below for more detail.)
 - Finally, it is difficult to report how SBCC influenced the use of cash, as the endline data lack details on what people specifically purchased.

Figure 15: Self-reported nutrition support received by PBW from Save the Children

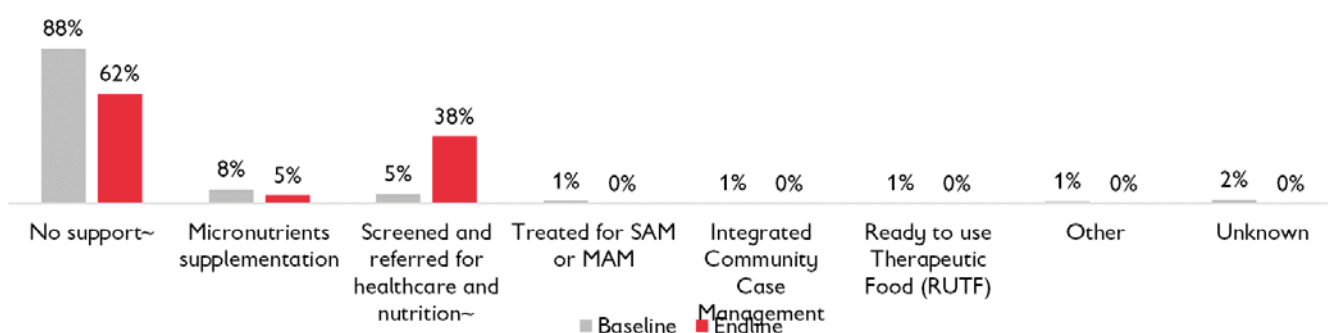


- Coordination at field level was good, but it took some time to become effective. No project manager had been formally appointed at field level (Aden), which resulted in FSL and nutrition teams planning and implementing activities on their own. After the third month of implementation, the office recognised this problem and both teams started having joint meetings and planning sessions that resulted in more effective and efficient execution. It seems advisable, therefore, to formally assign a project manager with specific authority and responsibilities at field level in future projects.
- The project was expected to set up linkages with and referral to health and nutrition services. While in Tuban cash recipients could access those services, in most locations in Al-Qabbaytah services were too far away. Even those that were accessible were not properly functioning due to the lack of medical supplies and staff. In addition, Save the Children did not have a mobile clinic, and no other agencies were providing nutrition

or health services in those areas. This meant that after screening PBW and CU2, there was no further outpatient or inpatient treatment for the malnutrition cases detected. Finally, even where the services existed, the project did not set up a comprehensive system to track PBW and CU2 who had been referred and screened.

- All the above issues have been considered among the main reasons for the project’s poor nutrition outcomes.
- For the future, it is highly recommended that the existence of accessible and functioning health and nutrition services (provided by government, Save the Children or other stakeholders) is assessed and, where they do not exist, to plan interventions aimed at strengthening adequate supply.
- Finally, it is important to note that linkages to functioning health services beyond nutrition is also important, as severe illness (eg, malaria) can also undermine the nutritional status of PBW and CU2.

Figure 16: Self-reported nutrition support received by CU2 from Save the Children



Timeline

A number of considerations on timing and timeline emerged from the study:

- The flexibility given by Save the Children Italy in terms of extending the project (two no-cost extensions were requested and approved), contributed to maximising coverage and the final contribution of the project.
- When SBCC activities are new to a context, enough time should be dedicated to their assessment and design. Ideally, they should be implemented some time before, not just during, the cash distributions. For this project, SBCC activities started in October (one month after the first cash distribution) but were only fully operating after the third round (December). This substantially limited the project's achievements.
- Although the project had a set of comprehensive and sophisticated MEAL tools, and was supported by an external consultant, PDM findings were not always provided in time to inform the next cash disbursement. The team therefore carried out During Distribution Monitoring (DDM) at cash distribution points, which provided the implementing team with immediate community feedback.
- From the consultation, it emerged that seven months is too short a time to have any impact on nutrition in a context such as Yemen, which is characterised by chronic food insecurity, lack of WASH infrastructures, traditional beliefs, and poor nutritional and WASH practices. In such a protracted crisis setting, the 1,000 days approach promoted by RF4BN should be followed in its entirety to prevent malnutrition.

