



**ACTION  
AGAINST  
HUNGER**

**LEARNING  
REVIEW**

**2016**



# FOREWORD

Looking back at 2016, I doubt any of us could have predicted the events that unfolded, and will shape our future for years to come. There is nothing new about change, however, the pace of change seems to have accelerated. This means that as the needs of people and communities vulnerable to crises continues to increase, the vision of a world free from hunger can seem further away than ever.

However, there were also positive developments in 2016; the 'Agenda for Humanity', born out of the first ever World Humanitarian Summit, reassures me that we have not forgotten our humanity. In spite of those who are sceptical of the outcomes of the Summit, I am confident that this shared commitment to demonstrate our effectiveness to communities has the potential to make a positive difference. To do this, we need to change how we work, and put affected people at the centre of what we do, thus ensuring that they can influence the decisions that affect their lives. We also need to ensure that any and all responses should be as local as possible, and as international as necessary.

The Core Humanitarian Standard (CHS) provides a common reference framework that outlines what organisations (local/national/international) need to do to deliver high quality, and accountable, assistance and protection. In addition to this and of equal importance, it specifies what people and communities affected by crisis should expect from

organisations responding to their needs.

One of the strengths of the CHS is that it is context specific, and therefore provides all organisations with the same common reference framework against which to assess (and report on) their work. Whether you are a large international non-governmental organisation or local one, have a single mandate or multiple, the same nine CHS commitments apply to you. Importantly, these are framed around the affected population, incorporating the diversity of women, men, boys and girls.

Action Against Hunger has led the global fight against hunger for nearly 40 years, saving the lives of vulnerable children and adults, and working with their communities before and after disaster strikes. They constantly search for ways to improve the organisation's effectiveness by investing in learning, and sharing the benefits of this learning with the sector. Both play a critical role in helping all of us to ensure that we are not only doing things right, but that we are also doing the right things. At the CHS Alliance, we value continuous learning as an intrinsic part of improving quality and accountability in the sector, and I am proud to count Action Against Hunger as a member.

In the 2016 Learning Review, Action Against Hunger shares what they have learned from their evaluations, research and programming. This combination is vital, as their learning is

grounded in the reality of their work with communities before and after disaster strikes. This year their evaluations highlight cross cutting themes such as gender, working with local actors, resilience, cash-based interventions and understanding what this means for current and future programming. It is not surprising that these themes are very much in keeping with the 'Agenda for Humanity', and align well with the World Humanitarian Summit commitments made as part of the 'Grand Bargain'. Putting the results of their evaluations together with their research findings ensures that Action Against Hunger delivers quality programming that constantly adapts to the needs of affected people and communities. I particularly appreciate that the key learning from programmes has the potential for replication. This is invaluable from an organisation with a proven track record for high quality programming, and an inspiration to us all.

It is an honour and a privilege to introduce this year's Learning Review – it is grounded in reality and future focused. It certainly demonstrates, particularly in this fast changing world, that evidence is key to informing how all actors (local and global) work with and for those affected by crisis.

**JUDITH GREENWOOD**  
EXECUTIVE DIRECTOR  
CHS ALLIANCE



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# INTRODUCTION

BY HANNAH WICHTERICH, SENIOR PROJECT OFFICER, ACTION AGAINST HUNGER

*Right: A mother and her child wait for humanitarian assistance in Borno, Nigeria*

In 2016, Action Against Hunger launched its new five-year International Strategic Plan. The document outlines our ambition to be at the forefront of bringing positive and lasting change to the lives of those affected by hunger. Every day, over 7,000 members of staff worldwide contribute to the realisation of this ambition. From Afghanistan to Zimbabwe, and everywhere in between, we are lucky to have highly experienced and committed staff, united in their action to fight against hunger.

For the last five years, our team here in the United Kingdom has had the privilege of analysing and reflecting on the work you all do in the annual Learning Review. We know that we would not be able to write this publication without the knowledge and expertise you all contribute, so thank you for continuing to work with us to share these experiences both inside and outside the organisation.

**“WE WOULD NOT BE ABLE TO WRITE THIS PUBLICATION WITHOUT THE KNOWLEDGE AND EXPERTISE YOU ALL CONTRIBUTE”**

However, after five years of insightful Learning Reviews, we considered our new strategic direction and brand identity, and decided that it is time to try something different... so we sat down and looked at new ways to use the rich pool of evidence we have collected over the years and considered other channels of knowledge. To make sure it is appropriate and as useful as possible to Action Against Hunger staff (and other readers interested), we collected valuable feedback on what people would like to hear about and thus, decided to take a focussed look at the following:

## **SECTION 1: WHAT OUR EVALUATIONS ARE TELLING US**

In this year's edition, first, we will examine what our evaluations are telling us. We have identified key themes from recent evaluations, and explored how these themes affect our performance. Specifically, we focus on four areas: gender, working with local partners, resilience, and cash-based interventions.

## **SECTION 2: WHAT OUR RESEARCH IS TELLING US**

Next, we will consider what our research is telling us. Here we present some emerging findings from our current research projects, giving a summary of what gaps the research addresses and why it is important, as well as

outlining the overview of the studies, some key findings, and lessons learned around what could have gone better.

## **SECTION 3: WHAT OUR PROGRAMMES ARE TELLING US**

Finally, we will investigate what our programmes are telling us. We approached country teams and asked them to share some key lessons learned. It is hoped that these have the potential to be applied across our programmes, regardless of context. This last chapter also discusses Action Against Hunger's Inter-Agency Regional Analyst Network global project, by reflecting on the importance of strategic foresight as a cornerstone of humanitarian programming.

## **CONSTANTLY LEARNING**





One of Action Against Hunger's values is “constantly learning” and this remains at the core of the Learning Review, so we hope that this new structure provides you with a rich resource from which to draw on the experience of others. It is essential to continue to share these lessons, and be open to learn from one another. So please, enjoy reading the Review, and we look forward to continue working with you.



# ACRONYMS

<b>CEA</b>	Cost-Effectiveness Analysis		to Build Confidence Among Ethnicities
<b>CHS</b>	Core Humanitarian Standard		
<b>DFID</b>	Department for International Development	<b>MAM</b>	Moderate Acute Malnutrition
<b>DRM</b>	Disaster Risk Management	<b>M&amp;E</b>	Monitoring and Evaluation
<b>FUSAM</b>	Follow Up of Severely Malnourished Children	<b>MUAC</b>	Mid-Upper Arm Circumference
<b>GAM</b>	Global Acute Malnutrition	<b>ODK</b>	Open Data Kit
<b>GPS</b>	Global Positioning System	<b>REFANI</b>	The Consortium for Research on Food Assistance for Nutritional Impact
<b>HQ</b>	Headquarter	<b>SAM</b>	Severe Acute Malnutrition
<b>iCCM</b>	Integrated Community Case Management	<b>SWOT</b>	A Strengths, Weaknesses, Opportunities and Threats Analysis
<b>IPC</b>	Infection Prevention and Control	<b>UNDP-COBERM</b>	United Nations Development Programme Confidence Building Early Response Mechanism
<b>IARAN</b>	Inter-Agency Regional Analyst Network	<b>USD</b>	United States Dollar
<b>LGA</b>	Local Government Area	<b>WASH</b>	Water, Sanitation and Hygiene
<b>LINC Georgia</b>	Leveraging Employment Initiatives and Networking		

# OUR EVALUATIONS

-  GENDER
-  WORKING WITH LOCAL PARTNERS
-  RESILIENCE
-  CASH-BASED INTERVENTIONS

## 2016

EXTERNAL FINAL PROJECT EVALUATIONS

### BURKINA FASO

Food Security / Resilience

Renforcement de la résilience des populations pauvres et très pauvres et amélioration de la sécurité alimentaire dans les régions du pays les plus touchées par la crise de 2012 (PRORESI-GNAGNA )



### CENTRAL AFRICAN REPUBLIC

Water, Sanitation & Hygiene

Ensemble pour l'eau et l'assainissement durable en République Centrafricaine



### CHAD

Multi-sector

Projet intégré de réponse à l'insécurité nutritionnelle et à l'accès aux soins de santé au Tchad en 2015



### CHAD

Water, Sanitation & Hygiene / Food Security

Développement socioéconomique des populations vulnérables dans le Bahr-El-Gazel, Tchad



### SIERRA LEONE

Food Security / Nutrition

Mitigating the Impact of the Ebola Virus Disease on the Most Vulnerable Households through an Integrated Food and Nutrition Security Intervention in the District of Moyamba, Sierra Leone



EXTERNAL POLICY EVALUATION

### GLOBAL

Gender

International Global Gender Programming, Phases 1-3



## 2015

EXTERNAL FINAL PROGRAMME EVALUATIONS

### DEMOCRATIC REPUBLIC OF THE CONGO

Nutrition

Programme Pool d'Urgence Nutrition Congo (PUNC II)



### MYANMAR

Food Security & Livelihoods / Nutrition

Sustain programme. Sustainable approaches for Improved Nutrition



EXTERNAL FINAL PROJECT EVALUATION

### PAKISTAN

Water, Sanitation & Hygiene

Safe drinking water, sanitation and hygiene support for flood affected community in Pakistan



EXTERNAL MID-TERM PROJECT EVALUATION

### SOMALIA

Resilience

Somalia Resilience Programme (SomReP)



## 2014

EXTERNAL FINAL PROJECT EVALUATIONS

### PAKISTAN

Disaster Risk Management

Reducing vulnerability through disaster risk management in Khyber Pakhtunkhwa province, Phase II



### UGANDA

Food Security & Livelihoods

Combating gender-based violence and enhancing economic empowerment of women in Northern Uganda through cash transfers



### ZIMBABWE

Multi-sector

Building disaster resilient communities in Masvingo and Manicaland provinces, Zimbabwe



EXTERNAL FINAL PROGRAMME EVALUATION

### SAHEL

Food Security & Livelihoods

Food Security and Livelihoods - from recovery to resilience



# WHAT OUR EVALUATIONS ARE TELLING US

Our annual Learning Review provides us with the space to present and reflect on findings from our evaluations. There are many other sources of evidence that can be considered, but we feel that our rich pool of evaluations gives us a great opportunity to learn and improve our humanitarian action.

This year we decided to examine cross-cutting themes that are central to the way we work and the kind of organisation we want to be. We analysed past evaluations with a special emphasis on gender, working with local partners, resilience and cash-based interventions, and then reflected on what these findings tell us about our performance. What should we continue to do and what should we do better?

We selected a sample of 14 evaluations spanning from 2014 to 2016<sup>1</sup>. The evaluations reflect a combination of projects and programmes that touched upon the themes outlined above. For each theme we also reviewed available Action Against Hunger policies and position papers, and consulted technical advisors for advice and feedback. In general, the analyses follow a similar pattern, unpacking the project cycle with regards to needs assessment and design, implementation, monitoring and evaluation, sustainability and recommendations.

In this chapter, we first examine the evaluation of the Global Gender Programme and what other evaluations have noted with regards to gender. We then explore our working relationships with local partners to understand what has worked well and what was not successful in order to improve our ways of working with partners in the future. To enhance our understanding we discussed partnerships with Lucia Oliveira, who has been with Action Against Hunger for 12 years and worked as a country director in 6 different countries, currently holding this post in Egypt.

We then discuss resilience. As there are a multitude of activities that can be termed 'resilience', this analysis covers a broad range of projects and programmes, from disaster risk management activities to water source interventions and income-generating activities.

Lastly, we discuss cash-based interventions, highlighting areas where Action Against Hunger has demonstrated good practice in this area, and reflecting on where there is room for

improvement.

As a note of caution, please be aware that feedback on what has worked well and what required improvement is largely subjective, based on the evaluator's point of view. We refer to the countries in which projects and programme evaluations have taken place, but of course this is not a representation of all of Action Against Hunger's interventions and it is not meant to single out any of our staff. Many areas have developed and advanced in subsequent years and we recognise that a project designed two or three years earlier may be very different to a project designed and implemented today.

Some things might seem obvious to you, and some things might be unexpected. Nevertheless, we hope that this chapter gives you a good sense of what our evaluations are telling us, and some practical recommendations to take away on how we can improve our interventions.

1 All managed by the Evaluation, Learning and Accountability team at Action Against Hunger, except the Somalia evaluation



# 1.1 RESILIENCE

For Action Against Hunger, resilience refers to “the capacities of people, communities and the systems on which they depend to resist, absorb, cope and adapt when exposed to a hazard or set of hazards – while preserving, restoring or enhancing their food and nutrition security.”<sup>2</sup> Central to the organisation’s resilience strategy are the programming principles that include, among others, the integration of cyclical disaster risk management into all programming, and the participation and ownership by all stakeholders of evaluation and research to improve future activities. In 2016, Action Against Hunger carried out 111 projects related to disaster risk management in 28 countries. A look at evaluations undertaken by Action Against Hunger, directly or indirectly related to resilience, provided evidence that we have made great strides to ensure programming is in line with our resilience strategy. Nonetheless, there are still adjustments to be made, not only with programming itself, but also with

how resilience programmes are portrayed to donors who look for visible short-term effects, while resilience programming is on a longer timeframe.

## NEEDS ASSESSMENT AND DESIGN

The design of a programme is often dependent on the needs assessment undertaken in the target area. The needs of a population should be the driving factor of how the programme is designed. Within the scope of Action Against Hunger’s programming related to resilience, what worked well during the needs assessment/design phase of the programmes was the integration of activities to build resilience. The combination of multiple short and long term activities, which create a more holistic approach to resilience, has been praised by evaluators in multiple contexts. In Pakistan, where the disaster risk management approach was used, the evaluation commended Action Against Hunger for having a comprehensive approach covering six categories on the continuum: prevention,

mitigation, community capacity building, evacuation preparedness, rescue preparedness and relief preparedness.

Identifying areas of improvement is key to promoting learning within programmes. With regards to needs assessment and design, one area of improvement found in six of the evaluations is for projects to gain a better understanding of the local context during the design stage. The evaluation in Chad found that multiple activities had to be adapted on the ground, because the planned activities were found to not be relevant to the communities targeted. For example, training for an intensive farming technique to fatten lean animals was planned. However, it was found that this was not pertinent an area with limited pasture and food, and therefore the activity was abandoned. While we promote community-based disaster risk management, in order to improve our design, there is a need to promote resilience analysis as part of the needs assessment package.

<sup>2</sup> Action Against Hunger, Enhancing Climate Resilience and Food & Nutrition Security: Action Against Hunger’s approach to face climate change, hunger and undernutrition in at-risk communities, 2012



One of the most significant findings was that some programmes had staff who knew the needs, but were unable to design a programme that addressed them due to their own knowledge limitations. In Myanmar, the evaluation highlighted that the lack of staff knowledge relating to income-generating activities in the form of marketing specialisation was problematic. Additionally, programme evaluations from four countries found that an excessive number of activities were planned in time frames which were too short. They also found issues relating to programme coverage being too low. However, while programme coverage could have been higher in some programmes (e.g. the Sahel and Pakistan) staff capacity and funding shortages prevented this.

