2012 | LEARNING REVIEW

Foreword

This, the second Learning Review published by ACF, comes at a time when discussions about how to strengthen our capacity to improve learning, monitor results, develop better indicators, improve evidence collection and better embed evaluation are increasingly prominent within the sector. This review highlights a range of interesting, innovative and exciting initiatives. The evaluations captured here share many examples of good practise, but unusually, and bravely, they also highlight clearly what has not worked as planned, and what needs to be done better. This does not always come easily to us.

Within DFID the Humanitarian Emergency Response Review (HERR) has been crucial to guiding policy. Innovation and accountability in particular have been highlighted as areas in which DFID will concentrate its efforts and seek to encourage robust and inventive approaches to doing things better, be it responding faster, improving the quality of our work or the manner in which we consult and obtain feedback from the populations we seek to support. The new Resilience and Learning unit within CHASE, of which I am a member, has emerged in part as a result of the recommendations from the HERR – recognising the need for a greater focus to

be paid to results monitoring, to better embed an evaluation culture within DFID humanitarian programming, and to learn – and share – hard won lessons.

"While none of us intend to fail, it is at times inevitable. When we do, we must fail fast, fail earlier, fail easier and succeed sooner."

However DFID also recognises that to innovate will also mean that at times we fail. As an industry we are not good at admitting failure, particularly so at a time when resources are becoming ever harder to secure. While none of us intend to fail, it is at times inevitable. When we do, we must fail fast, fail earlier, fail easier and succeed sooner. Rather than being something to hide, to be ashamed of, to gloss over in our reports, DFID increasingly recognises that failure is also an opportunity to learn. To know why we failed, to share our findings and hard won lessons must be a goal we all aspire to. This is the reason I particularly applaud the ACF Learning Review and its open, honest findings – highlighting both the successes and

the areas requiring improvement. Refining our capacity to monitor, developing meaningful indicators that convert uncertainty into more certain knowledge, quickly and cheaply is one way to reduce risk and drive success. Donors such as DFID will continue to support initiatives which drive evidence gathering and generate shared learning. Thank you ACF and congratulations for sharing these valuable experiences.

Andy Wheatley
Humanitarian Results Advisor
Department for International
Development (DFID)

Contents

Introduction

The first time is always easy; there is nothing to be compared to, no expectations, and anything one produces feels distinct and novel. When we first put together the Learning Review last year, we felt free to invent and the only source of pressure was our own desire to push the boundaries of what we could do, say and show based on the information we had collected through evaluations in 2011. The Review was also an opportunity to show what the new ACF Evaluation Policy & Guidelines could do in practice, why it was worth following. In a way, the Learning Review had an easy first ride, but the accolades it received from within and without the organisation suggest that we also got some things right the first time around.

This year the pressure was on. For starters, we needed to maintain the identity of the publication, and in particular, its ability to share information for different audiences in different ways. As we wrote the Learning Review 2012, we wanted busy readers to walk away with some key nuggets of information, but we also wanted to provide enough detail and depth to enable other sections to withstand closer (technical) scrutiny. For the Learning Review 2012, we also had to broaden our analysis to include something that we did not have before; data and information from the previous Learning Review. This enabled us to start tracking progress, if not quantitatively, then qualitatively. Compiling the DAC ratings analysis, for example, enabled us to see common themes emerging from the last two years, giving us the confidence to make concrete calls for action to improve performance. For the Best Practices, the ability to draw from two consecutive years means that we are able to also identify specific opportunities for cross-fertilisation between different country offices. Writing the Learning Review gave us the means with which to put individuals and teams in contact with each other to share their experiences in tackling similar challenges and/or using similar approaches.

But the 2012 edition was also about venturing into new ground. For the first time, the Learning Review 2012 includes op-ed pieces that are inspired by (but not exclusively linked to) formal evaluative processes. We realised that if the Learning Review is to foster genuine organisational learning we need to diversify the pool of lessons and sources of information from which we draw. For the ELA Unit, the Learning Review has become the vehicle through which to promote and document many of the debates that we feel are taking place (but are not always documented) or that need to take place (but are not always fostered). Extending the scope of the Learning Review in this direction can be risky. But we are prepared to learn as we go along, getting some things right and some things wrong. What we are not prepared to do, however, is to stay in our comfort zone and to just do what we did before. The organisation, from the headquarters to the field offices, demand and deserve more and we are only too happy to comply.