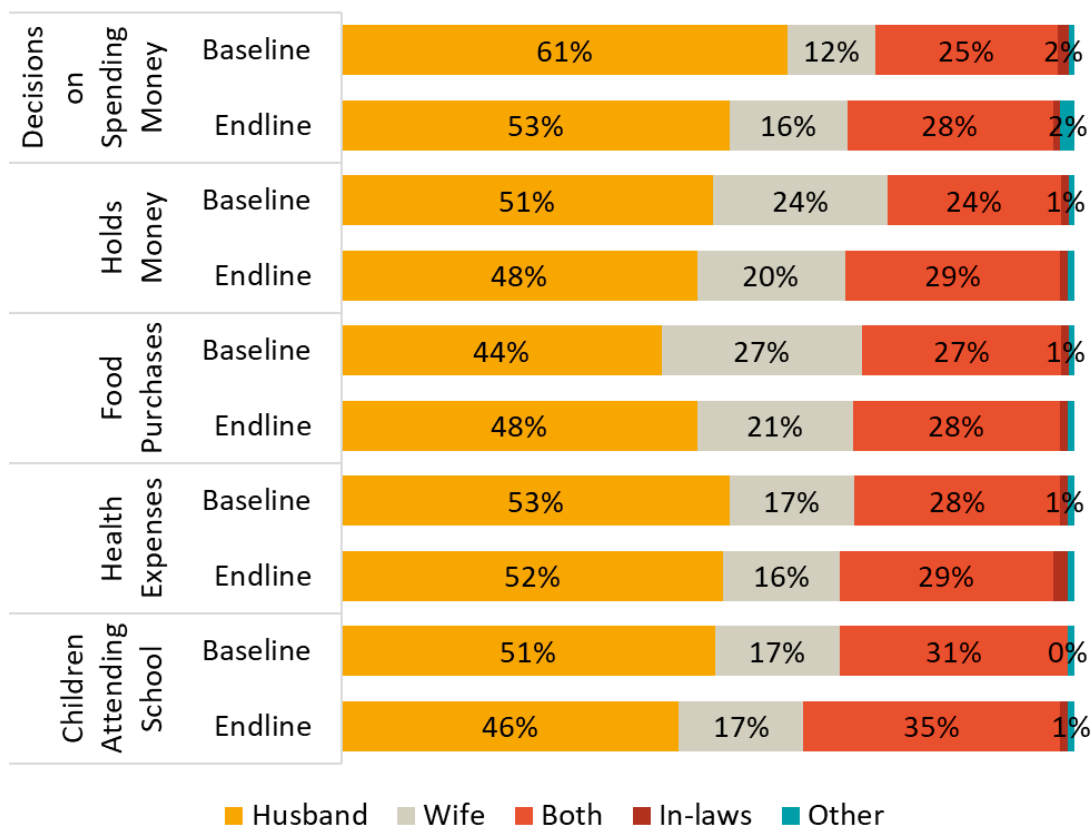
Gender

Save the Children adopted a gender-sensitive approach, as aiming for more transformative outcomes was considered too ambitious due to the limited duration of the intervention. The gender TA was involved in designing the project, which meant that gender was integrated into the activities. Several considerations on gender emerged from this study, most of which were taken from the gender consultation conducted by Save the Children during implementation of the project (Save the Children, 2021):

- In the targeted areas (as in most of Yemen) men are the primary decision makers in all decisions related to their families and households. Women, girls and boys need permission from the household head to access services outside the home, even when related to health.
- Overall, women and girls were happy with the project, saying that the cash supported them and family members by increasing their access to food; allowing for house repairs; and supporting children's education. Men stated that having a regular income took away the pressure of looking for jobs and monetary resources.
- No gender study was conducted prior to starting the project. This would have enabled specific gender dynamics and needs to be incorporated in the design. However, women and girls stated that they were consulted on many aspects of the cash distribution, including its appropriateness in terms of time and location.
- The financial service provider and Save the Children made sure that female staff were available to assist women during the cash disbursement process. The use of mobile bank teams meant that women could reach the cash distribution points without having to use public transport, which they are not always allowed to do, particularly when alone.
- Although the majority of women, girls and boys said that they could access information about the programme through the community development committees and CHNVs, all agreed that men still have access to more comprehensive and timely information, partly through their access to mobile phones.

