LEARNING REVIEW
2013

ACF INTERNATIONAL

FOREWORD

Monitoring and evaluating progress, successes, and shortcomings is increasingly important for any organisation that is seeking to improve its performance. In this third edition of the Learning Review, ACF reviews its 2013 evaluations in an effort to improve its response to children and communities affected by crises. It also highlights effective practices that could be scaled up or replicated in other contexts, and provides innovative, forward-looking solutions to ending malnutrition. Incorporating contributions from a range of practitioners operating in diverse contexts, this year's Review serves as an excellent platform to begin debate about performance and certain good practices.

While analysing the impact of a humanitarian intervention involves methodological challenges and practical difficulties, such an analysis is possible. The Review presents some of the key results achieved in measuring the impact and wider effects of ACF's programmes on communities. For example, in Mali and Mauritania, cash transfer programmes that have improved access to food have contributed to reducing child malnutrition and preventing food insecurity. Still, more research and evidence is needed on the long-term impact of these programmes in addressing underlying causes of malnutrition and how these programmes can be better targeted, monitored, and evaluated.

Similarly, the Review notes that community participation in needs assessments is key to shaping programme design throughout the implementation process. Community participation ensures programmes are relevant and appropriate to local needs and contexts. This is demonstrated in examples from disaster risk management programmes in the South Caucasus, Pakistan and Bangladesh, which also illustrate the role that community participation play in building resilience to future disasters.

The Review highlights the benefits of using accessible and affordable technologies to access hard-to-reach populations and ensure programme coverage. For example, in Paraguay, radio can be used to facilitate more effective communication with remote communities. Amongst communities with a strong oral culture, the use of radio stations to transmit educational messages proved a powerful approach.

Moving forward, the Review explores how ACF can prioritize innovation to promote new programmes, products, processes, partnerships and most importantly, new ways of thinking. In reflecting on what innovation means for ACF, the Review engages in a conversation on the value of being an innovator or an early adopter and the importance of creating enabling environments that support the development of innovative solutions. This is what ACF seeks to achieve with the Incubator: an open platform to be innovative and find better solutions in combatting malnutrition.

I wish to congratulate the authors of the Review for bringing together such a rich body of evidence. I invite you to read this important contribution, reflect on the good practices presented and consider how these practices can help shape the future of the humanitarian sector.

ERICA MATTELLONE
EVALUATION SPECIALIST,
EVALUATION OFFICE
UNICEF

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INTRODUCTION

Since its conception the Learning Review has become an increasingly important document for ACF. It gives colleagues at all levels of the organisation, from board members to programme managers, an indication of how the organisation is performing and provides a channel through which issues can be raised, ideas can be proposed and learning can be documented. Although rooted in the ACF Evaluation Policy and Guidelines (2011) we have always been conscious to ensure that each subsequent Review improves from the next. This Review, as with the past two, features an analysis of performance against the seven OECD/DAC Criteria , a collection of best practices identified throughout the year during evaluations and a 'features' section. It is this section where the 2013 edition of the review has adjusted its focus.

We had always been keen to ensure the content remains rooted in evaluation; however we did not want this to restrict the opportunity the Review provides to include other important subject matter. Therefore the newly named 'Debate and Discussion' section is this year more extensive than before. This section provides the opportunity for the organisation to be self-reflective and to challenge itself. The organisation is made up of almost 6,000 employees, and so we are delighted to have a number of different contributors from across the network. This year we have been inundated with requests from colleagues throughout ACF to write articles, and hope that this will continue.

This demand reflects the appetite for learning within ACF and demonstrates that we need to do more. The Review is limited in that it is only an annual publication. Building on the global reach the Review has attained we want to develop a real-time global learning capacity, linking colleagues on the ground in Bangladesh with colleagues in Burkina Faso, and allowing everyone to learn from each other.

We are often asked how we know the Learning Review is making a difference. We are certain that it does, and yet, we cannot always put our finger on how or why. But we have to. So we have made this our challenge; to start thinking about learning as something that happens as a result of/around this Review. We understand that this Review is part of a bigger puzzle, and we want to start piecing that together. And for that we will need your help.
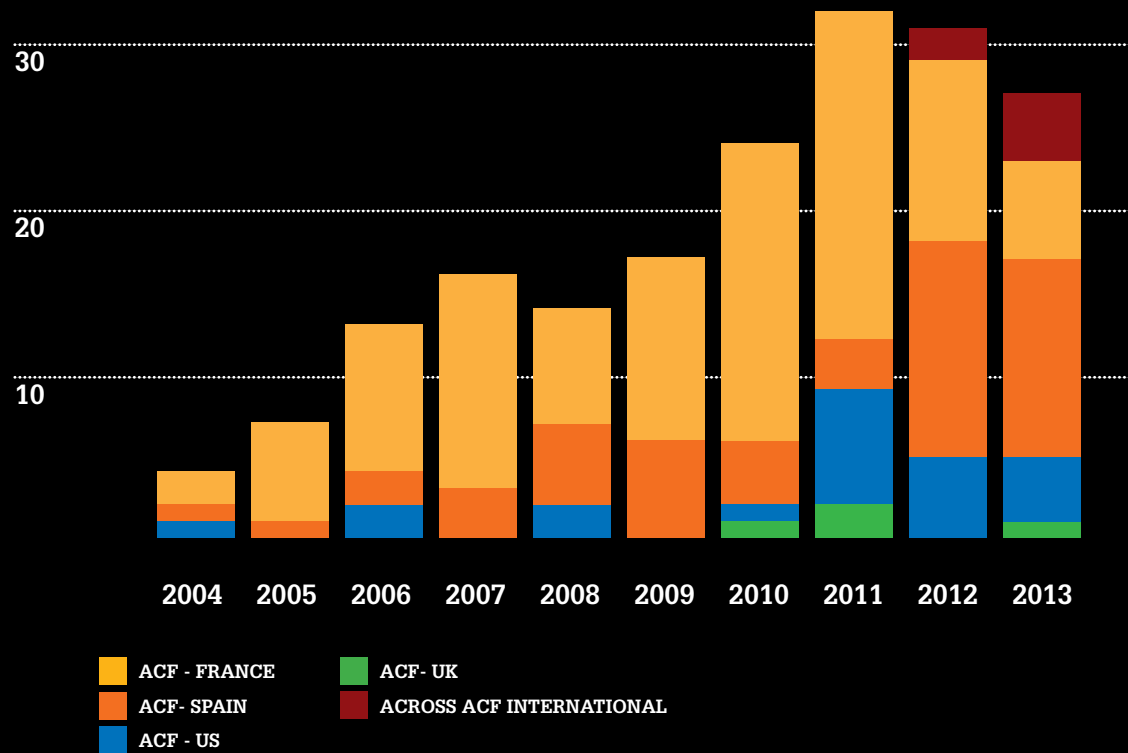
The Review however does represent a culture of learning that we should nurture. But it is ultimately down to all of us to learn. Take what you read here and find out more, discuss the issues with your colleagues, see what it means for you, and determine how that knowledge can improve your daily work.

The Review strives to not only present data from the strong evaluative evidence-base we collect each year but to provide a platform for the diverse views within the organisation. By bringing both of these together, we can find the gaps, avoid past failures, build on successes and become a better organisation.

BEN ALLEN
EVALUATIONS, LEARNING AND ACCOUNTABILITY MANAGER
ACF-UK

ACF EVALUATIONS IN 2013

Evaluations by Year & HQ

Legend:
- ACF - FRANCE
- ACF - SPAIN
- ACF - US
- ACF- UK
- ACROSS ACF INTERNATIONAL

Years: 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013

Evaluations by Sector

- STRATEGY 1
- WaSH 7
- DISASTER RISK MANAGEMENT 4
- CASH 3
- FOOD SECURITY & LIVELIHOODS 12
- NUTRITION 9

Evaluations by Country

South Caucasus

Mali
Niger
Mauritania
Senegal
Guinea
Pakistan
Bangladesh
Philippines
Somalia
Sierra
Leone
Burkina
Faso
Liberia
Nigeria
Ivory
Coast
Democratic
Republic
of the Congo
Zimbabwe

Honduras
Guatemala
Nicaragua
El Salvador
Peru
Bolivia
Paraguay

EMERGENCY
RESPONSE
2

HEALTH
1

THE EVALUATIONS & THE EVALUATORS

GABRIEL COUBALIY
Sécurité Alimentaire et Nutritionnelle pour le cercle de Kita
MALI

HENRI LETURQUE
West Africa Regional Office (founded in 2010)
WEST AFRICA

MARY CORBETT (Pictured) & PAUL BINNS
Sustainable CMAM implementation in Northern Nigeria
NIGERIA

BEN ALLEN
Improving Living Conditions for Coastal Farmers in a Changing Environment, Thatta District, Sindh Province, Pakistan
PAKISTAN

NIAZ MURTAZA (Pictured) & KHURSHID ALAM
Disaster reduction program in the coastal area of Borobogi Union, Nishanbaria Union, Sonakata Union, Taltoli Upazila (formerly Amtali Upazila), Barguna District, Bangladesh
BANGLADESH

CHRISTINE BOUSQUET
Une approche communautaire pour la réhabilitation nutritionnelle et le changement des comportements alimentaires en Côte d'Ivoire
IVORY COAST

JOHN WIATER
Réponse d'ACF International à la crise alimentaire au Sahel
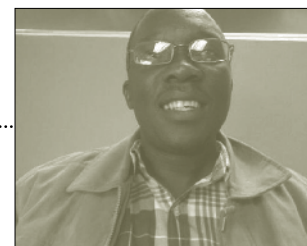**SAHEL**

JEAN LE BLOAS
Réponse d'ACF International à la crise alimentaire au Sahel
SAHEL

JEFFREY DUNCALF
Réponse à la crise au Sahel 2012 en Sécurité Alimentaire et moyens d'existences (DFID I et II)
SAHEL

A Real-time Evaluation of ACF-Spain's Response to Typhoon Haiyan/Yolanda
PHILIPPINES

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Sanitation, Water & Hygiene in Rural areas of Zimbabwe: An Empowering & Sustainable approach for Millennium Development Goals
ZIMBABWE

PALITHA JAYAWEERA
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SOMALIA

TRAORE YACOUBA
Renforcement des moyens
de subsistance des ménages
vulnérables dans la Commune
de Djidian (Cercle de Kita,
région de Kayes)
MALI

DAMIEN RIQUET
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local alliances and advocacy
and empowering champions
on disaster risk reduction
PHILIPPINES

KATE GODDEN
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through the promotion of quality
coverage assessment tools, capacity
building and information sharing
WORLDWIDE

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populations affected by the conflict
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DRC

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la resiliencia local a la sequía, sobre
la base de estrategias exitosas para
proteger y fortalecer los medios de
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prise en charge de la
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MAURITANIA

Projet de lutte contre la
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action en filets de sécurité au
Guidimakha en Mauritanie
MAURITANIA

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*Mid-term evaluation

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Nutricional en Perú y Paraguay
PERU/PARAGUAY

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Samegrelo-Zemo Svaneti, Georgia
SOUTH CAUCASUS

Humanitarian Support to Conflict
and Flood-affected Populations
in Khyber Pakhtunkhwa Province
of Pakistan
PAKISTAN

DAC CRITERIA ANALYSIS

Evaluating ACF performance through the DAC lens

ACF evaluations largely consist of 25-30 days' work including interviews with all programme stakeholders (including, but not limited to, ACF teams, beneficiaries, other NGOs, governments) by way of one-on-one discussions or focus-group discussions, extensive programme and context-related document reviews, analysis of monitoring data and collaboration with programme teams to agree on recommendations. Each evaluation ACF conducts is specifically tailored to the knowledge needs of the programme teams on the ground or, in some cases, the operational teams at HQ level. However there are a number of requirements for all evaluations regardless of the context or operational needs. One such requirement is the completion of the DAC Table. The DAC Table requires the evaluator to score (between 1 (low) and 5 (high)) the programme according to each of the OECD-Disaster Assistance Committee (DAC) Criteria, the averages of which are presented in this section, and then provide an explanation for that score. It is this rationale that enables us to produce a commentary on how ACF has performed that year in terms of each criteria; Impact, Sustainability, Coherence, Coverage, Relevance/Appropriateness, Effectiveness and Efficiency. Although the average score is useful in providing an indication of where ACF is falling behind, it is the explanations that give us the means to identify why ACF is performing well and what can be done to improve the quality of programming.

These explanations give us the means to identify where ACF is performing well and what can be done to improve the quality of programming

Photo: ACF-Peru

IMPACT

2011
3.6

2012
3.9

2013
3.7

Impact looks at the wider effects of the project – social, economic, technical and environmental – on individuals, certain groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro and micro[1].

Measuring It

Achieving a true measurement of impact is arguably the holy grail of all monitoring and evaluation (M&E) activity. M&E has a variety of objectives including learning, accountability and quality assurance, but being able to precisely demonstrate the difference that an intervention is making should be the priority. However, measuring impact in a humanitarian environment remains a huge challenge. There are a number of initiatives happening in the sector at present to develop tools and approaches to enable impact measurement. However, in a standard humanitarian evaluation impact is rarely measured using such approaches due to its high cost and resource requirements.

Largely this refers to long-term impact; however, short-term impact can be measured with the correct systems in place. For example an evaluation in the Ivory Coast would have benefited from comprehensive investigations of the nutritional status of targeted communities at the beginning and then end of the programme in order to assess impact. Even in cases where end-line investigations are conducted, evaluations frequently happen prior to their completion. For example, a programme in Bolivia was still waiting for the results from income and productivity surveys when the evaluation took place. This is often owing to the fact that evaluations need to be conducted once activities are over and before strict donor reporting deadlines.

Long-term impact can only be measured over a long period. For example a WaSH programme in Zimbabwe was able to ensure hygiene messages had been taken up by both the young and the old, but the fall in the incidence of WaSH-related diseases could not be monitored in the lifetime of the programme. In these cases, evaluations made a judgement on whether actions had been taken to increase the likelihood of long-term impact. Finally, an evaluation in the DRC concluded that a greater use of impact indicators (or proxy impact indicators) would have enabled a better evaluation of impact throughout the intervention.

THE WRAP

The key message from evaluations in 2013 was that we need to improve how we measure impact. Programmes need to have suitable monitoring systems in place, with impact indicators, comprehensive baseline and end line surveys, and if resources allow, more intensive impact measurement approaches.