Saul Guerrero
Head of Technical Development
ACF-UK

THE EVALUATIONS
IN NUMBERS

Evaluations by HQ

- CROSS – HQ
- ACF – FRANCE
- ACF – SPAIN
- ACF – US
- ACF – UK
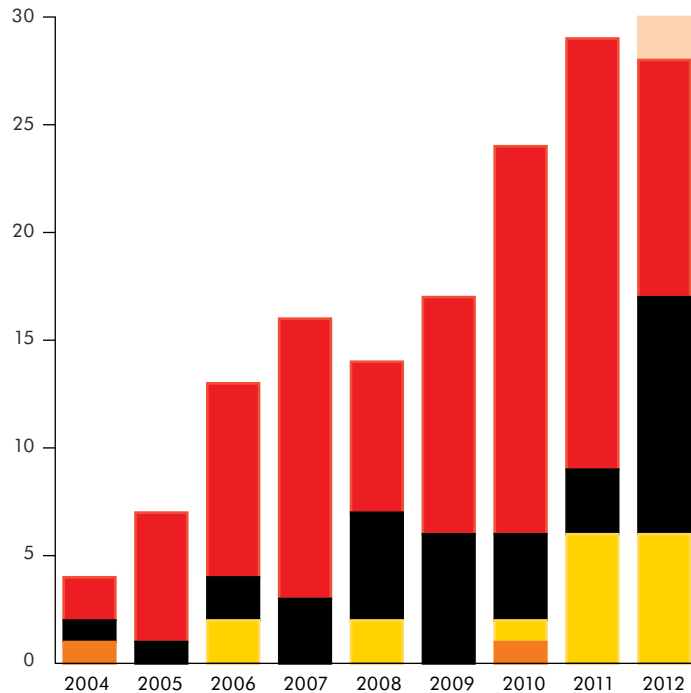
Evaluations by country

