



LEARNING REVIEW

2018



INTRODUCTION

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Action Against Hunger is committed to constantly learning and improving on how best to take on the fight against hunger. As highlighted in our international strategic plan for 2020, “we are always innovating, always seeking the next breakthrough. Radical, ingenious ideas are waiting to be discovered. There is always a better way.”

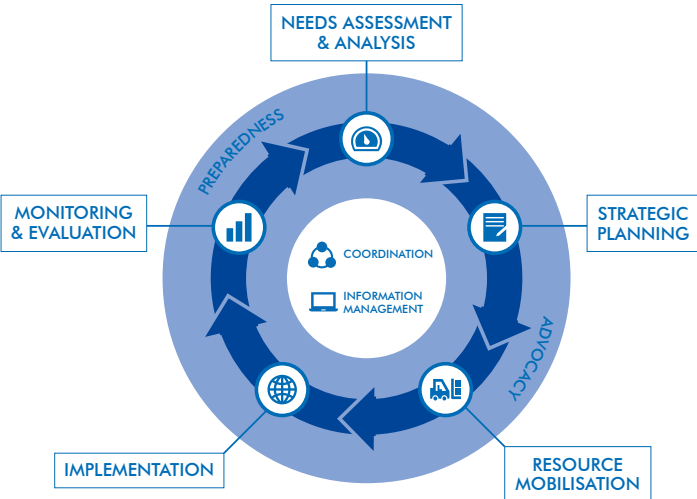
In Action Against Hunger we believe that better quality and more accountable programming requires stronger, easy-to-use evidence. This evidence should be accessible to all key stakeholders so that it can inform decision-making and improve the quality of our programme design and delivery. We believe it is essential to share and learn from what works and what does not. We can learn a lot from both our successes and our mistakes if we exchange what we have learnt and be open to learning from one another.

The annual Learning Review acts as a channel for Action Against Hunger staff to reflect on their work and share what they have learnt in order to help others improve their current

practices. It is also a space to explore some of the hard discussions we face in our commitment to ending hunger. Approaches that have been tested and yield promising results or have brought up particular challenges, testimonies of impact, after action reviews and reflections, significant evaluation and research findings – all are part of the organisational learning that fits into the Learning Review.

This year, the content of the Learning Review is structured around the programme cycle.

We have gathered key learning centred on the five stages of this cycle that depicts areas of both organisational and project-level learning. In order for us to continuously improve the delivery of our programmes, it is essential for learning to be reflected on at every stage of this cycle. By highlighting learning from our field offices around the world, we hope to begin a dialogue and inspire one another to learn from each other, no matter which stage we are at.



Left: the programme cycle

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ACRONYMS

BMZ	Federal Ministry for Economic Cooperation and Development (Germany)
CODA	Conditional On Demand Assistance
CMAM	Community Management of Acute Malnutrition
DFID	Department for International Development (UK)
GBV	Gender-based violence
GFFO	German Federal Foreign Office
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
INGO	International Non-Governmental Organisation
KfW	Kreditanstalt für Wiederaufbau
Link NCA	Nutrition Causal Analysis
MEAL	Monitoring, Evaluation, Accountability and Learning
MHPSS	Mental Health and Psychosocial Support
MHSS	Mental Health System Strengthening
NGO	Non-governmental Organisation
OPT	Occupied Palestinian Territory
PNSSU-SAJ	National Programme in charge of Youth and Adolescent Health (Ivory Coast)
UNICEF	United Nations Children's Fund
WFP	World Food Programme



NEEDS ASSESSMENT AND ANALYSIS

HOW GENDER ANALYSIS AND SAFETY AUDITS ARE SHAPING OUR RESPONSE IN SOUTH SUDAN

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BACKGROUND AND CONTEXT

In the words of the United Nations Humanitarian Chief, “gender equality and empowerment of women and girls are at the very core of principled and effective humanitarian action.” Understanding the “specific needs, capacities and priorities of women, girls, boys and men,” and integrating “this understanding throughout the programme cycle” while facilitating “active participation and leadership of women and girls in humanitarian action and beyond; and promote transformative change for more inclusive and equitable societies”¹ is fundamental to what we do.

This is poignantly relevant in a highly

1 Mark Lowcock in: Gender Handbook for Humanitarian Action, February 2018. IASC Reference Group on Gender and Humanitarian Action.

patriarchal society such as South Sudan, which is beset by conflict and recurrent nutritional crises. Though they are often responsible for family nutrition and feeding, women overwhelmingly lack access to assets and decision-making power, and are disproportionately subject to gender-based violence (GBV). To prevent malnutrition, we must understand these gender dynamics, including the barriers women and girls face when accessing resources and services. To do this, we must conduct a gender analysis.²

2 The Global Action Against Hunger Gender Agenda and Gender Minimum Standards translate global gender equality requirements into our organisational context and provide steps for effective gender mainstreaming within our programmes and workplace.

South Sudan is one of three countries implementing a global initiative funded by the US Bureau of Population, Refugees and Migration (piloted by Action Against Hunger Canada and in collaboration with the Global Nutrition Cluster) to increase accountability for GBV in nutrition programming.³ In September 2018, we conducted a comprehensive gender analysis and safety audit. The study aimed to (i) establish the basis for programme intervention design and (ii) help our programme team understand differing gender roles and responsibilities, powers, privileges and rights in relation to gender mainstreaming (then integrate the findings into current activities, coordination and advocacy).

The geographic scope of this gender

3 In phase 1 and the current phase, target countries are Bangladesh, Mauritania and South Sudan.

analysis and safety audit included the Action Against Hunger country office in Juba, bases in Alek and Malualkon, and field sites in Aweil East and Gogrial West. The study employed a rigorous mixed-methods approach incorporating quantitative and qualitative participatory techniques, commencing with a desk review of published and grey literature to inform the conceptual approach and design of study tools.

The field study relied on household surveys, key informant interviews and sex-disaggregated focus groups. At the organisational level, a web-based survey assessed our capacity to mainstream gender and staff understanding of gender concepts.

KEY FINDINGS AND LESSONS LEARNED

The gender analysis and safety audit findings confirmed high levels of gender inequality in South Sudan and our areas of intervention. An overwhelming number of women are forced into early marriage, some as young as ten. Household roles and responsibilities disproportionately fall on women and girls who must meet all domestic, caregiving, food security, nutrition and water needs. Women use what remains of their time to engage in paid labour. Decision-making control over assets and income (including that earned by women) remains male dominated.

GBV is rampant: 35 per cent of respondents said they experienced some form of GBV,

with domestic violence being the most common, followed by early marriage and rape/attempted rape. Existing mechanisms for addressing GBV are largely based on local customs, and survivors are often stigmatised and ostracised; many young victims are forced to wed the perpetrator.

At organisational level, the analysis found that only 41 per cent of staff had attended any training on gender. Staff were not aware of gender-sensitive programming or indicators. Gender Focal Points in our bases reported a lack of understanding of their role and responsibilities. Staff are overwhelmingly male, with a male/female ratio of 3:1. This lack of female staff may discourage women caregivers from discussing issues with regard to their nutrition and health status, especially GBV-related issues. Nevertheless, 75 per cent of staff felt that gender issues were taken seriously by the organisation. Between organisations, coordination mechanisms for addressing GBV are poor and must be improved. In Aweil East, the study found there were no stakeholder meetings on GBV and child protection.

HOW THESE FINDINGS HAVE ENHANCED OUR PROGRAMMING

A number of the findings from the gender analysis have been used for programme enhancement. We now have significantly more information on the gender dynamics of South Sudan, which has already been incorporated into programme evaluations, proposals and reports. Our analysis of

the underlying causes of malnutrition has become more meaningful when viewed through this gender lens, which in turn has enhanced programme relevance.

In addition, we found that the majority of women recognise GBV in its various forms and are committed to its mitigation and prevention. This was integrated in our programming by engaging women in awareness-raising campaigns on GBV and gender equality.

On the other hand, we found that men were largely unaware of nutrition services and kept restricting women's movement to services. We have now introduced "male group discussions" in the community component of all nutrition programmes, to inform men on the importance of nutrition while safely challenging gender inequalities through productive dialogue.

Our results showed that our programmes can contribute to addressing GBV through a few relatively simple measures. For example, many GBV cases are referred through our nutrition sites. When our staff know about available GBV referral pathways in their area, they can serve as entry points for survivors accessing crucial protection/treatment.

Finally, as a result of this process, we successfully developed a standard safety audit tool for reviewing protection risks at site level. Using this tool, many major risks identified in the 2018 gender analysis and safety audit can now be assessed routinely and mitigation measures can be quickly evaluated.

KEY CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

Mainstreaming gender into programmes faces a number of key challenges. Gender analyses and safety audits are in themselves difficult to conduct, particularly when field staff lack awareness of gender-related concepts and their integration into programming (even more so in a male dominated environment). In South Sudan, we have improved recruitment and retention of female staff (including establishing a breastfeeding room), but many socio-cultural barriers still prevent women from pursuing employment in health and nutrition services.

In the community, shifting the cultural mind-set remains a challenge at all levels. Men often do not understand the purpose and importance of nutrition programmes, and may prevent women from attending nutrition sites or participating in community-based activities such as mother-to-mother support groups. Male and female community leaders are often unaware of the importance of gender equality and realities of GBV, and perpetuate harmful cultural practices, such as child marriage and domestic violence.

To improve programming and its impact, one useful strategy is the inclusion of women in project management committees, which increases their decision-making power. Nevertheless, our gender analysis found that most women on these committees still lack understanding of their roles and responsibilities, and that decision-making power remains with male members. Through stronger sensitisation, women and men in these committees could have an equal voice in decisions and activities.

Gender trainings have been ongoing since the inception of our Action Against Hunger Gender Policy in 2014, but their content and strategy should be reviewed. Staff still overwhelmingly lack awareness on gender-sensitive programming, despite 41 per cent of them having attended some form of gender training. We must do more to provide staff with extensive capacity building on gender integration, including the integration of training costs in all budgets. This will lead to improvements in institutional gender mainstreaming, including recruitment of more women and implementation of gender equality activities, such as male group discussions. With staff trained in conducting safety audits that include a comprehensive analysis of protection risks, they

will regularly inform service delivery. More engagement with local authorities and decision-making bodies with regards to gender analyses and safety audits will also help to integrate gender considerations into programming.

Overleaf:

Three mothers (with their kids) attending the OTP/TSFP in Dhoreak who sat with us to talk about safety and barriers. On our side, from left to right: Anika Krstic, CD, Dimple Save, HOD Nutrition (conducting the interview), William Gatluak, Nutrition Officer based in Paguir (translating and helping out with communication).

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STRENGTHENING MENTAL HEALTH CARE SERVICES THROUGH A SYSTEM WIDE APPROACH IN DOHUK, IRAQ

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BACKGROUND: PUBLIC AND MENTAL HEALTH CARE SYSTEMS IN IRAQ

Following years of conflict, public health systems across Iraq have been weakened, affecting the availability and quality of health services. It is also estimated that since the onset of the armed conflict with the Islamic State of Iraq and the Levant, the proportion of the Iraqi population suffering from moderate (such as anxiety disorders) to acute (such as severe depression or psychosis) mental health conditions has doubled. The United Nations Office for the Coordination of Humanitarian Affairs states that in 2018, one million people in Iraq were in need of mental health and psychosocial support services.⁴ This combination of increased psychosocial care needs and decreased capacity

of health systems has reduced the resilience of the population.