Achieving It

A number of evaluations in 2013 demonstrated the importance of striking a suitable balance between coverage and impact. For example, in a Burkina Faso WaSH programme, the evaluation showed that the sanitation efforts should have more densely targeted the selected villages in order to increase the impact of the programme. However, with the limited resources available, the focus would have needed to be narrowed, therefore decreasing coverage. A similar observation was made in a Disater Risk Management (DRM) programme in the South Caucasus where, while the programme largely achieved high impact the Food Security and Livelihoods (FSL) activities did not achieve their target. Had FSL activities been focused in one village, they could have contributed to building a self-sustaining market structure. Instead the programme targeted individual families in a more piecemeal approach.

Cash interventions were widely used in 2013 and resulted in achieving high short-term impact according to the evaluation. For example the evaluation of a multisectoral project in Mali that used cash interventions was awarded the programme with 5/5 for impact. By contributing to the household family income, the cash interventions achieved multiple results including the care of sick family members through the purchase of medicine, the support of payment of school fees and the purchase of adequate levels of food. This enabled an adapted approach to reduce child malnutrition and prevent food insecurity amongst the targeted households. An FSL programme in Mauritania was also commended for supporting households with cash intervention as they gave beneficiaries the freedom to spend the cash where the need was greatest and consequently improve the impact on households.

Capacity building is frequently a component of ACF programmes. By equipping local organisations, communities or governments with the know-how to, for instance, treat under-nutrition, ACF can both respond to the present need and enable an on-going response. High impact can be achieved when this is successful. For example, the evaluation of a nutrition programme in Nigeria observed demonstrable awareness and management of Severe Acute Malnutrition and Infant and Young Child Feeding practices amongst health teams during the evaluation, therefore indicating that this will continue in the future. Similarly a nutrition programme in Sierra Leone demonstrated that the long duration of the programme meant that there was a substantial impact in integrating CMAM into the health system. However this inadvertently created a level of dependence on ACF's support. This is a sustainability issue that should be considered from the outset of a programme. It should always be remembered that ACF support will ultimately be withdrawn.

[1]All definitions are adapted from Evaluating Humanitarian Action using the OECD/DAC Criteria, ALNAP 2006.

SUSTAINABILITY

A measure of whether the benefits of an activity are likely to continue after the interventions finish and the programme structures are withdrawn.

2011
2.6

2012
2.9

2013
3.1

Measuring It

Traditionally sustainability has not been a priority for humanitarian actors, since the primary objective has generally been to meet the immediate need. With advances in humanitarian responses and the realisation that chronic emergencies are not going to be alleviated without an approach that considers on-going emergency needs, this has changed. However, the fact remains that with the realities of conflict and weak governments, it is unfeasible to reach true sustainability in short term (6 month - 1 year) programmes. Therefore, the concept of connectedness is often deemed more appropriate. Connectedness refers to the ability of a humanitarian programme to connect with recovery and development activities. This includes the support the programme provides to communities prior to departure (an exit strategy) and the ability of the communities to continue interventions (or new capacities) beyond the programme period.

Institutionalisation of competencies with programme partners, such as local NGOs, communities or government structures, is often the most significant requirement to ensure the sustainability, or connectedness, of ACF's interventions. For example, the evaluation of a climate change programme in Peru and Paraguay looked at the level to which each individual partner (a range of public and private) demonstrated the ability to independently respond to climate change in order to assess the sustainability of the programme.

Achieving It

The single most important theme highlighted in 2013 in terms of sustainability was the ability of ACF to leave strong and self-sufficient organisations in place in order to ensure the interventions continued beyond the programme period. A number of evaluations reported that ACF succeeded in doing this, such as a community-based management of malnutrition (CMAM) programme in Nigeria, an FSL programme in DRC and a DRM programme in Bolivia. However, although the transfer and up-take of technical capacities was often achieved, this was not sufficient to ensure the programme was sustainable.

For a project to ensure capacity building initiatives have a sustained impact, they needed to build management and organisational capabilities amongst partners as well as technical skills. This will enable the development of robust operational relationships between communities, local partners and local government, and the continuation of activities. This was highlighted as a crucial missing link in a multi-sectoral project in Mali which is unlikely to have a high level of sustainability due to the partners' lack of clear mandates and strong relations within communities. Even during the closing weeks of the intervention the partners were still operating under the rules and procedures of ACF. The evaluation pointed out that negotiations and partnership brokering should have been included in the training much earlier in the programme.

The importance of linkages between operational partners was also highlighted during evaluations in both Bangladesh and the South Caucasus. The programmes made good steps in terms of sustainability due to the strong Disaster Risk Management committees that had been set up, but greater sustainability could have been assured if the committees had built links with other agencies and committees, as well as government departments. This could have been realised with further training on organisational management.

In other cases, even where technical and management capacities were strengthened, the need for on-going financial support will prevent programme activities from being sustainable. For example, during the Sahel crisis ACF built the capacity of health centres and health districts to effectively diagnose and treat acute malnutrition; however, the lack of continued government investments after the end of the programme undermined these efforts. This highlights the need for short-term response strategies alongside longer term approaches to influencing government funding policies. It underlies ACF's recent investments in global and national level advocacy on increased investment in nutrition.

THE WRAP

In 2013 the ability of ACF to build the capacity of partners (communities, local NGO or government) was critical to ensure the on-going impact of their interventions. This includes not only technical capacities but also critical management and partnership-brokering skills that enable partners to continue operating effectively and to maintain relationships in challenging and fluid environments.

COHERENCE

The need to assess existing security, developmental, trade and military policies as well as humanitarian policies, to ensure consistency and to avoid duplication.

Measuring It

Coherence has consistently been one of the highest scoring DAC criteria in ACF evaluations in recent years. Using metrics related to whether efforts were made, and achieved, to ensuring the programme is based on a proper analysis of all the stakeholders and factors implicated in the programme, and then whether decisions during the programme were made in accordance with these other actors and elements, will allow an evaluator to assess coherence.

Photo: ACF-Nigeria ourtesy Maureen Gallagher

2011
3.9

2012
4.0

2013
3.9

Achieving It

This year all evaluations were judged to be above average in terms of coherence, with some programmes being judged as fully coherent (5/5). Those that were given the maximum score included a multi-sectoral programme in Mali, a nutrition programme in Mauritania, FSL programmes in Mauritania and Mali, and a WaSH programme in Burkina Faso. In Burkina Faso, ACF's programme achieved 'remarkable' coherence with the relevant national strategies, illustrated by the trust accorded to ACF by the DREAHA[1] to reform water provision in Tapoa. In Zimbabwe, another WaSH programme was 'well embedded in the national structures for implementing WaSH' as it adopted the government-led Community Approach to Total Sanitation. However, coherence with national policy was not always possible. In the South Caucasus, for example, a DRM project was unable to successfully coordinate with local authorities due to political uncertainty. This had a knock on effect on the sustainability of the interventions, demonstrating that engagement with local and sometimes national authorities is a key step to achieving good coherence.

The alignment of programmes with national policies and strategies in FSL, WaSH and/or nutrition programmes in 2013 was the factor which again and again contributed to more

coherent programmes. Coherence with the lives and practices of local people is also of the utmost importance. While coherence with the needs of beneficiaries is more closely related to relevance/appropriateness, when interventions are coherent with local culture and practice, appropriateness to needs can be achieved. For example, in Bolivia a DRM project implemented economic initiatives that were undertaken in line with the Guranai's local and cultural context.

External coherence did not only relate to coordination with governments and local communities, but also with other implementing agencies. In a number of contexts (Pakistan, South Caucasus and Mauritania) ACF took a lead in ensuring external coherence by coordinating well with other agencies, on both a bilateral basis and as part of coordination mechanisms (such as Clusters).

The consistency between ACF national, regional and international strategies was also a measure of coherence. It is important to ensure all activities contribute to ACF's multi-layered goals and objectives. This was especially important during a cross-border, regional FSL project in the Sahel (covering Niger, Burkina Faso, Chad and Mauritania), when coherence was needed between ACF strategies at both national and regional level.

Coherence is also necessary within ACF (internal coherence), for example between different departments. An FSL and WaSH programme in Pakistan scored low in terms of coherence because the two technical departments did not integrate their activities. This could be due to weak overall management of the programme, as well as to a siloed culture of operation. Conversely, in the Ivory Coast a nutrition programme scored highly in terms of coherence because of the efforts made to ensure synergy with the other programme departments, for example by coordinating field visits and sharing activity schedules.

THE WRAP

In 2013 we can see that communication with other stakeholders was key to ensuring the programme coherence. Strong communication at all levels, with government, implementing partners, local communities as well as amongst ACF departments is paramount to producing a coherent programme approach.

[1] *Direction Régional de l'Eau, Aménagements Hydrauliques et Assainissement*

The need to reach the highest proportion of the population in need wherever they are.

2011
3.3

2012
3.4

2013
3.5

Measuring It

The evaluation of coverage tends to take place on three levels; 1) the international level - determining whether resources were adequately provided to a particular context, 2) the national or regional level – determining whether support was provided according to relative need and 3) the local level – determining who receives support and why. ACF evaluations tend to address coverage at the national and local level: however, a regional evaluation in the Sahel in 2013 looked at the international level by assessing coverage in terms of funding for the response. Evaluating coverage at the local level includes looking at the targeting criteria and the targeting process, as well as the proportion of the vulnerable population that is eventually reached. This latter aspect, the essence of coverage, is challenging to assess in a standard evaluation, since estimations can only be made using population numbers, estimated numbers of the vulnerable and then numbers reached. Therefore, in the absence of special tools to measure coverage, the aforementioned areas were generally used to assess coverage.

Achieving It

ACF evaluations in 2013 largely assessed the coverage of the programme by evaluating how the most vulnerable households were reached, and whether this was deemed to be successful. A food security programme in Mauritania used 'appropriate' criteria to allow the most vulnerable households to receive assistance. Programmes tended to perform well in terms of coverage when multiple steps and criteria were used to determine who should receive assistance. For example, during the response to the Sahel crisis, ACF took a number of steps to ensure the right households were targeted. This started by the programme team choosing villages with local authorities, then convening targeting committees at village level, using Household Economic Analysis and nutritional criteria, compiling a beneficiary list, and finally verifying the selection with a control group. This allowed for a more rigorous targeting process and also for communities to have involvement in the process to ensure everyone understood the selection criteria. A programme in the Democratic Republic of Congo (DRC) also performed very well in terms of coverage due to the revision of its targeting process to include communities and sufficient explanation of the outcome to both beneficiaries and non-beneficiaries. The tension between resources, the scale of the challenge and the quality of assistance also appeared in evaluations in 2013. The Sahel crisis in 2012 provided a

huge challenge to communities and to the response mechanism. An evaluation of ACF's response in Mali and in Niger demonstrated that limited resources were a significant inhibiting factor to ACF's ability to reach more people: 'the level of coverage has been dictated by the amount of funding available'. This then raises the question of whether ACF should focus its efforts in line with resource limitations, or scale-up its response as much as possible, with potential negative effects on the quality of assistance. In Burkina Faso, ACF took the former approach and ensured 6,000 households received the full package of food security and livelihoods, nutrition and health, and WaSH assistance. For the beneficiaries that received this assistance, the outcomes were good. However, other equally vulnerable households may have received no assistance.

That said, ACF is just one actor in a large and complex humanitarian system and therefore needs to consider its own coverage alongside the interventions of other actors. This is often the case at the local level. Therefore, coordination with other actors is key to ensure maximum coverage is achieved by the overall response. For example, in the DRC ACF avoided duplication by operating in an area that was not covered by other humanitarian actors. Coordination with other actors was less evident in an FSL and WaSH programme in Pakistan,

where it was noted that information from other actors and communities should have been used to enable the most vulnerable to have been targeted.

When providing assistance to people affected by population movement, it may also be necessary to take steps to mitigate conflict. For example in the DRC, ACF did well to target both internally displaced people and host families, thereby minimising the risk of tensions between the two communities. This is particularly important in resource poor environments where new arrivals put additional pressure on the system.

THE WRAP

To achieve good coverage in the different contexts where ACF operates, programmes must use all available information to ensure the most vulnerable are reached including, most importantly, participation from beneficiary communities and all other humanitarian actors.

RELEVANCE & APPROPRIATENESS

Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.

Measuring It

Relevance and appropriateness are considered in parallel as it is necessary for the correct response to a particular situation (relevance) to be tailored to the specific context at hand (appropriateness). For example, improvement of household dietary diversity may be considered a relevant intervention to prevent under-nutrition, but cash distribution may not be the most appropriate response if, for example, knowledge about dietary diversity is also low. In this case, voucher distribution which limits spending to particular products, or a combination of awareness-raising sessions and cash distribution may be more appropriate. In order to determine the relevance and appropriateness of programmes evaluations looked at needs assessments, the programme logic model, the theory of change and, critically, the monitoring systems in place.

Achieving It

As with previous years, in 2013 ACF's evaluations analysed the quality of the assessments to determine the appropriateness of the interventions chosen. This includes both an assessment of the population needs and an assessment of the context itself. The process of the assessment was also an important determinant in ensuring whether the programme intervention was ultimately the correct one.

The participation of communities in assessment and then programme design was frequently deemed important. For example, DRM programmes in both the South Caucasus and Bangladesh scored highly in terms of appropriateness as communities played a central role in shaping the programme. However, this was not the case in Mauritania, where, although the programme was deemed appropriate according to the needs assessments, communities did not have the opportunity to influence the programme design in any meaningful way. This not only had a knock on effect during the programme implementation, but also beyond the programme period.

Where a programme is more appropriate, ownership amongst stakeholders tends to be higher and therefore the longevity of the programme is greater (see Sustainability section). For example, a DRM and climate change adaptation programme in the Philippines operated in such a way that the communities had begun or planned replication of the programme activities during the programme period, illustrating the appropriateness of the intervention.

During the Sahel crisis, cash distributions proved a highly appropriate intervention due to its flexibility for the recipients. Cash (as opposed to the distribution of food or hygiene kits) enabled communities to allocate resources where they were most needed. In Chad, market assessments determined that food distribution was more appropriate due to poor functioning local markets. ACF demonstrated further adaptation by using a combination of cash and food distribution when logistical constraints experienced by a partner did not allow adequate amounts of food to be distributed. The ability of ACF to alter its intervention in line with a changing context in this way was key to ensuring high levels of appropriateness.