- 1
- 2
- 3
- 4

HORN OF AFRICA

SWAZILAND

BURKINA FASO

SAHEL

THE PHILIPPINES

AFGHAN-ISTAN

PALESTINE

LIBERIA

PAKISTAN

UGANDA

GUINEA

ETHIOPIA

HAITI

MAURITANIA

ZIMBABWE

LEBANON

MYANMAR

KENYA

SOMALIA

IVORY
COAST

1/
CARE PRACTICES

1/
PSYCHOSOCIAL

1/
ANIMAL HEALTH

1/
GOOD
GOVERNANCE

1/
DISASTER RISK
MITIGATION
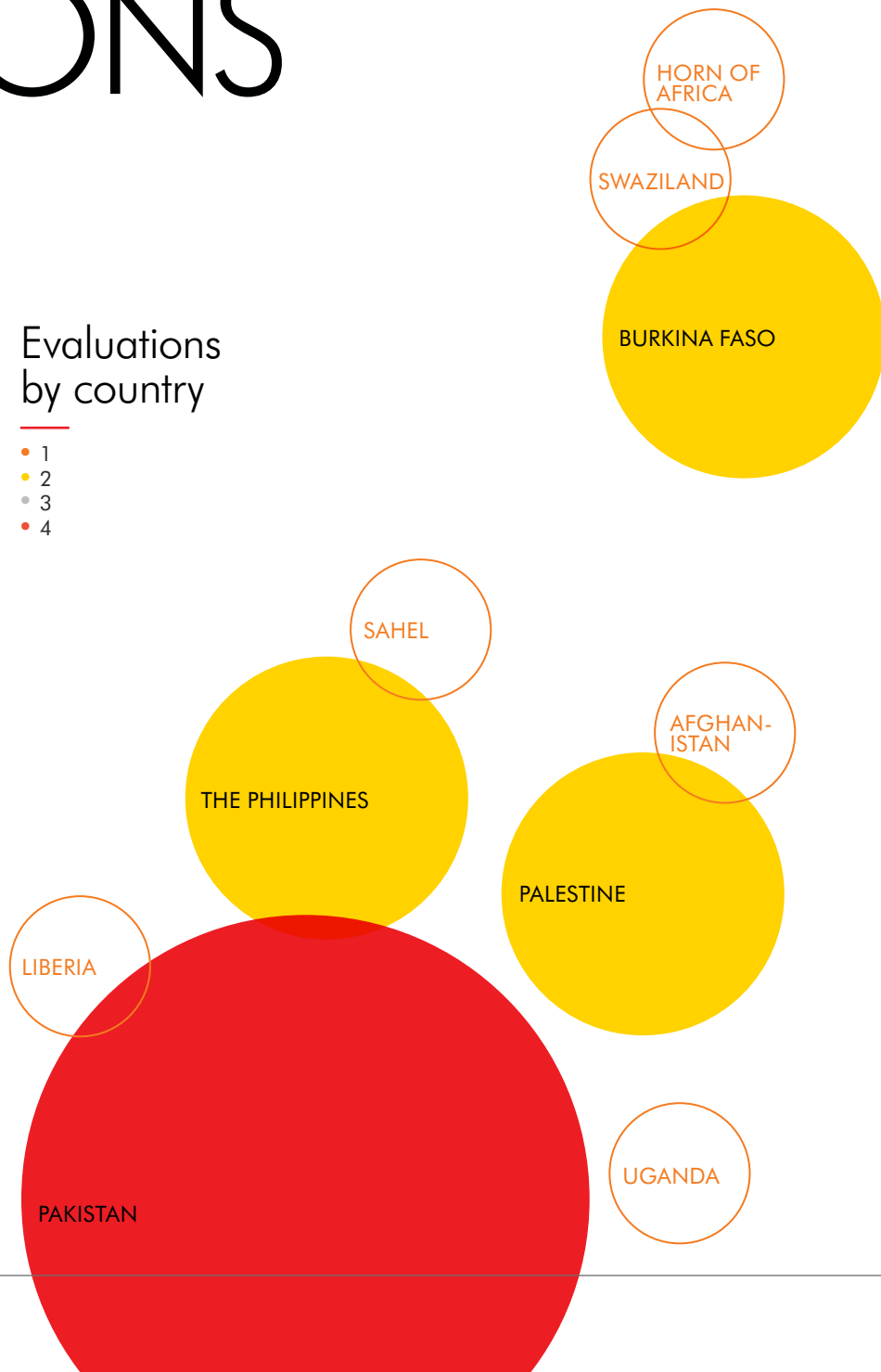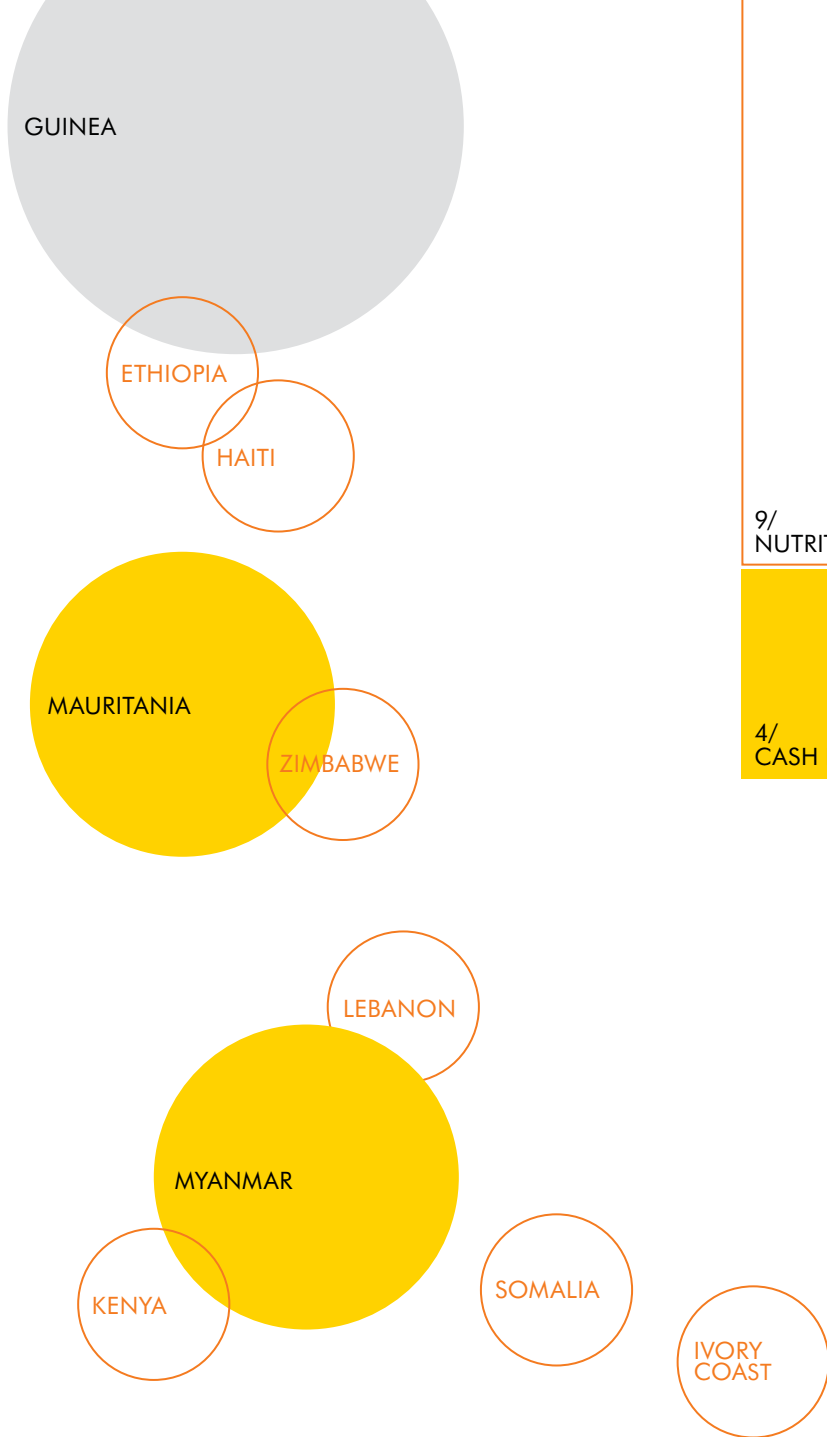
9/
NUTRITION

