RESOURCING FAMILIES FOR BETTER NUTRITION

SOUTH SUDAN

EXECUTIVE SUMMARY
ENDLINE SURVEY REPORT
FEBRUARY 2022

informed
INTERNATIONAL

Save the
Children

Note: this evidence brief was generated from the full evaluation report which is available through the RF4BN network.

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INTRODUCTION

From August 2021 to April 2022, Save the Children South Sudan implemented the RF4BN project to support families of severely and moderately malnourished children under-five years and moderately malnourished pregnant and lactating women (PLWs) in Lafon, Torit, and Magwi. The project aimed to improve the access to a diverse and nutrition diet among the target households through cash assistance, nutrition, and WASH interventions.

The results presented here are from a before- and after- study of programme participants. A household survey was carried out among 479 households at baseline and 394 households at endline to assess the effectiveness of the aid that was distributed in achieving the outcomes of interest. The endline survey commenced in Magwi and Torit within 28 days of the final cash distribution. There was an effort at endline to re-assess the households that were assessed at baseline but unfortunately it was not possible to track households over the life of the programme and therefore the analysis treated the sample as a pre- and post- assessment with a random sample of participants at both baseline and endline.

RESOURCING FAMILIES FOR BETTER NUTRITION
Common Approach

The Resourcing Families for Better Nutrition (RF4BN) project model reduced maternal and child undernutrition by combining:

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

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

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

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

RF4BN in South Sudan

Cash Transfers

38,900 SSP (~95 USD) per household was distributed for three rounds to cover 70% of the Multi-Sector Survival Minimum Expenditure Basket (MSSMEB). All households in Lafon and some households in Torit received cash in envelope at a distribution site. The remaining households in Torit and all the households in Magwi received funds through mobile money.

Nutrition Interventions

SBCC programming on nutrition included group and individual counselling/awareness sessions which were facilitated by community health nurses and volunteers on the topic of infant and young child feeding (IYCF). Mother-to-mother support groups participated in cooking demonstrations.

WASH Interventions

SBCC sessions included hygiene promotion messaging, focusing on the five critical times to wash hands with soap, how to store water safely, how to treat water for safe consumption, and on the use of latrines at household level. Households also received soap and salt distribution from UNICEF and WFP.

HOUSEHOLD CHARACTERISTICS

From baseline to endline, the overall household size increased from 5.9 to 7.3 members. About 94% of those surveyed were residents of their community (never left), while 4% had returned to their community, and about 2% were internally displaced. About 78.9% of the households had a PLW at baseline while only 68.5% had a PLW at endline. Most households (60.6%) reported their main activity for income generation as casual labour. A very small percentage of households (2.4%) reported taking part in salaried employment.
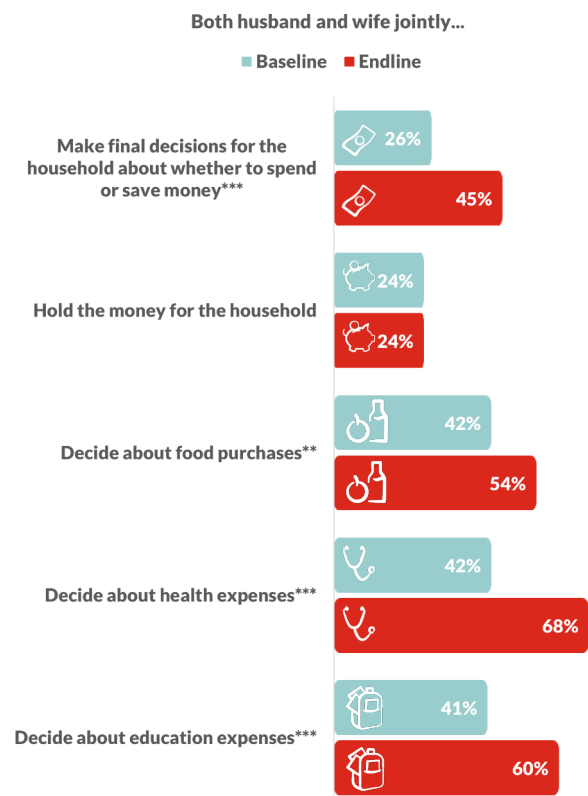
Finances