Continued community participation throughout the implementation of programmes was important as it ensured programmes remained appropriate to local needs and contexts enabling ACF to track and then make suitable adjustments to the programme. However, community-based monitoring systems have not always resulted in suitable adjustments to programmes. For instance, a WaSH programme in Zimbabwe observed that while there were systems in place to ensure the opinions of beneficiaries were heard, there was an absence of processes to transform those views into action.

Photo: ACF-Peru

THE WRAP

The relevance and appropriateness of a programme is based on the ability of ACF to ensure all information made available is used to inform programmatic decisions. This includes ensuring beneficiaries are involved in the programme at all stages, and that there are systematic processes in place to ensure flexibility in programming.

2011
4.3

2012
3.9

2013
4.1

EFFECTIVENESS

The extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.

Measuring It

In order to assess effectiveness, ACF evaluations looked at what was achieved during the programme cycle. While the intended outcomes of a programme can rarely be assessed until sometime after the programme has ended (this relates more to impact), effectiveness can be used to measure outputs according to planned objectives. Timeliness therefore is implicit in the criterion of effectiveness. ACF evaluations also assessed whether or not programme objectives were realistic and achievable within the programme period. The quality of outputs also is included in effectiveness. Therefore evaluations often looked at whether programmes met recognised standards (usually Sphere) such as in two nutrition programmes; Mali, which did meet all relevant Sphere standards, and in Nigeria, which did not, despite improvements throughout the programme.

2011 3.9 **2012** 3.5 **2013** 3.5

Achieving It

First and foremost, effectiveness depends on the appropriateness of the designed intervention. If it is not appropriate to the needs and context, then the project is unlikely to be effective. The ability of a project to respond to changes in need and increased information (and to become more appropriate) will lead to increased effectiveness. For example, during an FSL programme in the DRC some of the findings from the assessment made at proposal stage were revised following a more thorough assessment (including discussions with local communities) which identified additional needs in terms of the rehabilitation of infrastructures.

An appropriate intervention scored well in terms of effectiveness when planning was done well. For example, in Mauritania, a nutrition programme did not perform well in terms of effectiveness due to weak planning. This included both the lack of a coherent scheduling of milestones and achievements, as well as an inaccurate allocation of resources. While these factors are addressed in Efficiency, making sure that the allocation of resources and budget was appropriate to the intended objectives is an important factor for the achievement of an effective programme.

Strong planning tended to facilitate a timely implementation of the intervention. Therefore, the extent to which a programme was timely or not was also assessed under the criterion of effectiveness. If a programme is not able to implement activities at the correct time in relation to the context, the other

activities and the needs, then it is less likely to have the desired effect. For example, during the response to the Sahel crisis in Mali, delays meant that a cash distribution was delivered after the hunger period had passed, when crop levels had increased, thereby rendering the intervention less effective in meeting the intended needs.

External factors were often a significant determinant of whether the programme was able to be implemented in an effective (and therefore timely) manner. A longer than expected cyclone season in Bangladesh did not allow all components of the DRM programme to be delivered on time due to access issues in the more isolated areas of the programme.

A running theme in 2013 that also influenced the effectiveness of programmes was the performance of partners. At times collaboration with partners served to impede the effectiveness of a programme. For example during a Mali intervention a technical service provider failed to provide successful support to identify vulnerable households. A similar situation took place during a nutrition programme in the Ivory Coast where the management of the partners was reported as being 'difficult' and the evaluation concluded that closer monitoring of and support for the partners would have increased effectiveness. Both examples show the importance of collaborating with partners that not only have appropriate technical expertise, but also a proven track record of successful delivery. For example, the project partners chosen for a WaSH programme in

Zimbabwe had gained experience in similar projects in the past, therefore had both the technical expertise and the management requirements of such an intervention. This successful partnership with ACF provided veritable added-value as it helped ACF to overcome a number of local obstacles.

In basic terms programmes that achieved the intended objectives, as set out in the programme plan, were also judged to be effective. This was the case in an FSL programme in Mali, a Philippines DRM programme and partially in a nutrition programme in Sierra Leone. However, programmes were deemed less effective if objectives were only achieved by cramming activities into the last months of a programme. This was often due to unexpected events (such as the cyclone season in Bangladesh) but was sometimes down to sub-optimal planning (such as a nutrition programme in Mauritania).

ACF programmes often involve capacity building of local people or organisations. The effectiveness of such approaches is measured on the extent to which the project participants take up activities during the programme or the likelihood that they will afterwards. For example in the Philippines a DRM project was deemed effective since there was strong evidence of participants adopting appropriate DRM measures. On the other hand, a nutrition programme in Sierra Leone was determined to be less effective since the District Health Management Team was only partially judged to have the capacity to manage and coordinate nutrition activities after the programme end.

THE WRAP

Effective programmes in 2013 were founded on strong planning including the setting of realistic objectives and the appropriate allocation of resources. This tended to allow for a timely implementation of activities and for the programme to meet the intended objectives. That said, external factors such as unexpected weather patterns and unreliable partners also hampered the effectiveness of programmes.

A measure of how economically the outputs – qualitative and quantitative – are achieved as a result of inputs.

Measuring It

In order to assess the efficiency of programmes, ACF's evaluations in 2013 tended to focus on the quality and suitability of logistics, financial arrangements and controls, and human resources. These three elements were the key areas that enabled evaluations to determine how efficient programmes were. A more in-depth assessment of efficiency would require the evaluation to conduct significant quantitative data analysis. However, for this to be possible there needs to be sufficient financial data available and sufficient time allocated in evaluations.

Achieving It

Efficiency is one of the most challenging criterion in which programmes can perform well as ACF tends to operate in either insecure or resource-poor environments. In these contexts, products are often not readily available, the right human resources are harder to source and movement is a greater challenge. For example in northern Nigeria, ACF was required to implement its nutrition programme with a remote management approach. While this is a clearly defined and well developed approach, the inability of staff to access the programme area inevitably leads to a less efficient programme. This is due to decreased oversight and supervision of activities, and an increase in the communication burden. To overcome this, ACF Nigeria is looking to bring national staff into what are traditionally expatriate roles in order to decrease risks to the programme (associated with expatriate profiles) and allow for easier movement in the insecure areas.

The ability of ACF to do this is linked to the availability of the appropriate staff. This was a common theme when evaluating efficiency in 2013 as a lack of staff with the relevant skills and expertise frequently had a detrimental effect on levels of efficiency. For example, during the Sahel crisis, a novel beneficiary selection process (using the Household Economic Analysis) was not able to be implemented efficiently since staff did not always have the expertise to do so. Even with the correct staff, selection processes often pose a challenge to efficiency for ACF. Greater accuracy in selection processes, involving sometimes more technical methodologies and a greater number of stages, generally requires more resources, and therefore threatens efficiency.

Inadequate expertise and capacity in logistics was also a reason for a programme to be deemed less efficient. For example, a nutrition programme in Mauritania experienced delays in the start of activities due to an insufficient investment in logistics capacity. The programme therefore was unable to implement its activities with optimal efficiency. An FSL and WaSH programme in Pakistan was able to make efficiency gains (such as purchasing inputs in bulk and locally) largely due to the right staff being in place.

With the suitable people in place who have suitable capacity, it is important that clear logistics and administrative procedures are adopted. This includes good documentation on spending and budget tracking. Monitoring systems increased efficiency as problems were able to be identified sooner and therefore adjusted before time and resources were lost.

THE WRAP

In 2013 efficiency was largely based on the extent to which ACF invested in support systems. By having appropriate human resources, logistics and finance capacity, sufficient planning can be made and tight controls on spending put in place, thereby ensuring ACF achieves the optimal output from each penny spent.

2011
3.6

2012
3.3

2013
3.2

DEBATE AND DISCUSSION

Providing a platform for critical reflection and analysis of experience in ACF International

An important purpose of the Learning Review is to provide a widely read channel to raise questions around important issues and document experiences that affect ACF International. This section therefore takes the Learning Review beyond the evaluative material that we have at our disposal and presents content representing a broad range of issues – from advocacy and the regional approach in West Africa to innovation and nutrition treatment delivery models. Whatever the issue, they all raise questions about the modus operandi of ACF with the intention of fomenting discussion, facilitating change and ultimately improving the quality of ACF's work. This year we have widened the authorship to include colleagues from around the globe because the Learning Review belongs to everyone in ACF. It therefore deserves to be driven by the issues that matter most to ACF staff. You are encouraged to read these articles and take the conversation directly to your colleagues in the relevant country, region or HQ in order to determine what this means for us all, as we work towards our common goals.

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> **Read these articles and determine what they mean for us all, as we work towards our common goals**

Conducting **Delivery Science** in ACF

BY **CHLOE PUETT*, RESEARCH OFFICER, ACF-FRANCE**

According to recent estimates, the majority of child deaths could be prevented by improving how current programmes are delivered, rather than developing new programme technologies.[1] While this point can be debated, the fact remains that until recently, relatively little research has been dedicated to improving delivery of existing services. This idea, referred to by some as 'delivery science', shifts the focus from programmes themselves (i.e. 'what' to deliver) to delivery of services (i.e. 'how' to deliver),[2] and is gaining credence among international organisations like the World Bank and Overseas Development Institute.

So, what exactly is delivery science and how does it relate to ACF's work?

While there is no distinct definition, it is related to several aspects of programme implementation and utilization.

First, delivery science is not about developing new interventions it is about ensuring that: (1) existing programmes are well-implemented, (2) beneficiaries are able to access and utilise these programmes, promoting good coverage of targeted populations; and (3) we have the appropriate Monitoring and Evaluation (M&E) tools and methods to monitor, assess and improve programmes. While ACF has a stake in all these areas, can we call ourselves 'delivery scientists'?

In conducting delivery science, we need to analyse our programmes more closely and more holistically. This means better understanding not only a programme's outcomes, but also its context. Programme context is rarely documented, but it can either help or hinder implementation, performance and scale-up. Having local actors, including government ministries, lead the delivery science process is critical to ensure context is better understood. However, the quality of services should also be assured when delivering through local partners using existing systems. This is one area where delivery science, with its focus on improving existing services and capacity, could be especially useful. Lastly, we need to better understand the theory of change underlying our interventions, and whether our assumptions are appropriate (e.g. about how inputs lead to outputs and outcomes), or whether they need revision.

Randomised controlled trials (RCTs), though recognised as the best method to generate evidence, have received criticism because despite the large amount of resources and effort they require, we cannot necessarily generalise results from these studies to other programmes in other settings.

Results of these studies can tell us what works in a best practice setting, but not whether and how a strategy works at routine levels of support and at large scales. Clearly, RCTs are not a blanket solution to generating gold standard data for conducting delivery science.

Process evaluations hold promise in this area for their ability to document programme context, related both to factors at community level and to program management itself. In these evaluations, managers and researchers map out a programmes 'theory of change', building on traditional exercises such as logical frameworks or results frameworks.[3,4] This information is also used to select appropriate methods for programme M&E. The purpose of a process evaluation is to systematically and comprehensively assess every step along the programme pathway, and every critical assumption made, from objectives and activities to outcomes and impacts.

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[1] Leroy, J. L., Habicht, J. P., Pelto, G., & Bertozzi, S. M. (2007). Current priorities in health research funding and lack of impact on the number of child deaths per year. American Journal of Public Health, 97(2), 219-223.
[2] Garrett, J. L. (2008). Improving results for nutrition: a commentary on an agenda and the need for implementation research. The Journal of Nutrition, 138(3), 646-650.
[3] Avula, R., Menon, P., Saha, K. K., Bhuiyan, M. I., Chowdhury, A. S., Siraj, S., ... & Frongillo, E. A. (2013). A Program Impact Pathway Analysis Identifies Critical Steps in the Implementation and Utilization of a Behavior Change Communication Intervention Promoting Infant and Child Feeding Practices in Bangladesh. The Journal of Nutrition, 143(12), 2029-2037.
[4] Marsh, D. R., Alegre, J. C., & Waltensperger, K. Z. (2008). A results framework serves both program design and delivery science. The Journal of Nutrition, 138(3), 630-633.

Within ACF we have been asking similar questions for some time, about how our interventions function, and how best we can generate high-quality evidence while facing field constraints. For example, an increasing number of coverage assessments is providing us with critical information on communities' ability to access our programmes. Additionally, the Nutritional Impact Assessment Project (NIAP) is tackling an important step in this process by aiming to strengthen M&E capacity of missions by identifying low-resource frameworks and methodologies for project M&E systems that are powerful and adaptable. Having stronger M&E systems is crucial, both for measuring and ultimately for improving programme processes and outcomes.

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> **The quality of services should also be assured when delivering through local partners**

As ACF moves forward in this direction, international experience can help guide us. Existing evidence suggests that, to be good delivery scientists, we should keep in mind a few pieces of general advice. First, we should remain open-minded about what might work in different settings, without necessarily believing we know the answers in advance, and being willing to accept our mistakes and make every effort to fix them. Second, we should test and quantify the assumptions we make about what services will produce certain outcomes in different settings. Lastly, we should always consider not only how interventions are implemented, but also whether and how they are utilised by beneficiaries. Delivery science should be rigorously planned and executed, but using resource-intensive gold standard methodologies is secondary to generating a more comprehensive and systematic understanding of whether, and how, our interventions work.

Photo: ACF-Kenya, courtesy S.Hauenstein Swan

The **Changing Role** of ACF
Strengthening health systems to address severe acute malnutrition

BY **ANNE-DOMINIQUE ISRAEL* , SENIOR NUTRITION AND HEALTH ADVISOR, ACF-FRANCE & MAUREEN GALLAGHER** , SENIOR NUTRITION AND HEALTH ADVISOR, ACF-USA**

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> **A different modus operandi is required: compelling ACF to shift from being an 'implementer' to a 'facilitator'"**

Developments in Severe Acute Malnutrition (SAM) treatment delivery have altered the role that non-governmental organisations (NGOs) such as ACF play. It is no longer sufficient to simply provide direct treatment where there are functional health systems in place, yet there is an increased need to ensure that quality treatment is continually available and accessible over the long term. To do so, ACF is increasingly supporting health ministries to integrate SAM treatment into routine health services.