4/
CASH BASED INTERVENTION

17/
FOOD SECURITY AND LIVELIHOODS

2/
HEALTH

12/
WASH

Evaluations
by sector

THE EVALUATIONS
& THE EVALUATORS

FABIEN MILLOT
Comprehensive livelihoods intervention in Ashterlay District of Day Kundi Province, Afghanistan*

DENIS PIGOT
Projet d'amelioration de l'acces à l'eau, de l'assainissement et des pratiques d'hygiene dans les écoles de La Tapoa, Burkina Faso

ISABELLE NIRINA
The listening posts surveillance method in Burkina Faso

ELLEY MATHYS & HUGH GOYDER
Kebri Dehar strategy, Ethiopia

YVAN GRAYEL
Réduction du risque de propagation des épidémies de choléra à conakry, Guinée: IEC, alerte précoce et barrières sanitaires

ERIC LEVRON
Projet d'appui aux populations à faible revenu en régions urbaines de Guinée

BARBARA MINEO (GCI)
Projet d'appui aux activités génératrices de revenus d'associations féminines de Conakry, Guinée

JOHN WIATER
Reinforcing food diversity and the improvement of resilience capacities among vulnerable households in Port-au-Prince, Haiti

ANTONIO MARTINEZ PIQUERAS & MARIA RUIZ BASCARAN
ACF International's emergency response to the Horn of Africa crisis in 2011

SHARON TRUELOVE & MICHAEL WATSON
WFP/ACF unconditional mobile cash transfer in Abidjan, Ivory Coast

ARINE VALISTAR
Saving lives and protecting livelihoods in arid and semi – arid areas of Kenya

AUBERT FRET
Improvement of agricultural practices aimed at enhancing economic security through sustainable management resources and environmental sanitation in war-affected areas for vulnerable populations in southern Lebanon