Beneficiary selection is an integral part of programme design, and comes from a good understanding of the needs assessment. The evaluations of resilience programmes provided strong evidence that Action Against Hunger involved the community in beneficiary selection. Evaluations in Pakistan, Burkina Faso and Chad found that the targeted communities played a role in the selection of beneficiaries. While this is a positive step, there is still room for improvement, particularly to increase the organisation's awareness of the role social connectedness plays in beneficiary selection. In Somalia, the need to better understand the relationships between clans and sub-clans and beneficiary households was highlighted in the evaluation. This is to ensure clan relationships do not negatively influence beneficiary selection. In several locations, it was clear that

one clan dominated local staff rosters which can result in programmes being shaped to target one specific group, rather than all.

### IMPLEMENTATION

The outcomes of the programmes are only as good as the design, needs assessment and time allocated to activities. Four of the evaluations indicate that good outcomes were achieved through the capacity building of target populations. In Zimbabwe, the training of disaster risk management committees created a certain level of readiness, consciousness and awareness of disaster risks, in addition to the ways to reduce them or mitigate their impact. Participants were seen carrying out related activities post-training, and the committees were deemed to have given a voice to the rural population in technical issues. The evaluation in Somalia provided Action Against Hunger with key lessons on the implementation of resilience programmes in the context of a fragile state. The approach in Somalia of addressing both long-term and short-term needs in such contexts, as well as of including early action and transformative approaches (reinforcing local governance), has improved the ability of communities to better deal with shocks.

Results from evaluations have however shown that certain aspects of programming may not have worked so well and need to be refined for future interventions. Evaluations of programmes in the Central African Republic and Burkina Faso have shown that income generating activities are not always accompanied by training on how to manage money.

## “CONTINUOUS LEARNING IS WHAT ENSURES PROGRAMMES TARGET BENEFICIARIES APPROPRIATELY”

This can lead to issues such as the treasurer taking the money home for safekeeping which leads to added security risks. Additionally, the language of disaster risk reduction protocols was not adapted to trainees in some of the programmes. In programmes when it was, such as in Burkina Faso where simplified language was used to teach beneficiaries about dietary diversity, it was deemed to be a successful approach to training.

The remainder of the findings relating to training and capacity building included issues with the content and insufficient time dedicated to resilience trainings. As noted in the Myanmar evaluation, the time dedicated for trainings is not always predictable. Delays in the implementation, due to the relocation of the project after unrest in Northern Rakhine State, meant that trainings provided to farmers were delayed until the end of the project.

### MONITORING AND EVALUATION

With regards to monitoring and evaluation, some areas for improvement were found relating to indicators and data collection. Some evaluations identified the need to improve logframe indicators, a challenge for most aid agencies, as resilience indicators are highly contextual. In the Democratic Republic of the Congo, where Action Against Hunger supported an early warning system for the nutritional system, it was noted in the evaluation that

expanding the indicators to include some cases of diarrhoea and fever from the health centres could have provided additional indicators of the nutrition situation on

the ground. In Somalia, a number of indicators were still seen as 'emergency indicators', causing a challenge in monitoring resilience. To address this challenge, additional indicators were added to better understand how resilient communities are to shocks and to measure the results of resilience programming. Additionally, some data was missing from monitoring systems. The evaluator in Chad found that crop monitoring was undertaken to see how successful harvests were. However only beneficiary crops were assessed and there was no "control" group available for comparison. A control group would have been useful to understand if our intervention had an effect or not.

In terms of data collection, two pertinent areas for improvement were identified. The first was the need for improved monitoring of trainee knowledge. In Zimbabwe, participants were asked about official concepts and terminology related to disaster risk management, rather than practical disaster risk management techniques. This therefore limited the programme's understanding of their capacity. Secondly, the need was identified to improve the scheduling of data gathering. In Sierra Leone, the Sahel and Burkina Faso, evaluations discovered that collection of end line data was done over different time periods to baseline data leading to a biased interpretation of the programme. It has been noted that this lack of consistency could

have been due to high staff turnover.

### SUSTAINABILITY

With programmes so dependent on external funding, it is important that programme design ensures long term sustainability in case Action Against Hunger cannot continue its support. Multiple successes were identified in four evaluations in relation to sustainability. In Zimbabwe and the Sahel, the resilience projects were considered sustainable due to the fact that trainings had taken place, leading to knowledge and skills remaining in-country following our departure. In Somalia, Action Against Hunger ensured that supply lines were left for trained community members. Not only were community animal health workers trained, but Action Against Hunger also supported veterinary suppliers in providing medicines after the end of the project to ensure that animal care continued.

While some evaluations commended certain programmes for their sustainability, it is important to continue to strive for all programmes to implement plans to ensure that beneficiaries continue the activities beyond the departure of Action Against Hunger. The evaluation in Myanmar found that the home gardens project had not created a system for seed storage which meant that they remained reliant on a partner to provide seeds at the start of each planting season. Additionally, one of the issues leading to a programme's poor sustainability was funding gaps between projects. If funding continuity is not ensured, the beneficiaries suffer. Similarly, due to these gaps, staff tend to move on to other jobs, resulting in

Action Against Hunger losing well trained staff and institutional and local knowledge.

While multiple areas have been identified as in need of improvement, it is also evident that some of those areas struggle due to reasons beyond their control such as budgets. Nonetheless, it is important for us to strive to use the lessons learned and adjust programming accordingly. Continuous learning is what ensures programmes target beneficiaries appropriately, and remain sustainable beyond Action Against Hunger's presence.

### RECOMMENDATIONS

- Ensure an understanding of local cultural, socio-economic and environmental context.
- Better include the beneficiary communities in the conception and planning of projects.
- Train volunteers in community-based disaster risk management, for the process to be replicated in villages where Action Against Hunger is not directly implementing.
- Need realistic monitoring and evaluation activities to measure sustainability of behaviour change.
- Measuring the effect of different activities on local levels of malnutrition should be a standard practice.
- Properly assess the environmental sustainability of programme activities.

# 1.2 CASH-BASED INTERVENTIONS

Action Against Hunger continues to integrate cash-based interventions into its humanitarian assistance, as an alternative and complementary tool to in-kind delivery modality. This is aligned with the third commitment of the Grand Bargain that aspires to “increase the use and coordination of cash-based programming”.<sup>3</sup> Many of the communities assisted by Action Against Hunger live in cash economies where people earn money and buy much of what they need on the market. During an emergency, these markets often remain operational, or recover relatively quickly, which means accessing goods on the local market can be a way of meeting people’s needs. Through the provision of cash, programme beneficiaries are able to access essential goods and services of their choice.

Last year’s Learning Review found cash-based interventions to be an effective, efficient and flexible approach in supporting vulnerable populations. This year, we aim to delve deeper, and take a look at the recurring themes from five programme evaluations which implement

cash-based interventions. These are Chad (2015), the Sahel<sup>4</sup> (2014), Sierra Leone (2016), Somalia (2015) and Uganda (2014). In this cross-cutting analysis, we measure ourselves against the Grand Bargain commitment on cash-based interventions, by highlighting areas where Action Against Hunger has demonstrated good practice, and reflecting on where we can do more.

## NEEDS ASSESSMENT AND DESIGN

The 2015 Learning Review concluded that cash transfers are an effective option for supporting communities during humanitarian crises and are becoming more standardised in Action Against Hunger’s response mechanisms. Similar trends have been identified in our cross-cutting analysis, where all five programmes featuring cash-based interventions were praised by the evaluators for their relevance. The evaluation from Uganda indicated that cash transfers were perceived as giving beneficiaries the freedom of choice, therefore maintaining dignity and a sense of normality during periods of food

insecurity. The Sahel evaluation highlighted that cash disbursements during the lean season were appreciated, and used for buying food and paying off debts. In Somalia, the approach is a common humanitarian intervention. Consequently, the evaluator found staff to be experienced with conditional cash transfers and that beneficiaries are familiar with the tool. As a result, implementation was rapid.

That being said, context is important - and as the Grand Bargain states, “cash cannot meet all needs”. Action Against Hunger has demonstrated its ability to identify when cash-based interventions are not appropriate. The evaluator commended staff in Chad (2016) for not using cash-based interventions in the development of income-generating activities. Start-up kits specific to each activity were used instead, so that the inputs were not spent on immediate household needs. In a different example, results from the Uganda evaluation indicated that the cash-based intervention needed to be more holistic to the context, since some beneficiaries who engaged in

<sup>3</sup> <http://www.agendaforhumanity.org/initiatives/3861>  
<sup>4</sup> Burkina Faso, Chad, Mali, Mauritania and Niger

cultivation spent the cash on clearing land and hiring tractors to cultivate it. In the future, Action Against Hunger could make strategic partnerships with local tractor-hire (or other) businesses to prevent this from happening.

Despite the relevance of using cash-based interventions, results from the five evaluations have found opportunities for improvement. Few evaluations go into detail regarding any involvement of community members at the needs assessment stage, and whether that resulted in an appropriate programme design. With that said, the evaluations from the Sahel and Sierra Leone did mention that needs assessments were incorporated into the cash-based interventions component of programme design. However, the engagement and inclusion of beneficiaries was insufficient. The evaluator stated that the Sahel programme did not satisfactorily include beneficiaries in the needs assessment and design, while the programme in Sierra Leone included beneficiaries in the needs assessment, but not in the design. In the Sahel programme, the evaluator highlighted the need to make the needs assessment and design stages more participatory for beneficiaries. None of the evaluations mention whether an in-depth market assessment took place throughout the projects, although it was assumed that it was carried out in the Sahel, Uganda and Chad evaluations, without further details being provided.

### IMPLEMENTATION

Regarding the selection of beneficiaries, the evaluations presented different results. In the Sierra Leone programme, the evaluation found that the target community was involved in the beneficiary selection process, which was highlighted as good practice since it avoids tension within communities. The Uganda programme used a participatory methodology to identify beneficiaries, in order to ensure active participation in all of the relevant trainings. This method allowed the programme to only target the most vulnerable and displaced by the conflict in South Sudan, which ensured that resources were spent efficiently and effectively.

In the Sahel programme the beneficiary selection process required improvement. In many communities, the village chief/leader was the main contact. This should have been avoided, as it has historically led to distorted results. It would have been better for communities to either democratically elect the committee members, or for Action Against Hunger to include those that most people in the community trust.

Findings from the Uganda evaluation showed that beneficiaries received adequate training on cash spending. This was found to enhance the transfer's impact, as beneficiaries were trained on ways to make the best use of their money. However, in the Sahel programme where the cash transfer was connected to income-

generating activities, training on how to spend the money did not always accompany the transfer.

In the evaluations carried out in Sierra Leone and Uganda, evaluators commended the programmes' integration of cash transfers with other interventions. Some examples included Village Savings and Loan Associations, nutrition sensitisations, and food security and livelihoods trainings. Integrations like these increased project synergies and sustainable approaches linked to development. All of this helps us to "build an evidence base to assess the... benefits [and] impact... of cash relative to in-kind assistance, service delivery interventions and vouchers"<sup>1</sup>, which is one of the key components of the Grand Bargain commitment.

Although integrating cash transfers with Village Savings and Loan Associations were viewed by the evaluators as a sustainable approach, some shortcomings were identified. In the Uganda programme, where the Village Savings and Loan Associations were established, the evaluator recognised a need for additional support regarding comprehensive training on financial literacy, record keeping, financial management and business entrepreneur skills. In the Sierra Leone evaluation, it was found that the project timeline was considered too short with too many activities to ensure the sustainability of the Village Savings and Loan Associations. It takes time to set them up and provide training, and for committees to be comfortable to operate without support. This was not considered possible given the timeframe.

## MONITORING AND EVALUATION

The Grand Bargain highlights the need to “ensure that coordination, delivery and monitoring and evaluation mechanisms are put in place for cash transfers”.<sup>1</sup> Action Against Hunger’s fulfilment of this was mixed. The programme in Chad was considered to have employed good accountability mechanisms for the food security and livelihoods component overall, which included a cash transfer component. Action Against Hunger’s relationship with the complaints committees allowed constant dialogue. A community/beneficiary complaints mechanism was also implemented in the Sierra Leone programme for the duration of the project. However, although beneficiaries appreciated the initiative, it needs strengthening, since follow-up on the complaints was incomplete.

In addition, evaluation of other programmes illustrates the need to improve our monitoring and evaluation mechanisms. For example, monitoring and evaluation of the project in Sierra Leone was considered insufficient. Data was mainly collected for reporting purposes, rather than for programmatic improvements. As the team spent two months checking the vulnerability status of households, it would have been appropriate to collate and analyse this data to see who the beneficiaries were. Doing so would also have allowed us to contribute to the fourth component of the Grand Bargain commitment on cash, which asks actors to look into the impact and risks of cash programming on protection. purposes,

rather than for programmatic improvements. As the team spent two months checking the vulnerability status of households, it would have been appropriate to collate and analyse this data to see who the beneficiaries were. Doing so would also have allowed us to contribute to the fourth component of the Grand Bargain commitment on cash, which asks actors to look into the impact and risks of cash programming on protection.

As discussed, as an organisation we should help build an evidence base for the effectiveness of cash programming compared with other types of programme (i.e. in-kind or voucher-based). As there was also no database to monitor implementation at an individual or household level, only at a village level in Sierra Leone, it was not possible to compare project results between different categories of beneficiaries e.g. male- or female-headed households, or between other types of program. Finally, baseline data was collected in August, in the middle of the lean season. Although post-distribution monitoring was done in October, data for the Food Consumption Score and Coping Strategy Index was not collected until January. The questions and data therefore relied on beneficiaries to recall events retrospectively, which likely resulted in biased information.

## RECOMMENDATIONS

Based on the findings presented above, a number of recommendations are hereby presented regarding interventions related

to delivery modality, including cash-based interventions:

- Ensure a clear methodology for targeting cash-based interventions beneficiaries prior to implementation. Ensure that beneficiaries are included in both the needs assessment and programme design. Also make sure to include in-depth market assessments, as it is an important step to contribute to the programme design phase.
- Consider providing varying quantities of cash to beneficiaries depending on their vulnerability status. Action Against Hunger could make strategic partnerships with local tractor-hire businesses to avoid beneficiaries having to spend the cash transferred to them on this.
- Contemplate letting communities either democratically elect cash transfer committee members, or for Action Against Hunger to include those that most people in the community trust.
- Link cash-for-work with Village Savings and Loan Associations for sustainability.
- Establish a complaints mechanism. A database with all complaints, required information and whether a response has been provided to communities must be kept up-to-date to track progress. All complaints boxes should be checked at least on a quarterly basis by the monitoring and evaluation officer.