The reported average monthly household income increased from 5,384.73 SSP at baseline to 20,987.54 SSP at endline, likely due to the programme's cash distribution and the establishment of a UNOPS and South Sudan government social safety net programme. In addition, seasonal conditions for agricultural work likely contributed to an increase in income.

Baseline Income	5384.73
Endline Income	20987.54
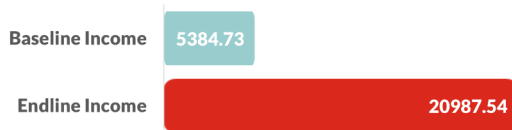
The proportion of households that reported having savings increased significantly (p<0.001) from 14.0% at baseline to 36.9% to endline. At both baseline and endline, about one quarter of the households reported having debt. The average amount of debt owed was 5103.57 SSP, with 2771.43 SSP being spent monthly on debt repayments. At endline, the average monthly expenditure was estimated to be 38922.64 SSP with households in Magwi reporting significantly higher expenditure costs (68,750.00 SSP) than Torit households (31,507.93 SSP). There was a large increase in reported food expenditure from baseline to endline, increasing from 52% to 64% of household expenditure being attributed to food. This is particularly important considering that JMMI data shows the cost of a basket of goods reduced over this period by approximately 25%, with the biggest drop being in the cost of food.

Decision-Making

At baseline, the husband typically held decision-making power over decisions on spending money in the household, however decision-making was more equitable in other areas such as food purchases and children attending school. From baseline to endline, there was a significant increase (p<0.05) in the proportion of women having a voice in decision regarding food purchases. More so, there were significant increases in the proportion of households making joint decision with regard to spending/saving money (p<0.001), food purchases (p<0.01), health expenses (p<0.001), and education expenses (p<0.001).

Both husband and wife jointly...

■ Baseline ■ Endline

	Baseline	Endline
Make final decisions for the household about whether to spend or save money***	26%	45%
Hold the money for the household	24%	24%
Decide about food purchases**	42%	54%
Decide about health expenses***	42%	68%
Decide about education expenses***	41%	60%

NUTRITION OUTCOMES

Mid-Upper Arm Circumference (MUAC)

The mid-upper arm circumference (MUAC) for children 6 to 59 months found that there was a significant improvement in the proportion of children in the healthy category, increasing from 63% to 79% (p<0.001) from baseline to endline. The greatest gains were observed in Magwi. Similar improvements in PLW MUAC were observed between baseline and endline, with the proportion of PLWs in the healthy category increasing from 66% at baseline to 84% at endline (p<0.001).
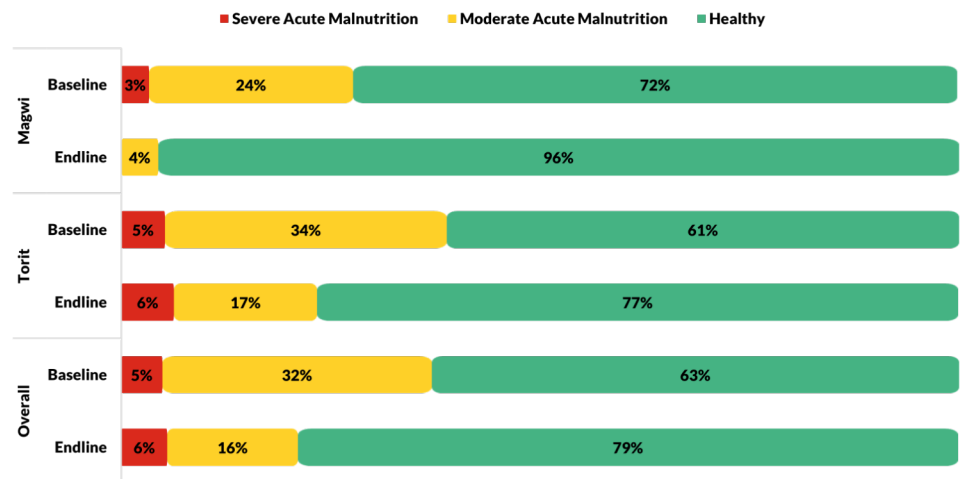
Dietary Diversity

