

RESOURCING FAMILIES FOR BETTER NUTRITION

YEMEN



EXECUTIVE SUMMARY ENDLINE SURVEY REPORT MAY 2022





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

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Photos are from Save the Children/Hadil Saeed.

INTRODUCTION

From September 2021 to April 2022, Save the Children Yemen implemented the RF4BN project to support pregnant and lactating women (PLWs), children under 2 (CU2), and other vulnerable households. The project aimed to improve their access to food, water, hygiene, health, and nutrition services through the provision of cash assistance. In addition, the programme aimed to improve Maternal, Infant, and Young Child nutrition practices through social and behaviour change communication (SBCC).

The results presented here are from a before- and after- study of programme participants. A total of 457 households in Tuban and Al Qabbaytah were assessed at baseline and re-assessed at endline to determine the effectiveness of the aid that was distributed in achieving the outcomes of interest. The sample was proportional to the different household types (64% PLW/ CU2, 36% other vulnerable). The endline survey commenced 26 days after completing the final cash transfer and was completed 35 days after this final cash transfer.

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

130,000 YER per household was distributed for 3 months (September to November). This amount increased to 155,500 YER for an additional 3 months (December to February). A final cash distribution of 67,500 YER was allocated to households in April. From February to May, food inflation went up 50% in the target districts.



Nutrition Interventions

SBCC programming on nutrition included group and individual counselling/awareness sessions which were facilitated by community health nurses and volunteers. Topics included infant and young child feeding (IYCF), health and WASH practices, as well as gender equality. Cooking demonstrations and health screenings were also offered.



WASH Interventions

SBCC sessions included hygiene promotion messaging, focusing on the five critical times to wash hands with soap, personal hygiene, and cholera prevention. SBCC sessions encourage programme participants to use cash distributed for items that supported WASH.

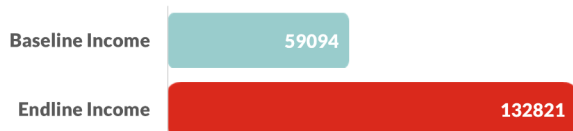


HOUSEHOLD CHARACTERISTICS

The sample consisted of 290 households with a PLW/CU2 and 167 other vulnerable households. On average, each household has 6.2 members. The majority (98%) of respondents were residents (never left) of their communities. Approximately 38% of respondents had no formal schooling. Half of the households reported casual labour (agriculture, construction, domestic work) as the main income generating activity. About 38% of the households also had a chronically ill person in the house.

Finances

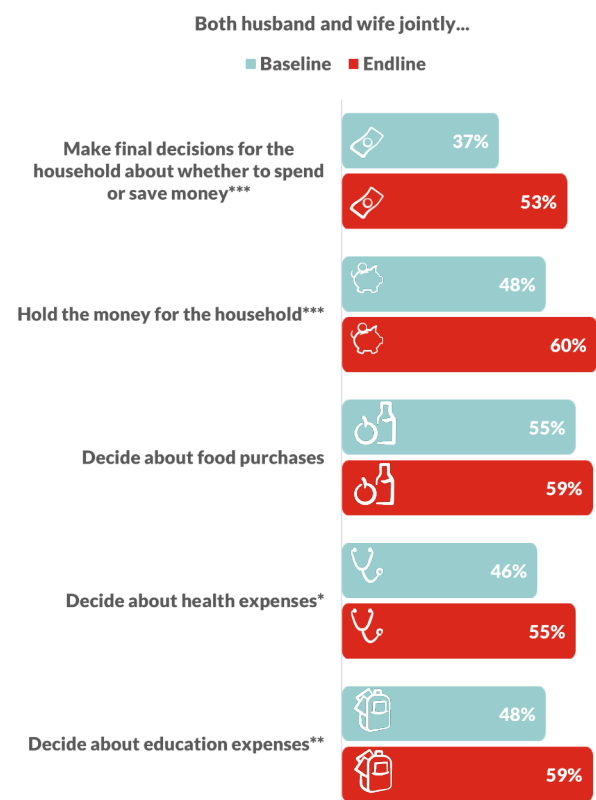
94% of households reported higher income at endline than at baseline, on average increasing from 59,094 YER at baseline to 132,821 YER at endline. Note that the average household income gain of 74,338 YER aligns closely to the amount of the final cash transfer.