# 1.3 WORKING WITH LOCAL PARTNERS



In 2016, the World Humanitarian Summit presented the Grand Bargain, an ambitious document that outlines ten commitments designed to help organisations better prepare for - and respond to - humanitarian crises. Importantly, the document emphasises partnership, stating that “above all, the Grand Bargain is about the need to work together efficiently, transparently and harmoniously with new and existing partners, including the private sector, individuals and non-traditional sources of funding”.<sup>5</sup>

The Grand Bargain’s second commitment reflects the growing recognition of local and national response to humanitarian crises, and the need to engage with and reinforce a country’s existing capacity. It is worth nothing that this spirit of partnership is already reflected here at Action Against Hunger, where we work with over 600 partners in 50 countries. Our partner profile echoes this enthusiasm for working with local actors; 13 per cent of our current partnerships are with national government, 31 per cent with local government, and 13 per cent with local/

national non-government organisations.

In our 2016-2020 International Strategic Plan, two of our 2020 targets are to ensure that “at least 80 per cent of country strategies include a local partnership strategy” and “at least 20 per cent of programmes funds are channelled through local partners”. It is promising to see that we are already partnering with local government and non-government organisations in 84 per cent of the countries that we work in.

Lucia Oliveira, Country Director for Egypt, who has been with Action Against Hunger for 12 years, and worked in six countries with over 20 partners, shared various insights with us. She gave us examples of both good and bad practice in partnerships, and key lessons learned. The recommendations brought forward from our evaluations mirror these insights.

## NEEDS ASSESSMENT AND DESIGN

This analysis of our evaluations highlighted the need for targeted ‘scoping’ of partners,

which is also emphasised by Lucia, who shared some good and bad examples of this.

*“In Syria, our partnership with an intergovernmental organisation belonging to the Arab League increased Action Against Hunger’s operational partnership maturity. The application of our own Partnership Toolkit during the scoping, identification and due diligence phase proved highly beneficial. It allowed us to obtain key data about the potential partner, exchange organisational approaches with them, and design the project itself. The tools include:*

- a selection criteria tool that contains general, financial and legal questionnaires;
- a strategy framework tool that assists in defining a collaboration strategy;
- a strengths, weaknesses, opportunities, and threats (SWOT) analysis; and
- a risk analysis”

*“...In Lebanon, a project was designed without*

5 Available at: <http://www.agendaforhumanity.org/initiatives/3861>

*applying the partnership tools mentioned above. This meant that the partner was not identified and selected properly during the scoping phase. Although the partner accepted joining the project, it quickly became clear that their way of working was divergent to our own. This dictated an abrupt end to the partnership. The project suffered delays as a result, and demanded double the effort from staff to put it back on track for both our beneficiaries and donors... The scoping phase of the partnership cycle must be obligatory when engaging in any kind of partnership.”* Lucia Oliveira

This experience is not unique. There are a number of contexts where, though we have formed beneficial partnerships with one organisation, we have failed to identify local partners who could have added more to the programme’s results and sustainability. One example of this was the Gender Based Violence and Economic Empowerment project in Uganda. The 2014 evaluation of this project highlighted the strength of our relationship with two local non-governmental organisations, but suggested that closer partnership with the community could have increased buy-in. Further to this, in the Democratic Republic of the Congo, the evaluation highlighted the need to partner more with local government and non-governmental partners. In addition, the evaluation of projects in the Sahel, Pakistan and Burkina Faso all stressed that projects could have been improved with greater involvement of communities and local organisations. The evaluations for both Sahel and Sierra Leone also underlined a missed opportunity to coordinate

better with government structures.

We need to ensure we work with partners from the assessment and design phase of a project. This can help increase trust and respect, create a shared purpose and ensure that programmes incorporate the skills and expertise of all partners.

*“ ... Action Against Hunger and partners (present and future) should strengthen the glue that holds partnerships together, by aligning values and defining core competencies from the start... The building phase of the relationship is the one that demands more effort, and the use of workshops and other tools to increase our togetherness. This allows all staff to understand their role within Action Against Hunger. It also helps partner organisations to freely share their perspective on how projects should be done, and increases their willingness to see the big picture.”* Lucia Oliveira

Happily, evaluations noted that we achieved this in Sierra Leone and Chad, where government authorities were involved from the outset, and in Uganda where the expertise of local non-governmental organisation was used throughout the design and decision making phases.

In Myanmar, the evaluation found that our partnership with a private organisation was instrumental in ensuring the sustainability of the project. However, it also showed that there was poor coordination and expectation setting during the design phase. This led to a misunderstanding over the partner’s capacity, and significantly delayed implementation of the

project. The same was found in Burkina Faso, where the failure to involve local municipalities in needs assessment and design was highlighted by the evaluator as a missed opportunity. Involving the authorities early on would have allowed them to identify municipalities in needs assessment and design was highlighted by the evaluator as a missed opportunity. Involving the authorities early on would have allowed them to identify and understand their own needs. Instead, we relied on community members to carry out some of the more challenging activities rather than a local partner. In this case, we were not inclusive enough and missed out on mutual learning. In the Somalia programme, government representatives interviewed during the evaluation specifically requested that the consortium coordinated with the government during the design phase.

### IMPLEMENTATION

*“ [In Syria] staff sat in the partner’s office and maintained daily contact. This enabled both organisations to build a relationship based on trust and accountability. It also allowed Action Against Hunger to influence the processes and technical tools used during the project implementation... Positive change only occurs when we fully integrate, speak the language and work with our partners. Only in this way will Action Against Hunger connect with partners intellectually and emotionally, thus overcoming deep-rooted beliefs, sensitivities and management cultures.”* Lucia Oliveira

The need to integrate fully with local partners is

*Right: A boy waters crops, Myanmar*

key to ensuring successful operations. In the Pakistan programme, engaging fully with the community was seen as a way of gaining local knowledge, as well as being cost effective. In the Sahel programme, working in isolation from communities was found to be impossible. In particular, the security environment meant that using local contacts who understand the local language and culture was vital. To be a leader in working with and strengthening local partners, we have to make sure that the transfer of knowledge is partner driven, and not imposed.

This also affects partners' staff turnover, which further hindered project implementation, particularly in government. When partnership priorities are imposed from the top down, there is little or no buy-in from departments and individuals. This results in low commitment and reduced involvement. The evaluations showed that this has happened in the following partnerships, where local organisations received training from Action Against Hunger. In the Chad programme, we failed to account for the rotation of staff at the end of coordination posts, and the sheer volume of activities they were required to lead. In the Myanmar programme too, the high staff turnover led to low engagement and a lack of understanding of a common goal between the three consortium members, which ultimately limited programme effectiveness. In the

Burkina Faso programme training was limited to one team within government, and due to high staff turnover this knowledge was lost at the end of the programme. One solution to this might be to train 'master trainers' as opposed to individuals, who are committed to the project from the design phase and ensure organisational memory and consistency.

### MONITORING AND EVALUATION

As an organisation that has committed to working with partners at a local level, and to strengthening their response, we have to be able to measure ourselves against our commitments and hold ourselves accountable. It is difficult to measure how effectively we have 'built capacity', and how well that capacity is retained and utilised. Creating strong local capacity to respond to crisis is about more than knowledge transfer, and depends on partners' ability to apply this knowledge in their work. As we measure ourselves against the targets in the International Strategic Plan, and start to set out our country strategies for partnership, it is vital that we find ways to measure whether or not we are really creating capacity, or merely working alongside local actors. The present evaluations suggest that in many cases, we are doing the latter.







## SUSTAINABILITY

One way to promote sustainability is by ensuring there is a thorough exit strategy. Without this programme scope can shift and change, making programs less effective, or meaning that they cease altogether.

*“ In Georgia, a very successful project, based on the transfer of knowledge to partners and the training of coaches (the ‘employment shuttle’ method), faced a very different challenge at the end of the partnership. Though the employment shuttle methodology is still being used by the trained partners, its delivery is not always in-line with Action Against Hunger’s technical approach. Although our staff still provide some coordination to the partners and coaches, it is felt that a tool for quality control is absent... we propose to have protocols put in place to regulate how partners use Action Against Hunger’s tools after we withdraw.”*  
Lucia Oliveira

Evaluations from Central African Republic, Chad, Pakistan and Zimbabwe also highlight the need to have an exit strategy in order to ensure the effective continuation of a programme after we withdraw. During the evaluation of a project in Zimbabwe, it became clear that the formed committees were dependent on Action Against Hunger for resources, particularly financial, and that this was not transparent enough early on in the project. Similarly, the evidence from the Chad evaluation showed that working with the government proved unsustainable, as they did not have the financial resources required to continue activities on their own. Whilst in the

Chad programme, the government was unable to support the project long-term, the evaluation from Pakistan showed that linking committees to government structures was highlighted as a positive factor for sustainability. As such, a thorough exit strategy, which considers some of these risks, should be developed as part of the building stage of the partnership cycle. It is worth remembering that every context is different.

In addition, exit strategies should account for the continued supply of additional resources. For example, in the Chad programme, partner staff were taught to repair water pumps and provided with a toolbox at the end of their training. The evaluation highlighted that this motivated them, and allowed continued use of their skills long after the project had ended. Spare parts for the water pumps were also provided in an attempt to make activities sustainable. However, the evaluation emphasized that working with the government was non-sustainable, as they lacked the finances to continue activities if Action Against Hunger left. In the Central African Republic programme, where repair-men were unable to easily access parts, the evidence showed that sustainability was limited. In this case, establishing a spare parts supply chain before withdrawing from the project would allow repair-men to consistently access parts. Alternatively, increased funding could be allocated to the follow-up phase of a project.

While none of these lessons may come as a shock, they serve as a reminder that knowing how to promote good partnerships, and saying that we will, does not always translate into

action. Action Against Hunger has some excellent resources for making the leap from knowing to doing, such as the Partnership Guidelines and Toolkit. This article proposes that we use these tools and the learning from shared experiences, and build partnerships that enrich not only our programmes, but of the partners who will serve those affected by crisis long after we withdraw.

## RECOMMENDATIONS

- Use the partnership toolkit to identify appropriate partners across sectors, map their capacities and interest, and carry out due diligence checks. At this stage, it is important to include partners from all levels from national government to the community.
- Involve partners from early on in the building/design phase to ensure common goals and understanding.
- Define a monitoring and evaluation framework from the beginning, which includes an evaluation of how we are positively and permanently influencing our partners.
- During the design phase, ensure that all project plans adequately address the exit strategy and sustainability. Make sure plans are in place to secure the supply chain before we withdraw.
- Consider partner organisations’ environment when considering how and when to train partners. Make sure that high staff turnover will not adversely affect the project.

## 1.4 GENDER

In the last few years we have increasingly recognised the need to improve gender mainstreaming across the organisation. We have since committed to increasing the impact of our programmes for women, girls, boys and men by analysing and addressing gender issues in the planning, implementation, monitoring and evaluation of our policies, programmes and research. Since 2013, we have been working towards an organisational shift that would help us to achieve sustainable gender-sensitive programming. We now need to take stock of how we are doing against these commitments.

In this chapter we discuss findings from programme and project evaluations conducted during 2014 – 2016, looking specifically at gender mainstreaming across the project cycle. We also look at the findings from the evaluation of Action Against Hunger's Global Gender Programme - an initiative to institutionalise gender into our organisational processes, systems and strategies. The analysis suggests that there are still substantial gaps across the project cycle in relation to gender mainstreaming. Furthermore, not all of our evaluations commented on gender and how

it was managed. This in itself is a point for improvement. Still, the analysis gives an indication of if and how gender is considered in projects and their evaluation.

### THE GLOBAL GENDER PROGRAMME

The Global Gender Programme is a four-year initiative set to develop relevant policies and an enabling environment for the organisation to move towards improved gender-sensitive programming. Since 2013 we have been working to develop, roll out and institutionalise the Gender Policy and Toolkit across our network. Recently, an external evaluation was conducted to assess the first three years of implementation, in preparation for the last phase and the development of longer term

organisational strategy. The evaluation found that an appropriate needs assessment and participatory process had resulted in a well-designed programme. However, it found the design of phases two and three, set to roll out and institutionalise the Gender Policy and Toolkit, to be too ambitious compared with the available resources (human and financial).

The evaluation found the programme to have a positive effect on the design of projects at field level. However, this is in contrast with the findings from the sample of project evaluations included in this review. This is either because the Gender Programme started later than these evaluations, or possibly because the effects of the Gender Programme have not yet trickled down consistently. Staff capacity on gender, the establishment of policies and

A recurring issue identified in a number of evaluations was the difficulty of recruiting a gender diverse staff, due to insufficient numbers of women appropriately qualified in certain contexts. In a project in Chad, local midwives were asked to accompany health centre staff in specific activities in the community in an attempt to correct this gender imbalance.



**“UNDERSTANDING GENDER RELATIONS IN A SOCIETY MEANS IMPROVING OUR ASSESSMENTS, OFFERING MORE ADAPTED ASSISTANCE AND INCREASING THE IMPACT OF OUR INTERVENTIONS IN THE FIGHT AGAINST HUNGER.”**

Clara Ituero, Global Gender Advisor,  
Action Against Hunger Canada

promotion of gender equitable culture were identified as areas of improvement, although on staff capacity, the evaluator suggested that more needs to be done. This is in line with our project evaluations, which showed that in some contexts, staff knowledge on gender is limited. One evaluator suggested that gender appraisals should also be conducted with our partners. This highlights the need to ensure that all staff involved in our programmes are committed to gender mainstreaming, and know how to do it. This can be achieved by setting specific recruitment requirements and compulsory training.

While all staff interviewed for the Gender Programme evaluation knew of the Gender Policy, the Gender Toolkit was hardly known about or used. Similarly, there was no mention of the Gender Toolkit in the 13 evaluations that were reviewed, whereas the Gender Policy was mentioned, although only once. Sustainability of the Gender Programme was found to be likely, but it was suggested that more efforts are needed to guarantee that. Considering the lack of

consistency between some of the findings of the Gender Programme and our project evaluations, sustainability is certainly an aspect we should continue to measure in the next few years. For example, a comprehensive gender audit, recommended in the Gender Programme evaluation, will help us to assess the extent of gender mainstreaming in all work areas, and over time.

### **NEEDS ASSESSMENT AND DESIGN**

Among the 13 evaluations reviewed, there was evidence of both men and women being included in needs assessments exercises, with programmes subsequently designed to focus activities on the needs of women. However, 7 out of 13 evaluators reported that a robust gender analysis had not taken place during the design stage, which often resulted in the limited inclusion of men or women in the programme.