Significant improvements in dietary diversity were observed between baseline and endline. Only 8.3% of children consumed the minimum dietary diversity at baseline but this increased significantly (p<0.001) to 39.5% at endline. The greatest gains were in pulses, nuts, seeds, dairy products, flesh foods, and other fruits and vegetables. PLWs also experienced improvements in dietary diversity with only 3.2% of PLWs meeting MDD-W standards at baseline, increasing significantly (p<0.01) to 10.5% by endline. While there were significant improvements, it is important to note that 10.5% of PLWs is still a low percentage of women that are meeting minimum dietary diversity standards.

Minimum Meal Frequency

The proportion of children meeting minimum meal frequency standards (59.3%) remained the same between baseline and endline.

Child (6 to 59 months) MUAC

Legend: ■ Severe Acute Malnutrition ■ Moderate Acute Malnutrition ■ Healthy

Magwi:
- Baseline: 3% | 24% | 72%
- Endline: 4% | 96%

Torit:
- Baseline: 5% | 34% | 61%
- Endline: 6% | 17% | 77%

Overall:
- Baseline: 5% | 32% | 63%
- Endline: 6% | 16% | 79%

PLW MUAC

Magwi:
- Baseline: 31% | 15% | 54%
- Endline: 12% | 8% | 80%

Torit:
- Baseline: 5% | 25% | 69%
- Endline: 16% | 84%

Overall:
- Baseline: 11% | 23% | 66%
- Endline: 1% | 15% | 84%
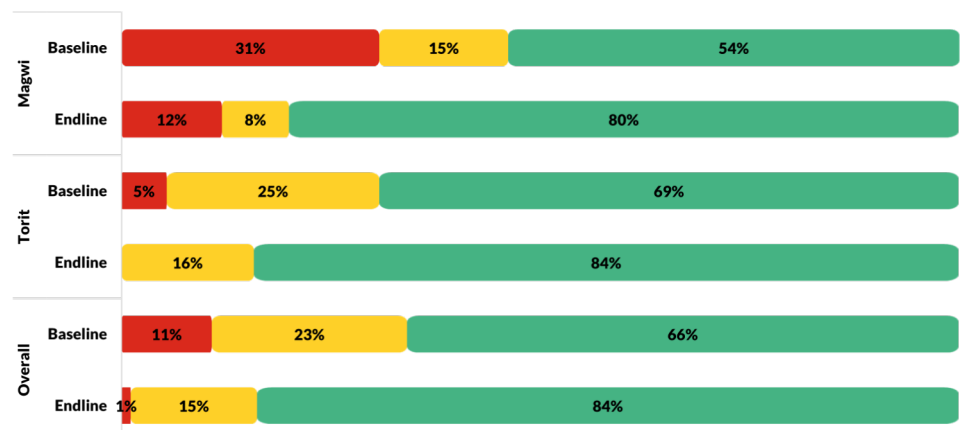
# Minimum Acceptable Diet