Since 2013, Action Against Hunger has been supporting the Directorate of Health (DoH) in Dohuk Governorate, Northern Iraq, with the delivery of mental health services and capacity building. Since the hostilities have ended, Action Against Hunger, funded by Agence Française de Développement (AFD) and the DoH have agreed on a shift from humanitarian activities to early recovery and resilience support, which includes collaborating on a new project designed to strengthen the mental health care system in Dohuk.

PILOTING A MENTAL HEALTH SYSTEM STRENGTHENING APPROACH

Action Against Hunger decided to pilot this Mental Health System Strengthening (MHSS) approach across two districts in Dohuk governorate. Drawing on a solid experience in

health system strengthening for primary healthcare, Action Against Hunger developed new tools to adjust their original Health System Strengthening methodology to include a strong focus on mental health and psychosocial support.

This new MHSS approach started in July 2018 with the **diagnosis phase** that provided a thorough analysis of the health system structure, with a focus on mental health and psychosocial services. The main strengths and weaknesses were identified and assessed, through an extensive analysis of the seven building blocks defined by the World Health Organisation: governance, financing, human resources, service delivery, supply, health information system, and users and families associations. The diagnosis phase involved collecting primary data at 52 healthcare centres, a review of secondary data, and a “diagnosis workshop.” During the diagnosis workshop, which gathered all the

4 UN Office for the Coordination of Humanitarian Affairs, Humanitarian Needs Overview 2019, November 2018.

key actors engaged in mental health and psychosocial support (MHPSS) in the region, five main challenges to improving mental health services were identified and their causes were analysed in detail. These challenges included:

1. Lack of community involvement in the mental health and psychosocial support services.
2. Lack of capacity building for the staff of primary healthcare centres on mental health and psychosocial support topics.
3. Insufficient supply of quality mental health and psychosocial support services at the primary healthcare centre level.
4. Lack of analysis and use of data related to mental health at district level.
5. Lack of essential mental health related medications in health facilities that offer mental health services.

In February 2019, the **planning phase** began, and solutions to address these challenges were defined at the Primary Health Care Centres, Health District, and Governorate levels. A five-year action plan is being developed as part of this phase. Activities under this plan will include: interventions to improve the core structure of the health system in the long-run (strengthening activities), interventions to respond to the immediate mental health care needs of the population (support activities), and emergency response interventions with the

strong involvement of external partners (substitution activities).

Finally, in the coming years, the **implementation phase** will take place to carry out these planned activities. Throughout the MHSS process, the close collaboration with the Directorate of Health and the Health Districts is paramount and remains a central condition for the success of the project.

SUCCESSES FROM THE DIAGNOSIS PHASE

By undergoing a robust diagnosis process, Action Against Hunger has developed a comprehensive understanding of the opportunities and needs related to mental health care in Dohuk. This provides a strong foundation on which to develop a systems strengthening approach. Moreover, since the process encourages the health authorities and other partners to reach a consensus on the way the health system is working, it has led to agreement on the current state of the system. This mutual understanding has facilitated buy-in to the project action plan.

Despite some challenges at the beginning of the project, a strong collaboration with the DoH and the health districts was established, enabling open communication and consensual decision-making. As the DoH is expected to lead the process, it is vital to ensure their continued involvement and that they understand the central role they play in mobilising partners. Overall, there has been a good mobilisation of local

and international MHSS partners during the diagnosis phase that has allowed us to harmonise understanding of the mental health system as well as foster collaborations and partnerships.

CHALLENGES DURING THE DIAGNOSIS PHASE

Although the diagnosis phase was successful overall, there were several challenges that Action Against Hunger and its partners faced, such as:

- **Collaboration with health authorities:** At the beginning of the process, it was difficult to build collaboration with health authorities. Indeed, since this type of approach is uncommon, it took time for them to fully understand the process and actively get on board. Extensive administrative processes had to be followed, such as validation by the ethics committee, which led to an initial delay. Since this initial stage, a strong collaboration with health authorities has been developed.
- **Accessing quality data:** The health information system of the DoH is not fully developed and does not allow access to complete and quality data. This is especially true for data related to MHSS. Moreover, due to the heavy administrative procedures required to access DoH information, the process of data collection can be time consuming or unsuccessful.

- **Short timelines:** Due to lack of time and availability of relevant data, some of the health systems analysis was shortened. A detailed analysis of resilience components (the various shocks, crises, caseload thresholds, and coping mechanisms in place at the health systems) could not be examined.
- **Contextualising and rolling-out the data collection tools:** The tools used to collect data at the Primary Health Care level were initially not well adjusted to the context. Questions were not always correctly formulated, which impacted the data quality. Additionally, since these tools were part of a pilot and still being tested, the data collection teams required substantial support and training throughout this process.

LESSONS LEARNED AND GUIDANCE FOR FUTURE PROGRAMMES

Several lessons learned from this pilot can be readily applied to future similar programmes. Several points of guidance that have developed out of the process include:

- Mobilising and establishing key relationships with relevant health authorities will allow the various steps of the MHSS diagnosis to be conducted smoothly and will help

to provide a reliable analysis of the main strengths and weaknesses of mental health systems.

- It is important to have a thorough preparation phase before starting the diagnosis phase. An efficient Steering Committee should be created, and their terms of reference should be clearly defined and agreed on with Action Against Hunger and the relevant health authorities. The Steering Committee should be trained on the whole process so that they can actively take part in every step.
- The timing at which this process is rolled-out is key. In Dohuk, the DoH and the Mental Health and Psychosocial Support (MHPSS) working group were already planning to develop the MHPSS Strategy for the coming years. Therefore, the MHSS project aligned with their current priorities, ensuring interest and commitment to the diagnosis and planning phases.
- In Iraq, MHPSS networks work at the primary healthcare level. As a result of this, although the full MHSS approach looks at the health system in general, it aimed to always have a focus on MHPSS. Both MHPSS and general health stakeholders took part in the whole process, and contributed

to the various phases. This is a relevant example of integration of mental health approaches at all levels of a health system.

NEXT STEPS FOR THE MHSS PILOT PROJECT

Overall, the diagnosis phase of this pilot has been a success, despite specific data collection limitations. The overall MHSS approach to diagnosing the strengths and weaknesses of health systems was carried out, and the results were well accepted by the health authorities. It has also contributed to positioning Action Against Hunger as one of the major mental health actors in the region, and confirmed the robust technical capacity of the organisation in this area.

Now that the diagnosis is complete and the five priority areas have been identified, the next step is for the action plan to be finalised, including a clear timeline of activities and responsible parties. The action plan will be embedded into the DoH's own 5-year strategy for MHSS in Dohuk, which will be finalised by the end of 2019. The strategy will not only ensure that mental health services are better integrated into primary care systems but can also be used as an advocacy tool to mobilise additional funds to further support MHSS.

STRATEGIC PLANNING

A STRATEGY TO ESTABLISH A FIELD PRESENCE IN ALINDAO, CENTRAL AFRICAN REPUBLIC

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BACKGROUND: ACTION AGAINST HUNGER'S RESPONSE TO THE HUMANITARIAN SITUATION IN ALINDAO

In 2017, the South Eastern parts of Central African Republic (CAR) experienced a series of violent and sudden armed clashes between armed groups and communities. In particular, the city of Alindao in the Basse Kotto prefecture witnessed heavy clashes between two armed groups in May 2017; which forced about 80 per cent of its population to be displaced. In the following months, almost all villages around Alindao were attacked. The total displaced population in the city reached 35,000 individuals. The very high level of tensions between communities also led to several, and largely unaccounted, killings of civilians.

As the humanitarian situation in Alindao was becoming one of the most severe across the country, Action Against Hunger decided to establish a presence there and respond to reported acute needs. However, it quickly appeared that the operational environment posed major challenges to the quick and effective deployment of humanitarian action; especially outside of Alindao city. All three humanitarian actors active in the area had been unable to deploy or sustain a presence outside Alindao city, as a result of targeted attacks against humanitarians and further threats from armed groups.

Despite these challenges, Action Against Hunger has now been successful in establishing a presence in Alindao and has positioned itself

to be one of the first actors to reach out to affected populations outside of the city. Two main elements have been identified as crucial in achieving this result: following a strict strategy planning method and accepting to have a limited scope of operation.

FOLLOWING A STRICT STRATEGY PLANNING METHOD

The access strategy for Alindao was designed strictly following a five-stage methodology:

i. Zoning: Based on secondary information related to humanitarian needs, actors' presence, security and logistic constraints; the area was divided into three zones with different level of access. This helped to structure the next phases by common geographical areas.

ii. Security Risk Analysis: A security risk analysis was performed, which helped identify major security risks, ranked according to their likelihood and impact. Associated mitigation measures were developed (see security triangle pillar below).

iii. Actors mapping: Stakeholders, both civilians and armed groups, were mapped to support efforts to build acceptance (see below). The team identified segments of the community that could be a threat and those who could support with activities. Identifying the points of contact of armed groups outside of Alindao was key to allowing a safe deployment of teams in the second stage of the access strategy.

iv. Humanitarian needs analysis: Few humanitarian actors were present in Alindao. The humanitarian needs analysis therefore included an analysis of the ongoing humanitarian response in order to look for synergies and to avoid duplication of efforts, while highlighting the ongoing response gaps.

v. Identification of levers using the security triangle: The security triangle is a well-known theoretical model categorising the different security levers available to the organisation into three pillars: deterrence, protection and acceptance. The results of the security analysis were strategic at this stage.

1. DETERRENCE: In accordance with a principled humanitarian approach, Action Against Hunger communicated to every stakeholder that it would suspend activities, or even withdraw from the area in case of any security incident that targeted its premises, employees or activities.

2. PROTECTION: Protection measures were adopted based on the security risk analysis. In addition to the usual protection of buildings, emphasis was placed on protecting staff from the main risk identified: stray bullets (safe rooms); as well as on our capacity to rapidly evacuate (delocalised staff hosted in an Action Against Hunger-rented guesthouse and equipped with adapted communication). The limited availability of evacuation flights (8 max capacity) forced Action Against Hunger to limit the size of the team present in Alindao.

3. ACCEPTANCE: Acceptance is the security pillar that has been applied the most extensively within the Alindao access strategy, across the following two components:

A Active Acceptance: Active acceptance regards how, when and what to communicate to stakeholders. The actor mapping was used to support active communication towards main stakeholders about Action Against Hunger's mandate, charter and work. Dedicating human resources (a national liaison officer) in support to the Field Coordinator was key in

succeeding here. Communicating with stakeholders within Alindao city was quite easy whereas actively building acceptance outside of Alindao took much longer as counterparts were hard to reach safely.

B Passive Acceptance: Passive acceptance refers to the perception stakeholders retain of Action Against Hunger, which can be influenced by the type and timing of activities a humanitarian organisation implements. In the initial phase, in order to rapidly and widely gain acceptance, Action Against Hunger decided to first focus on quick-impact, highly visible activities. The aim was for Action Against Hunger to be perceived as an organisation able to quickly make a difference in peoples' lives. A good example of this was the drilling of new boreholes and implementation of health activities targeting children. In the second phase, Action Against Hunger expanded its scope of activities in Alindao city to less visible, but still impactful, provision. The third phase expanded provision to villages on the outskirts of Alindao, for example setting up mobile clinics for children under five.