In Sierra Leone the evaluation found that 50 per cent of the needs assessment

### **SPECIFICALLY TARGETING WOMEN CAN ALSO HAVE NEGATIVE EFFECTS**

The evaluation of the project in Burkina Faso noted that project activities targeting women specifically could potentially add to their workload, which would be counter-productive. Beneficiaries raised concerns about the women-run health gardens, which could become a burden considering their existing workload. Although the evaluator found that the work happened at a less busy period, it was highlighted as an issue that needs to be considered in the future.

participants were women, with gender ending up as a central component of the project. The evaluation of a project in Pakistan mentioned its particular emphasis on female staff interacting with women, to ensure their voices were heard. It was also noted that the programme used the Gender



Policy when developing vulnerability criteria for beneficiaries. When considering project design, four evaluations found that the project focus on women was appropriate, but one evaluation raised concerns that targeting women specifically could add to their workload. In the only gender-based violence project included in this analysis, the gender component and the design were found to be relevant, noting that the integration of a cash-based intervention to the programme, which involved transferring cash to vulnerable women, encouraged a more holistic approach to the context.

On the other hand, most evaluators described inadequate gender analysis at the design stage. The evaluation of a project in Myanmar found that a gender analysis had not taken place and men were not appropriately included. The evaluation of the gender-based violence project in Uganda found that male participants were insufficiently included in certain activities, and similarly in Chad, the evaluation highlighted that men need to be more involved in activities. In both cases, the evaluators highlighted that this is a limiting factor for project sustainability and overall strength. These examples remind us that we must focus on the needs of women, girls, men and boys alike, and that the appropriate inclusion of men and women in project activities can help to ensure that men better recognise women's contribution and needs, and vice versa.

In the Central African Republic, the evaluator found that gender was not officially analysed and women were not systematically included in activities. Meanwhile in a project in Pakistan it was noted that the mobilisation of women in project activities must

be increased. The programme especially struggled to mobilise women for needs assessments and project activities in Khyber Pakhtunkhwa Province, an area with a highly conservative culture, and where women have limited mobility. In Somalia, the evaluator highlighted that a robust gender analysis would have aided our understanding of the influence of gender on resilience capacity. For example, during the evaluation women reported having weaker supportive social networks during times of crisis, and in general.

## RECOMMENDATIONS

- A robust gender analysis is required during the needs assessment to lead to a better understanding of the local cultural, socio-economic and environmental context.
- Ensure staff are equipped with the tools and knowledge to conduct a gender analysis which considers men, women, girls and boys, and not only women.
- Women need to be included at all key stages of the project - but implementers should ensure that project activities will not increase the burden on women, even if the outcome is positive.

## IMPLEMENTATION

Women's representation in community-based management committees was often reported when considering gender mainstreaming in project implementation. 5 out of 13 evaluations found positive trends, from good representation, to examples of women in key positions such as Committee President. In Myanmar, women's groups reported gaining influence in the community, with

Left: A man washes his clothes in the lake, Malawi

women feeling empowered and perceptions of their roles changing among other community members.

However, other evaluations found that women's participation was insufficient. The evaluation of a project in Chad noted that women were poorly represented on water pump management committees - the only two women that were included were there to clean the water pumps. In Pakistan, the evaluation found that women were disadvantaged because they were less aware of emergency stocks than their male counterparts. This highlights the need to ensure that within Disaster Risk Reduction Committees, women are the ones in charge of safekeeping the items they need, such as sanitary stools.

### LEARNING FROM THE IMPLEMENTATION OF A GENDER-BASED VIOLENCE PROGRAMME, UGANDA

Gender-based violence programming is not one of Action Against Hunger's traditional intervention areas, however, a number of good practices were highlighted in the evaluation. For example, gender-based violence and cash transfer trainings were combined, which meant information about the programme was shared more widely. The selection of beneficiaries was participatory and had a well-defined selection criteria and a wide spectrum of 'vulnerability'. The criteria were explained to the community and members were invited to suggest participants. This meant the programme covered the most vulnerable, even

by the community's standards. On the other hand, the evaluator suggested that stronger advocacy messages on gender-based violence could have been included in training sessions, moving beyond the awareness-raising agenda. It was also suggested that the approach could have included responses to gender-based violence, rather than remaining solely preventative. The evaluation also found that men were hardly targeted in the project. In a society where men are often the key decision-makers, this meant that the project did not achieve optimal results. Finally, the project could have influenced gender relations more practically, by tackling both root causes and the facilitating factors of gender-based violence.

### RECOMMENDATIONS

- Action Against Hunger needs to find ways to influence the gender balance of community committees involved in projects, and invest greater resources into mobilising women than men.
- Assign greater project-related responsibilities to women to enhance their confidence and role in decision-making.
- Action Against Hunger needs to ensure that all trainings are facilitated by a man and a woman - something especially imperative for gender training.
- For gender-based violence programmes:

As Action Against Hunger often respected existing committee processes, or encouraged new committees to make their own decisions, it was likely not appropriate for staff to become involved in the gender balance of committees. However, there is potential to influence the gender make-up through agenda setting and highlighting the benefits of a gender-balanced committee that better represents the community, for example during training sessions.

include referral of victims to available services (as well as prevention) and address facilitating factors such as alcoholism, alongside the root causes of gender-based violence.

## MONITORING AND EVALUATION

Gender-disaggregated monitoring was poorly reported across the evaluations reviewed, and when it was, progress varied. Only three evaluations mentioned that the programmes were taking the most basic steps to include gender in monitoring and evaluation, as per the Gender Policy, by disaggregating data by sex and age. However, it is likely that this happened in additional programmes but was not specifically reported in the evaluations. The evidence regarding monitoring and evaluation though suggests that substantive gender-related monitoring was often missing. In fact, in three other evaluations it was mentioned that gender-disaggregated data was either not collected, or that it was not done for all project indicators. Specifically, one evaluator suggested that tracking beneficiary

*Right: A child receives ready-to-use therapeutic food from an Action Against Hunger supported centre in Niger*

households more closely, with disaggregation between male and female-headed households, would have improved understanding on outcomes. Finally, one evaluation found that women were less aware than men of the project's complaints mechanism. It was suggested that this could be due to a literacy barrier, which affects women more than men. In the future, the inclusion of visual instructions outlining how to lodge a complaint should be considered.

Although the gender agenda is much more integrated in our thinking than before, there is still much to be done if we want to become a truly gender-sensitive organisation. Therefore, gender should remain a priority working area, incorporated into our values and practice. The gender

approach should be emphasised as a mandatory area, and across the organisation, concepts and definitions regarding gender should be shared. This was highlighted in the recommendations from the Gender Programme evaluation, and echoed throughout the analysis of our sample project evaluations. Naturally, some areas will require more time and investment but others can be addressed relatively easily and should not be compromised. Notably, we must ensure that gender-disaggregated data is collected and that all our evaluations address gender across the whole project cycle. This would allow us to monitor the roll out of the gender agenda and continue to improve our actions towards our commitment to gender sensitivity.

### KEY GENDER TIPS

- **INFORMATION WE NEED TO COLLECT FOR A GENDER ANALYSIS IS OFTEN ALREADY AVAILABLE. COORDINATION WITH OTHER ORGANISATIONS IS KEY!**
- **GENDER IS ALSO ABOUT MEN AND BOYS AND HOW THE CONTEXT AFFECTS THEM DIFFERENTLY.**
- **WE CAN BE GENDER SENSITIVE WHILE FIGHTING HUNGER.**
- **TARGETING WOMEN BY DEFAULT IS NOT GENDER SENSITIVE AND CAN PERPETUATE GENDER**

### NOT FAMILIAR WITH OUR GENDER POLICY AND TOOLKIT?

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# WHAT OUR RESEARCH IS TELLING US



This section outlines emerging findings from our research projects and studies in 2016 (and before) with implications for our programmes. It focuses on new operational models to improve treatment of severe acute malnutrition: highlighting our work on integrating severe acute malnutrition treatment into the integrated community-based case management model with a focus on the C-Project Phase I, and the upcoming C-Project Phase II in Mali.

The next part discusses the benefits of improving ambulatory treatment of acute malnutrition of water and hygiene interventions, focusing on recent studies in the Democratic Republic of the Congo, Chad and Pakistan; and the broader water, sanitation and hygiene portfolio including the WASH' Nutrition Practical Guidebook.

Then we explore our Research on Food Assistance for Nutritional Impact (REFANI) project in Niger, Somalia and Pakistan, as well as the broader portfolio of work exploring different cash transfer models (MAM'OUT in Burkina Faso).

Lastly, we take a portfolio look across cost-effectiveness analysis, which is a growing area of interest across Action Against Hunger and one that can demonstrate the usefulness of the approach across all of our work – including the studies above but also for food assistance and psycho-social interventions.

# 2.1 TRANSFORMING THE TREATMENT OF MALNUTRITION

BY PILAR CHARLE CUELLAR, ICCM+NUTRITION COORDINATOR, ACTION AGAINST HUNGER<sup>6</sup>

## BACKGROUND

In 2014, 16 Million children suffered from severe acute malnutrition worldwide, only 20 per cent were treated. In countries like Mali and Pakistan, achieving high coverage of treatment is a real challenge. In 2014, prevalence of global acute malnutrition rate in the Kita region of Mali was 13.3 per cent and severe acute malnutrition was 2.4 per cent. In the same district, treatment coverage of severe acute malnutrition was only 24.9 per cent. The Pakistan National Nutrition Survey of 2011 reported a global acute malnutrition rate of 15.1 per cent and stunting prevalence rate of 43 per cent. In some of areas of Pakistan, for instance Dadu district, anthropometric survey revealed a global acute malnutrition rate of

12.6 per cent.

Integrated community case management, a strategy to extend case management of childhood illness beyond health facilities so that more children have access to lifesaving treatment (mainly malaria, diarrhoea and pneumonia), has shown high treatment coverage and high quality care rates for sick children under five.

The integrated community case management approach has grown to include the identification and referral of children with severe acute malnutrition by community health workers, but does not currently include treatment of severe acute malnutrition at a community level.

## OVERVIEW OF THE STUDY

The main objective of this study was to integrate the treatment of severe acute malnutrition into the delivery of health interventions by community health workers in order to decrease the negative impact that economic and geographic barriers have on the coverage of malnutrition treatment. The aim was to test this approach in the two contexts of Mali and Pakistan. Protocol of the study was proved by the Ethics Committee. Memorandum of understanding was signed between Bamako University, Institut National de Recherche en Santé Publique du Mali and Action Against Hunger in Mali; and with Aga Khan University in Pakistan.

<sup>6</sup> Research led by Franck Alé, former Research Coordinator Mali; Deepak Kumar, Research Coordinator Pakistan; José Luis Alvarez, former Head of Technical Development; Pilar Charle Cuellar, ICCM+Nutrition Coordinator; and Saul Guerrero, Director of International Nutrition Initiatives





**“USING LADY HEALTH WORKERS TO TREAT SEVERE ACUTE MALNUTRITION IS EFFECTIVE.”**

### **MALI STUDY**

In Mali, a clinical longitudinal cohort study was carried out in the region of Kita between February 2015 and February 2016, to collect the evidence and answer the following questions:

- Is severe acute malnutrition treatment delivered through community health workers as effective (cure, death and defaulters rates) as treatment delivered at health facilities?
- Will coverage in the communes where community health workers deliver severe acute malnutrition treatment increase after 12 months?
- Cost-effectiveness of the community health workers' care in intervention area and the standard care in control area. Will treatment of severe acute malnutrition by community health workers improve cost-effectiveness compared to treatment at health facilities?
- Are community health workers providing good quality of care for children suffering severe malnutrition?

### **PAKISTAN STUDY**

In Pakistan, a randomised control trial was carried out in Dadu district to collect evidence and answer the following questions:

- What is the incidence of moderate acute malnutrition and severe acute malnutrition among children under-five years of age in areas that provide standard treatment at facility and community-level by government health care providers compared with treatment delivered by trained lady health workers?
- What is the effectiveness (i.e. the rate of recovery and coverage) and cost-effectiveness of treatment of severe acute malnutrition in areas that provide standard treatment at facility and community level by government health care providers compared with the treatment delivered by trained lady health workers?

### **KEY FINDINGS**

#### **MALI STUDY**

In Mali, two groups were followed up in the cohort: one control group, which received treatment for severe acute malnutrition delivered at the existing health facilities, and one intervention group, which received treatment for severe acute malnutrition delivered at the health facilities and through the community health workers.

During the period, 235 children were admitted in the control group, and 699 in the intervention one.

In relation to cure rates, the intervention group reported rates of 94.2 per cent compared to 88.6 per cent in the control group. The risk ratio of 1.07 [95 per cent confidence interval 1.01; 1.13] highlights that the probability of being cured is higher in the intervention group ( $p=0.0028$ ). Defaulter rates were twice as high in the control group compared to the intervention group (10.8 per cent vs. 4.5 per cent). The risk ratio of 0.42 [95 per cent confidence interval 0.25; 0.71] reveals that the probability of defaulting was half of that of the intervention group ( $p=0.0024$ ). Within the intervention group, five children (0.8 per cent) died compared to two children (0.9 per cent) in the control group, given the low rates in both groups, the difference is not statistically significant.

At the beginning of the intervention, the single coverage rates in the two cohorts were 43.9 per cent in the intervention group vs. 43.8 per cent in the control. At the end, there is an increase in coverage within the intervention area compared to the control group, where coverage marginally declined over the period (86.7 per cent vs. 41.6 per cent). This difference between the two groups in December 2015 was statistically significant.

In terms of quality of care, well trained and supervised community health workers are capable of identifying and managing cases of severe acute malnutrition without complications. The quality of the management of such cases is satisfactory with 79.5 per cent (95 per cent confidence interval: 72.1-86.9) and

treated without significant errors.

### PAKISTAN STUDY

In Pakistan, a total of six union councils of the Dadu district were selected at the beginning of the project to implement the clinical trial. 829 cases were enrolled in the clinical trial among the six union councils, the intervention arm involved the delivery of treatment by lady health workers in three union councils, with three comparative union councils offering treatment in health facilities acting as a control arm.

The results showed that using lady health workers to treat severe acute malnutrition in children without complications is effective. In the intervention group, cure rates of 76 per cent, defaulters 3.8 per cent and death rates 0.2 per cent. In the control group, cure rates were 83 per cent, defaulters 2.5 per cent and death rates 0.5 per cent.

At the beginning of the study in March 2015, coverage rates in the control group was 43 per cent and in the intervention group was 40.6 per cent. Although there was a small increase in coverage in the intervention arm of 5.6 per cent (40.6 per cent to 46.2 per cent) in 2016, it was not statistically significant and also occurred in the control arm, 55 per cent, suggesting it cannot necessarily be attributed to the intervention itself.