The Minimum Acceptable Diet increased significantly (p<0.001) over the life of the programme. While this is a strong achievement and shows promising results for the RF4BN model, it is important to recognise that 78% of children aged under 2, the primary target of the project, still are not receiving a minimum acceptable diet. Importantly, this result is achieved when the seasonal conditions are best for households to be providing a minimum acceptable diet to their children, and these households have been receiving CVA for 3 months at a level that is sufficient to purchase the food required for a minimum acceptable diet.
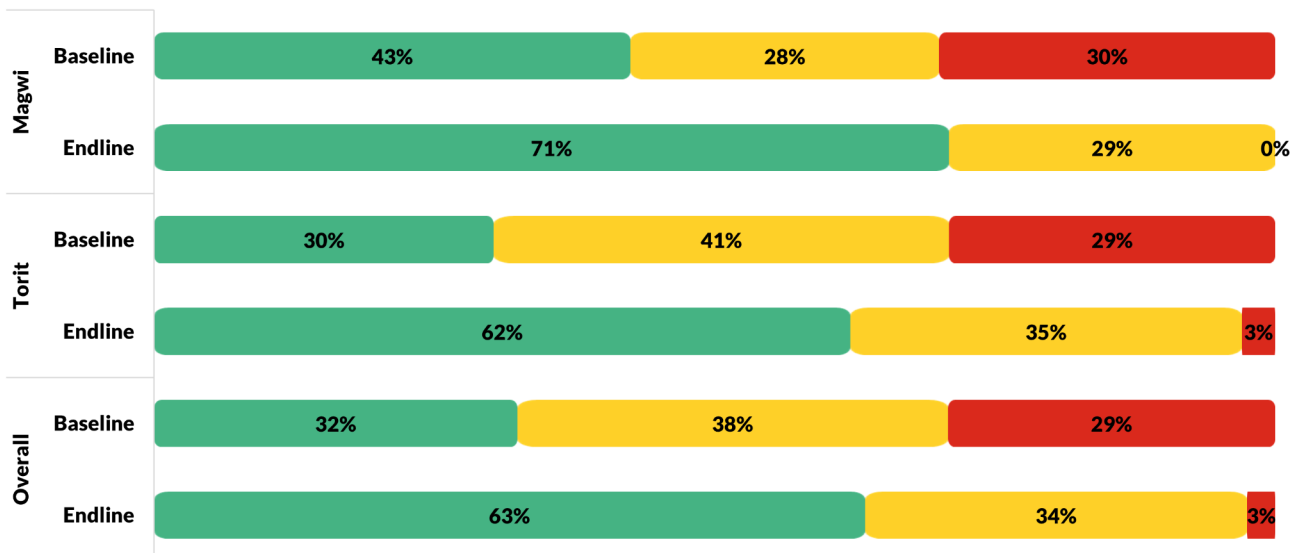
Baseline

6%

94%

Endline

22%

78%
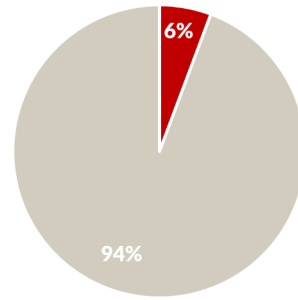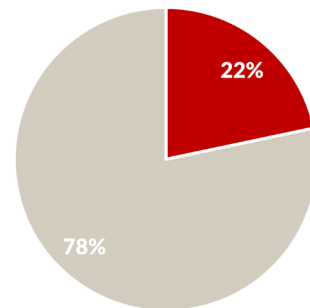
Food Consumption Score

There was a significant (p<0.001) increase in the proportion of household meeting the acceptable FCS threshold over the length of the program. Equally important, there was a significant (p<0.001) shift of households out of the poor category, decreasing the proportion of households that qualified as poor from 29% to 3%.