MARCO VISSER
WaSH provision in Bahn refugee camp in Nimba, Liberia

NICOLAAS BAKER
Réponse rapide à la flambée des prix alimentaires dans la région du Gorgol en Mauritanie

AUBERT FRET
Projet de renforcement de la sécurité alimentaire et nutritionnelle des populations vulnérables du Gorgol en Mauritanie*

GAVREIL LANGFORD
Supporting the sustainable recovery of livelihoods through water and sanitation, hygiene, food security and care practices programs in Northern Rakhine State, Myanmar

JUAN-LUIS DOMINGUEZ
Nutrition programmes in the Maungdaw and Buthidaung townships, Northern Rakhine State, Myanmar

WALTER WELZ
2011 global water scarcity response in the occupied Palestinian territories

RIYADA CONSULTING + TRAINING
Livelihood Support to the most vulnerable communities in Southern West Bank with an emphasis on traditional herders through components of food security, water, and sanitation, occupied Palestinian territories*

JOSE LUIS AVAREZ MORAN
Emergency nutrition programme in Sindh Province, Pakistan

YAMEEN MEMON
Improving living conditions for coastal farmers in a changing environment, Thatta District, Sindh Province, Pakistan*

NIAZ MURTAZA
Reducing vulnerability through disaster risk management in Khyber Pakhtunkhwa Province, Pakistan

LUQMAN AHMED
Humanitarian support to conflict and flood-affected populations in Pakistan

MARTIN ASPIN & ELLA JORDAN
Support for the socio-economical development of communities situated in the Spanish cooperation operation areas in the Philippines*

JEFF DUNCALF
Coordinated humanitarian assistance to the populations most affected by tropical storm Washi, the Philippines

ERIC LEVRON
Atténuation des risques de crise alimentaire et nutritionnelle au Sahel

VISION QUEST CONSULTANTS
Emergency nutrition, health and WaSH interventions for conflict and drought – affected populations in South-Central Somalia

CHRISTINE BOUSQUET
Community capacity building on nutritional status for people living with HIV/Aids (PLWAH) in Swaziland

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

EBBIE DENGU
Livelihoods for improved nutrition in Zimbabwe

Mid-Term Evaluation

DAC RATINGS ANALYSIS.

ASSESSING ACF PERFORMANCE THROUGH THE DAC LENS

The OECD-Disaster Assistance Committee (DAC) criteria are the standards by which most humanitarian and development programmes are evaluated today. The seven criteria – Impact, Sustainability, Coherence, Coverage, Relevance/Appropriateness, Effectiveness and Efficiency – are considered the most important areas in the majority of programmes. These criteria provide a common framework by which the quality of programmes can be assessed. However, these criteria come under fire for restricting evaluations from addressing questions that do not lend themselves easily to one of them. It is this combination of strengths and weaknesses that have led ACF to develop a unique approach to including the criteria.

As inscribed in the ACF Evaluation Policy and Guidelines, ACF evaluations are required to score the programme from 1 (poor) to 5 (excellent). The averages of these scores across the 30 evaluations performed throughout the year are then calculated. More significantly, the evaluators are required to support the score they have given with a rationale and supporting evidence taken from the evaluation. By providing these explanations the evaluator is able to underpin these conclusions with practical examples.

It is these explanations that provide us with a good indication of how ACF performed last year with regards to each of the criteria, and perhaps more importantly, what it is that has contributed to programmes performing well or poorly. Through bringing all the evaluations together in this way we are able to draw on common themes and identify common strengths and weaknesses. By drawing on this data ACF, as an organisation, is able to inform future programming and endeavor to address those weaknesses and capitalise on those strengths.

Camels drink from a well in Kebri Dehar, Ethiopia, August 2012.
Hugh Goyder

▶▶

IMPACT

The positive and negative, primary and secondary, short, mid and long-term effects produced by an intervention directly or indirectly, intended or unintended

2011
3.6

2012
3.8

Measuring It

The challenges of measuring the impact of programmes are well known. Of all the DAC criteria, impact is arguably the most difficult to assess during a short evaluation. In depth impact assessment often requires an evaluation performed over a number of years, but the most common type of evaluations carried out by ACF are conducted as part of a much more limited timeframe. In 2012, most evaluations were carried out after two years of implementation, or half-way through 4 year programme cycles (Mauritania and the Philippines for example), leaving little time to truly capture their impact. For many programmes, as in Mauritania, "there [were] some positive indications but it is too early to tell [whether there has been any impact]".