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With consideration of the sensitivity of the context due attention was placed on ensuring that every step of project implementation would follow a participatory approach, in full transparency with local stakeholders. This, along with a strictly impartial selection of staff and beneficiaries, helped Action Against Hunger remain perceived as a neutral and impartial organisation, which was key for gaining acceptance. Some activities have been purposely discarded. The threat of armed groups rendered highly visible or sensitive activities inappropriate (for example, activities involving heavy cash management).

ACCEPTING TO HAVE A LIMITED SCOPE OF OPERATION

The phasing described in the passive acceptance paragraph above was recognised as fundamental for the success of this strategy. With Action Against Hunger being new to the Alindao area, initially restricting presence in remote areas enabled a sufficient amount of time for a positive reputation to develop. Action Against Hunger then benefited from the perception

that it is an active organisation, one that can make a swift difference in peoples' lives.

It was really tempting to move quickly to villages outside Alindao, but we resisted this urge. Debates were continuously ongoing amongst the team about whether we should move quicker. However, the team managed to reach a common understanding and Action Against Hunger closely followed this phasing approach, which ultimately proved successful.

CONCLUSION

The approach described in this article is not new and should not represent a major breakthrough for Action Against Hunger. Still, this strategic method could be considered as a minimum for any base planning to open in a challenging environment. It must also be noted that the strict implementation of this approach will not prevent all potential challenges. Continuous analysis of the local environment is therefore necessary, with a swift capacity to adapt accordingly.

RESOURCE MOBILISATION

INSTITUTIONAL RESOURCE MOBILISATION IN ACTION AGAINST HUNGER GERMANY

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INTRODUCTION: THE DONOR LANDSCAPE IN GERMANY

Action Against Hunger Germany started its operations in Berlin at the end of 2014. Initially, the Berlin office's focus was on fundraising from private donors. Germany is the second largest Official Development Assistance (ODA) donor globally, with over €21.8 billion donated in 2017. The high potential for institutional partnerships for the Action Against Hunger network (in terms of growth, diversification of funding and advocacy) was soon explored. Two main donors shape the German institutional donor landscape: the German Federal Foreign Office (GFFO) and the Federal Ministry for Economic Cooperation and Development (BMZ). Both the GFFO and the BMZ are centralised donors, meaning that they can only sign grant contracts with German NGOs as per legal requirements.

Therefore, the majority of BMZ funds are commissioned to two state owned private entities: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), focused on technical cooperation, and Kreditanstalt für Wiederaufbau (KfW) focused on financial cooperation. Today, our Programme and Advocacy team in Germany serves as a knowledge hub for German donors, identifies funding opportunities and advocates for a world without hunger with the support of the international network of Action Against Hunger.

WHAT ARE THE CHALLENGES WE ARE FACING?

Currently, Action Against Hunger Germany faces three main challenges:

1. Our position as a new actor in the German humanitarian aid and development cooperation landscape:

As in most other donor countries, the aid environment is extremely competitive. Even though Action Against Hunger is a key humanitarian actor and leading expert in nutrition, we are a new partner in Germany. As a new stakeholder, we need to increase our visibility and credibility among key stakeholders while at the same time facing limited internal resources.

2. Complex processes of accreditation with our main institutional donors: Accreditation with German donors has proven to be a very lengthy and bureaucratic process. We successfully finalised the accreditation with the GFFO in 2018 and received funding for the first pilot project in South Sudan. The GFFO expects new partners to implement a pilot project before applying for further funding. Accreditation with the BMZ for development and transitional aid

is ongoing, but a pilot project is planned for 2019. After successful accreditation, cooperation with both GFFO and BMZ has massive potential to grow and expand, but only gradually over time. As such, the management of both Action Against Hunger Germany's and the wider network's expectations of the fast growing German funding portfolio will be necessary.

3. Using our access to GIZ funding to build our reputation and show consistency in representation vis-à-vis the German donors: So far, the only possibilities to access significant funding from German institutional donors has been via GIZ. Therefore, it has been a high priority to demonstrate our high quality project implementation. Through the German office's strategic overview of this relationship, we are aiming to consistently and positively represent the network as a whole to this donor.

HOW HAVE WE ADDRESSED THESE CHALLENGES?

The support that we receive from technical and advocacy experts from the network has been key in establishing Action Against Hunger Germany as a visible and credible partner in the German aid landscape. For example, regular emails, Skype exchanges, updates on needs and emergencies have enabled us to take an active part in discussions with GFFO on the current humanitarian situation in Yemen and Syria. With the support of the network's advocacy experts, we organised highly successful Syria and Yemen lobbies and were consequently

able to increase our visibility and credibility with the GFFO and other institutional partners.

The visibility and support we get from the network's technical and advocacy experts also helps us in the accreditation processes with the GFFO and BMZ. Both ministries expect their partners in Germany to be strong, independent organisations who are able to generate and contribute to the relevant discussions within Germany, so the voice of prominent experts is hugely beneficial. The experts from our network enable us to fill this role by sharing their experience and knowledge with us. Learning from INGO peers that have recently established offices in Germany, like the Norwegian Refugee Council (NRC) or the International Rescue Committee (IRC), shows how the accreditation processes can be facilitated. Likewise, learning from our INGO peers on relevant institutional funding and the use of advocacy to maximise our influence and reach are hugely valuable and are key to establishing a strong and long-lasting presence in Germany.

Finally, access to GIZ funding has been a huge driver of growth for us and has built our reputation with GIZ (and with its back donors BMZ and GFFO). Since the establishment of Action Against Hunger Germany in 2014, around €20 million has been secured from GIZ. Signing these contracts has allowed us to demonstrate our capacity and has contributed enormously to being as advanced in the accreditation processes as we now are.

HOW HAS ACTION AGAINST HUNGER GERMANY CONTRIBUTED TO RESOURCE MOBILISATION FOR THE NETWORK?

Even though GIZ is not a centralised donor and formal contracts can be signed by other country offices, the majority of contracts have been signed by Action Against Hunger Germany, demonstrating several advantages to this approach:

- **Better contract conditions:** Through our established line of communication with the GIZ contract department in Eschborn, we are able to collect and collate information from all contracts, can advise country offices on contracting, and can negotiate conditions with GIZ for the advantage of all country programmes.
- **Better compliance understanding:** Action Against Hunger Germany is the compliance hub for GIZ. We collect and collate compliance information from all GIZ contracts and advise country offices. Furthermore, we are in constant communication with other German INGOs on GIZ, and therefore BMZ, compliance regulations.
- **Overall strategic development and global project coordination:** GIZ country offices often have autonomy when choosing their implementing partners. This is why one important entry point for engagement with GIZ is in-country. However, there is strong centralised structure in Germany. The regional desks hold significant line management

responsibility and have significant influence on the global strategy and programmatic development function.

GIZ funding can directly open doors for funding from other German institutional donors. One practical example is that of Mali. Initial engagement at GIZ headquarters level in Germany (with close involvement of the Mali country office) lead to two phases of GIZ funding. Action Against Hunger Germany provided support to the Action Against Hunger country programme and at the same time kept the donor in the loop and organised regular follow-up meetings. The combination of the successful implementation through the Mali country office and the support in terms of donor engagement and compliance contributed to an increase in visibility and led to Action Against Hunger having a better reputation with German donors. This eventually resulted in funding from the other major German donor, Kreditanstalt für Wiederaufbau (KfW).

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WHAT ARE THE NEXT STEPS FOR ACTION AGAINST HUNGER GERMANY IN THE COMING YEARS?

Our focus will continue to be on establishing Action Against Hunger as a reliable partner to German donors through quality programme implementation and close engagement. We will continue to provide our support to other Action Against Hunger headquarters and country offices on proposals, reports, contract negotiations, due diligence, compliance and funding opportunities.

GIZ will stay as our major focus for donor engagement, and once the accreditation process with GFFO and BMZ is finalised we will be able to grow our relationships with these donors as well. We also see a lot of potential with KfW in the future. After our success with funding for Mali, we are currently working on a second KfW contract and have invested a lot in establishing contacts at KfW headquarters level to build this relationship and identify further funding opportunities.

WORKING AS A NETWORK: DEVELOPING A DFID PORTFOLIO FOR BANGLADESH

(LEARNING REVIEW 2017)

Building strong working relationships with institutional donors is key to ensuring that Action Against Hunger can help shape the global funding landscape so that ending hunger is embedded as a key strategic objective. If the Action Against Hunger network does this, it will place itself in a strong position to secure funding, strengthen its global reputation, and maximise its impact. As demonstrated here by Action Against Hunger Germany, establishing these relationships can be challenging and often involve a number of administrative preconditions. However, if we work collaboratively as a network and draw on each other's existing relationships and expertise, we can overcome these obstacles, open up new funding streams, and increase Action Against Hunger's presence across the sector. To read about how Action Against Hunger UK supported the Action Against Hunger Bangladesh office to establish a relationship with DFID and secure over £10 million in funding, have a look at the 2017 Learning Review (page 45)

→ https://knowledgeagainsthunger.org/wp-content/uploads/2019/01/LearningReview_Final_lowres.pdf

IMPLEMENTATION

MEN'S GROUPS: A STRATEGY TO IMPROVE MEN'S HEALTH SEEKING BEHAVIOUR IN INDIA

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BACKGROUND: MALNUTRITION AND GENDER

Maternal and child malnutrition continues to be one of the leading causes of mortality and morbidity in low and middle-income countries. Despite gains globally, undernourishment remains high in India, with over 34 per cent of the population affected. Currently, the country is ranked 103 out of the 119 nations in the 2018 Global Hunger Index. Of children aged under five, 44 per cent are underweight while 72 per cent of infants have anaemia.

Hunger, malnutrition, and poverty result from and reinforce injustice and inequality. These injustices take place at every level, from the household to the global level, and are rooted in established power imbalances. Perhaps the most pervasive and universal imbalance is based on sex and gender,

and in India gender inequality is deeply entrenched particularly in certain regions of the country. Gender inequality plays an important role in everything from who has access to food to who has the resources to grow and buy it, who eats first and who eats last. Acknowledging the influence of gender is at the core of our strategy to fight against malnutrition.

ENGAGING MEN IN THE FIGHT AGAINST MALNUTRITION

As part of the development of our implementation strategy in Rajasthan, Action Against Hunger undertook a survey in 2015 to assess the impact of our interventions in the Baran district, with the objective to uncover practical recommendations for better tailoring future interventions. The study found that excluding men in project delivery could act as a bottleneck in preventing malnutrition. These findings

highlighted the need to involve more men in programming and improve the implementation of counselling and behavioural activities with male participants. One of the men from a community where we implement had the following to say: "My impression is that your programme involves men very little. Because men are family decision-makers, they should also be made aware appropriately so that they can take the correct decision at the correct time." It was consequently decided that engaging men was a priority need in order to recognise their role within the household as decision-makers and caregivers.