At baseline, a small proportion of 3.7% of households reported having savings. At endline there was a statistically significant ($p < 0.1$) reduction in households with savings, falling to 3.1% of households. At both baseline and endline, residents in Tuban were more likely to have savings than those in Al Qabbaytah. At endline 80.3% of the households reported having debt. The average amount of debt owed at baseline was 157,025.9 YER and this significantly increased to 204,004.1 YER by the endline assessment ($p < 0.1$). From baseline to endline there was a highly significant decrease ($p < 0.001$) in the proportion of households that reported borrowing money in the last 90 days. At baseline 79.5% of households reported borrowing money and/or receiving credit, which had decreased to 54.2% by endline. By the end of the programme, the average monthly expenditure at endline was estimated to be 133,397 YER. It is important to note that the JMMI data shows the cost of a basket of goods doubled from 102,100 YER to 205,075 YER over the life of the programme.

Decision-Making

At baseline, it was evident that the husband typically held decision-making power in households with married respondents (widows and single women were excluded from the analysis). From baseline to endline, the proportion of households where a women had a voice in decision making increased across all categories measured. A highly significant increase of a women's voice occurred for who decides whether the household spends or saves money and who holds the money in the household ($p < 0.001$), with slight to moderate increases for household health expenses ($p < 0.1$) and children's education ($p < 0.05$).





NUTRITION OUTCOMES

Mid-Upper Arm Circumference (MUAC)

The mid-upper arm circumference (MUAC) for children 6 to 59 months found no significant differences from baseline to endline. A notable difference was the improvement in the proportion of boys in the health category, and the reduction in the proportion of girls in the healthy category. In particular, all children that qualified as severe acute malnourished were girls.

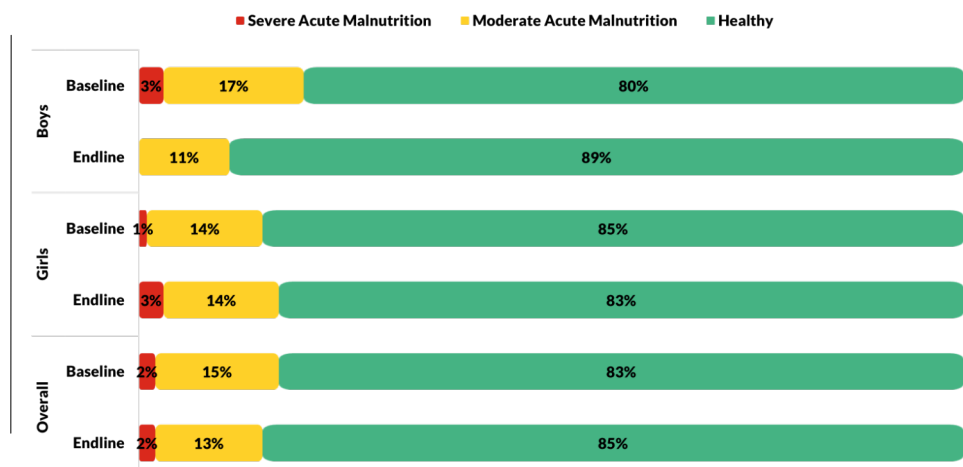
Dietary Diversity

At baseline only 12.7% of children met the acceptable minimum dietary diversity of 5 or more food groups in the last 24 hours. This increased significantly ($p<0.05$) to 26.3% at endline. At baseline, Al Qabbaytah had significantly ($p<0.01$) lower proportion of children meeting acceptable MDD, and by endline this gap had narrowed such that there was no statistical difference between the districts. This is a significant finding suggesting there were increases in nutritional intake of young children during the life of the program. For PLWs, there was slight improvement in MDD-W from 9.5% at baseline to 17.7% at endline, but this result was not a significant difference.

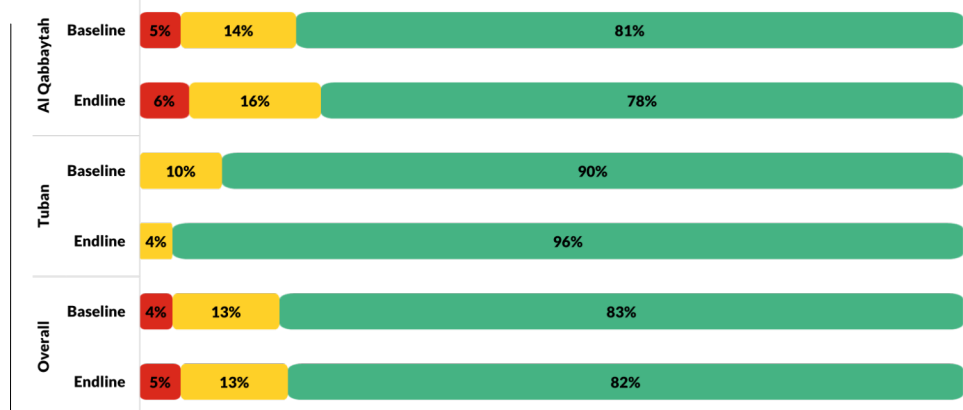
Minimum Meal Frequency

There was a small decrease in the proportion of children 6-23 months meeting acceptable MMF, from 58.4% at baseline to 46.9% at endline ($p<0.01$). This decline was more evidence in Tuban than it was in Al Qabbaytah and was more evidence in girls than in boys.