As the evaluations of nutrition programmes in Myanmar and Swaziland revealed, limited baseline data can become another challenge to evaluating impact. Without such data, it becomes difficult to determine what the status of the situation was prior to the intervention, and as a result, makes any changes or progress difficult to measure. If ACF is committed to exploring and assessing its impact, it is crucial that its programmes prioritise and invest more resources in collecting data prior to the implementation of a programme.

Evaluations in 2012 that did set out to assess impact, generally went beyond quantitative indicators and assessed the broader, often more qualitative, effects of programmes. A cash transfer/gender programme in Uganda, for instance, used anecdotal evidence to assess the impact of the cash transfer on gender-based violence. This highlights the need to explore innovative (quantitative and qualitative) methods of impact measurement that fit the contexts and types of programmes implemented by the organisation.

Achieving It

The results in 2012 echoed the experiences of the previous year, with programmes scoring highly when the effects of the intervention were deemed to be long-lasting. Programmes that not only built long-lasting infrastructure but also created demand for that infrastructure were considered to have a high level of impact. "For example, a high performing DRM programme in Pakistan not only built disaster resilient infrastructure but also generated demand (and the capacity to build) through the DRM Village Committees. The impact was therefore long-lasting not only because physical structures were put in place but also because communities were made aware of the need for them (through trainings and community mobilisation) and therefore will chose to build themselves."

Community engagement such as this made a significant contribution to the impact of programmes. A WaSH programme in Guinea, for example, sought to improve social interaction and cohesion in the community as a means of reducing the spread of cholera (see page 48). By bringing communities together to address the sanitation challenge, the demand and buy-in for the initiative came from the community level, thus improving its chances of long-term change.

In some cases, short-term success was a more important and appropriate measure of impact. Humanitarian programmes in Myanmar (nutrition) and Ivory Coast (cash-transfer) scored highly in terms of impact due to their success in meeting immediate needs. Even short-term impact can be affected by timing; in Palestine, the late implementation of a water scarcity response resulted in the consortium missing the most critical period of summer water scarcity, and therefore the potential for a strong impact was inevitably reduced. Failure to account for seasonal changes also affected a food security programme in Haiti, reducing the impact of its kitchen gardening activities.

Fabien Millot, Afghanistan, 2012

The Wrap

Measuring impact requires innovative methods that are adapted to the type and timeframe of programmes implemented. Achieving high impact requires, first and foremost, community engagement through which to increase community buy-in and demand for specific services and programmes.

SUSTAINABILITY

A measure of whether the benefits of an activity are likely to continue after the project structures are withdrawn and activities officially cease

Measuring It

Sustainability is often perceived as a secondary objective for humanitarian interventions. Yet, a broader understanding of the concept of sustainability, or connectedness, can be applied even to emergency programmes. Whereas an emergency response may not primarily aim to have a long lasting effect (and may prioritise meeting short-term needs), the manner in which it is implemented can be in line with government policy, or involve strong community engagement and understanding. Although less tangible, these elements do contribute to improving the legacy of the programme.

As with impact, assessing sustainability can be difficult when reviewing short-term programmes. Evaluations that come soon after (or even during) a programme are unable to provide hard evidence of sustainability. The level of actual sustainability can only be perceived based on the nature of the activities done. Much longer term, post project monitoring would be required in order to draw conclusive evidence about the true sustainability of an intervention. What evaluations can and do provide, is a sense of the measures taken by the programmes to ensure or promote the sustainability of its actions. Much of the scoring used in 2012 evaluations was based on programme performance at this level.

Achieving It

Government and community buy-in were highlighted in 2011 as central to ensuring the sustainability of a programme. In 2012, this was reiterated once again, with examples from Zimbabwe which showed the positive effects of a close working relationship with government and capacity building initiatives that resonated with the community (see page 45).