To address this need, Action Against Hunger piloted a project in Rajasthan aiming to engage more men in the fight against malnutrition. This project involved several stages of activities. First, the team held discussions with men to assess their willingness



Parents use a MUAC band to check the nutritional state of their child.

to sit and discuss malnutrition problems together. Following those discussions, men in households with expectant mothers or children suffering from malnutrition were asked to attend a series of educational sessions and focus group discussions around specific maternal and child health and nutrition themes. Topic of these sessions included:

- The importance of antenatal care check-ups and institutional delivery.
- Identifying heavy labour tasks that can cause problems during pregnancy and how to reduce heavy workloads on women.
- Infant malnutrition, its causes and consequences, how to identify and treat it.
- The importance of exclusive breastfeeding.
- The importance of beginning complementary foods by the age of 6 months.
- Strategies to increase dietary diversity, such as taking mothers to the market for grocery shopping and allowing them to purchase foods of their choice.
- The importance of spending quality time with infants either playing, story-telling, or helping them to sleep/rest.

Another activity involved the Action Against Hunger community mobilisers conducting outreach to encourage fathers

(and grandfathers) to engage in childcare activities and reinforce their own roles and responsibilities when caring for their children. As a way to encourage men's engagement, it was decided that a men's group would be established and educated on different issues, with at least one active person from the group going on to facilitate their own sessions under the supervision of Action Against Hunger staff. The aim of establishing these men's groups was to increase their accountability and empower them to make the best decisions for their families.

SUCCESSES FROM ESTABLISHING MEN'S GROUPS

The approach described above was piloted in 2014, and led to the strong and active participation of men in the monthly men's group discussions. This increased engagement contributed to improved nutrition outcomes in many households. Action Against Hunger India observed the following since the implementation of this project:

- Increased antenatal care, institutional deliveries, and home-care for women.
- Pregnant women being relieved from heavy tasks like fetching drinking water from long distances and farming activities. Mothers get at least an hour a day more rest during pregnancy and after childbirth.
- Earlier detection of malnutrition, enabling

easier and more effective referrals.

- Infant feeding practices were monitored and supported by fathers.
- Increased maternal decision-making pertaining to self-care and child health.

Therefore, the effort to engage with men has contributed to achieving several departmental objectives relating to the reduction of malnutrition in the region. The project is currently the centrepiece of an effort to scale up the men's groups in all states and implement key prevention activities through them.

ADDRESSING CHALLENGES IN ESTABLISHING MEN'S GROUPS

This project is delivered in rural areas where men have an overwhelming and unequal social capital. In these localities, unequal gender norms were particularly entrenched and difficult to challenge. This led to difficulty in mobilising and engaging men to organise and participate in discussion groups. Some of the strategies that Action Against Hunger used to address this challenge included:

Working closely with village elders to gain momentum and encourage broader community support. Working with village elders allowed us to establish regular meetings of men's groups in the villages as part of their existing monthly activities.

Involving active members of the community to ensure community participation. In this

way, interested individuals can act as champions to encourage others. The added-value of the groups was also promoted by giving participants clear roles and objectives and encouraging mentoring and skills-sharing.

Taking a back seat in facilitating the sessions can help to engage participants, but it is also important to ensure accountability and sufficient guidance at all times.

The project was more effective when focusing on small incremental increases in consensus and acceptance. The participants reacted well to this approach, driven forward by their sense of owning the recreational spaces set up for them

to discuss the small steps needed to improve their lives and that of their families. It is hoped that the men who learnt from the groups will take responsibility and pass the lessons on to other new fathers, thereby developing good practices as the norm in their communities.

Switching from malnutrition issues to community based and maternal and child health issues can help address the needs and issues of the group in the community. Addressing a cross-cutting range of relevant issues that affect the community can increase engagement and maintain interest.

INVOLVING MEN AS A STRATEGIC OBJECTIVE

The learning generated from this experience can be used in other thematic programming areas, particularly in other gender related areas such as gender-based violence (GBV). GBV includes early/forced marriages, physical as well as psychological violence and denial of resources, opportunities and services. We hope that engaging men in these issues, similar to how we have engaged the male community over maternal and infant health and nutrition issues in India, can be a good starting point to bring about real change. In order to fully achieve Action Against Hunger's strategic objectives, across all thematic areas, the role of men must be considered at both the strategic and programmatic planning levels.



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Left:

A men's group, facilitated by a member of Action Against Hunger staff.

NEW TECHNOLOGIES AT THE SERVICE OF YOUNG PEOPLE IN IVORY COAST FOR BETTER MANAGEMENT OF THEIR HEALTH AND PSYCHOSOCIAL WELL-BEING

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BACKGROUND: YOUTH HEALTH IN IVORY COAST

In Ivory Coast, where 38.4 per cent of the population is under 15 years old,⁵ young people face particular health risks. People in this age group often avoid attending health centres due to lack of trust, as services are often unsuitable for their needs (there is a lack of anonymity and confidentiality, and a risk of stigmatisation), especially when it comes to sexual and reproductive health. Access to counselling, health information and psychosocial support is only available to a limited extent as part of school and university health services that are less frequented by out-of-school youth or by young people with reproductive health needs.⁶ Yet today, in Ivory Coast, 31.9 per

cent of 20 to 24 year-olds have had a child before the age of 18, and 20 per cent of women and 14 per cent of men have sex before the age of 15.⁷ Contraceptive prevalence among young people does not exceed 13.9 per cent. Frequent pregnancies and pre-mature births, low utilisation of family planning services, pre- and post-natal consultations, and low rates of assisted deliveries are among the leading causes of death, especially among pregnant adolescents. It is estimated that 75 per cent of unwanted pregnancies result in illegal abortions with 15 per cent of deaths related to post-abortion complications. There is also a 50 per cent higher rate of neonatal deaths among children of teenage mothers.

ACTION AGAINST HUNGER'S STRATEGY TO IMPROVE THE MANAGEMENT OF YOUTH HEALTH

Action Against Hunger, working in close collaboration with the National Programme in charge of Youth and Adolescent Health (PNSSU-SAJ),⁸ provides an adapted and innovative response to the health-related information and communication needs of young people. It does this by employing three complementary approaches and facilitating referral to appropriate support when needed.

- Teenage classes have been established since 2017 to meet the specific needs of young people in the poorer neighbourhoods of Abidjan where Action Against Hunger works. Indeed, young

5 Recensement Général de la Population et de l'Habitat, 2014.

6 Rapport évaluation genre et jeunesse. Action Against Hunger, 2017.

7 Enquête Démographique et de Santé et à Indicateurs Multiples III, 2012.

8 In French: Programme National de Santé Scolaire et Universitaire-en charge de la Santé des Jeunes et Adolescents

people have expressed the wish to have a specific space for dialogue to address their issues of concern. Since their inception, 205 classes have been completed reaching a total of 3,750 young people and adolescents within their neighbourhoods.⁹

- Four friendly spaces dedicated to young people to ensure listening, guidance and support for addressing their specific needs were opened in December 2018. They were rehabilitated and equipped to receive young people in a welcoming environment, with a psychosocial listening point. Six training sessions on adolescent health and psychology were organised and benefited 60 health workers, 35 young peer educators and 33 community members.
- A mobile application was created with a working group made up of young people, health staff, lawyers, competent authorities, and the support of an information system consultant and a web development firm. This mobile phone platform aims to respond to youth health issues in real time through a chat with health professionals, create discussions and transmit messages of prevention without taboos. Anonymity and confidentiality are preserved through

⁹ Final report, AFD funding : “Renforcement de l’organisation et du fonctionnement de douze établissements sanitaires urbains de premier niveau à base communautaire dans le district autonome d’Abidjan conformément à leurs missions dévolues par le Ministère de la Santé et de l’Hygiène Publique (MSHP),” December 2018.

encrypted conversations. The service is free and the application is downloadable online.

The hypothesis is that by offering information and a space for dialogue with health professionals through different channels (a mobile application providing confidential and easy-to-access virtual support, as well as physical spaces of meeting and exchange), young people have access to the information they want and can be accompanied in an informed and autonomous decision-making process. This allows them to act at their own pace and according to their particular needs, as well as develop a sense of self-confidence to better envision the future. Thus, the health of young people is improved and they benefit from greater psychosocial well-being.

Finally, a partnership with the youth civil society and the Association of Women Lawyers of Ivory Coast helps to empower young people and ensure that they can exercise their rights. Indeed, with support from this association, young people are not only empowered to visit health centres to be advised and supported if necessary, but also to provide input into national decision-making frameworks and programmes, particularly regarding advocacy towards free reproductive health for adolescents.

ADDRESSING KEY CHALLENGES

Although this programme has had key successes, it has also encountered various

challenges that deserve special attention. Some of these challenges, as well as the steps taken to mitigate them, include:

- The mobile application development process is lengthy and required expertise in information systems. The project therefore drew upon the expertise of additional developers to enable a technical audit and improved application functionality for the scaling up of the project. A test phase with young beta testers is still underway to address all their expectations.
- Particular attention has been paid to the protection of personal data, an important issue when rolling out any type of e-service. To address this, the National Coordination of Information and Communications Technology for Health (the technical authority in the field of e-health) supervised the process of obtaining authorisations from the Telecommunications Regulatory Agency of Côte d’Ivoire and access to the secure state data housing of the National Society of IT Development: host of Government data.
- The referral system, integrating a database of referral structures and professionals in case of specialised health needs (medical, psychosocial, legal) must be defined and implemented with the relevant authorities and technical partners, particularly for psychosocial distress and gender-based violence. Action Against Hunger is working closely with the Mental Health Office in the Ministry of Health, the Ministry of Family, the PNSSU-SAJ and the

Association des Femmes Juristes de Côte d'Ivoire to clarify these lines of referral and ensure the functionality of a multi-sectorial platform to address gender-based violence.

- This approach to health, which involves addressing young people's sexual and reproductive health, integrating the theme of gender-based violence, and drawing on expertise in information systems and web / mobile development is not part of Action Against Hunger's "classical" intervention strategy. As a result, support and expertise were not always available internally, and the project had to find external support. In addition, some members of the organisation regard this youth health project as moving away from Action Against Hunger's nutrition mandate. Given the rates of neonatal

deaths in children of teenage mothers in Ivory Coast, however, we must advocate for these types of initiatives as preventative measures for tackling malnutrition.

NEXT STEPS AND ADVICE FOR FUTURE PROGRAMMES

A full review of key lessons learned (including compiling best practices, practical guidelines, technical aspects that future programmes must consider, and an evaluation) must be conducted in 2019 in order to measure the impact of the project on young people's health-care seeking practices and access to health care. This process can be used to inform the development of similar tools in other contexts.

Based on the experience of the Ivory Coast office, if other Action Against

Hunger offices are interested in implementing similar projects, they should consider the following:

- Plan for a minimum 3-year programme, since establishing technical solutions requires a long set-up process.
- Hire an experienced firm for the app development and seek strong IT support (this could draw on some of the development that has been done in Ivory Coast already, adapted for other offices).
- Involve the youth from the start in order to ensure their needs from the service are addressed.
- Pay specific attention to personal data protection and required legal frameworks.