Child (6 to 59 months) MUAC

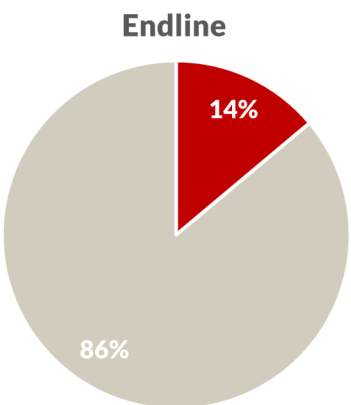
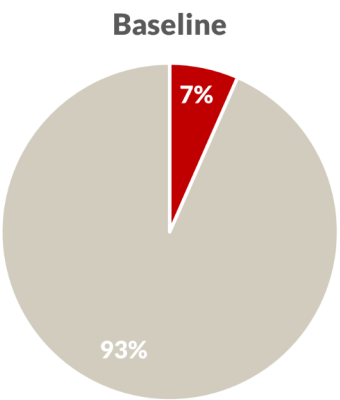


PLW MUAC



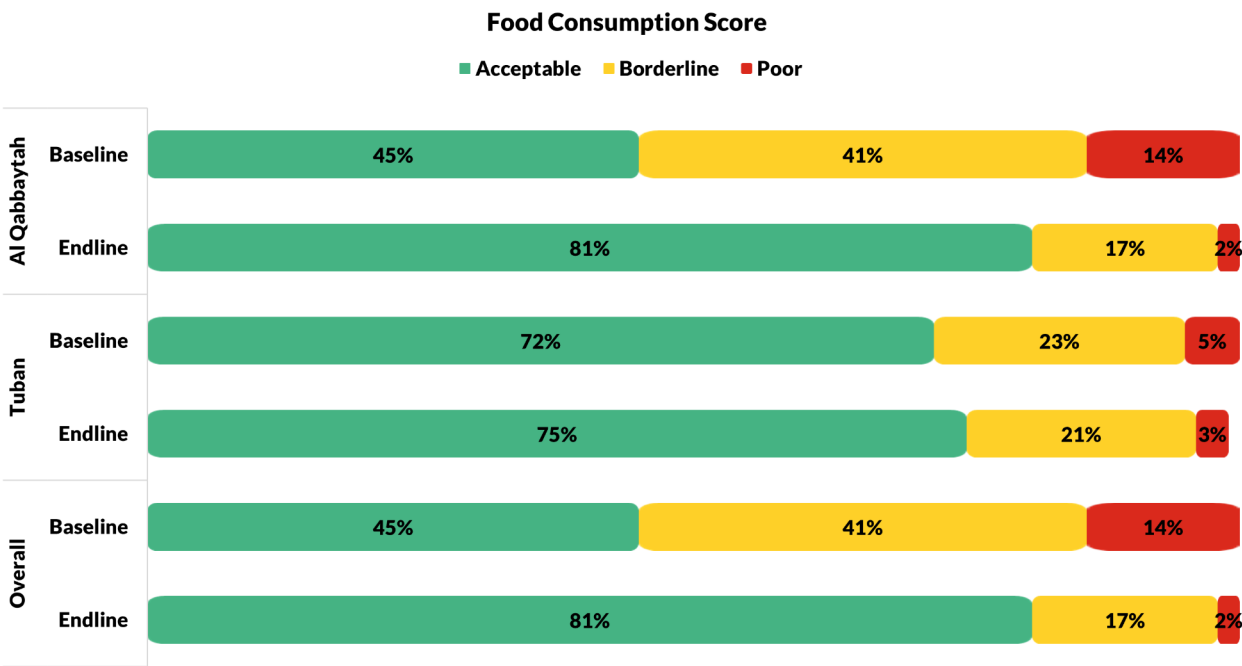
Minimum Acceptable Diet

While there was an increase in the Minimum Acceptable Diet over the life of the programme, the change was not statistically significant . By endline 86% of children aged under 2 were still not receiving a minimum acceptable diet. That said, the conditions in the country for child malnutrition worsened over the project period. In this regard, RF4BN made gains and comparatively had good results when considering conditions in the Lahj governorate more broadly.