Food Consumption Score

■ Acceptable ■ Borderline ■ Poor

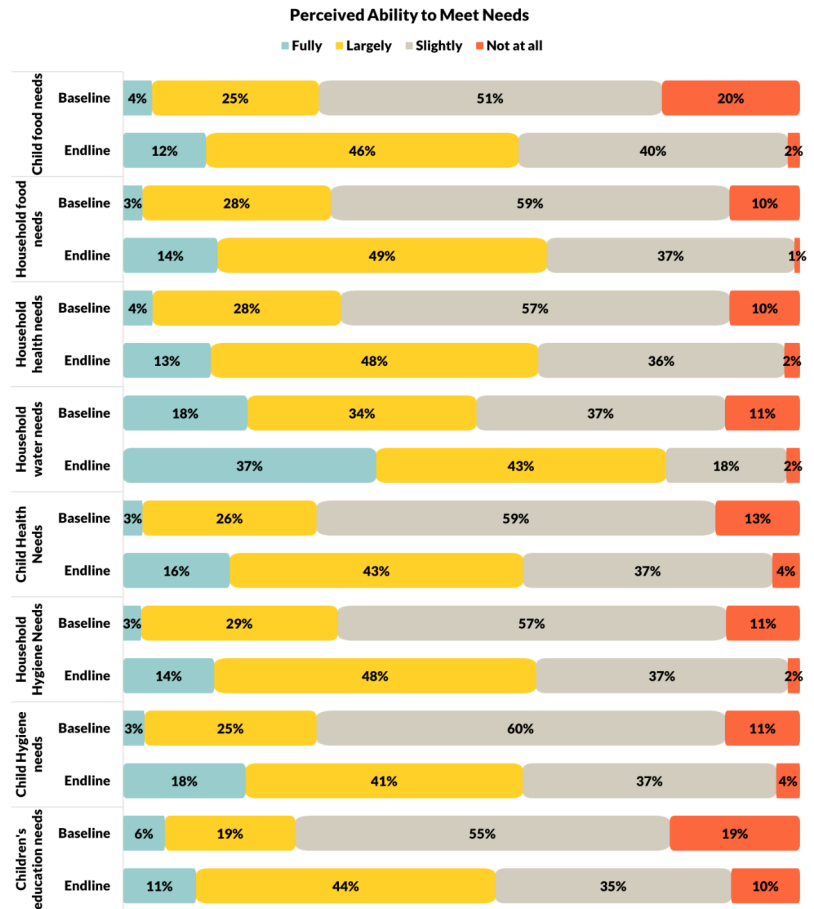|		Acceptable	Borderline	Poor
Magwi	Baseline	43%	28%	30%
Magwi	Endline	71%	29%	0%
Torit	Baseline	30%	41%	29%
Torit	Endline	62%	35%	3%
Overall	Baseline	32%	38%	29%
Overall	Endline	63%	34%	3%

PERCEIVED ABILITY TO MEET NEEDS & COPING MECHANISMS

Perceived Ability to Meet Needs

As a result of the cash distribution, it was hoped that households would increase their perceived ability to meet basic needs. In addition to perceived ability to meet basic needs, it is helpful to examine coping mechanisms that the household may be adopting to cope with stressed resources. These two concepts are presented side by side here to provide an understanding of how the household financial situation and stress has changed over the life of the program.

There was a significant increase from baseline to endline for each sector – showing that the households are feeling more financially secure and have a greater perceived ability to meet basic needs.

Perceived Ability to Meet Needs

■ Fully ■ Largely ■ Slightly ■ Not at all

Child food needs
- Baseline: 4% | 25% | 51% | 20%
- Endline: 12% | 46% | 40% | 2%

Household food needs
- Baseline: 3% | 28% | 59% | 10%
- Endline: 14% | 49% | 37% | 1%

Household health needs
- Baseline: 4% | 28% | 57% | 10%
- Endline: 13% | 48% | 36% | 2%

Household water needs
- Baseline: 18% | 34% | 37% | 11%
- Endline: 37% | 43% | 18% | 2%

Child Health Needs
- Baseline: 3% | 26% | 59% | 13%
- Endline: 16% | 43% | 37% | 4%

Household Hygiene Needs
- Baseline: 3% | 29% | 57% | 11%
- Endline: 14% | 48% | 37% | 2%