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Community classes for adolescents



USING THE BUSINESS SHUTTLE APPROACH TO IMPROVE WOMEN'S ECONOMIC EMPOWERMENT IN GAZA

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AN OVERVIEW OF THE ECONOMIC SITUATION FOR WOMEN IN GAZA

The dramatic deterioration of the humanitarian situation that occurred in the Gaza Strip throughout 2018 has carried over into 2019. In 2019, the blockade imposed on Gaza enters its 12th year, restricting the movements of people and goods in-and-out of the Strip. Recently, the challenges relating to availability and access of supplies in the Gazan markets have worsened. The lack of access to goods and limited movement of people have significantly affected business and economic activities, particularly for small and micro businesses. These restrictions have resulted in making 72 per cent of Gazans food insecure and 40 per

cent live below the poverty line. The unemployment rate exceeds 60 per cent and approximately 80 per cent of the population in Gaza depend on international aid.¹⁰

Women (49 per cent of Gaza's population) are particularly impacted by the access restrictions and deteriorating social and economic conditions. They experience greater difficulties entering and remaining in the job market.¹¹ In fact, only one in fifteen women of working age in Gaza are employed.¹² In addition, women experience restrictive regulations based on discriminatory provisions related to marriage, divorce, and child custody which further reduce their rights. Many women are forced to marry at a very early

age (approximately 40 per cent of women in the Gaza Governorate are married before 18)¹³ and as a result often abandon their education before men. In addition, legal counselling and assistance for women regarding residency, inheritance, property rights and access to humanitarian assistance is limited or absent.

THE BUSINESS SHUTTLE APPROACH

On this premise, Action Against Hunger developed the Life Palestine programme, a programme with the main objective to enhance the socioeconomic inclusion of the most vulnerable communities in the Gaza Strip. One component of this programme, called the Business

10 2018 Humanitarian Needs Overview: Occupied Palestinian Territories. OCHA, 2018.

11 Gisha, 2018.

12 Unemployment in the Occupied Palestinian Territories, International Labour Organisation, 2018.

13 Palestinian Central Bureau of Statistics, 2017.

Shuttle,¹⁴ has a specific focus on supporting vulnerable Gazans (particularly women and youth) through livelihoods initiatives and income generating activities. The aim of the Business Shuttle approach is to support the development of capacity and opportunities for these socioeconomically vulnerable groups to develop innovative business ideas, thereby promoting increased employment and social integration. More specifically, Action Against Hunger has supported 479 female heads of households in the past three years by providing them with training on micro-entrepreneurship and mentoring support to establish their own businesses. In conjunction with financial literacy and post-training support activities, this has allowed these households to develop, diversify and reactivate a sustainable source of income.

KEY LEARNING FROM THE BUSINESS SHUTTLES

The primary aim of the Business Shuttle is the person's individual development. It aims to create personal transformation that leads to empowerment, by comprehensively working with the person on an individual level and through teamwork. It is widely

14 This approach builds on previous approaches used by Action Against Hunger Spain in other countries. To read more about the Employment Shuttle approach used in Georgia, see page 16 of the 2017 Learning Review: https://www.actionagainsthunger.org.uk/sites/default/files/publications/learningreview_2017.pdf

accepted that traditional technical business training programmes are no longer suitable to face the ever-increasing complexity of markets and employment-related social problems. Unlike those, the Business Shuttle methodology tackles not only the development of technical skills but also aims to develop participants' soft skills. For example, there is a strong emphasis on building teamwork by generating synergies and linkages among participants, with the assumption that increased cooperation will increase the chances of business success. Also, the design of a business plan is no longer the sole objective of the Business Shuttle coaching. Other tools and techniques such as creative thinking, the "lean start-up" methodology to test a new business idea, and using "strategic trees" to visualise a business model are included to comprehensively build the individual's capacity to develop enterprises that are financially sustainable.

Piloting the Business Shuttle at a small-scale allowed for the incorporation of new tools and methodologies for developing income generation activities and managing business risk. Through the shuttle approach, Business Shuttle staff have also been exposed to new training and coaching methods that give participants a chance to learn first-hand how to manage business-related risks. The combination of soft skills, technical knowledge and individual feedback was very well received by the participants and produced measurable results in terms of confidence and teamwork. The longer duration and higher intensity of the Business

Shuttle increased the coach's knowledge of individual participants, therefore enabling more tailored advice.

Importantly, an interesting learning from this methodology was about the importance of the creative process for generating successful business ideas. This focus on the element of creativity addressed the need for innovative income generating activities in Gaza that account for the many contextual constraints faced by participants. The idea that participants worked first on the design of a prototype and then on a pilot led to successful financing according to the real needs of businesses at each stage of their development.

CHALLENGES: UNDERSTANDING MASCULINITIES IN GAZA

One challenge that Action Against Hunger has faced in the past is gender-dynamic related tension in households where the organisation has supported female breadwinners through income generating activities. In the Gaza Strip, war, occupation and blockade has made the shift of traditional gender norms and roles difficult, if not impossible. These contextual factors are actually reinforcing repressive gender roles and societal norms. For men, this has resulted in "thwarted masculinities", or "frustrated masculinities." That is, an inability to fulfil ones' gender roles. As a result, this leads to feelings of inadequacy, frustration, and in some cases, it can lead to increased gender-based violence (GBV) which is caused by an effort to reassert patriarchal



control over the households. For a programme aimed at increasing the economic power of women, this is a major challenge.

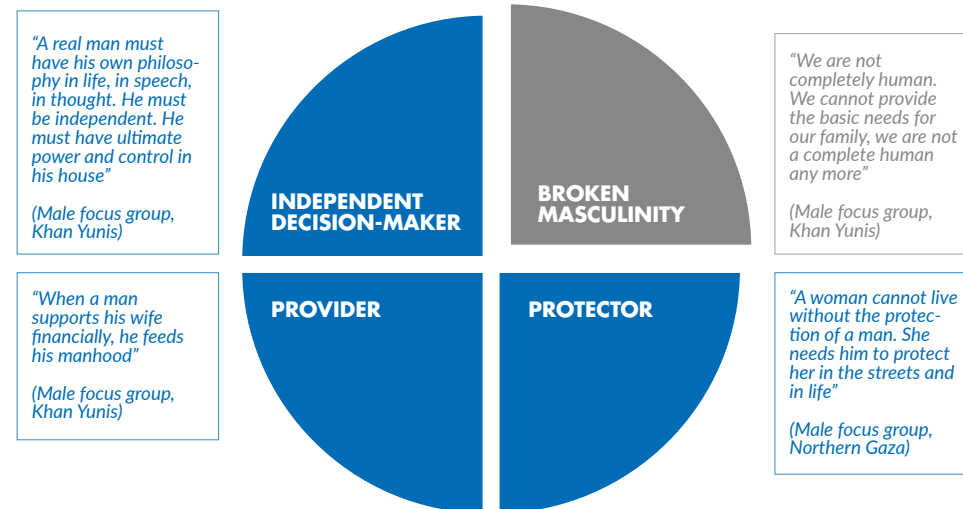
To address this challenge, the Action Against Hunger's Life Palestine programme (of which the Business Shuttle is a component), also undertook research aimed at better understanding men and masculinities in the Gaza Strip. This is reflective of a global trend where gender is increasingly understood in terms of identity. There is growing recognition of the importance of engaging men and masculinities in tackling gender inequalities and also the importance of context-specific and locally informed evidence-based policy and programming. As a result, Action Against Hunger, together with an external consultant, conducted a study on Masculine Identities in the Gaza Strip, with the aim to further enrich our work on gender equality. This study provided important contextual nuances, which ultimately can lead to more sustainable and long-term change from a normative standpoint. The graph (right) explains the analytical framework for this study.

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FUTURE PROGRAMMATIC APPROACHES

The Occupied Palestinian Territories (oPt) country strategy established the incorporation of the Business Shuttle methodology's approaches with an improved understanding of New Masculinities into future projects. The results of the study did not result in shifting away from supporting women run enterprises. It did, however, strengthen our understanding of power structures at the household level and provided key findings to ensure a more gender-sensitive approach when addressing communities, households and implementing organisations.

In 2019, our employment training activities will be implemented through an improved Business Shuttle methodology to increase the employability of participants by promoting personal development and empowerment. Simultaneously, the oPt country office is identifying key recommendations to apply to future programmes based on outcomes from the Masculinity Study such as: 1) piloting marriage contract negotiations for young female graduates, 2) running training sessions on New Masculinities for young participants in the Business and Employment Shuttles and, 3) testing new gender-sensitive approaches when developing Social Businesses models.



MONITORING AND EVALUATION

MAINSTREAMING MEAL ACTIVITIES IN LEBANON

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BACKGROUND: THE CHALLENGES OF MAINSTREAMING MEAL

For humanitarian programming to be effective, it is critical to conduct monitoring, evaluation, accountability and learning (MEAL) activities throughout the programme cycle. Although Action Against Hunger Lebanon has invested substantial resources into MEAL staff, this mainstreaming of MEAL activities beyond project monitoring remains a key challenge. The idea of MEAL as simply an 'added-on' activity for project teams has created two main challenges in efforts to mainstream MEAL throughout the monitoring and evaluation cycle.

Firstly, there is the misperception that MEAL does not need to take into account project details beyond what is logistically needed to monitor project implementation (such as the time and place of implementation). There is also a larger focus on monitoring the distribution of 'hard' components,

such as NFIs (winterisation kits, shelter kits, etc.). As a result, MEAL activities have not systematically tracked 'softer' key logframe indicators, such as behaviour/knowledge change, or had enough focus on testing the assumptions on which the project design was built. This issue undermines efforts to capitalise on lessons learnt from monitoring and evaluation activities.

Secondly, the use of data is often limited to description of project results, without a deeper analysis of how these results should be incorporated into adapting project design, project management, and project impact. Thus, the 'evaluation' of projects occurs largely in procedure only; assessments and monitoring activities are rolled out without a strategy for how to uptake findings, and without an understanding of how results should influence Action Against Hunger's planning and implementation.

HOW LEBANON IS INCORPORATING MEAL INTO THE PROGRAMME CYCLE

The Lebanon team's strategy for addressing this issue has been a two-pronged approach: firstly, setting up standard procedures for project cycle management (specifically in linking project and MEAL teams); and secondly, targeted on-the-job training initiatives built into the roll-out of these procedures. Through the leadership of management at base and country-level we drafted roles, responsibilities and key deliverables for all stages of project cycle management.

At design phase, the grants team has increased the focus on early incorporation of MEAL. This includes a task force dedicated to the design of a consolidated "workbook" of lessons learned, organised by geographic area and sector, for easy reference and incorporation into concept notes and

proposals. The programme is also currently mapping all indicators by assessment, and to consolidate this information, the programme team will rely on support from the Action Against Hunger UK and Spain teams to develop a data management system capable of consolidating electronic data.

At the planning phase, and to prepare for resource mobilisation and development of MEAL activities, teams across different departments now sit together to develop a unified plan that clearly identifies the timing, responsibility, and links between different project actions. Creation of this document is essential in ensuring that MEAL and project activities are aligned, with the aim to more easily adapt to changes in project implementation and produce high-quality information required for future monitoring and analysis.

Within this planning phase, there are meetings between technical and MEAL teams dedicated to developing an understanding of how indicators are related to project activities. By explicitly linking indicators to project activities, there is greater reflection at design stage

of the appropriateness of MEAL tools and planning, as well as a boosted capacity for MEAL to produce analysis of project results. At this stage, MEAL tools and activities are revised as needed.