This requires a different modus operandi, compelling ACF to shift from being an 'implementer' to a 'facilitator', thus working with governments to instigate the necessary changes. By adopting a supporting and capacity building role, NGOs are able to both support integration and be a more influential advocate for the management of acute malnutrition to become a regular part of the health system. For example, in many countries, ACF conducts joint health system assessments and facilitates developing strategies for health system strengthening, with the government in the leading and coordinating role. In such contexts it is vital for governments, in particular health authorities at national and district levels, not NGOs, to take the lead.

Today ACF pursues such an approach to SAM management in more than 80% of its nutrition programmes. The level at which this approach is adhered to varies depending on the context. It is often that the shift to ACF being a 'facilitator' is not sufficiently realised. ACF must continue to identify gaps and shortfalls in each individual context in order to determine how best to support each case. This involves broadening ACF's focus to strengthening the complete health system for all basic services at primary health care level.

What does this mean for ACF?

In order to adapt to this change, NGOs with a history of direct implementation of SAM treatment, such as ACF, have started to review their ways of working. The past few years have yielded the following priorities:

1 | A longer-term operational vision
Relationship-building and a gradual capacity-building process requires a long term plan for successful integration of SAM management to happen. Short term projects, especially under 12 months, are not conducive to this approach.

2 | Human Resources skills in service delivery alone are no longer sufficient
This change requires skills for more of a 'facilitator' and less 'hands-on' role, including good skills in negotiation, diplomacy, coordination, data management, training and coaching, as well as a credible record of medical and/or nutritional training and programming experience. NGO staff are often seconded to Ministries of Healths in order to foster stronger links with the NGO, immediately build capacity and ensure government ownership. This also requires continuity in personnel.

3 | A commitment to the whole health system
ACF's mandate includes the detection, treatment and prevention of acute malnutrition. In order to do this it is essential to strengthen the whole health system. Therefore ACF has been increasingly returning its work back towards bringing health and nutrition together, to ensure provision of the basic health package. Senior decision makers today are more likely to allocate necessary resources for activities related to SAM management as part of a larger health response, rather than in isolation.

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Photo: ACF-Kenya, courtesy B.Allen

4 | Working in Partnership

A context specific Health System Strengthening strategy can only be developed if all actors are involved. Therefore strong capacities for working in partnership are a pre-requisite. No organisation intervening at district level has the legitimacy to propose such a process alone and therefore MoH leadership is critical. This will require ACF not only to further strengthen its "partnership skills" but also to be a more prominent NGO consortium lead agency.

5 | Adaptation to each context

Such an approach requires breaking away from imposing any model for SAM treatment, to adapting it to the existing health system. It involves taking on a dynamic, process based approach to ensure that SAM management is integrated as part of a system rather than having the health system make space for it to 'fit' in line with earlier static NGO models of implementation.

6 | A longer-term vision combined with immediate emergency capacity

Whilst NGOs are playing the facilitation role they need to continue to provide a surge in response capacity in the event of emergencies or seasonal peaks. A crisis management strategy needs to couple with long term system strengthening. While ACF should keep implementing life-saving interventions (including direct SAM management) where necessary, this should be done with a longer-term approach in mind, certainly in those countries where emergencies are predictable.

7 | Longer-term funding arrangements

Short-term emergency-type funding is no longer appropriate as narrow timeframes do not allow for the wide scope of activities needed to achieve good quality outcomes with a health system strengthening approach. That said, there are likely to be emergency needs in SAM treatment, and therefore linkages between various emergency and development donor funding mechanisms need to be strengthened.

KEY ACF ACTIVITIES FOR A HEALTH SYSTEM STRENGTHENING APPROACH:

- Provision of technical support to MoH to develop up-to-date and context-appropriate national protocols for the treatment of SAM
- Provision of coaching for health workers in SAM treatment delivery and management
- Promotion of evidence-based decision-making through needs assessment, health system diagnosis, the nutrition causal analysis and proper context analysis.
- Promotion of district level programming
- Support to the MoH in the development of common multi-year multi-actor programming for health system strengthening
- Provision of training in designing context appropriate integration of SAM treatment
- Supervision of health facilities providing SAM treatment, jointly with local health authorities
- Regular monitoring and evaluation of programme quality, protocol adherence and supply management.
- Impact evaluation through nutrition prevalence and coverage assessments to provide recommendations for improvements.

What should ACF look like in 2020?

ACF is approaching a seminal moment in its history as it embarks on defining its second international strategic plan. In preparation we got in touch with a broad range of ACF colleagues to get a flavour of what they would like ACF to look like in 2020 in regard to their area of work. Here's what they said:

ALVARO VILLANUEVA
DIRECTOR OF LOGISTICS & NEW TECHNOLOGIES
ACF-SPAIN

" An organisation with a logistics and ICT culture integrated across all levels, using state of the art tools to allow evidence-based decision making in order to maximise operational impact.

ANNE-DOMINIQUE ISRAEL
SENIOR NUTRITION & HEALTH ADVISOR
ACF-FRANCE

" Pilots and operational research projects will be largely developed in all missions and will continue to support the development of efficient context specific technical approaches and influence national and international policies.

TARIQ KADIR
REGIONAL OPERATIONS DIRECTOR- ASIA
ACF-FRANCE

" I would like to see ACF as a strong actor in the Asia region, where 70% of the worlds' undernutrition exisits. Our programmes should be large, long-term, with multiple partnerships, and supported by a strong advocacy engagement in order to influence government and donor policies to address the high levels of undernutrition.

CHIARA SACCARDI
HEAD OF EMERGENCY POOL
ACF-SPAIN

" ACF International has developed the capacity to respond to emergencies in a parallel and complementary way to the strategy of each mission. ACF is innovative in emergency and uses new technologies to improve the delivery of aid.

JOSÉ LUIS BARREIRO
COUNTRY DIRECTOR
ACF-COLOMBIA

" I would like ACF to be the NGO of reference in the fight against hunger for both chronic and acute malnutrition in Colombia, and orientate operations for Colombians to overcome hunger.

PANOS NAVROZIDIS
COUNTRY DIRECTOR
ACF-KENYA

“ ACF is missing out thousands of malnourished pregnant and lactating women and children under two by not engaging more actively with UNHCR. By 2020 ACF should be UNHCR's main nutrition partner in most refugee crises.

ROB DROUEN
MIDDLE EAST REPRESENTATIVE
ACF-FRANCE/ACF-SPAIN

“ By 2020 ACF should operate as one structure, ACF International, and mainstream protection in all programming.

DORCAS RUTH KEYA
NUTRITION & HEALTH HEAD OF DEPARTMENT
ACF-SOMALIA

“ I would like an ACF with increased capacity to develop participatory, sustainable and effective nutrition -medical interventions in insecure counties.

IBRAHIM JALLOH
HUMAN RESOURCES HEAD OF DEPARTMENT
ACF-SIERRA LEONE

“ ACF to have an improved communication network with harmonised procedures to easily connect staff members across the world, and enable sharing and access of best practice.

FAYE EKONG
REGIONAL TRAINING CENTRE
ACF-USA

“ By 2020 I would like to see stronger integration between ACF HQs in order to build on and leverage each other's initiatives to ensure that our staff receive a range of capacity building solutions tailored to each context, professional development needs and organisational goals.

PABLO ALCALDE
HEAD OF WASH DEPARTMENT
ACF-SPAIN

“ To see ACF as a technical and innovative organization able to adapt expertise to the evolving contexts we are dealing within the field with WASH interventions as a central component in the fight against hunger.

PAULA TENAGLIA
DIRECTOR OF OPERATIONS
ACF-CANADA

“ A leading influencer in global nutrition policy and programming

ANDREA AMBROSO
COUNTRY DIRECTOR
ACF-UGANDA

“ A more decentralised regional structure. Regional integration and cross-border issues are becoming more and more important and unavoidable for ACF to position itself in the Horn of Africa and elsewhere.

Innovators or Adopters?
A conversation on ACF & innovation

There is a significant amount of work going on in the humanitarian sector at the moment[5] to determine what innovation means for humanitarian organisations and what structures should be put in place in order to create the space for ideas to be identified, problems to be solved, and innovations to be fostered. But how does ACF engage with innovation, and is ACF ready to be an innovative organisation? We asked two ACF staff – **Nicolas Villeminot*** **(Senior WaSH Advisor, ACF-USA) and Saul Guerrero (Director of Operations, ACF-UK) – for their take on this.**

LR **Before we start let's agree on what we are talking about here; define innovation.**

NV: Innovation is often used to describe the piloting and use of technological advances. However, innovation is not necessarily linked to technology, and can be used simply to describe how new ideas spread throughout an organisation, in programme delivery or ways of working. Innovation can therefore take the form of new products or processes, or a combination of the two[6] such as the CMAM model for delivery which changed SAM treatment with a product Ready-to-use therapeutic foods (RUTF) and a process (outpatient care).

LR **Some of these innovations you mention are intrinsically linked to ACF's own past. Does ACF have a historical track record of innovations?**

NV: Yes. In the 1990s ACF played a significant role in the development of certain technical innovations such as the F75/100 therapeutic milk to treat severe acute malnutrition and the PAT drilling machine easily transported in areas in need of water. But things are changing.

SG: Indeed, I think the answer is yes and no. ACF succeeded to create an identity in its first two decades as a technical driver and innovator, but in some sectors we have not seen the kind of dramatic innovations and changes that we were once known for. But our original identity still defines how people see us, and how we tend to think of ourselves.

LR **Why do you think that is? Why are we seeing a change in the pace of innovation?**

NV: I think it's a combination of factors. I think that part of it is to do with the financial environment, which inhibits innovation. Donor compliance and the reliance on restricted funding has made it easier to just focus on outputs and risk-free delivery rather than on outcomes and new ways of getting there.

SG: Absolutely, and the irony is that donors talk about their desire to foster and promote innovation but their tolerance for change and variation has remained largely the same. And whether we like it or not, we have in turn become an organisation that often prefers to play it safe.

LR **So the ecosystem in which we operate is not geared for diversity, creative thinking and risk taking. Is that it?**

NV: To some extent. Look at the emphasis we place on the standards, guidelines, principles and the value that we – like most organisations – place on meeting these rules rather than on creative ways of approaching problems. In a system like that you need fresh perspectives, but we don't get that. We continue to draw from similar pools of people coming from the same, specialised technical areas, and we miss opportunities for cross-fertilisation from other professions.

SG: I would agree that as an organisation we may be more interested in reaching more people using tried-and-tested approaches (a bit like: do the same, but just do more of it!) but I have also found that if you succeed in selling your ideas to a donor, and get the money to implement them, you can still find HQs, country offices, programme and technical staff out there willing to give it a shot. But this is entirely based on individuals and your capacity to influence them, rather than on formal organisational opportunities.

NV: Opportunities is definitely the word. The opportunities to transmit technical development and learning are reduced (both top down and bottom up) as a result of a structure that favours operational efficiency (through empowerment of Field Coordinators and Country Directors) rather than technical development and innovation. Despite these limitations technical development and research has been the onus of country programmes, as they are driven to find new ways of operating through the pursuit of pilot projects. So there is a contradiction there.

LR **Is it a problem that we are not structured to always innovative? Does ACF really have to be a leading organisation in proposing new things for the humanitarian community?**

NV: We have a moral duty as a service provider, to provide the best possible life-saving treatment. This inherently implies reducing the chances of getting it wrong and prioritising meeting need. Changing practices that currently work, even if to try something that might work better or more efficiently, implies taking risks. However, by tightly managing that risk it can be limited, something that has been referred to as creating a "culture of 'honorable risk' in humanitarian

work''[7]. Innovation implies a strong chance of failing. Therefore in order to innovate we must be ready to fail. But current organisational structures and ways of working do not leave space for failure. If ACF is to be a truly innovative organisation then it needs to re-assess its relationship with deliverables and bound strategic objectives, re-consider human resource arrangement (profile and specific roles for innovation, and re-define its approach to financial risk.

SG: I think we have a duty to deliver the best possible care, to the highest possible number of people, and to be responsible in doing so. But the problem with equating innovation with risk taking in this context is that you subject ideas to individual's perceptions of acceptable risks, thresholds or the tolerance for failure and when it comes to people's health or lives, that level will always be understandably low. I think that when you show people that the old way is often failing and letting people down, that you are not promoting innovation out of boredom but out of a commitment to ensure that we deliver on promises made, then the argument in favour of new ideas suddenly changes. It sounds cliché, but I think it is easier to sell evolution than revolution.

NV: One could argue that ACF should reassess its desire to be an innovator and settle for an early adopter[8] picking up proven innovations only. We are already doing a lot of that; ACF is a recognised leader in cash transfers[9] and in humanitarian coordination fora[10], and we are currently testing how to move forward with data acquisition through cell phones or tablets directly in the field[11]. These are not ''ACF Innovations'' but we have succeeded in recognising their potential, adopting them early, and contributing to their development. Working like this would allow ACF to avoid the ethical question and could prove cost-effective. Perhaps ACF should accept it is neither its priority nor its duty to be an innovative organisation, but that it has to invest in keeping an eye and adopting what is developed and tested by others, while ensuring the necessary investments are made to institutionalize chosen innovations. This wouldn't necessarily take us in entirely new directions, or require entirely new sources of funding. Flexible funding does exist and a great deal of effort has been done in recent years to partner with renowned universities and the private sector. ACF needs to ramp-up its fundraising efforts in these areas and continue to appropriate funding[12]

SG: I would take it further; I would say that we could realistically become not only the springboard for home-made ideas and innovations, but the incubator for ideas coming from/eventually implemented by third parties. We have a reputation amongst technical peers and I think we can build on that much more than we currently do. We can help others develop and/or adopt ideas that we believe in, use our expertise as a sounding board and to shape ideas into projects. There are examples of us having done this already (think of what we have achieved with coverage assessment techniques), and I think we are likely to see more of this happening in a sector that is becoming increasingly defined by shared visions, collaboration and partnerships between organisations.

(LR) **But as a leading humanitarian actor in the fight against undernutrition, can we rely on others to find the approaches necessary?**

NV: ACF needs to create the environment in which innovation can flourish. Where ideas and problems are identified by front line workers, can find technical and financial support to be nourished and developed, documented and verified. When learning reveals trends and shared challenges, the pursuit and development of innovative solutions should be possible. But its also about committing to ideas when they work; one-time innovations and long-existing technologies, such as Geographical Information Systems are still not incorporated as systematic decision-making tools[13]. That has to change – whether we become innovators or early adopters, we need to invest not only in developing ideas but also in mainstreaming them within the organisation.