The operational challenges faced were:

- Number of community health workers per health structure and population: according to

the Mali National Primary Health Policy, ratio is 1 community health worker/ 1,500 habitants.

- Salary of community health workers: They are included as staff as part of the health pyramid, but their salaries are supported by an international non-governmental organisations until the end of 2019.
- Model of supervision: Community health workers are generally supervised by staff in the health facilities. However, during the pilot study, closer supervision was conducted by Action Against Hunger staff.
- Training of community health workers: Within a 15-day training programme for community health workers, just one day is allocated to malnutrition.

### IMPLICATIONS AND LOOKING FORWARDS

With the evidence collected, what we know now:

- 1 Community health workers can provide high quality treatment for severe acute malnutrition in the communities, and doing so does not negatively affect the effectiveness of treatment.
- 2 Delivering severe acute malnutrition treatment at community level has the potential to significantly increase treatment coverage.
- 3 The health community is ready to actively explore the integration of severe acute malnutrition treatment into integrated

Right: A woman arrives at an Action Against Hunger supported nutrition centre, Mali

community case management. Ministry of Health in Mali has adapted the Primary Health Care policy and include severe acute malnutrition treatment into the package of actions to be delivered by community health worker.

#### **PERSPECTIVES FOR ACTION AGAINST HUNGER:**

- 1** Scaling up of the intervention: The first idea is to increase the work in Mali, and to address the challenges described in the paragraph above: model of supervision, content and quality of training, as well as number and salary of community health workers. At the same time it is important to evaluate needs and opportunities in other countries where we are working in.
- 2** Uptake, fusion and communication partners: Share the study and results with health authorities, donors and non-governmental organisations, so to encourage similar interventions in other communities affected by high rates of malnutrition worldwide.
- 3** Action Against Hunger is the leader of a nutrition sub group in the integrated community case management task force.

Our vision is “a world without hunger”, focusing our intervention on mitigating consequences of hunger, addressing the causes and changing the way hunger is viewed. To achieve this, increasing the coverage of programmes to treat severe acute malnutrition is one of our main goals.

During several years we have been monitoring coverage of our programmes, and it is extremely rare for coverage to exceed 50 per cent. With both these studies, we have scientific evidence to demonstrate that another way to treat malnutrition is possible and that it allows us to treat more than double the amount of children than we used to treat before.

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## 2.2 INTERVENTIONS ON WATER AND HYGIENE TO IMPROVE AMBULATORY TREATMENT OF ACUTE MALNUTRITION: WHAT ARE THE BENEFITS?

BY MATHIAS ALTMANN, OPERATIONAL RESEARCH ADVISOR & NICOLAS VILLEMINOT, SENIOR WATER, SANITATION & HYGIENE TECHNICAL ADVISOR, ACTION AGAINST HUNGER

### BACKGROUND

It is estimated that 58 per cent of annual deaths caused by diarrhoea are attributable to poor water, sanitation and hygiene conditions.<sup>7</sup> Interventions aiming at improving water quality at household level, or at promoting hand washing with soap, can significantly reduce the incidence of diarrhoea. Beyond their effect on infectious diseases, the evidence suggests that these interventions have a small but measurable benefit on stunting (but not on wasting). To our knowledge, no water, sanitation and hygiene intervention has been assessed, either when implemented in addition to a nutrition rehabilitation programme, or after discharge when immune recovery is still incomplete.

The 'WASH in Nutrition' strategy was

developed by the West and Central Africa Regional Water, Sanitation and Hygiene Group (including Action Against Hunger, the European Union department for European Civil Protection and Humanitarian Aid Operations, and Unicef amongst others), and it has been largely promoted since 2012 in various regions of the world.

One of the proposed activities in this strategy is the provision of a 'household water, sanitation and hygiene package' to mothers/caretakers of children with severe acute malnutrition, upon their admission to the health centre. The aim is to protect children against new episodes of diarrhoea and other water and sanitation related infections. This household water sanitation and hygiene package includes:

1 a household water treatment and hygiene

kit (water container, water disinfection consumables, soap, cup, simple hygiene present promotion leaflet with images)

2 a weekly hygiene promotion sessions at health centre level with mothers/caretakers of children admitted to the programme.

In the context of ambulatory nutritional rehabilitation of severe acute malnutrition, we hypothesised that improving water, sanitation and hygiene care practices at household level would decrease incidence of related infections, such as diarrhoea, nematode and environmental enteric dysfunction. As such, this would improve weight gain, decrease length of stay in the treatment programme and improve recovery proportion. For the mid-term, it would decrease the risk of relapsing after successful discharge. In order to test these hypotheses, Action Against Hunger engaged in operational studies in three different contexts: Democratic

7 WHO 2014: [http://apps.who.int/iris/bitstream/10665/150112/1/9789241564823\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/150112/1/9789241564823_eng.pdf)



Republic of the Congo, Chad and Pakistan. We present here a summary of these three studies.

## OVERVIEW OF THE THREE STUDIES

### FIRST STUDY IN THE DEMOCRATIC REPUBLIC OF THE CONGO

From 2012-2013, Action Against Hunger partnered with the Johns Hopkins Bloomberg School of Public Health to assess the effects of household water treatment on the treatment of severe acute malnutrition in Bandundu Province, the Democratic Republic of the Congo, with funding from Procter & Gamble.

The general objective of the study, approved by the Nutrition Programme of the Ministry of Health examined the treatment of severe acute malnutrition in children under five with no complications. It compared the efficiency of using ready-to-use therapeutic food in addition to Procter & Gamble 'Purifier of Water' sachets, against using only ready-to-use therapeutic food. It was found that

the addition of a water purifier decreased the average treatment time by four days. However, the results were not statistically significant, as the sample size was too small.

### SECOND STUDY IN CHAD

Action Against Hunger is currently implementing a cluster randomised controlled trial in Mao and Mondo health districts, Kanem region, Chad. This trial aims at comparing two groups:

- Control group: ambulatory nutritional rehabilitation
- Intervention group: ambulatory nutritional rehabilitation and an additional water, sanitation and hygiene package

Around 1,600 children aged 6 and 59 months who were admitted to 20 health centres for severe acute malnutrition were included in the study. Recruitment of the participants lasted from April to November 2015 and the follow-up ended in May 2016. The primary evaluation outcomes to be measured are recovery and relapse

proportions. The secondary outcomes include time-to-recovery, weight gain, longitudinal prevalence of morbidity (diarrhoea, vomiting, cough, and fever), adherence to the household water, sanitation and hygiene package, as well as hygiene and care practices of the mothers/ caretakers.

This project is conducted in a partnership between Action Against Hunger France, the Institute of Tropical Medicine in Antwerp, Belgium, and the Sahel Association of applied research for sustainable development in Chad.

### THIRD STUDY IN PAKISTAN

In Sindh Province, Pakistan, Action Against Hunger also partnered with the Johns Hopkins Bloomberg School of Public Health and worked on a similar study focusing on the effectiveness of household water treatment in the treatment of severe acute malnutrition and its cost-effectiveness. The research evaluates the effectiveness of three types of household water treatment - ceramic candle filters, Aquatabs, and Procter & Gamble 'Purifier of Water' sachets - as additional components to community management of acute malnutrition

interventions. The randomised control trial included 901 children between 6 and 59 months. The enrolment started in February 2016 and the field study ended in October 2016. Results will be shared in 2017, looking at the length of stay in treatment centres and the weight gain when adhering to water treatment.

### KEY FINDINGS

The key recommendations for policy and practice, based on final results, will be available in 2017. However, the authors have put forward several operational recommendations, derived from the field experience and lessons learned so far:

**1** Data collection: we found open data kit software unsuitable for this type of research project within this context, because of difficulties with the use of tablets. We recommend using other software for data entry, such as Epi Data or Epi Info.

**2** Data quality/human resource: data quality remains a major challenge, particularly for a research project. We recommend having a data management team, including at least two data entry officers (for double data entry) and one data coordinator (to check continuously all potential data errors). These positions are essential for a research project and should be recognised as such.

**3** Partnerships: we recommend involving health centres' staff (nurses and volunteers) in data collection as much as possible. This would increase their motivation to contribute to the

study and improve data quality. Additional staff (e.g. nurses) with experience in nutrition could be recruited to support them in their daily duties. Other partnerships (e.g. research, women's organisations, traditional healers) might be beneficial for acceptability and understanding of the research process.

**4** Scientific partners: we recommend scientific partners to conduct a field visit during the pilot phase of the study in order to ensure adequate adherence to study protocol and to setup an adapted system for data quality control.

**5** Operational budget (to adhere to study protocols): studies often piggyback on existing operations and face various issues. These include supply, shortages of ready-to-use therapeutic foods, monitoring issues that may impact on exclusion of patients enrolled in the survey, or poor implementation community management of acute malnutrition protocols. This may jeopardise the sample or the quality of data collected, and a delay in achieving project objectives. The flexibility of a study to identify,

anticipate and address operational issues and limit external influences helps projects remain focused. It remains important to account for the reality of operational challenges in uptake of recommendations.

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**“INVOLVING HEALTH CENTRES’ STAFF... WOULD INCREASE THEIR MOTIVATION TO CONTRIBUTE TO THE STUDY AND IMPROVE DATA QUALITY”**

### WHY NOT CHECK OUT THE WASH NUTRITION PRACTICAL GUIDEBOOK?

The guidebook places special emphasis on integrating water, sanitation and hygiene, and nutrition programs in humanitarian emergencies. It looks at safeguarding the health of communities affected by crisis. The guide also provides a resources section, which offers examples from the field and tools to assist in integration efforts at each phase of a classical project cycle.

<https://www.actionagainsthunger.org.uk/publication/wash%E2%80%99nutrition-2017-guidebook>

## 2.3 WHAT WORKS TO PREVENT ACUTE MALNUTRITION USING CASH TRANSFERS

BY ELLYN YAKOWENKO, ASSOCIATE DIRECTOR OF RESEARCH  
& ZVIA SHWIRTZ, REFANI RESEARCH UPTAKE OFFICER, ACTION AGAINST HUNGER

### BACKGROUND

In 2015, approximately seven per cent (1.9 billion USD) of all international humanitarian assistance funding was used for cash-based interventions<sup>8</sup> and following commitments made at the World Humanitarian Summit,<sup>9</sup> the use of this modality is expected to increase significantly in future. There are, however, many knowledge gaps that still exist on the use of cash-based interventions in humanitarian contexts, particularly in regards to their ability to achieve nutrition objectives for young children, aged 6-59 months. For example, there is little known about how the timing (e.g. before or during the lean season), duration (e.g. six-months vs. one year), and amount and frequency of cash transfers (e.g. large lump

sum vs. smaller monthly instalments) may impact on undernutrition, or how cash-based interventions may protect a child's nutrition security against household stress, shocks, or natural disasters.

### OVERVIEW OF THE STUDIES AND KEY FINDINGS

The Research on Food Assistance for Nutritional Impact (REFANI) project<sup>10</sup> has conducted three study trials – in Pakistan, Niger, and Somalia – aiming to fill several critical evidence gaps, and exploring the extent to which cash transfers and/or vouchers can protect the nutritional status of children in emergency contexts. After nearly three years of research, funded by both the United Kingdom's Department for International Development and

the European Commission's Civil Protection and Humanitarian Aid Department, consortium partners Action Against Hunger, Concern Worldwide, ENN and University College London are now able to report important findings across each of the project's country studies.

The REFANI-Pakistan study<sup>11</sup> is a longitudinal cluster randomised controlled trial in Dadu district, Sindh Province, which explores how the amount of cash given and the restrictions around the use of cash (e.g. unrestricted vs. fresh foods only) impacts the effectiveness of the cash-based intervention in reducing the risk of undernutrition in children 6-59 months. The study compared effects across four research arms- (1) a 'control' group, which received

8 <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11296.pdf>

9 [https://www.worldhumanitariansummit.org/sites/default/files/media/WHS%20Commitment%20to%20Action\\_8September2016.pdf](https://www.worldhumanitariansummit.org/sites/default/files/media/WHS%20Commitment%20to%20Action_8September2016.pdf)

10 <http://www.actionagainsthunger.org/refani/refani>

11 <http://www.actionagainsthunger.org/refani/pakistan-country-study>

## 2.3 WHAT WORKS TO PREVENT ACUTE MALNUTRITION USING CASH TRANSFERS

no- cash-based intervention; (2) a 'standard cash' group, which received an unconditional cash transfer of the same value as the national safety net programme; (3) a 'double cash' group, which received an unconditional cash transfer of double the value of the national safety net programme; and finally, (4) a food voucher of the same value of the 'standard cash', but restricted towards the purchase of fresh fruits, vegetables, meats, etc.

REFANI-Pakistan study results show that the larger amount of cash was the most effective for improving children's weight-based growth in the short-term, immediately after the last transfer was received. However, these effects were not sustained over time (6-months after the last transfer), indicating that the larger amount of cash may only be effective at addressing short-term wasting outcomes. Meanwhile, each of the cash-based interventions demonstrated an impact on height-based growth, with the cash and voucher arms all showing decreases in

stunting in comparison to the control group over both the short- and longer-terms. Therefore, cash-based interventions may support greater nutrition resilience among young children, particularly in poor and very poor households.

The REFANI-Niger study<sup>12</sup> is a cluster randomised controlled trial in the region of Tahoua that explores how the timing and duration of cash transfers impact the effectiveness of the cash-based interventions in reducing the risk of undernutrition in children 6-59 months. The study compared effects across two research arms: (1) a 'standard' 4-month unconditional cash transfer; and, (2) an 'earlier/extended' 6-month unconditional cash transfer. Both intervention arms provided the same total value of cash, however the 'early/extended' transfer was disbursed two months before the peak of the lean season. is a cluster randomised controlled trial in the region of Tahoua that explores how the timing and duration of cash transfers impact the effectiveness of the cash-

based interventions in reducing the risk of undernutrition in children 6-59 months. The study compared effects across two research arms: (1) a 'standard' 4-month unconditional cash transfer; and, (2) an 'earlier/extended' 6-month unconditional cash transfer. Both intervention arms provided the same total value of cash, however the 'early/extended' transfer was disbursed two months before the peak of the lean season.