Throughout project implementation, data is fed back to teams with an increased focus on drawing out recommendations and lessons learned. The breadth of MEAL activities and analytical scrutiny varies based on project complexity, duration and funding. For example, a six-month project based only on distribution of supplies (e.g. winterisation kits) could include only a post distribution monitoring assessment. In contrast, a project with higher-level outcomes such as improving food security, would generally include a baseline and endline assessment of project outcome indicators as well as complementary evaluations of other project components. However, a standard end of project review is anticipated for all projects. In preparation, all teams are expected to develop lessons learned for presentation. These lessons learned should be explicitly tied to data, whether collected through MEAL or other sources. Lessons learned are

used to inform future programming as well as improve the way we collect and analyse data.

At each step, the coordination team plans to work with the base to develop capacity-building measures required to execute expected responsibilities to a high standard. The emphasis at the start of this process is on the preparatory stage of MEAL activities, with greater interaction and understanding of the linkages between MEAL and project teams. So far, training plans for sampling design, logframe development, and report writing have been developed. A preliminary workshop between the MEAL and WASH teams identified the key questions to be communicated between the teams to ensure an appropriate sample size when requesting assessments (levels of disaggregation, confidence interval, margin of error, etc.) Establishing this guidance has already reduced previous issues where the sample size of an assessment ended up being too small to be representative once the sample was disaggregated.

NEXT STEPS FOR MAINSTREAMING MEAL

Now, with all these plans and procedures, where do we go next? The focus for our teams will be on continuous internal evaluations and reflections on which procedures work well, which do not, and how trainings can support the end goal of improving monitoring and evaluation of our programmes.

Understanding how these initiatives affect time management is a particularly critical question. Implementing teams at base will likely need increased support from regional and headquarter levels to support them, especially with roll-out and the expected “growing pains” as we push MEAL into the forefront of project activities. While Action Against Hunger’s support and operational tools are vast, coordination and exchange is often fragmented through a large and disjointed organisational network. Identifying available resources and the pathways to access them will be essential to successfully capitalise on these opportunities.

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FEEDBACK AND COMPLAINTS MECHANISMS IN PAKISTAN: 2014 AND 2018

Action Against Hunger promotes accountability, transparency and integrity as its core commitments, and promises the same through its core values and international charter. In line with this, we believe that affected communities have a fundamental right to share their feedback and raise concerns on the quality of humanitarian aid extended to them. Thus, Action Against Hunger strives to implement convenient and easy-to-access feedback and complaints mechanisms in its partner communities. Through these mechanisms, we aim to maximise transparency and accountability to affected populations as well as reduce the likelihood of corruption and abuse of power.

In the 2014 Learning Review, our Pakistan team outlined the importance of feedback and complaints mechanisms and highlighted practical examples of successes, including empowering community members to speak up, discovering and addressing cases of fraud, and improving the quality of programmes (see page 38 of the 2014 Learning Review).¹⁵ However, one challenge noted by the team at that time was that these feedback mechanisms were much less frequently used by women (only 18 per cent of feedback and complaints were made by women, compared to 82 per cent by men).

Four years later, in 2018, Action Against Hunger Pakistan concluded an ECHO-funded intervention in Peshawar, Khyber Pakhtunkhwa, Pakistan, to prevent under-nutrition among displaced communities by establishing several Outpatient-

Therapeutic Programme sites. During the programme, an initial feedback and complaints system was established using complaints boxes and programme hotline numbers, available at all sites. However, this system faced similar challenges to the one established in 2014. Long waiting times at sites and the need to travel to the sites to access the phone numbers and complaints boxes resulted in a low feedback rate, particularly among women. To overcome this, the team devised a simple solution: they decided to print the hotline numbers onto beneficiaries' treatment cards, which they could take home with them. The result was a large increase in the amount of feedback received, and at the end of the project 63 per cent of all feedback received was from women. This is a positive example of the importance of learning and adapting to challenges within a programme.

Access to feedback and complaints mechanisms (which may look different and require different channels, depending on the context) is very important in order to receive regular feedback, to improve community participation and to enhance our programming. This learning should be incorporated into all future programmes to ensure improved quality of services and enhanced accountability to the communities we work with.

For more information, please contact Muhammad Ali, Senior MEAL Manager, Pakistan: srmealmgr.pk@acf-international.org

15 For more details, please see the Learning Review 2014: Minimising risk through Monitoring and Community Feedback Mechanisms (page 38). https://www.actionagainsthunger.org.uk/sites/default/files/publications/acf_learningreview2014.pdf



HOW CAN RESEARCH INSPIRE AND BE INSPIRED BY COMMUNITIES? CAPTURING BEST PRACTICES FROM THE MAM'OUT FEEDBACK MECHANISM IN BURKINA FASO

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INTRODUCTION: DISSEMINATING RESULTS TO COMMUNITIES

Most of the time, community participation is prioritised during the needs assessment or implementation and monitoring phase of the project cycle, but rarely at the learning, dissemination or uptake phases. This is not only true for operational programmes, but also for research projects implemented in the field. The objective of this article is to present an innovative mechanism of feeding back findings to research participants, implemented in the framework of the MAM'Out research project,¹⁶ and to discuss the opportunities and challenges linked to these participatory feedback sessions, in order to ultimately improve the quality of this new mechanism.

The MAM'Out project aimed to evaluate the effects of unconditional

16 More details available in the published research protocol (Tonguet-Papucci et al, BMC Public Health, 2015)

multi-annual cash transfers for the prevention of acute malnutrition for children. It was implemented in 32 rural villages in eastern Burkina Faso from June 2013 to November 2015. In line with good ethical and research practices, the research team returned to all the villages in April 2017 to thank participants for their involvement in the project, communicate the final research results,¹⁷ and gather their feedback on what could have been improved in order to achieve better outcomes on the prevention of acute malnutrition.

17 Please refer to the scientific publications for more details on anthropometric and morbidity results (Houngbe et al, J Nutr, 2017), food security results (Houngbe et al, Public Health Nutr, 2018), food consumption results (Tonguet-Papucci et al, J Nutr, 2017) and results on the use of cash and the changes induced by the project (Tonguet-Papucci et al, BMC Public Health, 2017).

THE RESULTS FEEDBACK PROCESS

The feedback sessions followed a two stages process. The first stage was a gathering of all the 32 heads of villages and one key member per community. The main results of the MAM'Out project were presented and discussed. The research team took the opportunity to discuss the results with participants and exchange on areas of improvement for future cash transfer programmes (based on the MAM'Out experience) or adjustments which could contribute to improving impact on the prevention of child acute malnutrition. During the second stage, 32 village gatherings were organised. The two village representatives who participated in the first meeting introduced the results to the entire village community, ensuring a participative approach to feedback. The two village representatives were supported by a MAM'Out officer, who detailed findings and led a group discussion that explored similar questions to those discussed during

the first meeting. In addition, one interview with a mother of a malnourished child took place in each village to explore in depth some of the subjects discussed collectively. All the group sessions and individual interviews in the villages were audio-recorded (after obtaining either global or individual informed consent in each village) to be analysed later.

This was the first experience of providing feedback to research participants at the end of a research project which was carried out within Action Against Hunger field operations.

WHAT DID WE LEARN FROM THIS PROCESS?

Several strengths/good practices can be highlighted:

- The feedback mechanism was welcomed by the local population and highly attended. Not only was it valuable for people to receive a flyer of key findings translated into the local language, but the feedback we received was that they were happy to discuss and exchange on the research results and consult on ways to improve programmes.
- Sharing results is key to engaging more actively with communities in the identification of problems and solutions tailored to the reality of their lives. It goes beyond being an ethical requirement for Action Against Hunger's research and reinforces our commitment to accountability.

- The feedback mechanism provided an opportunity to improve our understanding of social and cultural dynamics, barriers and perceptions within communities.
- Ensuring the feedback is inclusive of all genders enriched the conversation, and reminded us that the entire community (men and women) should be invited to participate in the discussion even if the research did not focus on them. In this case, cash was only transferred to women, but men were also invited to the feedback meetings and provided interesting and different perspectives from women.

In spite of these strengths, several challenges remain:

- Training the MAM'Out officers to conduct these sessions (including providing clear interview guides, translated into the local language) was essential, as moderation skills are key to collect useful responses. However, having a member of Action Against Hunger staff to moderate the discussions can ultimately create biases in the answers and opinions expressed. Using an independent sociologist or external facilitator could be an interesting alternative.
- In some villages, the research team faced difficulties interpreting the multiple dialects spoken. The need for translation capacity should be anticipated.
- Big groups can be challenging to handle, especially during outdoor discussions. A microphone would have been helpful to guarantee everybody could clearly hear.

Moreover, the bigger the group was, the more difficult it was for the moderator to encourage everyone to participate. The moderator must ensure that they engage with as many participants as possible.

- It was challenging to get people to sign the attendance sheet and to collect individual consent for the audio recording. This was for two main reasons: many attendees couldn't read or write, and the high level of participation (50-100 people per village) meant that gathering consent from individuals would be very time-consuming. Instead, we asked the village leader to sign on behalf of his community.
- Although highly instructive and valuable, sessions like these are time consuming. It requires preparation, time to implement, time to transcribe, translate and analyse feedback, and ultimately time to use and share lessons learned.
- Feedback sessions take place once the research is finished, data analysed and results published. It can therefore be challenging to engage teams on the uptake of community feedback, since many staff may have moved on to another programme or organisation. Teams should anticipate this process during the programme planning stage.
- Funding for the uptake of the results of feedback mechanisms needs to be budgeted from the beginning of the project.
- Finally, yet importantly, implementing these sessions for research participants requires strong support from the country programme.

WHERE DO WE NEED TO GO NEXT?

Using feedback from communities remains challenging, as research findings are not available until after the project is complete. Agility and anticipation are therefore required to ensure that learning from communities is incorporated into existing or new programmes. Reflecting in advance on how community feedback will be taken up is key to guaranteeing that it is used efficiently in strategic planning and programming. This can be facilitated by responding to a few key questions. What do we expect from these learnings and how do we plan to take advantage of them? Who is responsible and accountable for championing them? What do we want to change, how do we support and implement change, and how do we monitor it?

Research therefore needs to be better embedded in strategic planning and programming. A research project shouldn't be considered finished when results are published; only half of the job is done at that time. Researchers need to be backed up by knowledge brokers and practitioners to move beyond research and transform observations and evidence into informed action. True change will only occur through strong integration between research and programmes and a strong will to learn, unlearn and relearn.

More information on the methodology is available in a capitalisation report. A full report analysing participants' feedback is also available. Check out our video presentation: <https://www.youtube.com/watch?v=52472uOb1AI&feature=youtu.be> or contact sstern@actioncontrelafaim.org to receive the reports.



A community feedback session in Burkina Faso



EVALUATION TRENDS: MOVING BEYOND THE OECD/DAC CRITERIA

(LEARNING REVIEW 2017)

The value of embedding rigorous and timely evaluations into programme cycles is now almost uncontested across the sector. With this, as explored in the previous articles, comes an ever growing push to fully embed MEAL at every stage of the programme cycle, to constantly improve our best-practice guidelines and approaches, and to ensure that communities are at the centre of MEAL. Action Against Hunger's approach to evaluations is constantly evolving, and our aim is for the evidence and recommendations from our evaluations to be used systematically to improve current programming and inform future programming. For a more detailed overview of how evaluation approaches are changing, and how this relates to adaptive management within Action Against Hunger, please refer to the 2017 Learning Review (page 54)

→ https://knowledgeagainsthunger.org/wp-content/uploads/2019/01/LearningReview_Final_lowres.pdf

INFORMATION MANAGEMENT

SCOPE CODA: HOW DIGITAL TECHNOLOGY TOOLS CAN TRANSFORM THE WAY WE FIGHT MALNUTRITION, SOUTH SUDAN

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BACKGROUND AND CONTEXT

Maternal and child undernutrition is a significant public health problem in South Sudan, a country beset by conflict and recurrent nutritional crises. The Community Management of Acute Malnutrition (CMAM) guidelines for South Sudan shows that 31 per cent of children aged 6-59 months are stunted, and 28 per cent are underweight; nearly 23 per cent are acutely malnourished (13 per cent suffer from moderate acute malnutrition and 10 per cent from severe acute malnutrition). The Integrated Food Security Phase Classification from September 2018 projects that 54.6 per cent of people in the Northern Bahr El Ghazal region will soon be at risk of severe food

insecurity. Effective and efficient CMAM for children under five and pregnant and lactating women is therefore essential.