Community acceptance of the programme activities and aims was fundamental to the durability of any programme. To ensure longevity beyond the project period, the project also needs to be sufficiently integrated for its duration. This includes creating the capacity within the community to maintain project activities. A mid-term evaluation in Mauritania, for example, highlighted the need to increase the development of local capacities for autonomous management if sustainability is to be achieved.

Transfer of knowledge to beneficiaries and transfer of responsibility to local authorities are also important to ensure continuation of programme activities. However, 'if the approach is essentially technical', as in the case of the Sahel cash transfer programme, the potential to be sustainable is restricted as skilled specialists are required to carry out activities. Sustainability can and should still be aimed at, but it puts the onus on ACF to explore ways in which it can successfully transfer this knowledge to communities over a longer term.

The development of local capacities through training and community-based management will only be effective if both genders are included. Deep-seated gender imbalances can cause serious hindrance to the sustainability of a programme, as was highlighted by an evaluation in Ethiopia where the lack of empowerment of women (and local staff) was deemed a limiting factor on the sustainability of the interventions. Gender is a cross-cutting issue that influences all seven DAC criteria, and yet, it is particularly pertinent for sustainability. After programme activities have concluded, the responsibility to maintain the outputs of the intervention lies in the hands of the beneficiaries and if gendered social hierarchies are reinforced by the programme, women can be at risk of being excluded from such responsibilities. Thus ACF should ensure that women are equally involved throughout the duration of the programme to facilitate their continued involvement beyond the programme period.

Programmes that centred on building hardware, such as the construction of deep wells, scored highly in terms of sustainability as these activities provide at least the potential for continued impact, and even contribute to wider impacts (such as decreased spread of water-borne disease or the redistribution of land.) Maintenance of such hardware is crucial to ensure the sustainability of the activity, making experiences in setting local water committees like the ones established in Kenya, a positive experience of how to expand the lifetime of project outputs.

As was the case in 2011 a contributing factor to increased sustainability is the inclusion of a coherent and thorough exit strategy. This way ACF can ensure that the programme leaves strong structures in place (including the know-how for communities to maintain them) and sensitively withdraw their support for specific activities. In general, projects such as the WaSH intervention in Guinea with 'a good exit-strategy and [that have built] the capacity for post-project follow-up' scored highly.

The Wrap

Close community involvement in programme implementation, facilitating knowledge transfer and ownership, is pivotal in ensuring the sustainability of programmes. This, coupled with a gender-sensitive approach and the inclusion of a comprehensive exit strategy, significantly improves the sustainability of an intervention.

2011
2.6

2012
2.8

COHERENCE

2011
3.9

The need to assess existing interventions, policies and strategies to ensure consistency and minimise duplication

Measuring It

A suitably coherent programme needs to take into account contextual factors in the area of implementation, including government, organisational and donor policies as well as beneficiary needs. Ensuring that the programme is in line with all these elements, from design through to implementation, contributes to the (external) coherence of a programme. It is also important that programmes are coherent within and amongst themselves (internal coherence). In 2012, for example, a programme in Ethiopia was commended for targeting the "the same villages with a package of services, together on the same day [which] helped to increase coherence." A sufficiently coherent programme depends on the ability of the programme managers to manage the programme (and programme components) in harmony with all these surrounding factors.

Achieving It

In 2012, programmes with a high level of coherence had strong local partnerships and were consistent with governmental policies. Zimbabwe offered one clear example, with one ACF food security programme implemented in direct coordination with government bodies, which ensured not only alignment with government policy but that they were suitably complimentary of other activities (see page 45). During a multisectoral programme in Myanmar, interaction between ACF, partner organisations and other stakeholders was strong and the manner in which their activities complemented each other was also outstanding.

A similar example in which ACF was coherent with other actors was identified during a typhoon response in the Philippines. Coherence was facilitated by the fact ACF was part of a consortium. Consortium arrangements proved to be an effective way to reduce duplication and increase complementarity of interventions. Similarly positive examples of consortiums leading to greater coherence were identified in Palestine and Guinea.