REFANI-Niger study results found no difference in effect between the standard and earlier/extended interventions. The study team noted that peaks in disease prevalence, such as a sharp spike seen in the number of malaria cases over the intervention period, may have limited the effectiveness of the cash-based interventions in preventing undernutrition. This suggests that health factors may be key drivers in undernutrition in Niger and therefore, that health-related interventions may be required in conjunction with cash-based interventions





Below: Men farming,  
Niger

to have an impact on protecting the nutrition status of children 6-59 months. These results are also similar to those of Action Against Hunger's MAM'Out cluster randomised controlled trial study<sup>13</sup> in Burkina Faso, which found no difference in effect on undernutrition between those receiving a multi-annual, seasonal cash transfer and those in the control group. Taken together, both the REFANI-Niger and MAM'Out indicate that cash-based interventions alone may be insufficient to prevent undernutrition within the West Africa region and that a comprehensive, multi-sectoral approach is likely required to support nutrition security.

Finally, the REFANI-Somalia<sup>14</sup> is a non-randomised cluster controlled trial in the internally displaced person camps of the Afgoye Corridor region, which explores whether cash-based interventions can reduce the risk of a child becoming acutely undernourished, as well as how these intervention may alter the risk factors for undernutrition. This study compared effects

across two research arms: (1) a 'control' group, which received no-cash-based intervention; (2) a group that received an unconditional cash transfer. Data collection is still on-going for the REFANI-Somalia study, however, preliminary analysis indicates that while households receiving the cash-based intervention showed improvements in most food security indicators, no significant improvements were seen in regards to child nutritional status. There was no difference in effect between the research arms in reducing the prevalence of undernutrition. Final results of the study are expected by August 2017.

## IMPLICATIONS AND LOOKING FORWARDS

These REFANI country studies demonstrate the complexity of the pathways which lead to undernutrition, as well as the variety of ways in which cash-based interventions may work in humanitarian contexts to protect the nutrition

status of children during their first 1,000 days. While REFANI focused specifically on nutrition-related outcomes, it is important to note that there may be other positive outcomes created by the cash-based interventions (e.g. in education or in purchasing productive assets), which were not captured in either the primary or secondary outcomes of these studies. This is an area where future research is required – both in identifying how beneficiary spending changed in relation to the cash-based interventions and how cash-based interventions inputs were used to maximum effect by the beneficiary.

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13 <http://www.actioncontrelafaim.org/fr/content/projet-mam-out>  
14 <http://www.actionagainsthunger.org/refani/somalia-country-study>



# 2.4 A PORTFOLIO LOOK ACROSS COST-EFFECTIVENESS ANALYSIS

BY ACTION AGAINST HUNGER'S COST-EFFECTIVENESS EXPERTS<sup>15</sup>

**“KNOWING THE COST VS. BENEFITS IS AN EXCELLENT WAY TO ADVOCATE FOR THE INTERVENTION TO PARTNERS, DONORS BUT ALSO WITHIN THE TEAM”**

Nepal

## INTRODUCTION

Combining information on programme costs and outcomes, as is done in a cost-effectiveness analysis (CEA), can tell us more about a programme than looking at either of these components separately. Focusing on effectiveness alone will limit the use of data in strategic decision-making where resources are constrained. Focusing on costs alone may detract from programme impact. While cost-effectiveness analysis is prevalent in the health sector there are some challenges in translating the current CEA practice in the

health sector to humanitarian interventions, particularly for those interventions which have important impacts beyond measurable health outcomes.

Since 2012, Action Against Hunger has been engaged in developing capacity on CEA across our nutrition, food security, and livelihood programmes implemented in several country offices. In this article we summarise the experiences and perspectives on the application of CEA reported by various staff conducting these analyses at headquarters (HQ) and in the field. These

pros and cons relate both to the CEA method in general, and to its application to nutrition and food security specifically.

## PROS OF COST-EFFECTIVENESS ANALYSIS

### EVIDENCE FOR ADVOCACY AND DECISION-MAKING

Among the general benefits of CEA is its usefulness in policy and advocacy efforts. Results from these studies can be used as one element to be considered for priority-setting and advocating for certain interventions and

15 Cecile Salpeteur, Chloe Puett, and Lani Trenouth; supported by Amy Mayberry and Hannah Wichterich; based on 'REFANI CEA Update final 2 2017' and these articles: Cost-Effectiveness Analysis for Nutrition and Food Security Pros, cons, and lessons learned within Action Against Hunger: <http://www.actionagainsthunger.org/blog/cost-effectiveness-analysis-nutrition-and-food-security> Protecting child health and nutrition status with ready-to-use food in addition to food assistance in urban Chad: a cost-effectiveness analysis: <https://resource-allocation.biomedcentral.com/articles/10.1186/1478-7547-11-27>

16 Cost-effectiveness of community vegetable gardens for people living with HIV in Zimbabwe: <https://resource-allocation.biomedcentral.com/articles/10.1186/1478-7547-12-11>

17 [http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#\\_ftn1](http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#_ftn1)

[http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#\\_ftn2](http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#_ftn2)



*“The CEA can provide a very useful additional degree of analysis on the comparison of different intervention modules and their cost-effectiveness – this is a key element to ensure that not only our beneficiaries receive the best possible service, but also that we can plan to provide such services in the most efficient way thus also reaching a higher number of people in need.”*

Pakistan

approaches to a wide variety of stakeholders. Within this, evidence on costs, resource use, efficiency, and effectiveness can aid in improving programmes and inform future budgeting.

#### **ACKNOWLEDGING CONTRIBUTIONS OF PARTNERS, COMMUNITIES, AND HOUSEHOLDS**

Action Against Hunger CEAs employ a ‘societal perspective’ wherever possible to understand the broader programme costs beyond institutional expense records. This involves engaging with partners and beneficiaries to identify and include the “hidden inputs provided by the community and society” (HQ). Provided that all stakeholders are willing to share their cost information, discussing with different implementing partners also can allow triangulation of information, helping ensure that

cost data is accurate and complete.

#### **A NOVEL ANGLE FOR PROGRAMME EVALUATION AND LEARNING**

As Action Against Hunger builds experience in conducting CEAs, we are learning ways to improve our methods and practices. Field staff are often involved in compiling data needed for these analyses, and implementing staff are key actors consulted during data collection. While this is an additional task for field staff, they can also benefit from the experience through gaining a better understanding of the various cost implications of programme design and implementation. It also helps staff to understand that the cost data collected during a CEA is for the purposes of evaluating the costs and cost drivers of a programme and it is not a financial audit, or an evaluation of individual staff performance.

#### **QUANTIFYING COSTS FOR EFFECTIVE NUTRITION SCALE-UP AND INTEGRATION**

According to the Global Nutrition Report 2015, more evidence is needed on the cost of nutrition strategies.<sup>16</sup> This is an important limitation in the current evidence base, given that nutrition and medical supplies can be costly, particularly therapeutic foods, milks, and their related logistical requirements.<sup>17</sup> High costs can limit the coverage and sustainability of these activities.

In this sense, one benefit of the cost data in CEAs of nutrition interventions is in helping to clarify the costs of scaling up effective services and handing them over to local partners, and in aiding partners in “planning and budget development of different activities and projects around nutrition and nutrition-sensitive approaches, where they otherwise

*“Often as field teams we do not realise all the costs that go into making a programme function – logistics, support HR, etc. When I did the exercise of costs identification with the team, it was interesting for them to realise the costs involved. This definitely has an impact on motivation and accountability as a team.”*

Nepal

*“As soon as they learn the objective and understand the importance of the study and their participation, almost everyone shows great support for the analysis. In fact, many expressed interest in learning more about the methodology.”*

HQ

Right: A woman at work in a clinic, Nepal

lack evidence to guide their decisions in a field where previously little money used to be spent” (Pakistan).

### MOVING BEYOND COST-EFFICIENCY IN FOOD SECURITY AND LIVELIHOODS

Field staff perceived that compared to nutrition programmes, food security and livelihood programmes have a stronger focus on economic analysis. However, the typical indicators used in existing economic analyses are outputs—number of beneficiaries reached, cost per unit of currency distributed—rather than outcome indicators. The shift to assessing cost per outcome of food security and livelihood programmes, particularly nutrition-related outcomes, is a positive step to understanding these interventions’ potential. A shift from cost-efficiency metrics towards cost-effectiveness metrics can provide a more nuanced understanding of the full costs and benefits of aid programming. A programme which is deemed more cost-efficient is not necessarily the more cost-effective and therefore a focus on efficiency measures might provide incomplete and ultimately misleading evidence for the most appropriate intervention.

### CONS OF COST-EFFECTIVENESS ANALYSIS

#### DANGERS OF REDUCTIVE INTERPRETATION

Despite their many benefits, CEAs are also limited in that they contribute just one piece

of information to evaluate programmes, and should be considered along with other criteria such as equity and other ethical considerations. Additionally, in the humanitarian field there has been historical resistance to judging programmes based on cost-effectiveness, in part because of priority placed on general effectiveness and speed of response in humanitarian crises over economic considerations.<sup>18</sup>

There is a risk that decision-makers may simply compare final unit costs or cost-effectiveness ratios across programmes without considering contextual aspects influencing cost-effectiveness in different settings, at different scales, and responding to different kinds of crises. In addition, some decision-makers may focus on cost information only to identify the cheapest approach, ignoring the connection between level of investment and quality achieved, which cost-effectiveness results provide.


### CHALLENGE OF QUANTIFYING MULTIPLE AND DIVERSE OUTCOMES IN NUTRITION AND FOOD SECURITY

CEA methods can be used to estimate the cost per any single outcome of importance for an intervention. However, selecting an optimal outcome is not always a straightforward process. In the health field, where interventions often aim to prevent, reduce, or eradicate a particular disease, the choice of outcome indicator for a CEA is less ambiguous.

18 [http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#\\_ftn3](http://sites.path.org/mchn/2016/08/cost-effectiveness-analysis-for-nutrition-and-food-security-pros-cons-and-lessons-learned-within-action-against-hunger/#_ftn3)



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Below: A woman washes household utensils, Nepal

For nutrition and food security and livelihood programmes, however, the process of selecting a single outcome variable for a CEA may be more complicated. For one thing, many such programmes have multiple objectives; this presents a challenge in either choosing one primary outcome, or trying to quantify diverse outcomes and benefits in a comprehensive way. While it is possible to calculate multiple cost-effectiveness ratios, one per outcome indicator, there is currently no accepted composite indicator for food and nutrition security objectives, therefore the cost per total impact across multiple indicators is not easily captured. This had led to a range of disparate outcome indicators being used for CEAs on nutrition and food security interventions which limits comparability of results, both across studies and with prior research. There is, however, potential for future consensus on the most appropriate food and nutrition security outcome indicators to be used for CEAs and how these indicators should be presented.

### **COST-EFFECTIVENESS ACROSS THE PORTFOLIO**

#### **REFANI**

Currently, Action Against Hunger is leading a CEA for the Research on Food Assistance for Nutritional Impact (REFANI) project which has examined the costs associated with the achievement of nutrition-related outcomes through

cash and voucher transfer interventions implemented in Pakistan and Niger. The outputs of this study are the results from the analysis of the cost, cost-efficiency, and cost-effectiveness of the interventions researched. The results of the analysis include: cost per beneficiary, cost per unit of currency transferred, cost per case of wasting averted and cost per case of stunting averted. Importantly, this analysis includes the costs borne by the beneficiaries themselves as well as other community members. Results will be published later in 2017.

**“A FOOD DISTRIBUTION PROGRAMME MAY BE THE MOST COST-EFFECTIVE, BUT IF IT UNDERMINES LOCAL MARKETS AND LIVELIHOODS IT IS NOT THE BEST OPTION”**

HQ

#### **FUSAM**

In Nepal, the Follow Up of Severely Acutely Malnourished Children (FUSAM) clinical trial is looking at the costs incurred by adding a new psychosocial component to the standard care protocol for severely undernourished children and its outcomes. Several possible outcomes of interest have been identified for the CEA which include: incremental cost per case of severe acute malnutrition recovered, or per severe acute

malnutrition case relapse averted five months after discharge, incremental cost per additional point of child development score achieved 11 months after discharge, and incremental cost per additional point of maternal mental health score achieved 11 months after discharge.

### **CONCLUSIONS**

Action Against Hunger will continue working to build the evidence base on the cost-effectiveness of nutrition and food security and livelihoods interventions. In doing so, we will strive to ensure a balance between standardisation of methods, the objectives of each analysis, and appreciation of context: both the geographic setting in which the activity takes place and the potentials and limitations of specific interventions. In this way we aim to build a rich inventory of evidence on cost-effectiveness of nutrition and food security and livelihood interventions, to increase our understanding of programme efficiency and find ways forward to improve their effectiveness.

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## SECTION THREE

# WHAT OUR PROGRAMMES ARE TELLING US

*Below: Women farm  
their land, Uganda*

In this final section of the Learning Review, we open the floor to our country offices. This year, field staff from three programmes and staff from one headquarter have shared their own innovative approaches to programming, and their key lessons learned.

The chapter starts with an article from our country team in Sierra Leone, which adapted its ongoing interventions to improve infection prevention and control in response to the 2014 outbreak of Ebola virus disease. This piece is a good example of how to identify critical strategies towards outbreak management and prevention.

Our second article examines the use of technology, by outlining how using mapping and Geographic Information Systems (often referred to as GIS) allowed us to increase the effectiveness of Action Against Hunger's nutrition programmes in Yobe district, Nigeria. This article highlights how geographic criteria are often overlooked, and how they

could be incorporated into our programmes.

The third article explores the LIFE Georgia programme in the South Caucasus region. This programme was praised for strong collaboration with partners, and diverse social inclusion through the introduction of new and original methodologies.

Our fourth and final article discusses Action Against Hunger's Inter-Agency Regional Analyst Network (IARAN). This network supports us in addressing our global goals of sustainability and ending all forms of hunger and malnutrition by 2030. Can it be done? Read on and see some of the steps already being taken to bring us closer to reaching these goals.





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# 3.1 IMPROVING INFECTION PREVENTION AND CONTROL IN SIERRA LEONE

BY ACTION AGAINST HUNGER SIERRA LEONE

Above: A girl carries a water canister, Sierra Leone

Action Against Hunger has been operating in Sierra Leone since 1991, intervening in nutrition security in Kambia, Moyamba and Western Area (rural and urban). These programmes aim to address the direct and underlying causes of undernutrition, including:

- prevention and treatment of chronic and acute malnutrition;
- food insecurity and limited livelihoods opportunities;
- poor health; and
- poor access to water, sanitation and hygiene facilities.

In response to the Ebola virus outbreak in Sierra Leone in May 2014, Action Against Hunger adapted its ongoing interventions to match the emergency context. The Ebola outbreak heavily impeded the health care system, partly

due to the lack of awareness of and compliance with infection prevention and control (IPC) measures within health facilities. Failure to comply with adequate infection prevention and control measures, in turn, led to the infection of many health workers with Ebola while handling cases in isolation and treatment centres. Ebola infection rates were serious and of the 300 staff who were infected, 221 died.