Action Against Hunger implements nutrition interventions in South Sudan using National CMAM guidelines and protocols. Currently, CMAM tools are manual and paper-based: registers, treatment and ration cards, as well as reporting tools at nutrition sites. At the end of each month, nutrition partners in South Sudan share their CMAM reports with the nutrition cluster and the Ministry of Health through the national Nutrition Information System (NIS).

This manual CMAM reporting system poses challenges that may negatively

impact the quality of care, such as:

- The personal data of beneficiaries is insufficiently secure.
- Relevant information is not easily accessible. It is difficult to retrieve beneficiary data, especially if they lose their ration cards.
- Different data collection, storage and reporting tools lead to duplications and errors, including incorrect admission/discharge information and double registration.
- Low referral linkages between outpatient therapeutic programmes and target supplementary feeding programmes lead to a poor continuum of care.
- A paper-based approach reduces

the ability to track relapses, defaulters or delayed discharges, reducing the efficiency of services.

SCOPE CODA

These challenges prompted the South Sudan Nutrition Cluster partners to look for a robust alternative. Together with the World Food Programme (WFP) and Medair, Action Against Hunger has piloted SCOPE CODA,¹⁸ a digital information management system that allows frontline workers to track the nutrition and health status of beneficiaries. This system was developed in line with the procedures and recommendations of the existing CMAM guidelines in South Sudan.

SCOPE CODA builds on WFP's existing SCOPE platform, which is "a web-based application used for beneficiary registrations, intervention setups, distribution planning, transfers and distribution reporting."¹⁹ SCOPE CODA expands on this platform by providing smartcards to beneficiaries, which they then present when they visit a clinic. An app is installed on devices used by community nutrition workers, which can read these smartcards and upload patient

information to a secure digital file. In this way, beneficiary information can be easily tracked all the way from registration to discharge. This system will therefore replace the current paper-based registration system, ration cards and reports for each beneficiary receiving services.

To date, the following phases of the pilot have been implemented:

- **Phase 1 (2017)** included a scoping mission by the WFP Global Expert Team, software development based on national CMAM guidelines, a first controlled environment test, initial training (WFP, UNICEF, Ministry of Health, Action Against Hunger and MEDAIR) and second controlled environment test.
- **Phase 2 (2018)** involved training of staff on the implementation of SCOPE CODA pilot. Eight of our staff at various levels were trained and the roll-out of a digitised platform began in March.

In the coming months, biometrics for children under five and pregnant and lactating women will be included in SCOPE CODA, which will greatly improve the issue of double registration of beneficiaries in different nutrition centres.

SUCCESSSES SO FAR

Action Against Hunger has already begun to see benefits from the programme, including

improved data availability, improved patient flow, and increased ability to locate patients. Augustino Akuen Dut, our Community Nutrition Worker at Gabat site, who has been involved in the pilot since the beginning, believes SCOPE CODA can substantially improve nutrition programmes: "CODA has been helpful to me because it is easy to use, it is faster in entering data on the assistance card, it detects mistakes made during admission, the assistance card can be erased and reused, it saves ink and pen, and it keeps the data properly and longer."

There are several tangible successes and outcomes of the SCOPE CODA system. Firstly, it ensures that mothers go through the entire treatment process (health and nutrition education, anthropometric measurements, clinical assessment and dietary assistance) – since the device is based on the CMAM protocol, it helps health workers to perform all clinical assessments / checks in a streamlined way. It also ends the need to print out ration cards / treatment cards, helping to bring down the cost of treatment. For beneficiaries, SCOPE CODA has greatly improved services at the nutrition site and they feel more confident about the assistance they receive. Additionally, CODA cards are more easily maintained, as described by one patient: "My children used to destroy or dirty the paper ration

18 Conditional On Demand Assistance = CODA

19 SCOPE In Five Minutes, World Food Programme. December 2014.

cards, prompting community nutrition workers to complain about our handling of the cards, but now with the SCOPE CODA beneficiary card, our children can no longer destroy or dirty the cards.”

CHALLENGES AND MITIGATION STRATEGIES

As a pilot programme, SCOPE CODA has faced specific challenges during the initial roll-out phase. Below are some key challenges that Action Against Hunger and other partners have faced so far, as well as mitigation strategies used to overcome these challenges.

1. **Device syncing:** Distance from the nutrition sites to our base in Maluakon to sync the devices was a challenge: this was solved by WFP providing space in their field office in Aweil, located close to the site, where staff could also have support from a WFP nutritionist and SCOPE CODA project manager.
2. **Powering devices:** Charging CODA devices by solar panels became a challenge when the panels initially provided started breaking down. Moving to another place for charging is also difficult. The partners are working on a durable solution, involving strong power-

banks for remote sites. **Staff capacity:** When the pilot started, there was a sudden increase in caseload at the site. This challenge was temporarily addressed by increasing the number of staff at the site. Overtime the caseload re-adjusted to its previous level.

3. **Reporting and data quality:** From the beginning, the CODA reporting platform has been unsatisfactory for obtaining accurate data. Currently, CODA is still building an online platform where all stakeholders can view the reports, this is not yet available. Additionally, there is still some mismatch in the data between CODA and manual reports, which is being addressed; for now we are continuing to use both CODA and manual system. Partners have provided comprehensive feedback to WFP to inform improvements in reporting and data quality for future SCOPE CODA use.

With these challenges addressed, SCOPE CODA has the potential to improve case management in malnutrition treatment and potentially in other integrated essential services.

LESSONS LEARNED: GUIDANCE FOR FUTURE PROGRAMMES

In October 2018, WFP organised a global lessons learnt workshop in Rome to capture the learning and ways forward from the pilot, which so far has been implemented in three different countries (South Sudan, Uganda and El Salvador). The workshop identified key recommendations for future roll-out of this programme, including:

- Secure optimal internet connectivity before project launch to avoid challenges with data synchronisation.
- Have the report platform ready beforehand to ensure full uptake of the project without the manual system.
- Provide reliable charging options for the devices at nutrition sites ahead of the project.
- Develop and fully incorporate the biometrics at the beginning of the project to ensure greater impact.
- Take enough time to train nutrition site staff. They also need practical guidance sessions at nutrition sites with different scenarios together with theoretical scenarios.
- Make sure that support from the CODA technical team is always available, on site and remotely.

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COORDINATION

COORDINATION AND EARLY WARNING SYSTEMS FOR FOOD AND NUTRITION INSECURITY AT THE MUNICIPAL LEVEL IN GUATEMALA

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A proposal for governance in food security and nutrition, and the improvement of agro-climatic information for decision-makers

OVERVIEW OF THE SYSTEM

In Guatemala, Action Against Hunger has helped to establish a coordination and early warning system at the municipal level so that relevant stakeholders can coordinate on nutrition and food insecurity issues. At the municipal level this system is contributing to the preparation and management of timely and comprehensive information on food and nutrition insecurity. The use of this system supports disaster risk reduction and preparedness. Its main objective is to protect people and their livelihoods,

which are exposed to climatic threats and other factors of social vulnerability (such as unemployment, price increases and migration), by helping to improve emergency management and empowerment of municipal representatives, decision-makers and policy holders, mainly at the municipal level.

The implementation phase of this system has involved the management of information on food security and nutrition as well as the strengthening of effective coordination processes between national and local authorities, organised civil societies, and the humanitarian actors in the area. Working on these processes is helping to improve a better governance among involved stakeholders at the same

time as offering clear and pertinent mechanisms to face the problems as they arise and develop adequate solutions, actions and approaches.

The design process of this system has taken approximately three years by a consortium of different actors that have contributed to studies, validation processes and trailing of technical information management tools. These partners include:

- A.** Research institutes belonging to the Consultative Group on International Agricultural Research (CGIAR), Bioversity International, and the International Centre for Tropical Agriculture (CIAT)
- B.** Academic partners: Tropical Agricultural Research and Education Centre (CATIE) and

Centro Universitario de Oriente (CUNORI).

HOW THE SYSTEM WORKS

Currently, this system of early warning for food and nutrition insecurity is based on the following steps:

- A. Generation of community information.
- B. Articulation of official information by key institutions for food security and nutrition.
- C. Grouping of information through a system of variables and creation of an algorithm to weight the importance of each variable.
- D. Generation of information products for decision-makers through a web-based platform linked to the National System of Food and Nutrition Insecurity.

First, Action Against Hunger defined a series of indicators and variables that have allowed community actors to monitor their food security and nutrition situation using a “traffic light” approach to keep track of the level of severity of food insecurity. The communities then contribute data to the municipal information system by providing their inputs on a monthly basis. The government actors (ministries of agriculture, health, education, labour and development, among others) then collate this data and discuss it during a monthly “situation

room” meeting, where they identify key problems, possible emergencies, vulnerable communities, and cases of malnutrition. They then identify key roles and actions within the framework of governmental and municipal institutions.

Action Against Hunger, in coordination with the technical team at the Secretariat of Food and Nutrition Security, has also developed the decision-making methodology “Analytic Hierarchy Process” (AHP), which is based on mathematical weightings that involve a panel of experts grouping information to agree on priority indicators and variables in line with the three pillars of food and nutrition security: i) food availability, ii) food access and iii) consumption and biological use. For example: one variable is a “day without rain”. The panel decides what weighting it should be given for each pillar of food availability. After carrying out this prioritisation for all identified variables, an algorithm based on mathematical formulas is generated, allowing the different weightings to be brought together by variable and by pillar. The end result is a system that can provide an overview of food security and nutrition in an area and generate early warnings based on the status of changing variables. This information is used to generate information products that key stakeholders can access through a web platform and use to inform decision-making.

CHALLENGES AND ADAPTATIONS

The main challenges for Action Against Hunger in Guatemala related to this methodology include:

- Scaling up: the Secretariat of Food and Nutrition Security has taken this methodology to be implemented throughout the country: 250 municipalities have started to generate information and have been incorporated into the technological platform. As a result, we faced an increased number of platform users than was initially expected and consequently had to adapt the technology of the system.
- Analysis: Platform users and decision-makers wish to see more analysis and data visualisations based on the collected data, which has led us and our partners to reflect on what additional analysis products can be made available.
- Sustainability and handover: For a smooth and complete handover of the platform to the Secretariat of Food and Nutrition Security, also at decentralised levels, many trainings and coaching sessions will have to be carried out, challenging our capacities in terms of time availability and geographical coverage throughout the country.