Child Hygiene needs
- Baseline: 3% | 25% | 60% | 11%
- Endline: 18% | 41% | 37% | 4%

Children's education needs
- Baseline: 6% | 19% | 55% | 19%
- Endline: 11% | 44% | 35% | 10%

Reduced Coping Strategy Index (rCSI)

The rCSI considers how often in the past 7 days households relied on a series of coping strategies to feed their households. Certain coping strategies are weighted, considering the severity of methods. Scores are organized into three categories: minimal, stressed, crisis. There was a significant increase in the households that only had minimal coping strategies according to the rCSI. This increased from 53% at baseline to 68% at endline (p<0.01).

Reduced Coping Strategy Index

■ Minimal ■ Stressed ■ Crisis ■ Emergency/Famine

- Baseline: 53% | 38% | 9%
- Endline: 68% | 28% | 3%
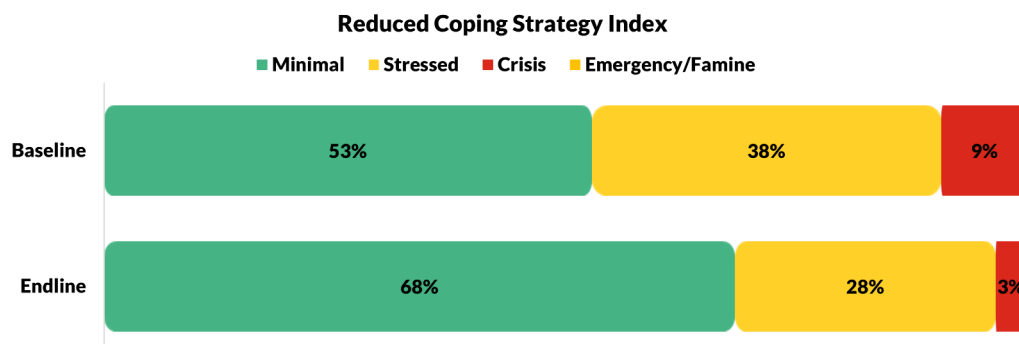
RESEARCH QUESTIONS

To what extent is the combination of cash transfers and SBCC interventions associated with prevention of acute malnutrition?

Regression analyses found that self-reported participation in SBCC programming was not significantly associated with nutritional outcomes. As such, while there is strong evidence of improvement in nutritional status, it is difficult to associate those improvements with SBCC-related program activities. Furthermore, there were decreases over the life of the program in some of the indicators that relate most closely with SBCC programming (such as breastfeeding practices). Further research should explore the extent to which SBCC programming led to gains in knowledge, attitudes, and behaviours and any barriers that may be preventing SBCC programming uptake.

How do recipients' perceptions of their ability to meet their needs change over the duration of the project?

There were significant increases in the proportion of households that reported being able to meet their food needs. Improvements were also observed in households' coping strategies, with the proportion of households categorized as crisis or emergency/famine decreasing from 9.4% to 3.6% . While this is significant and encouraging, it is worth discussing whether these improvements are meeting targets. For example, the proportion of households that reported being able to fully or largely meet their household hygiene needs improved from 22% at baseline to 62% at endline. This improvement means that 38% of households are still feeling that they are not able to meet their hygiene needs.

Is the level of expenditures a reasonable predictor of the perceived ability to meet basic needs?

Correlations between expenditures (total SSP as well as % of expenditures) and households' perceptions to meet basic needs were examined. The total amount spent on food was significantly and positively correlated with perceived ability to meet food needs (β=0.1389, p=0.0002). When examining the endline dataset alone, total hygiene expenditure was significantly correlated with perceived ability to meet hygiene needs (β=0.2536, p=0.0001). Overall, expenditure seems like a reasonable predictor of perceived ability to meet needs, but the accuracy and reliability of expenditure data needs further examination.

Are any of the changes in outcomes of interest influence by, or correlated with background characteristics?