SG: It's a fine balance; operating as an innovator without falling into the trap of thinking that you always have to change. I think that finding that balance starts with a clear sense of what these innovations are for; what is it that they are supposed to achieve? How do we know when they are still relevant and appropriate, or when they have run their course and we need to re-think about how we do things? Seeing innovations as means to these ends would enable us to advocate for change, further institutionalisation or even scale-up using more than just subjective perspectives. It would also help to protect the good and hard work of the innovators within ACF from sectoral trends and what is popular at the time. This organisation attracts a certain kind of people, people with ideas, curious and willing to test things out. We just need to create the conditions for them to do this safely, for ideas and experiences to spread, and for higher impact to continue to drive us forward. I'm not sure if that would make us an innovative organisation, but it would make us a stronger one for sure.

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> **If ACF is to be a truly innovative organisation then it needs to re-assess its relationship with deliverables**

[7] Nigel Timmins, Tearfund, in ALNAP "Innovations in Humanitarian Action", ALNAP 8th review of Humanitarian Action - 2009
[8] Rogers, E. 1962 Diffusion of Innovation. Free Press, London, NY, USA.
[9] Cash Learning Partnership: http://www.cashlearning.org/
[10] ACF is a key member of the Humanitarian Reform through the cluster systems
[11] For example the deployment of OpenDataKit by ACF-Spain
[12] Including ECHO & USAID/OFDA/DFID (HIF, DIV) who have such funding available not to mention the Gates Foundation
[13] Projects involving mapping and GPS can be found in ACF archives since the 1980s

The Incubator
Powering innovative action against hunger

BY **SAUL GUERRERO*, DIRECTOR OF OPERATIONS, ACF-UK**

It's one thing to talk about innovation and a whole different thing to be innovative; to conceive new ideas, to apply them and change the way we do things in one way or another.

Part of that requires people who understand what the challenges are, and the strengths and weaknesses of existing solutions. Organisations like ACF are rare in that these kinds of individuals abound; you can find them in Montreal, Dakar and Ayacucho. What we often lack is the means by which to take these ideas, these gut feelings or intuitions, and to put them to the test.

If we are to strengthen our capacity to innovate, we need to create the conditions for these ideas to flourish. Over the last few years, a number of innovation funds have been created to fill this gap. The Humanitarian Innovation Fund (HIF) is one of the better known examples, but institutional donors are also creating specific funding streams to foster innovation.

But there is a catch; these innovation funds tend to be quite general, catering for virtually anything "humanitarian". How can general funds have their finger on the pulse of "humanitarianism" as a whole? How can they truly appreciate the value of ideas against such a wide backdrop? This broad focus often leads to the prioritisation of good ideas that apply to multiple sectors rather than transformative ideas that fundamentally change a single one. This has contributed to the creation of thematic streams to fund innovation, as is the case of HIF's recently launched WaSH Fund. But these thematic streams in humanitarianism remain rare.

> **"**
> **We need the kind of funding that enables people to develop their business case, their proof of concept.**

The availability of funding is only part of the challenge; the other is getting a hold of these funds. The paperwork to secure relatively small amounts of money is often disproportionate. The man-hours necessary to complete applications can amount to almost as much money as the amount being applied for. This kind of bureaucracy not only discourages innovators, but also reflects the preference for a certain kind of ideas; the kind of ideas that you can demonstrate are most likely to succeed. The problem, of course, is that when some of these ideas emerge such certainty does not exist. We need the kind of funding that enables people to develop their business case, their proof of concept. The kind of thematic funding that is small enough to be easily accessible, but large enough to enable innovators to prove their case.

The ACF-UK hosted Incubator will aim to be precisely that; an open platform to identify, nurture, fund and share innovative solutions to address global hunger. The Incubator, set to launch in the second half of 2014, will pool funding from corporate and private sector partners and use it to disburse small grants for those working on nutrition specific programmes. Whilst hosted by ACF, it will support innovative ideas no matter where they come from. But the platform will be about more than just funding; it will facilitate experience sharing, so that success leads to wider uptake and failure to further experimentation. The platform will benefit and draw from ACF-UK's expertise and support for internal and external evaluations, ensuring that learning remains at the heart of these experiences. So that innovation can be demystified, and seen for what it is: something that we already do, should do more of, and whatever the outcome, should share with those around us.

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Taking Stock and Looking Forward

A perspective on the first 5 years of ACF's West Africa Regional Office

BY **ANAIS LAFITE*, ACF WEST AFRICA REGIONAL REPRESENTATIVE**

In 2009, ACF took advantage a series of opportunities in establishing the West Africa Regional Office (WARO). The most significant of which was financial investment that allowed this to happen, rather than a consistent vision and long-term planning. A few years later, and after a number of evaluations and learning exercises, the balance is clearly positive for ACF and the populations in the region. Yet it also poses great challenges that, if not addressed, will limit the effectiveness and the impact of this regional action.

Taking Stock

The WARO was born of the DFID West Africa Humanitarian Response Fund (WAHRF) in order to strengthen ACF's position in the region, and to manage grants in Niger and Chad. The donor's offer to fund a regional office provided a prime opportunity for ACF to establish itself in Dakar. The dynamism and skills of the individuals who opened the office helped expand opportunities including significantly enlarging ACF's response to the food crisis in 2012. The operational volume and size of the office then more than doubled in less than a year. ACF International allowed for this expansion through the establishment, 3 years after the creation of WARO, of a memorandum that defined its mandate around four key areas:

1 | Management Support. The WARO is responsible for the design and management of multi-country regional grants. Although the day-to-day management of the intervention is undertaken by the country offices themselves, with support from their respective HQs, the WARO provides guidance, ensures coherence, supervises the achievement of programme targets, reports on projects and liaises with donors. Today, the WARO manages an overall volume of €12 million, funding ten different projects, implemented across eight countries and liaison with three ACF HQs. Regional projects have been a powerful vehicle for ACF to learn and improve, and they have had positive impact on the ground for vulnerable populations. Regional projects, amongst other things, have help deliver a coherent and harmonised response to seasonal shocks in the Sahel, pilot innovative Early Warning Systems and allowed a comprehensive strategy for nutrition security in West Africa.

2 | Advocating, networking and representation. The WARO has undoubtedly been a recognsed and extremely valuable representation for ACF in regional humanitarian forums. It has influenced regional policies, bringing fresh analysis from the field and relaying the needs and experiences of affected people. It has networked with a diverse range of actors, including UN agencies, donors, government representatives and civil society platforms and organisations. Over time it has been increasingly involved in inter-governmental forums where long-term commitments, policies and programmes in favor of nutrition are shaped. The WARO benefits

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from a unique location, being both at the crossroads of ACF – in between the field and the headquarters- and exposed to a series of vast and diverse communities of practice it can learn from and influence.

3 | Fundraising. WARO as a regional face and presence in Dakar was largely responsible for the financial scale up related to the 2012 Sahel crisis response. Since 2009, the proportion of ACF operations in the region fundraised through the WARO has reached 27 per cent[1]. The WARO plays a critical role in donor relations since it has access to regional donors in Dakar and can liaise with donors outside the region (such as DFID). Since 2012, the WARO has proven to be a dynamic interface with donors in Dakar, whether permanently represented or not. The direct impact of this work is hard to measure but it has helped brand ACF as a principal reference in the region.

4 | Quality and Learning. The WARO has contributed to enhance the quality and impact of ACF actions in the region in several ways. It has shared internally learning and best practices from various programmes across different countries. It has supported improved monitoring of contextual trends and programme achievements. It has provided guidance, developed training materials and had a continuous dialogue with country teams on various topics related to ACF's core technical areas. This area of work could be further developed but responds to repeated demands from country programmes.

These different roles the WARO plays now are naturally associated with a series of challenges. These are not necessarily specific to ACF, nor to its regional nature yet they deserve to be highlighted in order to be addressed in the future.

Striking the right balance between the HQ, regional and national

In order for a regional approach to work ACF needs to find a balance between developing and using regional analyses, and acting based on the specific characteristics of national and local contexts. The WARO has had to ensure that regional level activities stay in line and connected with frontline realities. It has also learned to step back from a tendency to standardise systems and approaches. Although standardisation often helps monitoring and reporting it can be at the expense of local relevance. The WARO instead choses to focus on best practices, the development of common approaches and innovation. But that begs the question, how does this role in learning, connect with the technical role of HQs and ACF-UK's global remit

> " The WARO benefits from a unique location, being at the crossroads of ACF

in learning? Recent discussions have enabled this coherence, but can a working arrangement be found that truly benefits all levels? Are the different elements – HQs, Regional, and National – prepared for such a change in the current power dynamics and modus operandi?

Measuring impact

ACF has often discussed what difference the regional office is making to its operations in the region, and how best we can measure it. ACF is not an isolated case and most regional organisations ask themselves the same question. Although it has been fairly straightforward to evaluate regional grants against DAC[2] criteria for example, isolating the effects of regional actions and attributing changes solely to them has proven a challenge, similar to the ones faced by measuring advocacy. That said the very same question has to be asked from every actor that makes up the humanitarian community as part of an overall effort to improve effectiveness. Do we need to start measuring our impact on the ground from a broader perspective that includes greater positioning and influence, and improved knowledge & practices? Are we prepared to make this investment in learning?

Improving governance

Governance has been an on-going challenge since ACF chose to have a regional office that works with all country programs in the region and therefore all the HQs they are supported by. ACF's regional office office is therefore one of the only entities in ACF that very concretely brings together these various sections. This has been and remains a fundamental strength of this office, but it has also implied a large degree of complexity which ACF has not always been able to accommodate.

As a result, there has often been duplication between the WARO and HQs, because roles had not been defined when the regional office started. Although they have now largely been dealt with, further streamlining and enhanced ownership is necessary to improve efficiency and impact. This includes managing expectations from country offices and HQs. When it comes to positioning, advocacy or funding, internal arbitrage and joint leadership continue to be occasions for intense debate which tend to slow down decision-making and weaken ACF positioning. What governance arrangements can be made to lessen this complexity and allow WARO to achieve optimal impact? Is ACF International ready for a more profound regional devolution of power?

Conclusion

ACF International is currently working on its 2016-2020 strategy and this moment is a unique opportunity to address fundamental challenges it faces in its fight against hunger and malnutrition. The WARO is faced with several of these challenges, but most importantly governance and vision. For the next 5 years there needs to be a common vision of what the regional approach is and what WARO should deliver. Adjustments to ways of working and to a number of mechanisms (governance, funding, finance, HR) are necessary to help translate such vision into practice.

ACF needs to be able to dedicate itself to finding a solution to the situation of chronic nutrition insecurity in the Sahel and in West Africa. In 2013[3], 81 per cent of ACF's nutrition beneficiaries were in West Africa and up to 20 million[4] people were food insecure. They should be our focus.

[1] Source: External Evaluation of ACF International's West Africa Regional Office, Feb 2013.
[2] OECD/Development Assistance Committee
[3] ACF International Annual Progress Report 2013
[4] United Nations Sahel Strategic Response Plan 2014 - 2016

Photo: ACF-Niger, courtesy S.Hauenstein.Swan

Advocacy 2006-2013
Lessons from the first ACF International global function

International NGOs have various models in organising themselves effectively. ACF's model includes global functions led by one HQ often with a team spread throughout ACF International. Advocacy is the first area of ACF's work to be implemented as such. In 2013 Glen Tarman*, the incoming International Advocacy Director, and Jean Michel Grand, ACF-UK Executive Director, conducted a review of the past 7 years' of advocacy as a global function led by the UK HQ. This article presents a selection of the lessons taken from the review which aim to both inform how advocacy is taken forward and inform other potential global functions.

● | **Clearly define the remit of a global function.** Setting achievable objectives is key to manage expectations in the ACF network. A single strategy, action plan and budget have been the best tool to guarantee the coherence of HQ actions across the network. This helps ensure the mandate of a global function is asserted and supported by all HQs and country programmes, with clear divisions of labour amongst HQs and strategically planned country programmes. This also helps to avoid programmes being developed outside of the strategy and the priorities of any single HQ not undermining the interests of the network and other HQs.

● | **Regularly report progress, monitor, evaluate and learn.** Reporting and communicating progress on the strategy and action plan as well as key decisions are critical for building trust, transparency and knowledge across ACF International. Proving (monitoring) and improving (learning) effectiveness in advocacy must be a priority to drive the quality and impact of advocacy. Learning should be a central part of the annual cycle to ensure improved ways of working are systematically identified and integrated.

● | **Focus on priority areas.** Resource and time constraints mean ACF has to make criteria- based choices on its policy change priorities. It is important that resources are focused on achieving change through nutrition and humanitarian advocacy rather than trying to cover too many issues, with inevitably less impact.

● | **Strategically allocate resources across ACF International.** Having advocacy representatives in every HQ will greatly contribute to mainstreaming advocacy across ACF International. The spread of staff in number and location in a global function such as advocacy should be considered through both the lenses of financial resource and strategic criteria at the international level.

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● | **Create and sustain political momentum and action.** Bringing about an enabling environment for undernutrition reduction is political. Therefore building ACF's governmental relations and relationships with allies must be prioritised as much as being able to demonstrate our technical credibility and expertise.

● | **Allocate adequate core funding.** Global functions need to have adequate core funding to avoid intra-network tensions. In the case of advocacy, both the need for independence (of voice and action) from donors and the limited availability of external funding for influencing, underline the need to allocate sufficient unrestricted funding.

● | **Focus on impact (and outcomes) to achieve results.** Producing outputs such as policy reports or position papers is never enough to create change. In advocacy, having a plan on influencing leading up to and towards and during windows of opportunity and clarity around what needs to be done and when for each result (or progress towards it), is key in order to realise actual change (impact).

● | **Define a theory of change and ACF's distinctive contribution to change.** Activities and outputs should only be planned if they have a clear connection with a final goal, as activities are not an end in themselves. It can be difficult to claim a specific change to ACF's activities, as often progress is made collaboratively, yet but ACF monitoring and evaluation should reflect this 'attribution challenge'.

● | **Balance national and international action and direction.** Both national imperatives and global coherence matter. The space for national autonomy, aligned with global goals and opportunities in an international framework and shared strategy that ensures network impact at global and national level.