KEY LEARNING

Some of the main learning that has come out of the establishment of this early

warning and coordination system has included:

- That it is better to start with specific pilots in some regions of the country, to minimise the problems of large-scale methodological and technological adjustment.
- That involving actors at different levels has been key for the development of the methodology and the adoption of the system.
- That coordination among actors is

key to the functioning of an early warning system and rapid response to assist vulnerable communities.

NEXT STEPS

Next steps for this project in the coming months will include:

- Generating a series of recommendations, actions and protocols that facilitate decision-making according to the scenarios generated in the analysis of short-term data.
- Adapting the technological platform to be able to absorb the increase of all the users, facilitate the consolidation of data from municipalities for an historic reading of the data for longer periods, and make available quarterly, semi-annual or annual comparisons.
- Consolidate data from territories so that the information can be used at a national level, such as the Food Security forecast.

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PREPAREDNESS

EARLY WARNING AND PREPAREDNESS IN THE SAHEL

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EARLY WARNING AND GEOGRAPHIC INFORMATION SYSTEMS

In 2010, Action Against Hunger began to regularly track droughts in West Africa using satellite imagery. While we were by no means the first to do so (such imagery has been used to track drought in Africa since the 1980s), our maps and reports gained a reputation for their reliability and regularity and they became part of our wider Early Warning System in the Sahel. The core idea behind these maps is Early Warning/Early Action; if we can predict droughts early enough, this allows sufficient time to prepare a response. This is methodologically easier in the Sahel than many parts of the world. With a single rainy season from July-September and a peak lean season (for herders) in April-May, we have a solid 7 months to prepare from the end of the rains (when we can assess drought conditions) to the onset of a seasonal crisis.

THE 2017 DROUGHT IN THE SAHEL

During the 2017 rainy season it became imminently clear that the Sahel was facing a drought many times more severe than that which we had seen in recent years. Vegetation growth had diminished in grazing areas. Livestock would die or have to engage in abnormally long seasonal migrations. All signs showed the lean season would be catastrophic, and early. As such, the interventions necessary to keep herders from losing their livestock were textbook: distribution of animal feed, provision of veterinary services and cash transfers. Indeed, with many months to prepare, avoiding the worst of the crisis seemed a reasonable expectation.

THE RESPONSE

Unfortunately, this expectation would not materialise. By the end of August 2017, Action Against Hunger's Early Warning System had published a

warning on the incoming drought, ringing alarm bells. By October, we had published definitive results of our satellite image analysis showing a clear drought and by November a public call to action was issued in partnership with a number of humanitarian and producer organisations (WFP, OCHA, Save the Children, SNV Netherlands Development Organisation, VSF-B and Reseau Billatal Maroobé).

As predicted by the early warnings, drought conditions began to set in by December 2017, forcing livestock herders to begin a very long and arduous migration. By January, Sahelian pastoralists were in a lean season. Severe acute malnutrition rates were well above the emergency threshold across Mauritania, Mali and Chad. By this point, we were in crisis phase, and still no discernible response had been planned.

It wasn't until March 2018 that funding began to become available. Statements issued by UN agencies and other

NGOs calling for “early action” were seen by May. But by this point it was already too late. Projects financing took months to materialise. A number of responses were realised as the 2018 rainy season began, signalling the end of the drought. Livestock feed, which was so desperately needed a few months prior, was distributed when it was practically worthless as new pasture would soon cover the Sahel. Some drought response projects did not even begin implementation until well into the rainy season. As this chart shows, some disbursements were not made until well after the end of the lean season.

WHERE DID WE GO WRONG?

Action Against Hunger was not an exception to the rule in this case. While we were the first humanitarian actor to issue warnings for this drought, we were not very fast in planning responses based on those warnings.

In many cases our understanding of preparedness ends at fundraising. Action Against Hunger’s country-level response plans were typically crafted around proposals, which were put together when donors expressed a glimmer of interest. But when preparedness activities lacked financing, contingency planning was conspicuously absent.

Likewise, our early warning data, which is built as a public good, can easily be utilised for fundraising. The drought’s early warning datasets are published within

days of the final imagery being available. However there exists an impulse common across the humanitarian sector to see early warning data as an investment to be recouped. The notion being that we worked hard for this data, thus we should only publish it once we present it first to a donor and ensure that others do not use it to fundraise. If we are serious about disaster preparedness, we will have to think about contingency planning as going beyond proposal writing and early warning, and not merely as an input to fundraising. When an imminent drought can be seen months in advance, we should come to the table with pre-formed ideas without a nod from a donor.

WHAT DO WE DO DIFFERENTLY NEXT TIME?

- Build seasonal response plans into our programming without waiting for the go-ahead from a donor. This will improve the quality and coherence of a response, while signalling a legitimate commitment to preparedness.
- Integrate preparedness across the board in our operations so that it’s not siloed away and entirely dependent on specific grants. Project-by-project reforms won’t help; we need to take a programme approach to preparedness.
- Rethink our strategy for capacity building. Resilient local structures need to be able to undertake prevention and mitigation without us and we

should be looking at capacity-building strategies integrated in our operations, rather than tied to a specific contract.

- A rethinking of capacity-building as a resilience measure will require retooling our approach. Training workshops for local partners, while the dominant avenue of capacity building, offer diminishing returns in strengthening systems beyond the very short term. We need to improve one-on-one collaboration between our staff and their counterparts as well as consider staff placements within partner organisations.

HOW ARE WE TRYING TO FIX IT?

The 2017-2018 drought serves as a teachable moment for us and we’re working on integrating those lessons, building on what we learned from our 2017 evaluation of our Early Warning System. Currently in development are several projects to enhance our drought preparedness and improve the resilience of pastoral communities, including:

- A model for livestock interventions as part of a larger Early Warning-Early Action programme to ensure that we can develop actionable preparedness and response plans at the country level once a drought is detected. A toolkit will be adapted from the Livestock Emergency Guidelines and Standards, allowing country offices to more easily plan for pastoral-focused responses.

This model will streamline response and preparedness planning by directly linking it to the outputs of our early warning system.

- A communication programme that will disseminate our early-warning data directly to herding communities. Over the course of building the early warning system, a number of endogenous pastoralist data sharing systems were identified, such as community radio and livestock market meeting places that help herders share information that helps them plan herd movements. The early warning system will be expanded to share early warning data through these channels. This extension will help herders make informed decisions on resource management independent of our response while democratising access to early warning data.

There is a good opportunity to grow from this. Our early warning systems are built for preparedness. Rather than focus on early warning as fundraising, let's use them as planning tools and actively work to promote the resilience of communities and partners.

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ADVOCACY

USING TECHNICAL EXPERTISE AND COLLECTIVE ADVOCACY TO SCALE UP PROGRAMMING IN BURKINA FASO

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BACKGROUND: MATERNAL HEALTH AND CHILD MORTALITY IN BURKINA

For several years, our interventions in Burkina Faso have focussed on community mobilisation and health system strengthening in order to increase the access of populations to primary health care. Burkina Faso maternal and child health indicators lag behind expected standards. For example, the child mortality ratio is 82.5 deaths per 1,000 live births, and the maternal mortality ratio is 330 deaths per 100,000 live births.²⁰ In addition, less than 1 per cent of the

population has health insurance, and health services are poorly attended by the poorest people in the country.²¹ According to recent figures, about 55 per cent of the poorest population do not consult health services or health personnel when they experience health problems.²² The main health challenge across the country, therefore, is the economic barrier that prevents the poorest segments of the population from accessing health care, mostly because of the high costs of health consultations and key medications.

Although the barriers for vulnerable women and children to access health

care in Burkina Faso are mostly financial, they also face barriers in relation to geographical access, insufficient technical platforms and inadequate staff capacity to provide care. This reduced access to health care results in poorer health outcomes for this demographic, including increased mortality. Therefore, one of Action Against Hunger's priorities in this country was to develop effective strategies to reduce mortality in this segment of the population.

One of these strategies involved Action Against Hunger and three other International Non-Governmental

20 Profil sanitaire complet du Burkina. Module 1 : Situation socio-sanitaire du Burkina Faso et mise en œuvre des ODD. Mars 2017, page 29

21 Compte Nationaux de Santé, 2012

22 EMC (Enquête Multisectoriel Continue), 2015



Organisations (INGOs), namely Help (Hilfe zur Selbsthilfe), Save the Children, and Terre des homes Lausanne, jointly developing programmes that subsidise consultations and medication fees for children under five years old and pregnant women across various regions of the country. Evaluations of these pilot projects led to the conclusion that lifting financial barriers made it possible to increase the utilisation rate of health services, improve coverage of care and boost performance indicators of health centres.²³ These findings motivated the four INGOs to successfully advocate for the Burkina Faso government to adopt a policy of free healthcare for pregnant women and children under five years old.

23 <https://afro.who.int/fr/news/bilan-2017-de-la-gratuite-des-soins-au-profit-de-la-femme-et-des-enfants-de-moins-de-cinq-au>

FROM PILOT TO NATIONAL STRATEGY: THE ROLE OF TECHNICAL EXPERTISE AND ADVOCACY

The unique success of this advocacy strategy is due to the joint effort of several actors to combine their technical expertise, leveraging on the evaluation findings of similar interventions at diverse geographic locations and conducting high-level strategic advocacy. During seven years of pilot projects, these interventions were documented and advocacy actions were taken collectively by the four organisations to influence the government and parliamentarians. We identified the appropriate messaging to clearly explain the public health outcome of the project by highlighting how cost-effective it would be if extended to the entire country through a national health strategy. This country-level advocacy was also bolstered by evidence from various global-level scientific movements that advocate for universal health coverage and insurance. In April 2016, these advocacy actions, combined with a change of political regime in Burkina Faso, resulted in the adoption of the Free Health Care Policy for children under five years old and pregnant women. Securing this political commitment was therefore

an achievement resulting from years of small pilot projects, operational research at the community level, the combined efforts of complementary actors and strategic advocacy toward various audiences. This approach seems to be effective for successful NGO-led advocacy.

BEYOND SUCCESSFUL ADVOCACY, TECHNICAL BACK UP REMAINS VITAL

In order to assist in the implementation of this free healthcare policy, Action Against Hunger and the other three INGOs used their historic legitimacy on this topic to be involved in all debates around the implementation of the policy. They were also financed by the Ministry of Health to help control and ensure the effectiveness of the policy across the entire country. This control consists of:

1. A quantitative verification of the services provided in the health centres, which included data collection and analysis of information from the various tools available at the health centres.
2. Community level consultations based on direct interviews with a sample of patients' households.
3. Producing a report highlighting gaps in policy implementation and making recommendations for

improvement to the health district and the central ministry.

It is a unique experience that a government contracts and grants INGOs to provide technical expertise to control the level of implementation of a national policy in public health. This was possible thanks to a strong relationship with the government, recognition of the expertise of these INGOs in this specific field and their ongoing advocacy based on previous experience with similar programmes. We believe that by following similar steps, this strategy to scale up successful technical approaches can also be applied to other contexts.

KEY LESSONS AND TAKEAWAYS

- It is good to use and benefit from pilot approaches to serve as advocacy tools.
- The more we meaningfully involve other stakeholders to build collective advocacy, the better the results.
- Moving from a pilot experiment to scaling up requires regulatory or legislative steps to extend these best practices.
- Strong relationships and evidence of technical expertise can help governments trust NGOs, to the point of contracting them to provide technical assistance in public services.

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