Food Consumption Score

There was a significant ($p<0.05$) increase in the proportion of households meeting the acceptable FCS threshold. Equally important, there was a significant ($p<0.05$) shift of households out of the poor category, decreasing the proportion of households that qualified as poor from 12% to 3%. This pattern is borne out in both PLW+CU2 and vulnerable household types, which were also statistically significant ($p<0.05$).



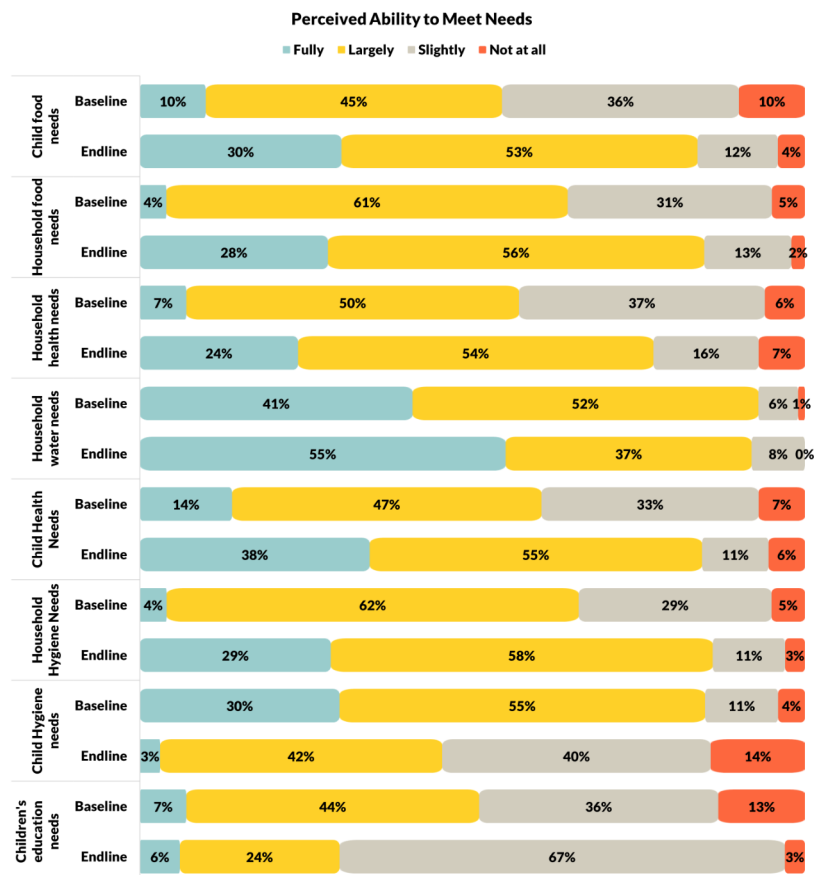


PERCEIVED ABILITY TO MEET NEEDS & COPING MECHANISMS

Perceived Ability to Meet Needs

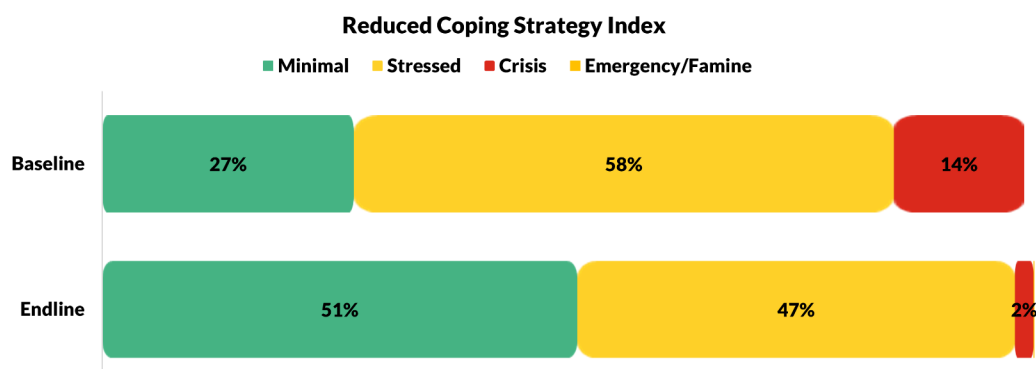
As a result of the cash distribution, it was hoped that households would increase their perceived ability to meet basic needs. In addition to perceived ability to meet basic needs, it is helpful to examine coping mechanisms that the household may be adopting to cope with stressed resources.

Looking across the four categories of basic needs assessed, there was a significant increase in the proportion of households who reported being able to fully meet the food ($p<0.001$), health ($p<0.05$) and hygiene ($p<0.001$) needs of their children. There was a considerable increase in the proportion of households from baseline to endline that perceived they can largely or fully meet their child's food, health, and hygiene needs.