● | **Provide effective leadership and coordination as this makes network impact greater than a single organisation can achieve.** If intra-network transaction costs are minimised (through, for example, clear decision-making processes) and synergies between other departments (Operations, Technical, Communications etc.) optimised, ACF can leverage its network power for stronger influence on decision-makers in governments and international institutions.

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8 REASONS WHY ADVOCACY IS A GLOBAL FUNCTION

1. ACF policy change priorities are dependent on global processes and international institutions connected to country-level decision-making.

2. Advocacy requires coherence in content (messages, positions/policies, communications etc.) and action across the network to achieve impact.

3. Significant policy changes on aid, development and humanitarian issues are rarely secured without an international network advocacy approach (as an INGO and/or with an alliance, network, coalition and/or wider set of actors).

4. Leadership and direction are needed to drive advocacy as a function in ways that cannot be delivered by horizontal co-operation alone.

5. The transversal nature of advocacy across various ACF disciplines (technical, operational, research etc.) allows for patterns to be identified across geographies and themes and thus promotes sharing of knowledge and good practice.

6. Advocacy as a global function enables ACF to focus its efforts on key changes in line with its international strategy and be less driven by the specific resources and contexts of a specific HQ.

7. The pooling of resources and efforts towards specific well targeted changes is much more efficient and effective when done collectively.

8. Coordination, brokering and negotiation are a key set of competencies required to advance ACF's advocacy agenda: these are inherent to a global function and better used when dissociated (in terms of management) from traditional operational/technical departments.

A Snapshot of **Enhancing Community Capacity** in ACF Disaster Risk Management Programmes in 2013

Disaster Risk Management (DRM) is becoming an increasingly integral part of ACF operations with several DRM evaluations having been carried out in 2013. This piece will draw on DRM experiences from three different missions in Bangladesh, Pakistan and South Caucasus. These represent different contexts: in Bangladesh, people living in the low lying delta are extremely vulnerable to cyclones; in Georgia, people living in the West frequently face hazards such as earthquakes, landslides, and avalanches; and in Pakistan where people from the district Charsadda live by the river bank are heavily susceptible to floods.

To enhance community capacity, the three programmes facilitated the establishment of Disaster Preparedness Planning thanks to the formation of Village Disaster Management Committees/Units (VDMCs). All committees were trained by ACF and local experts in disaster risk reduction concepts and practices so that the committees are equipped and empowered to play an active and leading role in keeping their communities safer during future disasters. For example, in Bangladesh reputed individuals from the government's Cyclone Preparedness Programme conducted the preparedness and response training, whereas in Georgia, it was conducted by local NGOs. Each committee consists of several sub-committees that are each responsible for a specific area of the disaster preparedness, response and mitigation, such as early warning or evacuation.

One of the main activities which the VDMCs were responsible for, was creating Community Disaster Preparedness plans. ACF initially carried out a Participatory Capacities and Vulnerability Analysis (PCVA)[15] which seeks to understand the main hazards, community strengths and weaknesses, and possible mitigation measures through the eyes of the community. This analysis, done by communities with the support of the VNMCs, helped them to develop detailed Disaster Preparedness Plans. These plans included such things as first warning information, damage assessment, plans of action for first steps when a disaster occurred, the responsibilities and contact details of the committee, guidelines for staying safe before and during disasters and how to get back to the community and repair damage. See the box for an example from ACF South Caucases. During the last cyclone in Bangladesh, TS Mahasan, the Disaster Preparedness Plan supported the communities in better analysing the early warning system and evacuating on time.

A key feature of ACF's approach to facilitating the creation of the committees is their democratic and transparent nature. In Bangladesh ACF first shared the idea of VDMCs along with the rules and procedures with the whole community. Later, through a second community meeting, the VDMC members were selected through election. Finally, the Chairpersons of the VDMCs were elected by the VDMC members. Members of the community spoke positively of this process in the following evaluation.

While in Georgia and Pakistan, the committees were inherently representative of all sections of the community, including both men and women, there was a need for an appropriate gender sensitive approach in Bangladesh, largely due to cultural practices and the vulnerability faced by many women. In Bangladesh therefore, more time was spent initially connecting with women and separate Women's Committees were set up in the same manner as the VDMCs. These empowered women and focussed specifically on disaster risk reduction and livelihood issues pertinent to their vulnerability.

The VDMCs, planning and participatory assessments have proven crucial to raising awareness of DRM issues in communities and to strengthening the community capacity to prepare for, respond to, and mitigate the effects of disasters. Moving forward with VDMCs, it must be recognised that a key step in ensuring sustainability and success of the committees is their linkages, and ability to interact, with government and other DRM structures. For example, in Pakistan, there is an opportunity to ensure village committees are registered with the Social Services Department so that they are seen as valid structures for providing early warning information and inclusion in the government's DRM work. Similarly, in Georgia the possibility for providing linkages between different VDMC's and providing training in the areas of proposal writing and advocacy work was identified, so that the communities can collectively undertake networking or lobbying for funds with the government. In Bangladesh, the first appropriate structure to connect with would be the lowest official administrative unit – the Union Disaster Management Committees. Thus, while the appropriate governmental or local structure to focus on will vary across countries and contexts, it is crucial that ACF facilitates linkages with other bodies that carry out DRM work so that committees and communities can extend their capacities further.

DIMENSIONS OF A PREPAREDNESS PLAN IN WEST GEORGIA:

- ● **Village profile**
- ● **Village accessibility**
- ● **Disaster history of the village**
- ● **Community plans**
  - • First warning/information dissemination plan.
  - • Evacuation plan
  - • Search and rescue plan
  - • First aid plan.
  - • Head count plan
  - • Situation assessment plan
  - • Relief distribution plan
  - • Community kitchen plan
  - • Damage assessment plan
  - • Water and sanitation plan
- ● **First steps when a disaster occurs**
- ● **Responsibilities of the disaster risk management committee**
- ● **Contact details of emergency services and community members**
- ● **Staying safe during the disasters**
- ● **Dealing with the after effects of the disaster**
- ● **Getting back to the community and repairing the damage**

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15 http://www.actionagainsthunger.org/sites/default/files/publications/PARTICIPATORY_RISK_CAPACITY_VULNERABILITY_ANALYSIS_A_PRACTITIONER_MANUAL_FOR_FIELD_WORKERS_01.2013.pdf (accessed 20/01/2013)

BEST PRACTICES

Highlighting outstanding experiences from ACF programmes

Harvesting best practices from programmes is a central part of ACF's approach to evaluation. Each evaluation is required to highlight a particular practice that demonstrated significant promise - but it need not be flawless. As a result, this year we have slightly adjusted the focus of this section to include practices that may not have been completely successful but have at least provided an experience that is worth documenting. This could lead to establishing a best practice and could benefit other programmes. We have been open about the extent of the evidence base for each practice and detailed areas for improvement in the Moving Forward section. Best practices are developed through dialogue between evaluators, programme staff in the field, technical advisors at HQ and the Evaluation, Learning and Accountability (ELA) Unit. The ELA Unit drives this process and, where appropriate, conducts research beyond ACF programmes. Finally, these articles provide a snapshot, and, where possible, references and tools are provided for further information. If you would like more information, we encourage you to get in touch with the ELA Unit or the relevant HQ/country programme.

> Harvesting best practices is a central part of ACF's approach to evaluation

GETTING THE MESSAGE OUT

Improving community mobilisation with adult learning and visual communication in Nigeria

A coverage assessment carried out in Fune, Yobe State, Nigeria in 2011 identified a number of barriers to access CMAM services, such as 'lack of knowledge about the programme' and 'lack of knowledge of severe acute malnutrition (SAM)' highlighting a need to improve community mobilisation and awareness.

A subsequent assessment of the use of community volunteers (CVs) as part of a community mobilisation approach, identified a number of challenges. These included; low levels of literacy amongst CVs, trainings conducted in the national language (which not all CVs speak as there are other languages used in the State) and large size of training groups (often 50 participants). This meant that CVs were not comprehensively equipped to create suitable awareness within the communities and encourage prompt referral of SAM cases to the health centres for treatment.

THE PRACTICE

Recognising the importance of community mobilisation to the success of the CMAM programme, ACF introduced a communication specialist to support ACF and the Ministry of Health (MoH) in developing a more effective approach to community mobilisation through CVs. More interactive and participatory training methods were subsequently introduced, and visual materials to train the CVs and be used for awareness in communities. These materials provided trainers with a useful tool to support their verbal community awareness activities, and enhanced their ability to mobilise the community.

The communication specialist conducted a five-day training of trainers with ACF and local government health workers, which applied and introduced an adult learning cycle (ALC) method. This comprises of four stages; experiencing, reflecting, generalising, and applying, in all trainings. Rather than simply employing traditional linear approaches, the ALC system encourages a variety of interactive training methods, such as discussion groups, role play, board games and practice sessions. A training module for each session was defined in collaboration with an ALC expert.

Having trained ACF health workers, staff were then filmed using their new skills to train CVs in the field. Their training delivery was evaluated during group debriefings and feedback sessions conducted by a communications specialist. This follow-up mechanism reinforced the importance of adopting these new techniques and in reinforcing the adoption of the newly learnt techniques and the feedback from participants was positive, as they were able to see their progress.

Visual materials were developed with input from the MoH both to train CVs and use when raising awareness in the communities. Recruiting team members proficient in common local languages (Kanouri and Fofoldi rather than official Hausa) addressed language barriers between trainers and CVs and visual materials addressed low literacy levels in communities, largely pictorial, they included familiar illustrations of people dressed in locally-appropriate clothing, and photographs of local, nutritious food. Both CVs and communities appreciated the material because they were able to quickly understand them with little assistance and were able to continuously refer back to them.

There has been an increasing interest within and outside of ACF to strengthen communication with communities to enhance awareness of malnutrition. In order to achieve this there is a need for more training in community mobilisation. Mainstreaming the Adult Learning Cycle throughout the organisation and making training skills a requirement for all staff, would be a necessary step. Developing the training capacity of national staff is crucial for the long term, and for widening the network of effective CVs.

There is a need to develop monitoring and evaluation tools that can ensure the training of trainers at different levels (ACF, health workers, and community volunteers) is achieving demonstrable behavioural change. An integral part of this is to carry out coverage assessments to determine the improvement in access to services.

Simultaneously, recording and reviewing training would ensure standards are maintained, and training is effective.

Finally, the visual materials should be integrated as part of a national policy to be used and distributed by partners and the Federal Ministry of Health. Crucially, however, they must not be adopted as a stand-alone solution and should be adapted to different contexts in terms of socio-cultural specificities such as language and pictures for local association.

LEARNING FROM EACH OTHER

Peer-to-peer coaching in Sierra Leone

ACF has been building the capacity of local healthcare staff in CMAM programs in the Moyamba district since 2011. However, following three years of implementation, ACF assessed that the uptake of capacity building was often still low, and SAM treatment procedures and practices, were not always part of the health services provided. In addition, SAM treatment was sometimes not prioritised by many health centre heads, providing an additional obstacle to successful capacity building. This meant that some outpatient treatment programmes (OTPs) were under-performing and appropriate standards were not being met.

> **"**
> **The method is low cost and simple, and ensures quick progress.**

THE PRACTICE

In order to convince heads from low-performing health centres that OTP activities should be included as a basic service, that they should motivate staff and improve capacity building, ACF introduced peer-to-peer coaching, using staff from the higher performing health centres to coach the others.

Ten nurses and Community Health Officers from some of the high performing OTPs were selected to visit the 10 low performing OTPs. They provided on-the-ground supportive supervision and coaching, applying personal knowledge and expertise obtained from practical experience and training by ACF. ACF facilitated the visits by providing transport arrangement and catering for the peer coaches, as well as ensuring the visits were scheduled for days when CMAM activities were carried out. Transport and per diems were the only noteworthy costs associated with the peer-to-peer coaching.

The first round of visits, which took place within two months, showed a rapid and positive impact. The initiative was effective at improving OTP performance and, by the end of 2013, five of the OTP facilities that had been receiving coaching were re-classified as part of the best-performing group. This meant they graduated from ACF management and were handed over to the Ministry of Health and Sanitation. It also enhanced the motivation and confidence of the peer supervisors, who were recognised for their performance and began to consider themselves role models and mentors for OTP activities. They reported proudly about the coaching experience and felt that their recommendations were well-received at the facilities they visited. Finally, the approach enabled greater local ownership of the programme, strengthening the professional networks between peers and enabling staff to contact mentors for clarifications and confirmations with regards to OTP activities.

MOVING FORWARD

The peer-to-peer coaching approach is well-suited for replication in other missions where performance gaps between health facilities can be identified. The method is low-cost and simple, and this experience found that it was successful in ensuring quick progress on OTPs where ACF had been trying to encourage health staff for some time. The approach could be further developed by integrating it within the government-led health care system directly and facilitating the ministry of health to take the lead on it rather than handing it over at completion.

REACHING THE REMOTE

Using radio to transmit agricultural messaging in Paraguay

In the indigenous and rural areas of Paraguay, ACF faced two main barriers to successfully disseminating agricultural education: reaching the communities - a challenge as some villages were remote and isolated; and illiteracy - an obstacle when providing useful educational materials.

THE PRACTICE

To overcome these barriers, ACF incorporated radio programming into development projects run by the Directorate of Agricultural Extension of the Ministry of Agriculture and Livestock.

In Paraguay's rural culture, radio held special significance. It offered company, entertained and informed, and it allowed the listener to carry out other activities at the same time. Transistor radios were widely available and popular in these areas because they were affordable and could operate without mains power. Radio functions on mobile phones also enabled mobility. Several areas were key to optimising radio use:

1 | Radio stations – Those selected to broadcast the messages were those that could reach the most remote areas and those that covered the greatest area of the region being targeted.

2 | Timing slots – The chosen hours for broadcast were based on the activities and socio-cultural characteristics of farmers. The best times were early morning, when the farmers sip matte and prepare to go to the farm and around noon, when they would return from the farm seeking shelter from the blazing sun.

3 | Content – Topics broadcasted ranged from agricultural production and market information to nutrition and environment. All sought to be practical and easily applicable to the listeners farm work, and typically had a technical aspect that complemented their work.

4 | Broadcasters – Technicians from the Directorate of Agricultural Extension were identified and trained by the Directorate's communications department to broadcast the programmes. It was important that these individuals were confident enough to manage a radio program as well as proficient in using the Guarani language to create stronger links with the farmers.