- The project used different channels for participants to communicate and make suggestions or complaints. These included: private spaces at cash distribution points; a free phone line; complaint and suggestion boxes in villages and at distribution points; and field monitoring visits by Save the Children staff. However, of the feedback received in 2021 by Save the Children across its entire programme portfolio, only 24 per cent came from women and girls. This percentage is extremely low considering that women and girls are Save the Children’s major target groups. A better understanding of this result and its causes is required to determine what barriers exist and what channels are a better fit for women and girls to express their views.
- During the consultation, women remarked how essential it is to raise men’s awareness about IYCF, as feeding children and infants is not just women’s responsibility. Men make decisions about how money is spent, often purchase food and, in some cases, press women to follow traditional feeding practices. Humanitarian agencies should advocate for strategies that support men’s greater participation in IYCF awareness-raising activities, for example by creating father-to-father groups, community gatherings oriented towards men, etc), and by including male staff as CHNVs.
- Gender-based violence (GBV) was not detected during the project. When asked about any intrahousehold conflicts generated by the humanitarian assistance, women stated that those are usually the result of not having or not sharing clear targeting criteria. This is an aspect that should definitely be considered in future interventions.
- The baseline and endline surveys showed an increase in decisions taken equally by men and women in relation to how money is spent, and food, health and education expenditures. To what extent these changes are because the cash disbursement targeted women, and are therefore temporary, needs exploration, especially in light of emerging evidence in other studies (Malawi INGO Cash Consortium, 2020).

Figure 17: Changes in responsibility for household expenditure



- Although they recognise its value, women and girls said that humanitarian assistance tends to make men and fathers rely too heavily on aid. They also said that cash assistance does not solve the structural causes of their problems and that, a few months after the assistance ends, girls drop out of school and boys engage in work again. Women and girls advise humanitarian agencies to support their families with more sustainable interventions, such as employment and income-generating opportunities.
- While women were neither allowed nor forced to engage in paid work before the conflict, they now feel under pressure to earn money to meet household needs. However, without adequate training and skills, and without bargaining power, they frequently have to work in poor conditions.

Targeting

The project targeted two main groups:

1. PBW and families with CU5 (about 70 per cent of the entire cash caseload);
2. Households extremely vulnerable to food insecurity (the remaining 30 per cent).

One of the main reasons for this approach was to avert conflict within the communities had Save the Children exclusively targeted PBW and CU2, as suggested by the RF4BN approach. Given the high levels of humanitarian need in the targeted locations, such an exclusive approach would not have been accepted by the communities. Indeed, at the beginning of the project, communities raised substantial questions and complaints about the categorical targeting applied by Save the Children, but these were mitigated by the good relationship the organisation already had with communities and their leaders.

The main considerations on targeting emerging from the study are:

- In a context such as Yemen, characterised by high humanitarian needs, cash plus for nutrition projects should be complemented by other cash programmes (implemented by Save the Children or other humanitarian agencies) to ensure assistance to others the community deems to be in particular need or particularly vulnerable. Whenever

feasible, it is recommended that Save the Children moves towards Multipurpose Cash Assistance (MPCA) programming where RF4BN is one of its components.

- It is recommended that the Nutrition team leads the targeting process for RF4BN projects. When this is not feasible, the nutrition team should at least validate the targeting criteria and be engaged in the verification process (ie, identifying PBW, malnourished children, etc).
- For RF4BN projects to be effective and have an impact, locations should be selected based on the existence of functioning health, nutrition and WASH services or where Save the Children and other agencies are able to provide or support those services.

MEAL

The MEAL system included baseline and endline surveys, PDMs and DDMs after each cash disbursement, multiple channels for feedback and complaints mechanisms, and cross-country learning initiatives after the baseline and endline surveys.