Multivariate regression models were established to explore how outcomes of interest may be influenced by background characteristics. Analyses found that PLWs in Magwi had significantly greater gains over the life of the programme than PLWs in Torit. There were also significantly greater improvements in nutritional outcomes as the size of a household increased. Similarly the program saw greater improvements in nutritional outcomes among households with less reliable income generating activities, suggesting that the program saw particularly strong improvements among the most needy households.

Are there any changes in the way decision-making is shared between males and females within the households?

At baseline, it was evident that the husband typically held decision-making power over decisions on spending money in their households, however, decision-making was more equitable in other areas such as food purchases and children attending school. Across all the domains measured, there was a significant decrease in only husbands making decisions. After controlling for county and education level of the respondent, improved nutritional outcomes were significantly associated with the females having a voice in decisions about food purchases.

CONCLUSIONS

The endline evaluation found significant improvements from baseline to endline when it came to child and PLW nutritional status as measured by MUAC, minimum dietary diversity, minimum acceptable diet, minimum meal frequency, and food consumption score. Alongside this, there were significant improvements in households perceived ability to meet needs and significant decreases in their need to deploy coping strategies (as measured by rCSI).

When it came to health and WASH, there were significant improvements in households' perceived ability to meet needs and some improvements observed in water storage practice, handwashing knowledge, and self-report practice of drinking water treatment.

Households reported higher levels of expenditures across all areas from baseline to endline. Related to this, they reported lower levels of borrowing and higher levels of saving, suggesting that households were in a slightly better financial situation at endline than at baseline. Expenditures were a relatively strong predictor of perceived ability to meet needs at endline, after data quality issues with baseline expenditure data were addressed.

Additionally, there was evidence of women having a stronger voice in decision-making at endline as compared to baseline.

While these findings are certainly encouraging, it is difficult to assess the role that the program had on these improvements. Firstly, the data collection was unable to track individuals which limited the evaluation's ability to assess gains within individuals (and account for confounding factors). Secondly, the self-reported participation in programming activities was challenged by questionable and unreliable data so it was very difficult to compare one individual's outcomes to another, associating differential participation of programming.

Considering these points, the RF4BN project can be considered a very promising program in the humanitarian context, however, further work is necessary to better understand if gains that were observed during this program can be attributed to the program or if the improvements observed were actually benefits from other interventions.

The South Sudan programme was very promising and provides a good example of how RF4BN can be applied in the humanitarian context.

Recommendations & Next Steps

- Establishing a rigorous monitoring and evaluation system that tracks individuals (or households) within the program and allows baseline, program monitoring, and endline data to be aligned for one particular individual (or household)

- An evaluation of the program needs to be carried out that better accounts for seasonality of foods within the markets. This can be done by incorporating market analyses into the longitudinal study.

- Insights into the impact of SBC programming can be gathered by better assessing the SBC programming, participation in programming, and changes in knowledge, attitudes, and behaviors among participants.

- Given the nutrition results (i.e. for children <2, 78% not achieving MAD), evidence suggests a large proportion of households are not sufficiently allocating cash transfers to cover minimum nutrition requirements of their children. This is in the context of market availability of nutritional food and a cash transfer amount sufficient to purchase nutritional food. Given this, it is recommended Save the Children review the coverage, components, and fidelity of supplementary supports and education/behaviour change programming that complement the CVA distributions in RF4BN. This will be necessary to build the evidence base from 'promising' to 'proven'.

- The future model of CVA in humanitarian contexts should factor in rational expectations theory into the design of the interventions.

INTERESTED IN LEARNING MORE?

Additional Resources

This endline study was carried out using the Monitoring, Evaluation, Accountability, & Learning Toolkit for Resourcing Families for Better Nutrition. The toolkit contains customisable data collection, analysis, and reporting tools and training materials for programmes integrating Cash & Voucher Assistance, Nutrition, and WaSH interventions.

Questions or comments?
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