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 large increase in the households that only had minimal coping strategies according to the rCSI. This increased from 27% at baseline to 51% at endline and was moderately significant ($p<0.05$). There was also a marginally significant decrease in the households that had crisis level coping strategies, going from 14% to 2% ($p<0.001$).



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 for either PLW or children under 2 years of age. Given there was no significant change in women's nutritional status and mixed results for children under 2 years of age, including a decline in the nutritional status of girls, it can be concluded the SBCC activities had little impact. There was significant improvement in children's dietary diversity, which was a topic covered in SBCC sessions, it is difficult to associate the improvement with SBCC-related program activities.

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

There were significant improvements in households' perceived ability to meet their health, water, and hygiene needs. Each of these categories showed significant increases in the proportion of households that felt they could fully meet their needs. While this is significant and encouraging, it is worth discussing whether these improvements are meeting their targets. For example, the proportion of households that reported being able to fully or largely meet their household health needs improved from 57.3% at baseline to 77.7% at endline. This improvement is great but also means that nearly a quarter of households are still feeling that they are only able to slightly or not at all meet their health needs.

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

When it comes to food, households reported spending 97,598 YER, on average at endline, which amounts to 74.9% of a household's expenditure. The total amount spent on food was significantly and positively correlated with perceived ability to meet food needs ($\beta=0.1706$, $p=0.0003$). The analysis showed that for hygiene expenditure, health expenditure, and water expenditure, all were negatively correlated with household perception of ability to meet needs. While a higher expenditure level on food was a reasonable predictor of perceived ability to meet food needs, this was not the case for other expenditure areas of health, hygiene and water, where the correlation was inversely related.

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

Nutritional outcomes for PLWs and CU2 were significantly greater in Tuban than in Al Qabbaytah. There were also significantly greater improvements in nutritional outcomes for PLWs as the education level of the head of household increased. Interestingly, total household members had no impact on nutritional outcomes for children, however, the older the child, the more likely she/he was to have improved nutritional outcomes. There were mixed results for the influence of women's decision making on nutritional outcomes, with it only being moderately significant for children's MUAC scores and women having an acceptable dietary diversity.

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

At baseline, for all decision areas except food, the husband typically held decision-making power over decisions on spending money in their households. Across all the domains measured regarding decision-making, there was a significant decrease in the proportion of households that reported only husbands making decisions. This was due to an increase in the proportion of households reporting the wife and/or joint decision making. Of particular note is the highly significant ($p<0.001$) increase in women's voice for household decision making on spending/saving money.



CONCLUSIONS

The endline evaluation found mixed results from baseline to endline when it came to child and PLW nutritional status. There was significant improvement in household food consumption score and the minimum dietary diversity of CU2. There was a positive, but insignificant change in MUAC and MAD for children under 2 as well as PLW MAD. There was a slight decline in PLW MUAC score and a significant decrease in the proportion of children receiving a minimum meal frequency. 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).

The capacity of the evaluation to detect impact on CU2 and PLW nutritional outcomes was inhibited by project operations which caused gaps in cash transfers for the last two months of the project. These challenges were compounded by economic factors (e.g. high food inflation) and seasonal conditions (e.g. lean season), creating quite different conditions for endline data collection than what would have been the case two months earlier.

The endline data showed two variables that strongly influenced nutritional outcomes. At the household level, the FCS was highly correlated with household income ($p < 0.0001$). Households with higher income had higher expenditure on food, enabling sufficient nutrition for all household members. This was especially the case for 20% of the endline sample who were receiving cash transfers from another NGO or UN organisation. On average, these households had 24,000 YER additional income at endline and spent on average an additional 20,000 YER on food compared to households not receiving the cash support from another entity. Higher income made a difference to nutrition.

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. This was evident across all aspects of decision-making that the survey measured.



While the results are encouraging, it is difficult to assess the role the programme had given the deteriorating situation in the country.



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.
- Future research studies should more clearly define age parameters. As child MUAC scores had highly positive significance with age, and to ensure children do not age out of the under 2 category between baseline and endline, a stronger test of the RF4BN model will be to assess children under 18 months of age at baseline.
- 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.
- The low nutrition results for CU2 (86% not meeting MAD standards) and PLWs (82% do not have an acceptable MDD) require further investigation. It is recommended that a follow up study account for market conditions, seasons effects and timing of project operations to enable a fair assessment of strength of the RF4BN model for improving the CU2 / PLW nutrition in humanitarian contexts within Yemen.
- 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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