5 | Participation – Farmers were encouraged to be active listeners, i.e. to contact the station by phone or by text message. This was done primarily through phone-in programmes with agricultural experts, who could answer questions about agriculture. Participation was rewarded through sweepstakes with agricultural tools and resources (seeds for example).

MOVING FORWARD

Using radio as a means of reaching a wider population with education is apt for replication in other areas where radio is already an important part of social life. The following components should be recognised when using radio for agricultural messaging:

▸ Radio programming should be fully integrated not just with the specific ACF projects but also with a partner or government department. It should be incorporated as an activity driven by them;

▸ Teamwork and coordination between the various technicians, who are broadcasting from different locations, should be promoted to share ideas and good practice;

▸ While the radio programming has a low cost relative to the audience reached the costs must carefully be considered and planned for. To ensure the on-going use of radio these costs should be included in the departmental budgets.

Finally, ACF has developed a guide that subsequent programmes can use for radio based agricultural education programmes, that includes technician training guides, example programme structures, advise on monitoring of listenership and evaluation of content up-take by farmers. This guide should be fully utilised and monitoring of uptake of programmes and change in farming practices conducted.

SIMPLE & SUSTAINABLE

Household water purifications techniques in Mauritania

Most villages covered by ACF's nutrition programme in Guidimakha, Mauritania, relied either on sumps as a source of drinking water, or on wells. From either source, water was likely to be contaminated with pathogens and nitrates that caused diarrhoea and other water-related diseases, particularly amongst children under five. Diarrheal diseases were the fifth most common cause of death in Mauritania[1], therefore increasing the number of households with access to safe water was an ACF priority.

> "
> **The intention is to showcase a strong element not to present a programme approach**

THE PRACTICE

ACF launched the project Water Treatment at Home (TED[2]) in 12 villages across two communes within the department of Selibaby in Guidimakha. The organisation focused on the most vulnerable households: female-headed families and families with malnourished children (six-59 months). Of the 300 households selected, 47% did not treat water, and 52% used the highly ineffective fabric filtration method. This method saw no significant improvement to the water quality as it filtered particles and colour out of the water, rather than bacteria or viruses.

In collaboration with community members, ACF piloted a number of approaches. Each village was trained in one method, identified as the most suitable for their circumstances. The following two techniques[3] were chosen based on their simplicity and cost-effectiveness:

1 | Chlorination
Chlorination saw , cheap and widely available chlorine compounds added to water. The communities were provided with sodium hypochlorite (liquid bleach), which produced 'free chlorine' to attack germs in water. Unlike other methods, a 'residual' level of chlorine helped to protect treated water when stored. The recommended amount was five drops of bleach per three litres of water.

2 | Solar ultraviolet water disinfection (SODIS)
Solar energy was used to improve the microbiological quality of the water. A transparent plastic bottle was cleaned with soap, filled with water, and then placed in full sunlight for at least six hours. If the weather was particularly cloudy, it was left for two consecutive days and if the water was very turbid, the water was filtered first.

In addition to the training in and implementation of these water treatment techniques, ACF provided hygiene kits designed to encourage the adoption of good practice with respect to water, hygiene and sanitation. Each kit included: antiseptic hand wash, a kettle, soap, a traditional Mauritanian pot improved with a cover and a tap at the bottom, and laundry detergent. These kits encouraged behavioural change by equipping households with the appropriate materials, for on-going good hygiene.

MOVING FORWARD

Beneficiaries in the villages believe that the water treatment techniques initiated have been effective and that there has been a decrease in the cases of diarrhoea. The techniques are known to be simple and cost-effective, however, ACF should enhance its monitoring system in order to provide evidence of the relative effectiveness of each technique. This could inform potential large scale roll-out where waterborne diseases are a problem. However, a number of key issues must also be taken into account:

- The choice of TED techniques promoted must be appropriate to the context.

- Sufficient training and follow-up visits must be included to ensure techniques are adopted correctly and sustained.

- Government engagement and trainings should be pursued in order to ensure continued promotion of the techniques after the ACF project ends as well as

For more information on this practice get in touch with Elisa Gimenez
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[1] *WHO data published in April 2011*
[2] *'Traitement d'eau domicile'.*
[3] *Boiling was also introduced to two villages as a disinfection method, and bio-filtration, using sand, was used in two other villages.*

DRAWING THE LINE

Protecting water points from contamination in Burkina Faso

The eastern region of Burkina Faso is an area with high agricultural and pastoral activity or potential. However this activity has sometimes proven harmful to local water resources, for example; the use of pesticides, allowing livestock access to water points, and poor sanitation practices around water points. Several water analyses performed by ACF in the Tapoa region between 2009 and 2012 showed that E. coli contamination can occur even in boreholes covered by hand pumps. Therefore an ACF project took the initiative to protect water points in order to prevent contamination.

THE PRACTICE

A protected area, measuring 30m², was established around each water point and the areas for fetching water were clearly demarcated. The objective of the protected area was to prevent accidental and chronic water pollution, by firstly keeping animals away and avoiding defecation within the protected area and secondly ensuring good sanitation practices from users when close to the water source. To implement this practice the following three steps were taken:

1 | Mark out protected area.
Community members take the lead in determining where the protection area should be, and mark it out before the rainy season to prevent any planting. It must clearly indicate where livestock and users, can and cannot go

2 | Demarcate the area
The area was demarcated using local and natural materials, such as laterite stones, which are readily available in surrounding areas. The construction of the marked area was carried out by community members under the leadership of the water point management body[1]. In some cases a fence will be required to prevent livestock from entering the protected area.

3 | Define rules and procedure for maintenance
Although the member of the committee responsible for hygiene ensures the on-going cleanliness of the area, it was the community members that defined the rules of the area – in collaboration with the committee and ACF. Information boards were used to inform users of the rules and 'Polluter Pays' fines were introduced as a disincentive to break the rules.

Ilt is key for these three steps to be led by the community to ensure full understanding of the importance of protecting water sources and the on-going maintenance of the approach. ACF required the protected area to be complete and its condition satisfactory, before drilling was initiated, and the borehole became operational. This approach is easy to replicate for the community itself since it is low cost and it also meets Water Conservation and Soil (CES) requirements for preventing contamination at water sources.

[1] This can be a Water Point Management Committee (WPMC) if only one water point is present in the community, or a Water Users Association (WUA) gathering all the WPMC if several water points are present

MOVING FORWARD

In order to facilitate the promotion of this practice ACF should record implementation, and document requirements, covering;

1 Dimension of protected area required

2 Nature and quantity of materials required

3 Estimated cost of materials used

4 Labour required for building the protected area.

Construction of the protected area required the availability of a large amount of land, which in Tapoa, a rural area with a very low population density, was possible. However the model could be replicated without needing so much space. The planting of hedges with local plants such as Jatropha could also be used as a fence. This would both improve soil protection, and facilitate filtration of drainage water.

Community-ownership is key to the success of this practice therefore ACF is required to take sufficient time to inform the community of the importance and maintenance of protection areas. Finally, at national level, ACF should advocate for the protection of water points to be mainstreamed in well construction and rehabilitation, as a key aspect in preventing the contamination of water sources.

For more information on this practice get in touch with Jean-Christophe Barbiche jcbarbiche@actioncontrelafaim.org

SEAL IT TIGHT!

Using organic waste for cost-effective fodder in the occupied Palestinian Territory

Herding of small ruminants in the West Bank of the occupied Palestinian Territory (oPT) were one of the most important traditional sources of livelihoods. Across the southern West Bank these ancestral practices, based on grazing, were becoming increasingly challenging because of movement restrictions. Herders were required to find alternatives to grazing such as using fodder[1]. Fodder, however, was generally unaffordable for herders therefore a more cost-effective alternative was required.

> **Silage both reduces production costs and is a much healthier source of nutrition for the livestock**

THE PRACTICE

ACF piloted the use of silage as an alternative ruminant fodder on two demonstration farms in collaboration with the United Nations Food and Agricultural Organization (FAO) and a local partner, the Union of Agricultural Work Committees (UAWC).

Silage is produced through a preservation method based on lactic acid fermentation under anaerobic conditions, where the lactic acid bacteria convert water-soluble carbohydrates into organic acids. As a result, the pH level decreases and preserves the crop. The ensiling operation took the following steps[2]:

1 | Harvesting the crops when they are at optimal maturity to ensure the best possible organic matter. In the oPT this included by products from cucumber and tomato plants, olive leaves and cac[3], and sprouting barley.

2 | Wilting the crops to ensure there is adequate dry matter for the solid-state lactic acid fermentation to occur.

3 | Chopping the crop and loading it into a silo.

4 | Additives, such as molasses and sugars, should be added if available and cost-effective, to speed up fermentation and improve the nutritional value of the silage.

5 | Compacting the crop and sealing the silo to exclude air.

6 | Storing and unloading when needed.

This method of ensiling was chosen because the plastic drums used for the silos were readily available, affordable and had a manageable storage volume. This was important because once the silage was exposed to air it began to spoil after two days, and could be wasted if not used in time.

In addition to reducing production costs, silage was more nutritious for livestock. The silage contained high levels of protein and carotene, and the digestion coefficiency of nutrients was higher than hay due to the microbial and plant enzymes. Furthermore, silage contained lactic acid that helped the micro-organisms in the animals' rumen process to feed more rapidly. Consequently, the quality and quantity of milk produced was better.

During the pilot, the fat and protein content of ewe's milk, after consumption of silage, was monitored. Data showed that the fat content of milk increased significantly (by 57%) while the protein content increased slightly (by 7.6%). In addition, the amount of milk needed to produce 1kg of cheese reduced from 4kg to 3kg, making further savings.

MOVING FORWARD

The silage approach has already been replicated by a number of local and international NGOs and farmers. It is recommended that NGOs continue to work closely with the FAO who have technical expertise in the production of silage. When ensiling farmers must take care to:

▸ Harvest the crops at the right maturity and moisture

▸ Use additives strategically, including considering vitamins and minerals

▸ Keep fermentation anaerobic (without oxygen) by filling the silo quickly

Sheep Fat content
(g/100g of milk)

BASELINE	ENDLINE
100%	157%

Protein content
(g/100g of milk)

BASELINE	ENDLINE
100%	108.2%

For more information on this practice get in touch with Joaquin Cadario
jcadario@accioncontraelhambre.org

[1] Food for animals and livestock
[2] Gilad and Weinberg. 2006. 'Silage Production and Utilization'. Forage Preservation and By-products Research Unit. Agricultural Research Organization, The Volcani Center. Accessed January 14th 2013. Available at: http://www.fao.org/ag/AGP/AGPC/doc/silage/silage_israel/silage_israel.htm#foot
[3] The waste material from olive oil production

KILLING TWO BIRDS WITH ONE STONE

Latrines for sanitation and fertiliser in Mali

By year-end, only 22%[1] of people in Mali had access to sanitation services and more than 65%[2] of the population did not have enough food due to, amongst other things, drought, and, high grain and fertilizer prices. ACF therefore adopted an ecologically and economically sustainable approach to the sanitation challenge that also responded to the rise in food production costs.

MOVING FORWARD

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The most critical issue that must be considered when introducing ECOSAN latrines is sufficient awareness-raising and training of the community, including the benefits and constraints, as well as the correct use and maintenance of the latrines. In order to enhance this area ACF should promote village exchange visits and identify lead community members to train in latrine maintenance and use.

Finally, cereal and vegetable crops should be prioritised for the fertiliser, and the treatment of vegetables should be encouraged before eating to minimize any potential risk of faecal cross-contamination that could arise from incorrect use of the latrine.

For more information on this practice get in touch with Elisa Gimenez
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THE PRACTICE

ACF introduced an approach known as ECOSAN (ecological sanitation), popularized in Mali by the Regional Centre for Water and Sanitation[3]. Whilst providing a means to safely deal with human waste, the approach also produced fertiliser, contributing to agricultural production. While models of ECOSAN latrines vary, all operate with the same principle: defecation and urination is carried out in different holes and then stored separately.

Dry ECOSAN latrines[4] collected the faeces in a closed chamber below the toilet, with appropriate ventilation, it then naturally evaporated. Dry ash, added to the chamber, kept moisture content below 25% and ensured pathogen destruction. Over time, this resulted in a cleaned product rich in carbon and fibrous material, phosphorous and potassium. In Mali, where temperatures fluctuated between 24° and 32°C, in less than a year bacterial pathogens were eliminated and viruses and parasites significantly reduced.

Urine, rich in nutrient and phosphorous, was collected in a separate hermetic container and can be used as fertiliser after one month of storage. Wastewater could not be added to urine because this made recycling the phosphorus more difficult. With the correct usage and maintenance,

ECOSAN latrines offered a number of benefits to the community. Namely:

1 | A safe sanitation solution that prevented disease and promoted health by successfully and hygienically removing pathogen-rich excreta from the community surroundings.

2 | An environmentally viable sanitation solution that minimized pollution of surface and ground water by collecting nitrates, nutrients and pathogens rather than discharging them.

3 | A solution that did not require water, which often restricted in access and availability, for flushing.

4 | An economically beneficial solution that reduced the need for artificial fertilizers in agriculture by recycling and reusing nutrients from the excreta as natural fertilizer[4].

The challenge faced by any programme providing latrines remained ensuring both their use, and their correct use. As is at the heart of the Community Led Total Sanitation (CLTS) approach,[6] behavioural change and community mobilisation was necessary for sustainable improvements to sanitation. This proved particularly important when considering the cultural and social barriers faced when discussing the handling and use of dry faeces. Creating community momentum behind the ECOSAN latrines project was paramount. ACF's success in Kita was attributed to exchange visits from Fana residents that were arranged prior to the designing, building and installing of ECOSAN latrines. When experienced users explained the agricultural and economic benefits of the latrines selling the approach to prospective users was easier. The enthusiasm for the latrines was enhanced throughout the community once the benefits became apparent. For example, once one farmer in the village had treated his plot with urine, significantly boosting his agricultural yields, others were motivated to regularly use the ECOSAN latrine in order to later collect the quantities needed for their gardens.

Facilitating the availability of the novel latrines was also critical to the success. Firstly, ACF considered the cost and availability of local materials when choosing which type of ECOSAN latrine to promote, and secondly local masons were trained in ECOSAN construction techniques. The local markets were key to ensuring the latrines continue to be used and additional ones were built.