## COLLABORATION WITH THE EBOLA RESPONSE CONSORTIUM

Infection prevention and control measures are highly dependent on the availability of sufficient quantities of safe water, adequate sanitation facilities, and appropriate waste management. Action Against Hunger was thoroughly involved in the design and implementation of a project developed by the Ebola Response Consortium to respond to these needs. Funded by the United Kingdom's

Department for International Development, and implemented from May 2015 to April 2016, this project targeted 128 community health centres across 12 districts. As part of the consortium, Action Against Hunger operated as the lead organisation for water, sanitation and hygiene activities in Kambia and Moyamba. The organisation met the needs of 12 community health centres and one hospital in each of these two districts (24 community health centres and two hospitals in total), through complementary intervention.

In both Kambia and Moyamba, Action Against Hunger was responsible for improving three main domains: water supply, sanitation and waste management. In regards to water supply improvements, water storage and hand washing facilities with running water were either provided if previously absent or repaired. This enabled access to water in key areas in medical



facilities (e.g. labour room, laboratory, toilets) through water quality testing, treatment and monitoring. Next, to improve sanitation, showers, latrines and toilets adapted for persons with reduced mobility, for both the health staff and the patients, were repaired or installed. Finally, to facilitate health care waste

management, items mitigating proper waste disposal, including colour-coded bins, were provided. In addition, waste zones for proper disposal of medical and non-medical waste were constructed. These zones included an ash pit, sharps pit, placenta pit, incinerator and waste store. These facilities were essential to controlling the spread of Ebola by facilitating improved sanitary behaviour change among health care workers. To illustrate, prior to the outbreak, placentas were previously returned to patients for home disposal abiding by local custom. The construction of dedicated pits in the waste zones enabled proper disposal at the health facility level, thus avoiding further risks of transmission to the households.

Action Against Hunger ensured country ownership through continuous cooperation with local authorities and building community capacity. Facility Management Committees, comprised of staff members and community representatives, were either established or revitalised in cooperation with the District Water Directorate. They were trained, along with relevant health staff, on operation and maintenance of the facilities mentioned above.

In alignment with the Ebola National Recovery Plan, Action Against Hunger constructed permanent isolation and triage units in four community health centres in Kambia and four community health

centres in Moyamba. These were handed over to the community health officers and the District Health Management Team. The units will contribute to the improvement of detection and management of communicable diseases in the future.

## COLLABORATION WITH GOVERNMENT

Alongside this work, Action Against Hunger undertook a health project funded by the United States' Office of Foreign Disaster Assistance, aimed at strengthening infection prevention and control measures in government health facilities. This project targeted the previously mentioned 24 community health centres in Kambia and Moyamba and the district hospital in Moyamba. Furthermore, an additional six community health centres, a hospital, 56 peripheral health units in Kambia and 88 peripheral health units in Moyamba were also included.

Through IPC capacity building interventions for health care workers, including both clinical and non-clinical staff, Action Against Hunger aimed to facilitate behaviour change on infection prevention and control measures and develop a culture of promoting improved safety procedures in the targeted facilities. Formal trainings were conducted in close cooperation with the National Infection Prevention and Control Unit of the Ministry of Health and Sanitation, who selected the topics and provided the support material. These topics included hand washing, waste management, environmental decontamination, and use of personal protective equipment.

Along with the District Health Management Teams, Action Against Hunger ensured supervision in each community health centre and hospital through use of the Ministry of Health and Sanitation's Quality



*Left: An Action Against Hunger health worker measures the mid-upper arm circumference of an infant, Sierra Leone*

Assurance tool. The Action Against Hunger infection prevention and control monitors have been assessing further needs for trainings through regular visits, in order to build on the formal trainings with on-the-job mentorship and refresher sessions. In addition, visits to the health facilities were an opportunity for Action Against Hunger's mentors to practice on-the-spot correction of errors. Throughout project implementation, the mentors conducted 673 (299 in Kambia and 374 in Moyamba) mentorship sessions for a total of 1,680 clinical and non-clinical members of health facility staff.

Infection prevention and control committees have been established at different levels of health governance (e.g. district, hospital and community health centre) for sustainability, and also to discuss identified infection prevention and control-related issues. Action Against Hunger's infection prevention and control mentors attended these meetings and provided advice on the issues identified. Furthermore, facilities have also been learning from each other through field exchange visits organised by Action Against Hunger.

### LESSONS LEARNED

Action Against Hunger reflected on some of these lessons learned at project level, so that in the future, we can improve the sustainability of IPC interventions. With more sustainable health systems in place, local capacities can respond more efficiently and effectively to arising health events, such as the Ebola outbreak.

First, sustainable water, sanitation and hygiene facilities are critical to carrying out infection prevention and control measures, precisely in scenarios similar to the Ebola outbreak. Prior to the programme, water, sanitation and hygiene infrastructure lacked sustainability. In a different project in support of the importance of improving sustainable water, sanitation and hygiene facilities, we recently worked with Facility Management Committees to ensure the consistent functioning and maintenance of water, sanitation and hygiene infrastructure through community engagement. Committees, comprised of health staff and community representatives, created a link between communities and local authorities by conveying feedback, ensuring upkeep of the facility, and maintaining accountability between parties. They also organised fundraising within the community to further emphasise economic sustainability of the facilities. This community-based approach was a great success in strengthening sustainability of water, sanitation and hygiene facilities.

Second, advocating for a more comprehensive health curriculum for medical professionals was identified as another opportunity for increasing sustainability of infection prevention and control measures at health facilities. One area of required improvement for implementation was trainings were limited only to staff at Community Health Centres, thus excluding Maternal and Child Health Posts or Community Health Posts. Furthermore, even eligible health staff are not all trained upon completion of their medical education, as infection

prevention and control is not a mandatory training requirement. This limitation is further exacerbated by high staff turn-over, which results in a loss in the capacity built through these on-the-job trainings. To contribute to addressing this challenge in the long term and make projects more impactful and sustainable, Action Against Hunger has committed to prioritise "the curriculum of all medical personnel includes infection prevention and control protocol as a mandatory credit course" as a policy change objective within its 2017-2020 Advocacy Strategy for Sierra Leone.

There is no doubt that in the aftermath of the Ebola outbreak, knowledge of infection prevention and control has substantially improved in Sierra Leone, especially among the health workforce. The country is now better equipped to respond to a sanitary crisis that asks for strong capacities in communicable disease management. However, Sierra Leone is still facing important challenges in health facilities that impede a full compliance with infection prevention and control measures. There is a growing need for renewed attention towards health system strengthening in Sierra Leone. Action Against Hunger will continue to engage relevant institutions at different levels in order to explore sustained solutions to overcome these barriers.

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# 3.2 MAPPING AND GEOGRAPHIC INFORMATION SYSTEMS: INCREASING THE EFFECTIVENESS OF ACTION AGAINST HUNGER'S NUTRITION PROGRAMMES

BY ACTION AGAINST HUNGER NIGERIA

Action Against Hunger's programmes in Nigeria expanded significantly throughout 2016 in response to increasing humanitarian needs and a nutrition crisis in the northeast of the country. Staff were faced with the task of rapidly scaling up support to health facilities to maximise the coverage of the nutrition programmes.

### HOW DID GEOGRAPHIC INFORMATION SYSTEMS HELP ADDRESS THE CHALLENGE?

Traditional selection criteria for health facilities rely largely on indicators of capacity for service delivery. Limited attention is typically given to geographic criteria – the distance between supported treatment sites and the relative burden of undernutrition across different catchment areas.

The Nutrition and Monitoring and Evaluation teams decided to address these spatial considerations by developing maps to assist with comparative needs assessment and facility selection. Two examples are described below.

### MAP 1: FACILITY SELECTION IN YOBE STATE

#### THE PROBLEM

In Yobe state, Action Against Hunger is implementing an United Kingdom's Department for International Development funded grant which includes support to health facilities providing outpatient therapeutic programme services. To select the facilities, the programme teams initially planned to use traditional assessment criteria analysing facility capacity to provide treatment for undernutrition. However, this approach ignored how our assessment criteria would potentially neglect certain areas within our proposed local government areas of intervention. Sure enough, we found several facilities were located in close proximity to each other, potentially compromising access and coverage.

#### THE SOLUTION

Then teams decided to add spatial criteria to facility selection. First, the Monitoring and

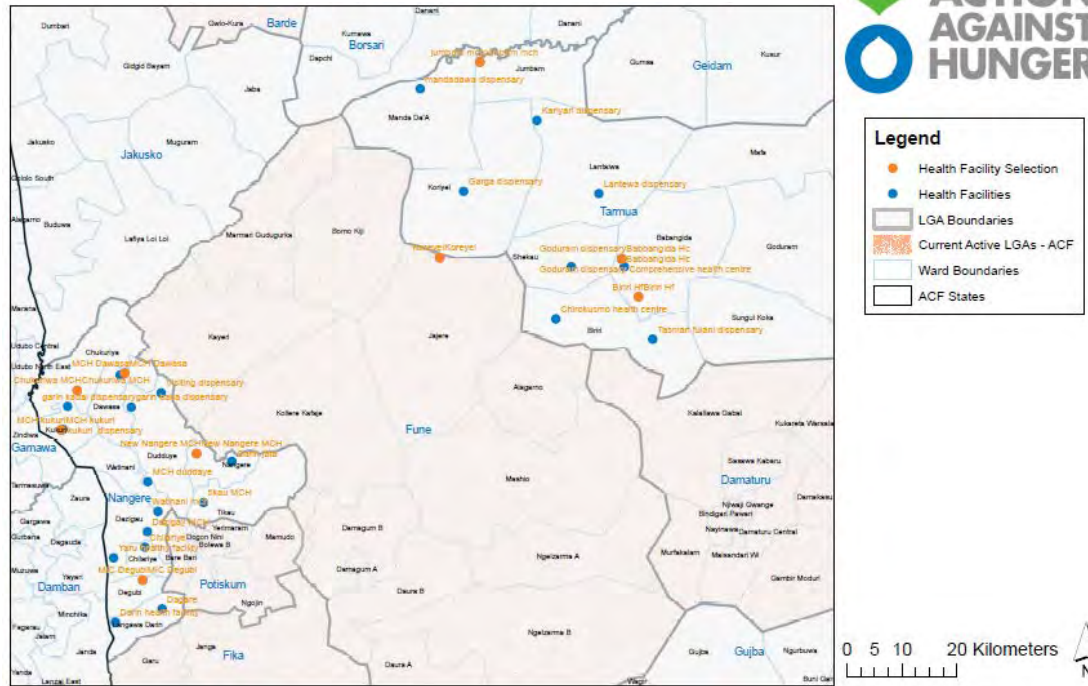
Evaluation team mapped the Global Positioning System (GPS) points for all clinics in the local government areas using the Kobo mobile data collection platform and Open Data Kit (ODK). Secondly, we took those facilities selected using traditional health facility assessment tools and mapped them to show spatial comparisons across our active local government areas and amongst the whole pool of candidate health facilities that were assessed.

#### END RESULT

When the programme team later selected the facilities to support, consideration was given to both traditional capacity criteria as well as the geographic coverage of facilities to be supported by Action Against Hunger. As shown in Figure 1, the facilities ultimately assisted by Action Against Hunger were well-spaced across the programming area rather than clustered in certain locations. This use of mapping maximised the programme's limited resources and expanded access to quality treatment for beneficiaries across the widest possible geographic area.

### HEALTH FACILITY ASSESSMENT - TARMUA AND NANGERE LOCAL GOVERNMENT AREA

Figure 1: Selected Facilities based on Spatial Coverage & Assessment Data



Action Against Hunger field staff at each nutrition screening site, and severe acute malnutrition and global acute malnutrition caseloads were calculated based on the screening data. The Monitoring and Evaluation team generated maps of the screening locations with pie charts showing the proportion of children suffering from life-threatening hunger at each site. A large variation was observed in number and percentage of cases in each area.

#### END RESULT

Based on the mapping activity, Action Against Hunger's programme teams were able to more efficiently understand where rapid scale was required in the allocation of clinics where the highest number of cases of malnutrition were discovered. The map was also used to coordinate our response in Monguno with other agencies and was provided to Unicef to assist in their resource allocation for the future scale up of services in Monguno.

#### LESSONS LEARNED FROM MAPPING IN NIGERIA:

This process demonstrated that maps could be an effective tool to decide on the positioning of resources, including contingency stocks and priority programming locations. It also could be a potential catalyst for fostering better coordination amongst humanitarian actors in places such as Monguno moving forward by conducting systematic mapping activities and sharing findings to decide on the best application of resources in such densely populated towns. Action Against Hunger staff were among the first to collect and share project GPS coordinates from Monguno, and this collated data was shared with the Maiduguri-based information working group for other agencies to utilize, which is an initial

### MAP 2: MASS MID-UPPER ARM CIRCUMFERENCE SCREENINGS IN MONGUNO

#### THE PROBLEM

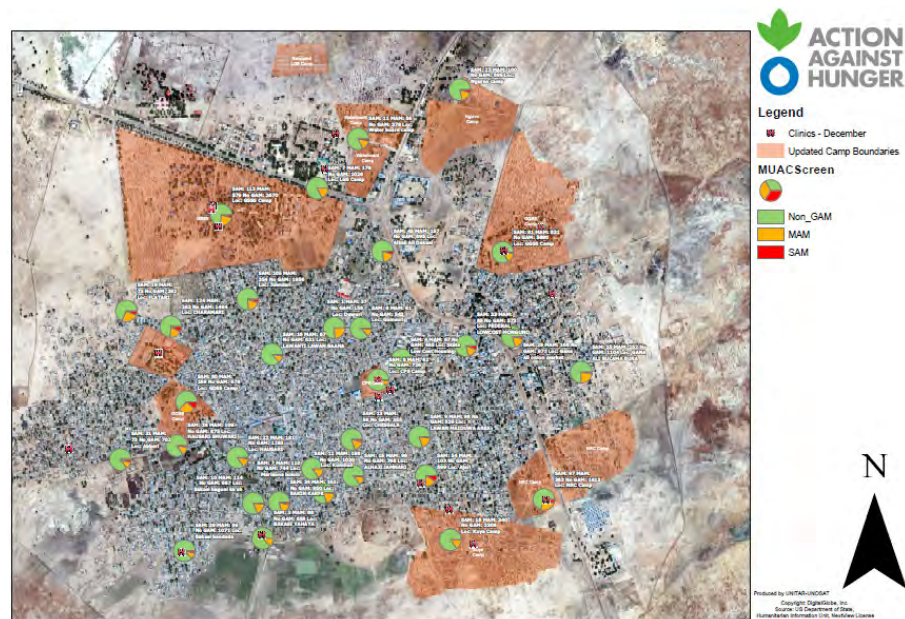
In the newly accessible areas around Monguno in Borno State, mass mid-upper arm circumference screenings were conducted to detect and refer undernourished children to clinics. These sites provided proxy indications of the relative caseload in each catchment area.