- The MEAL team suggested that receiving an induction on the RF4BN approach would have improved their contribution in adapting the MEAL tools, and in data collection and analysis.
- The PDMs were extremely useful to inform project adaptation, particularly at the beginning of the project. However, their insights came too late for the project team to act on them before the next cash disbursement. The main reason for this delay seemed to be lack of communication between the FSL team, which was leading the cash component, and the MEAL team in coordinating data collection and analysis. The project team partially overcame this issue by having DDMs at cash distribution points, primarily focused on monitoring risks and recipients' satisfaction.
- SBCC-related indicators used mostly self-reporting methods. In future it is recommended that these are combined with observation (eg, evidence of soap or washing facilities at home, assessment of how water is stored, etc). Water quality tests at water source and household levels should also be part of the monitoring system to detect any contamination and/or bad practice.



- Outcome indicators related to nutritional status and food consumption (FCS and Minimal Acceptable Diet) should be assessed not only in baseline and endline surveys but also during project implementation to assess progress towards expected results. When a midline survey is not feasible, outcome indicators can be integrated into a PDM, leaving out questions related to aspects that have already been addressed (indeed, some of the issues detected can be solved/adjusted after the first two PDMs, with no need to be assessed again and again).
- The endline survey took place after the seventh round of cash, which was 67 per cent lower than the previous one. To overcome this problem, the project team started data collection two weeks after the disbursement. There is concern, however, that some indicators on food consumption might have been affected.

CONCLUSION

This case study highlights the importance of ensuring that RF4BN core components – cash transfer, SBCC, referrals to health and nutrition services – are properly considered while designing and implementing such approach. Similarly, it shows the importance of having solid assessments and evidence to inform the need or not for integrating other complementary components such as support to health/nutritional services, improving clean water supply, and providing micronutrient supplementation. If those considerations are not made, the effectiveness of such an approach is limited in contributing to nutritional outcomes.

The cash component, designed to cover household basic food, WASH and health expenditures, seems to have contributed to overcoming financial barriers to meeting household nutritional needs. However, the limited improvement obtained by the project in terms of nutritional status seems to relate to:

- a) the late and inadequate design of the SBCC component, which was not based on contextualised research, SMART or KAP surveys;
- b) the malfunctioning or non-existence of health and nutrition services in some of the targeted areas, and the inability of the project to support those services and create effective referral systems to ensure that CU2 and PBW found to be malnourished were properly treated and tracked;

- c) the limited consideration given to WASH aspects throughout the entire project, in a context such as Yemen, where WASH-related diseases seem to play an important role in undermining PBW and children's nutritional status. This had implications not only from a SBCC perspective but also in ensuring that cash recipients could access safe water and live in an adequate environment.

The study draws attention to the importance of engaging men as well as women in IYCF activities, as they play important roles in influencing infant and children feeding practices.

Finally, the study highlights the need, in protracted crises such as Yemen, to frame RF4BN projects within medium- to long-term programmes and strategies, which aim to create adequate access to basic services (health, nutrition, WASH), and generate sustainable employment and income opportunities for men, women and young people.

RECOMMENDATIONS

The case study has generated detailed recommendations throughout its different sections. Here we highlight the main ones:

- For an RF4BN project to be effective, the design of its components should be based on solid assessments and context analysis, taking as reference UNICEF's determinants of maternal and child nutrition and RF4BN conceptual frameworks.
- In protracted crisis settings such as Yemen, characterised by high food insecurity and lack of healthcare and WASH infrastructures, RF4BN projects should be designed within the 1,000-day timeframe and ensure that its core and optional (whenever relevant) components are in place. While such a long duration poses funding challenges for humanitarian agencies, strategic approaches should be considered, such as promoting the geographical convergence and integration of nutrition, WASH and cash programmes funded by different donors or establish partnerships with agencies operating in the above sectors.
- To enhance efficiency, but also effectiveness, the cash transfer should be based on methodologies (ie, HEA/Cost of Diet) that allow for clear estimates of income gaps over established thresholds and their seasonal variations. When budgets are not sufficient, Save the Children might test restricted modalities such as vouchers tailored to cover energy-dense nutritious food exclusively for children.
- Cash assistance showed high but temporary effects. Targeted families should be supported with more sustainable interventions, such as employment and income-generating opportunities to decrease their dependency on aid, which has also been discontinuous and inappropriate in Yemen (Nimkar, 2021).
- SBCC strategy and activities should be based on evidence and contextualised studies, and should occur before, during and after the cash distributions. Moreover, humanitarian agencies should consider and advocate for strategies that support men's greater participation in IYCF awareness-raising activities.
- The MEAL system should be agile enough to provide timely information. DDMs at distribution points were shown to play an important role in complementing PDMs. The use of DDMs can be improved by incorporating short qualitative and quantitative surveys to monitor different aspects of the project. Monitoring data should be analysed through participatory processes, where all key sectors are represented and accountable.
- MUAC should be used in combination with standard deviation indicators such as 'weight/height' and 'age/height. To be effective, SBCC-related indicators should combine self-reported practices with observations at household level.
- Given the nature and expected outcomes of RF4BN programmes, the nutrition team should ideally lead them, ensuring the proper engagement and integration of the FSL, WASH, Health, Cash, Gender, and MEAL teams throughout the entire project lifecycle.
- Furthermore, to support proper sectoral integration and increase project quality, it is recommended that project staff receive an induction on the RF4BN approach and for team leaders and other key staff to attend the silver course on Nourishing the Youngest and Resourcing Families for Better Nutrition.
- Due to the existing high and multisectoral humanitarian needs in Yemen, whenever feasible it is recommended that Save the Children moves towards MPCA programming, with RF4BN as one of its components.

REFERENCES

- Durr, A. (2020). *Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies*. Global Nutrition Cluster. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-08/Evidence%20and%20Guidance%20Note_validated%20version_03%20Aug.pdf
- Integrated Phase Classification. (2022). *Yemen, Integrated Acute Food Insecurity and Acute Malnutrition Analysis January–December 2022*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/7.ipc_yemen_food_security_nutrition_2022june_report_english.pdf
- Malawi INGO Cash Consortium. (2020). *The Case for Cash in Responding to Humanitarian Crises in Malawi*. <https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/The-Case-for-Cash-final-version-march-2020-1.pdf>
- Nimkar, R. (2021). *Humanitarian Cash and Social Protection in Yemen. CaLP Case Study*. The Cash Learning Partnership. <https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/CaLP-Yemen-Case-Study-WEB-1.pdf>
- REACH. (n.d.). *Yemen Joint Market Monitoring Initiative. Monthly Situation Overviews*. Resource Centre. <https://www.reachresourcecentre.info/search/?search=1&initiative%5B%5D=reach&country%5B%5D=yemen&ptype%5B%5D=situation-overview&dates=&keywords=>
- Save the Children International. (2018). *Comprehensive paper – Resourcing Families for Better Nutrition*. https://savethechildren1.sharepoint.com/what/Child_Poverty/ThematicLibrary/Resourcing%20Families%20for%20Better%20Nutrition%20-%20Comprehensive%20Overview%20%E2%80%93%20English.pdf
- Save the Children Yemen Country Office. (2021). *Gender Consultations Report*.
- United Nations Children’s Fund. (2022). *Nutrition Cluster Caseload and Targets 2022*. <https://www.humanitarianresponse.info/en/operations/yemen/document/nutrition-cluster-caseload-and-targets-2022>
- United Nations Office for Coordination of Humanitarian Affairs. (2022). *Humanitarian Needs Overview Yemen 2022*. https://reliefweb.int/attachments/b8053827-4ac6-476d-ae51-46013511e148/Yemen_HNO_2022_Ar%20_V3.4.pdf
- Zook, et al. (2022). *Resourcing Families for Better Nutrition (RF4BN) Endline Report - Yemen*. Save the Children. https://static1.squarespace.com/static/59c1e58d64b05fd7e379b24f/t/634db580c40b8916c9760e68/1666037124345/RF4BN+Endline_Yemen_Final.pdf

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

First published 2022

© The Save the Children Fund 2022

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

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

Design: GrasshopperDesign.net

Cover photo: Jonathan Hyams/Save the Children



Save the Children