[1] http://data.worldbank.org/indicator/SH.STA.ACSN (accessed 18/11/2013)
[2] http://foodsecuritycluster.net/countries/mali (accessed 18/11/2013)
[3] http://www.wsafrica.org/ (accessed 18/11/2013)
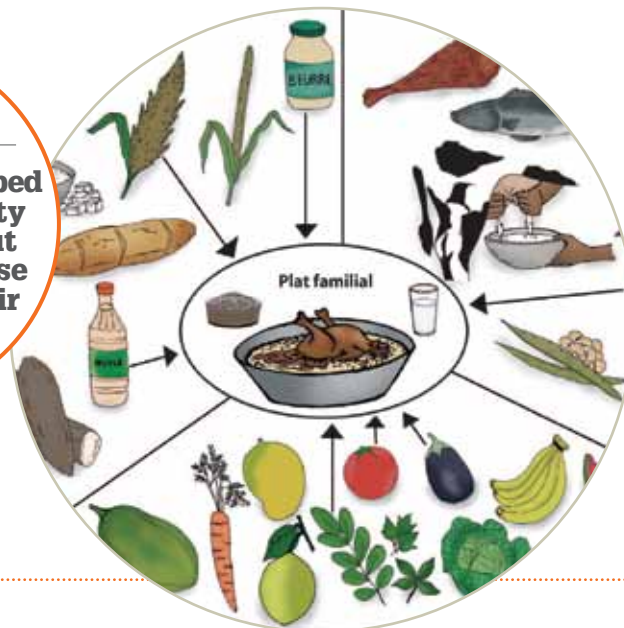[4] WaterAid in Nepal (2011) Technical handbook - Construction of ecological sanitation latrine
[5] ibid
[6] Kamal Kar with Robert Chambers (2008) Handbook on Community-led Total Sanitation. IDS and Plan International

A CONTEXTUAL COOKBOOK

Promoting locally available and cheap foods in the Ivory Coast

The Ivory Coast presented an on-going food and nutrition challenge. Weekly household practice and market surveys identified that food of high nutritional value was not being consumed in the areas ACF was operating. These cheap local foods were perceived as having a low status and therefore were not consumed by communities. Furthermore, treatment services for Moderate Acute Malnutrition (MAM), were rarely reaching those children with MAM, therefore an alternative approach to prevent deterioration into Severe Acute Malnutrition (SAM) was needed.

THE PRACTICE

ACF was treating children with SAM. In parallel to this intervention ACF implemented activities to bring about change in the dietary intake of under-fives. A positive deviance[1] approach aimed to overcome the stigma attached to certain foods that were both neglected due to their lower status and were of high nutritional value. To stimulate positive deviance, ACF developed a cookbook with recipes using cheap, locally available and nutritious foods. ACF identified recipes with mothers that made use of the high nutritional foods that were available in the local market. This was done on a seasonal basis, so that the recipes identified could be produced at one particular time of year. Reproduction of this process in the 17 target communities identified 22 balanced and enriched local recipes that were then detailed in the cookbook.

These meals were then relayed by community volunteers through cooking demonstrations with mothers of children with MAM, informing how these meals could provide nutritional rehabilitation and ensure the on-going nutritional health of all children.

This practice supported the recovery of almost 60% of MAM children and prevented 40% of MAM children deteriorating into SAM, in the absence of MAM treatment services, in the target area. The cookbook also helped change community perceptions about local food, raising awareness of its nutritional value and demonstrating that it is possible to eat a balanced diet affordably.

> " The cook book helped change community perceptions about local food and raise awareness of their nutritional value

Plat familial

MOVING FORWARD

To further improve the content of the recipes they should be revised according to the composition table of the National Nutrition Programme (NNP) for Côte d' Ivoire. This would ensure the cookbook is in line with national policy and, amongst other things, avoid excessive quantities of anti-nutrients in foods. The cookbook should be promoted amongst ACF partners (NNP and DS) as well as amongst other nutrition partners including the Ministry of Health. In order to further promote the use of the cookbook ACF should do the following:

1. Professionally design the cookbook adding more images, particularly those that illustrate the nutritional value of certain foods[2]

2. Develop other tools such as posters with different food groups and laminated recipe cards, for additional distribution and promotion

3. Translate the cookbook into the local language (in this case the "Senufo")

4. Distribute to a wider audience such as health centres and communities with high levels of acute malnutrition.

[1] Positive deviance is an approach to behavioural change that focusses on using uncommon yet beneficial practices of certain individuals to influence the wider community
[2] A 'Capitalisation' document detailing the recipes is currently available.

For more information on this practice and to access the cookbook get in touch with Olivia Freire ofreire@actioncontrelafaim.org

KICK-START SUBSIDIES

Boosting the supply chain to facilitate latrine building in Zimbabwe

Despite various government and NGO efforts, sanitation coverage in the rural areas of the Zimbabwean Mberengwa and Gutu districts remains low. A key factor preventing communities from building latrines is the availability of cement, and other construction materials, which cost a great deal to source and then transport long distances. Despite this gap in the local market, local dealers were unable to meet demand because transport costs posed a significant fixed cost for them too, and they did not have adequate cash to stock such slow-moving products.

THE PRACTICE

In order to increase the local cement supply ACF sought to create supply chains based on linking cement wholesalers with local cement dealers and the local cement dealer and households. To help establish local cement dealers and create a sustainable market, ACF:

1 | Purchased stock from the wholesaler:
The materials were bought in bulk from the wholesaler in accordance with required specifications – 12m barbed wire, wire gauze, vent pipe and 1.5kg cement bags.

2 | Transported stock from the wholesaler to the local dealers:
Transport costs were covered by ACF to enable materials to be delivered to community-based local dealers. From here beneficiaries could collect the materials using a voucher and only be charged for the local dealer's storage costs.

3 | Provided credit (through vouchers) to households for initial materials:
While vouchers for materials were distributed to speed up the movement of stock, they were not handed out to beneficiaries before the following prerequisites were in place:

- A pit dug with the right dimensions certified by an ACF-trained community builder;
- River sand and pit sand was obtained for the construction of the latrine;
- $2.00 USD gathered for the payment of storage fees.

The additional cost functioned with a dual purpose: as compensation for local dealer storage costs and as a way of ensuring the households could provide a profitable market for local dealers in the future.

4 | Built the capacity of local dealers:
ACF trained the local dealers in basic business and entrepreneurial skills, to prepare them for interaction and negotiation with the wholesalers.

5 | Encouraged and facilitated second agreements between wholesalers and dealers:
The final, fundamental part of this practice was for wholesalers and dealers to agree on terms or continued business, with ACF facilitating these negotiations if necessary.

These five measures served to kick-start the market by enabling the local dealers to overcome the initial obstacles faced (transport and purchase of stock), and match supply with demand. Bearing in mind the need to create sustainable supply chains, the crucial feature of this practice was that the subsidised cement requirements only covered the cost of the toilet slab and pit lining, meaning that households provided a ready market for more cement and barbed wire. Wholesalers were encouraged to deliver more cement to the dealers, on credit terms, and the repayment date was usually late enough for dealers to have sold all of the stock.

Subsequent agreements, demonstrating ACF subsidies were no longer required, had already taken place in the Mberengwa district, where dealers had scaled up their business.

MOVING FORWARD

The success of this practice depends on the relationship between dealers and wholesalers. Agreements need to be drafted between the two parties to avoid defaulting from the arrangement (e.g. local dealer sells for cash but re-stocks using other wholesalers). Such agreements can be made in various ways including:

▶ Encouraging local dealers to be part of an existing dealers association. This ensures wholesalers only deal with registered and trusted business people increasing accountability between dealers and wholesalers. Membership also gives wholesalers increased assurance to sanction credit systems with dealers.

▶ Developing good business practises among the selected dealers, to minimise risk to the wholesaler. This would include stock taking, separating business and personal accounts, and keeping track of demand.

▶ Involving the local authorities and relevant government departments and ministries, including those dealing with health and child care. Health and child care already have extension staff on the ground who could help forecast demand for sanitation construction on the ground.

Clarity on likely demand for latrine materials is also a necessity to enhance wholesaler confidence in the market. A number of issues effect demand and should be better monitored to enable wholesalers to make accurate forecasts and to reduce loses in product that does not sell. For example:

1. Community mobilisation that unlocks demand needs to be given sufficient time before resulting in improved value chains.

2. Seasonality. During the rains and harvesting periods where communities are busy, latrine construction is easily pushed down the priority list.

3. Labour costs. Demand is also affected directly by labour costs for building latrines, the higher the charges the more deterrent they become, thereby indirectly affecting latrine materials sales.

Parallel interventions like income generating activities may be used to boost communities' disposable income levels. In both Gutu and Mberengwa districts, some project established IGAs have managed to enable purchase of construction materials from the local dealers.

For more information on this practice get in touch with Karl Lellouche
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Photo: ACF-Niger, courtesy S. Hauenstein Swan

A DUAL APPROACH

Cash vouchers and livestock fairs in Pakistan

In the northwest region of Pakistan frequent floods and regular military operations cause population displacements, resulting in significant loss of livestock - with ownership of ruminants decreasing by as much as 80%[1]. As livestock farming, was traditionally a major source of income, these households were left vulnerable as they struggled to meet their immediate food needs. The situation proved more serious for female - headed households, as women were prevented from participating in communal activities due to local cultural practices. ACF therefore set-out to address this reduction in livestock, in order to re-instate this important asset and sustainable source of food, particularly on targeting women.

> "
> **Cash vouchers enabled participants to chose their own goats, bargain and make savings**

THE PRACTICE

In order to enable the restocking of livestock, ACF organised livestock fairs where sellers and buyers convened. Cash vouchers were distributed amongst prospective buyers to give them sufficient purchasing power. Government veterinary services were also convened. This approach, one of many possible interventions, was chosen based on a comprehensive market assessment and the following identified advantages:

1 | The fairs would boost local market activity and serve to kick-start the recovery of a dysfunctional market.

2 | Vouchers would enhance the dignity of beneficiaries by providing them the opportunity to choose their preferred animal and independently bargain with vendors.

3 | Relationships between the communities and government veterinary services would be fostered in areas where those services were non-existent within the private sector.

LIVESTOCK FAIRS
The organisation of the fairs was coordinated with local authorities, which helped identify local vendors who could provide a suitable number of goats, avoiding a monopoly by any one vendor.

Government livestock veterinary officers conducted training on livestock management for all beneficiaries, including supporting the selection of certain breeds. The officers vaccinated and checked the health of all the goats selected by the beneficiaries while local district officers and police assisted with the organisation on the day of the fairs. Through consultation with these authorities and village committees, fair times and location were determined, ensuring that they did not affect the local markets and were accessible to all beneficiaries. This was coupled with assessments showing the condition of local markets and where the size of the area would allow for close monitoring by ACF.

CASH VOUCHERS
Cash vouchers were provided to beneficiaries so that they could select goats to fit their needs and preferences. This also enabled them to bargain with vendors and make savings. Upon successful bargaining, beneficiaries could submit unused vouchers to ACF staff present at the fairs. These unused vouchers were then exchanged for a cheque. Post distribution monitoring showed that most of the beneficiaries invested the savings from bargaining in supporting the animals acquired (for example in shelter or fodder).Cash vouchers were complemented by a grant, which enabled the purchase of fodder and shelter as well.

In order to receive the relevant payment, vendors submitted the vouchers they had acquired during the fair to ACF in exchange for a cheque, which could be paid into a local bank. The lack of cash at the fairs both increased the transparency of the process and avoided the security risk for participants associated with handling cash.

THE GENDER APPROACH
ACF made great efforts in mobilising the communities to allow for the participation of women in the fairs. An arrangement was met whereby women attended the fairs at different times to men and were provided separate areas to conduct business and congregate. ACF also arranged female livestock veterinary officers (sometimes brought from other provinces)to conduct the livestock management training. These factors were critical in enabling women to leave their homesteads in order to participate in the fairs. Finally, as much as 80% of beneficiaries were women.

AWARENESS-RAISING & TRAINING
The use of livestock fairs, combined with cash vouchers, was an innovative approach for all parties involved. It required an internal training for ACF staff, followed by intensive awareness-raising among communities, local authorities and vendors. The material used to support the training and awareness-raising was translated to local languages and accompanied by pictorial representations to combat low levels of literacy in the area.

[1] *Inter-Organization Rapid Assessment Report on Displacement from Tirah Valley, Khyber Agency April 2013*
[2] *www.livestock-emergency.net or http://www.sphereproject.org/handbook/handbook-companions/the-legs-handbook/*

When implementing this approach there are a number of key considerations that need to be taken:

1 Choosing the correct market conditions

Livestock fairs may not be appropriate where markets are fully functional or inexistent. There needs to be a good enough supply of goats within accessible distances, as well available veterinary services. A sound market assessment must therefore be carried out to determine whether livestock fairs are the most appropriate intervention.

2 Appropriate logistics and security arrangements must be made

The organisation of fairs makes for a large logistical task often with security implications. Therefore security and logistics teams should be involved in the selection of the fair location, selection of the vendors and set up of fairs. Finally, given the need for strong coordination with local authorities and communities, it is imperative to work out clear standard operational procedures at an early stage.

3 Aim to integrate with local markets

In order to strengthen the local livestock market, the livestock fairs should identify vendors in the local area as well as adjacent areas. This enables a multiplier effect on the local economy while ensuring that local breeds of livestock are made available to the target communities.

4 Ensuring the quarantine of animals

One of the most important challenges for any livestock intervention is ensuring the health of animals dealt with. Suitable quarantine is necessary to check the health of the livestock distributed to beneficiaries and to minimize the mortality of the animals and spread of disease. Quarantine should always be incorporated in livestock restocking, following Livestock Emergency Guidelines and Standards[2]. Quarantine was a big challenge in this intervention as suitable premises to keep a large number of animals under vigilance could not be found and had not been taken into consideration in the project planning.

For more information on this practice get in touch with Joanna Friedman jfriedman@actionagainsthunger.org

CREDITS

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For more information on the evaluations featured in this Review, and for further information on any of the content, please contact the Evaluations, Learning and Accountability Unit, ACF-UK at: evaluations@actionagainsthunger.org.uk T: + 44 (0) 208 293 6190

LEARNING REVIEW 2013

ACF INTERNATIONAL