#### THE SOLUTION

The Nutrition and Monitoring and Evaluation teams decided to use mapping to better understand the relative needs in each catchment area. GPS coordinates were collected by

### MID-UPPER ARM CIRCUMFERENCE AND CLINIC COVERAGE: OCTOBER

Figure 2: Map of proportion of undernourished children at each screening site



step in the country office's contributions to the spatial and non-spatial data sharing and use at the information working group level. Action Against Hunger later provided its map of mid-upper arm circumference screenings to Unicef, as they sought to place mobile clinics in areas with the highest caseload. High resolution, up-to-date imagery from the United Nations Institute for Training and Research's Operational Satellite Applications Programme was used to manually update camp boundaries. As with any data type, it is necessary to build sufficient capacity, resources, and demand for spatial data. The country office in Nigeria is still in the early stages of operationalising Geographic Information Systems for

programme design and management. While mapping efforts have been well received, the system is not yet sustainable. The work has been driven by only a handful of skilled and motivated staff who demonstrated an interest in mapping. Additionally, foresight to create these types of maps and dedicated funding to do more comprehensive, frequent and systematic spatial analysis projects such

as those above would provide more timely and valuable data to contribute to evidence-based decision making at the field level.

Geographic Information Systems capacity building – both of those who create maps and those using the maps for decision-making – will help sustain the use of spatial data. Country offices would also benefit from technical support to expand the types of spatial analysis and the platforms used.

#### **GEOGRAPHIC INFORMATION SYSTEMS AND MAPPING – THE WAY FORWARD**

In the near-term the Nigeria Monitoring and Evaluation Department will continue working to integrate spatial data into its routine data

collection systems and decision-making. In the future, it will be useful to generate maps that provide more strategic geographic insight on nutrition trends and Action Against Hunger programming locations. For example, the teams would like to use dynamic, interactive platforms and begin mapping facility coordinates over surveillance data.

The use of maps in programme implementation will undoubtedly require a combination of “supply” and “demand” driven production. Programme teams should request maps based on decision points that can benefit from a spatial data perspective (e.g. demand). Proactive map generation, support, and sensitization on spatial data by Geographic Information Systems and Monitoring and Evaluation focal points will be important to sustain the interest in and capacities around Geographic Information Systems for any country office at Action Against Hunger (e.g. supply). These focal persons should be tasked with identifying strategic opportunities for mapping across sectors, providing basic technical support, and sharing lessons learned across country offices and the network. Improved planning and allocation of strategic resources for Geographic Information Systems can help our programmes make better use of maps as tools to increase the efficiency, effectiveness, and impact of our programmes.

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# 3.3 LIFE GEORGIA STANDS FOR LIVES

BY ACTION AGAINST HUNGER SOUTH CAUCASUS MISSION



Georgia has experienced over 20 years of displacement with more than 270,000 people leaving the breakaway regions<sup>19</sup> as a result of the military conflicts in the 1990s and the 2008 August war. Protracted displacement, limited prospects for return and a fragmented vision for socio-economic integration has affected internally displaced persons' motivation to achieve self-reliance and increased their dependence on state support.

19 Abkhazia and South Ossetia

The LIFE Georgia project was designed with the aim of contributing to poverty reduction of conflict affected and displaced persons, as well as their host communities. The project was a part of the European Union Internally Displaced Persons' support scheme to raise conflict affected and displaced persons out of poverty by facilitating their integration into Georgia's broader economic development process and decreasing their dependence on state and external assistance.

At the outset of the project a strong partnership between Action Against Hunger and four local non-governmental organisations was formed. The core idea of our support was to foster employability and entrepreneurship of internally displaced persons and vulnerable host individuals, as well as to advocate with, and build the capacities of, duty bearers through their active engagement at policy level. Action Against Hunger was the lead organisation, guiding and coordinating activities of the local organisations in six municipalities

across two regions of Georgia. Formation of the consortium of five organisations was both ambitious and challenging. It was not always easy to find mutual understanding and agreements, however, the intense discussions and exchange of ideas led to an open, dynamic and conducive environment to develop interesting and innovative approaches to address internally displaced persons' livelihoods needs. The combination of this diverse expertise allowed the LIFE Georgia project to



### 3.3 LIFE GEORGIA STANDS FOR LIVES

*Right: A woman cooks at home, Georgia*

effectively synchronise traditional with new, innovative practices that included community mobilisation, business start-up, personal development, vocational education and job placement throughout the 21-months of project implementation.

The implementation process was very dynamic, combining meetings, trainings and workshops, and beyond these formal events there was limitless and open interaction with project beneficiaries through informal gatherings, conversations and exchanges. The project geography was quite extensive stretching from the capital city, Tbilisi, in the east, to the most western region of the country. The difficulties of covering such a wide territory was overcome through the partners' regional presence but it was still extremely challenging to establish first ties with the project participants and inspire them to build their livelihoods. Nonetheless, the constant support that the partners provided appeared to be the key towards motivating and empowering the discouraged and devastated population to get engaged in different activities that LIFE Georgia offered and to take advantage of the project's benefits. The diversity of the project initiatives allowed the participants to make an informed decision on whether to seek a job, go into training or look at the possibility of self-employment by establishing a business.

The introduction of the innovative methodology, Employment Shuttle, by Action

Against Hunger appeared to be a source of inspiration for beneficiaries. The employment shuttle is a group of motivated unemployed people who are guided, empowered and encouraged by a coach to develop their social skills and core employability skills that allow them to more easily access the local labour market. Initially, it was met with some uncertainty, but the high commitment of partners, and the results experienced by beneficiaries in the early months, increased interest and saw a huge uptake in the shuttles later in the project. The shuttle methodology has provided a new approach to tackling the problems of unemployment by breaking from the traditional approaches to career guidance, and adapting the model to the local context and the participant's needs. The two pilot rounds resulted in the employment of 63 per cent of enrolled participants, while 20 per cent were

continuing their education. The achievements of the innovative methodology have been documented in a documentary reflecting on the Employment Shuttle<sup>20</sup> adaptation process. This experience has laid a strong platform for further replication, and Action Against Hunger is now continuing the approach in its new LINC<sup>21</sup> project that is financed under the United Nations Development Programme Confidence Building Early Response Mechanism (UNDP-COBERM). The shuttle approach is a perfect tool for confidence building, and in this new project the shuttle supports unemployed people from Georgian, Kist and Chechen communities in the Pankisi Gorge remote area of Georgia.

What also made the LIFE Georgia project unique was its accessibility and inclusiveness of all community members – women, men, youth, internally displaced persons, people with disabilities and other vulnerable groups. The constant feedback and critique from beneficiaries meant that project implementation was an organic process, ready and capable to respond to emerging requirements and to adjust the approach accordingly. This adaptation process and the approaches employed were captured and documented in publications so that a wider group of stakeholders could learn and benefit from the experiences. These publications are as follows:

- Toolkit "Employment of Persons with



20 <https://www.youtube.com/watch?v=keJkkCCs2z8&t>

21 Leveraging Employment Initiatives and Networking to build Confidence among ethnicities in Georgia

Disability”; Disability Resource Mapping and LIFE Stories – Fostering Disability Livelihood

- Handbook “Change your future – Roadmap to Employment”
- Methodological Guide for Business Grant Support Schemes
- Methodological Guide on Employment Shuttles

One of largest internally displaced persons’ settlement, in Senaki, hosted the Closing Event in September 2016, bringing together the LIFE Georgia project partner organisations, beneficiaries, public and private stakeholders to celebrate the accomplishments jointly. The event provided the participants with the opportunity to talk about the achievements, challenges and prospects.

Overall, LIFE Georgia produced a lasting impact on the livelihoods of over 1,800 internally displaced persons and vulnerable host community members. The project helped stimulate their potential, supported them in gaining new skills, allowed them to engage their entrepreneurial talents, opened-up employment opportunities, and facilitated their inclusion in the socio-economic development of the country. When the project ended, it had created a group of empowered people who could stand up for their own rights with confidence and who have hope for a better future.

The LIFE Georgia project was implemented by a consortium of organisations led by Action Against Hunger in partnership with Association Atinati, Rural Development for Future Georgia, Education for Democracy, Social Programme Foundation in six municipalities of two regions of Georgia from January 2015 until September 2016.

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*“I’ve learned that first you have to learn fishing yourself to later teach others and ultimately, this is what matters and drives change, rather than remaining passive and waiting for things to come to you on their own.”*

Employment shuttle participant

# 3.4 STRATEGIC FORESIGHT: THE CORNERSTONE OF HUMANITARIAN PROGRAMMING

BY LEONIE LE BORGNE, COMMUNICATIONS OFFICER, ACTION AGAINST HUNGER UK

Figure 1: Strategic planning workshops with Country Offices



Action Against Hunger's programmes in Nigeria How can Action against Hunger leverage its programmes to achieve long-term objectives such as the Sustainable Development Goals? How can we become a game-changer in the systems in which we intervene? How do we end hunger and all forms of malnutrition by 2030 whilst ensuring that we address the causes and consequences of these global problems systemically?

The Inter-Agency Regional Analyst Network (IARAN) project within Action Against Hunger aims to support the organisation in addressing these questions by incorporating the concept of a plural future into strategic planning and programming.

Based on the analytical outputs from the past year we have run 4 strategic planning workshops in 4 country offices in sub-Saharan Africa (see right). In early 2017 we also ran a week-long training with 20 directors from across the organisation to train them on how to use foresight products and strategic planning tools in their teams. By working with teams at the national, regional and global level to integrate strategic foresight into planning, we can ensure that Action Against Hunger takes a systematic approach to networked problems, and leverages investments and programmes towards long-term goals, all with the aim of making the organisation a game-changer in the sector.

## LEARNINGS

The challenge raised by some teams, particularly those working in volatile environments, is balancing the importance of strategic planning whilst managing by a myriad of competing priorities – which include life-saving interventions. As is often the case when organising multi-day workshops, one of the greatest challenge raised by organisers and participants alike, is that strategic planning takes time, and we recognise that in some contexts a few days is a lot for a team to give up. It is for this reason that we have optimised the process and reduced it down to the shortest it can be – 3 days.

*“I asked the IARAN for support to define our 5 year strategy at a time of great national change... Centring strategic planning on a vision of the future makes our operations flexible and adaptable. That's the value-added of the IARAN... Running an IARAN strategic planning workshop fosters team spirit and encourages the creation of a common vision and a strategy that's flexible, dynamic and context-specific.”*

Andrea Dominici, former Country Director, Ivory Coast



## 3.4 STRATEGIC FORESIGHT: THE CORNERSTONE OF HUMANITARIAN PROGRAMMING

We have also learned through various experiences, but most recently through the Tanzania workshop, that inviting external participants to strategic planning workshops is extremely valuable. Having the input of people who have been working in the region or with the government for decades has made the strategic output at the end of the process more robust, and more adapted to the context in which Action Against Hunger operates. It also helps to lay the groundwork for building more effective partnerships with other organisations.

Running such workshops has taught us that in order to develop a robust set of strategic options, time is both indispensable and a good investment. Pre-empting change and preparing for hypothetical, complementary scenarios makes for more flexible, agile country strategies that are more adaptable to systemic change.

While the feedback from Action Against Hunger staff who requested IARAN products is that they used to inform a myriad of decisions, ensuring greater uptake of reports throughout the whole organisation is a continuing challenge. To address this, we are working to increase uptake through the strategic planning workshops described above, but also through increased communications efforts (for example developing infographics, videos and interactive

content that summarises our analysts' research) and striving to include stakeholders from across the organisation in the design and production of reports. We are also working with teams at the global level to ensure that our services are used for strategic planning at all levels (cascaded down throughout the organisation) and we encourage offices to learn from each other's strategic planning process with the IARAN.

We plan to continue building on these learnings in the months to come, to ensure the delivery of effective and relevant analysis, with the larger aim of making Action Against Hunger a game-changer in the achievement of Sustainable Development Goals by 2030.

### LOOKING AHEAD

In the immediate future we plan to work with the Bangladesh and Myanmar country offices as well as with the Egypt office to build sub-regional and national strategies. On an ongoing basis we collect feedback to ensure that throughout the year, directors have the support they need to integrate foresight into their programme planning and implementation. Being inter-agency, we will also be working with other humanitarian agencies to promote foresight analysis, preparedness and scenario/strategic planning to be integrated more widely

across the sector. We are seeing that the strategies that are built through our process are more futures-focused, context-specific, and robust enough to lead the integration of futures-focused analysis in the sector.

In response to direct feedback from the Action Against Hunger leadership, in 2017 we will work on issues that are strategic for the whole organisation and reorient our focus to the global projects portfolio. While this will somewhat reduce the support at country and regional level, with the addition of the Strategic Toolkit (which we developed over the last year and trained 20 directors on) we hope that this reduction will be offset by an increase in the use of the analysis.

2017 is the final year of the IARAN pilot in Action Against Hunger, building from the test phase in Save the Children and as a result a portion of staff time will also be dedicated to projects and initiatives that will round out the IARAN library and respond to critical research questions for the project.

For more information and support from the IARAN, please contact: Leonie Le Borgne, Communications Officer, Action Against Hunger UK, [L.LeBorgne@actionagainsthunger.org.uk](mailto:L.LeBorgne@actionagainsthunger.org.uk)





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For more information on the evaluation features in this Learning Review and for further information on good practices, please contact the Evaluation, Learning and Accountability Unit, Action Against Hunger - UK by email: [ELA@actionagainsthunger.org.uk](mailto:ELA@actionagainsthunger.org.uk) or telephone: +44 (0) 208 293 6190

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Designed by Alice Hale

**FOR FOOD.**  
**AGAINST**  
**HUNGER**  
**AND**  
**MALNUTRITION.**

**FOR CLEAN**  
**WATER.**  
**AGAINST KILLER**  
**DISEASES.**

**FOR CHILDREN**  
**THAT GROW**  
**UP STRONG.**  
**AGAINST LIVES**  
**CUT SHORT.**

**FOR CROPS THIS**  
**YEAR,**  
**AND NEXT.**  
**AGAINST**  
**DROUGHT**  
**AND DISASTER.**

**FOR CHANGING**  
**MINDS.**  
**AGAINST**  
**IGNORANCE**  
**AND**  
**INDIFFERENCE.**

**FOR FREEDOM**  
**FROM HUNGER.**  
**FOR EVERYONE.**  
**FOR GOOD.**

**FOR ACTION.**  
**AGAINST**  
**HUNGER.**