In the ACF Learning Review 2011, the cluster system was highlighted as a key system for improving coherence. In 2012, the cluster system and national coordination body were integral players during one recovery programme in Pakistan where it was noted that duplication was successfully avoided. Clusters and consortiums, however, are not necessarily conducive to more coherent work, but it is clear from these experiences that ACF is getting some aspects of it right. ACF should pursue further research into consortium management

(and participation) so that the organisation can extract lessons to influence future involvement in this increasingly popular area.

ACF-Lebanon

When it comes to internal coherence, the performance of ACF programmes was less positive. This applies to the coherence both within a programme, and between programmes. During an evaluation in Lebanon, internal cohesion was determined to be "somewhat weak and external cohesion was better"; the WaSH component, for instance, was well integrated into national water supply plans and the farming components corresponded well to the policies of the ministry of agriculture, but cohesion between the two sector activities was not strong. This was also reflected in a cash transfer/gender programme in Uganda that missed the opportunity to improve integration between the two components because it did not "harmonise approaches, activities, communication and staffing and monitoring systems."

Achieving coherence on all levels is challenging but feasible, as programmes in both Pakistan and Guinea showed. In Pakistan, a DRM programme scored highly for coherence not only because the programme was well aligned with other actors but also because as the hardware and software components of the programme were well integrated covering "almost all categories of the DRR activities continuum." An IGA programme in Guinea, on the other hand, was exemplary by managing to be coherent on all levels. Firstly, it was designed in line with the national policies on poverty reduction. Secondly, it was aligned with the priorities of the EU delegation in Conakry and other consortium partners.

2012
4.0

The Wrap

Coherence requires programmes to not only ensure congruence with all external factors, but also the harmonisation of internal elements. Strengthening coherence in this second, internal dimension would significantly improve the quality of ACF programmes.

COVERAGE

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

Measuring It

In the strictest sense, coverage refers to the proportion of those in need that are being reached by the programme in any given area. But coverage can also incorporate questions around targeting (assessment of vulnerability) as well as geographical reach. Coverage estimations are traditionally calculated indirectly using population numbers and estimates of the number of vulnerable people. This is problematic as it depends on census data that is often unavailable, and even when present, it is generally inaccurate and/or outdated. Nowadays specific (and accurate) tools exist to directly measure coverage of certain programmes, such as nutrition.

Achieving It

The inclusion of the most vulnerable groups was a key element of programmes that scored highly in terms of coverage. Nutrition programmes in Kenya and Pakistan, for example, showed impressive flexibility in reaching the most vulnerable despite the challenges of access. Effective community mobilisation and outreach services in both these programmes ensured that in spite of the large spatial area targeted by the

programme (and low population density) those that needed treatment were effectively reached (for more on the use of Satellite OTP Sites in Pakistan see page 44). Although distance is one of the many issues influencing coverage, a widespread network of outreach workers is what makes the difference, as was found during a WaSH programme in a Liberian refugee camp; "due to the project's proximity to the community through its vast network of hygiene promoters and community hygiene volunteers, services' gaps were quickly detected and addressed."

Community participation on all levels was seen as a key factor not only in ensuring that the most vulnerable were targeted, but also in ensuring that vulnerability was suitably defined. For example a multi-sectoral programme in the Philippines had well-established structures that linked authorities with the challenges of communities facilitating appropriate (and stakeholder owned) targeting. However, other programmes showed the limits of community ownership of the targeting process. A food security programme in Guinea, for example, delegated targeting to local authorities and it was "often those who had a good 'social capital' that benefited from the project", rather that the most in need.

Closer collaboration with partners (such as local authorities) contributed to increasing coverage of programmes. In two different consortium programmes, in the Philippines and Palestine, good communication and coordination meant that duplication was reduced or avoided and the resources of each member were used optimally to maximise coverage. In Palestine, the targeting "approach

was designed and implemented [in a way] that took into account the existing presence and capacities of INGOs and NGOs."

Finally, the Learning Review 2011 highlighted the importance of access and security as principal determinants of coverage. In 2012, these facts have been emphasised once more by evaluations such as a food security programme in Afghanistan which concluded that coverage was lower than initially planned (around 3000 instead of 4000 families) due to the remote and challenging mountainous terrain. An evaluation in Ethiopia also highlighted that coverage was limited because of 'security concerns' relating to an on-going conflict.
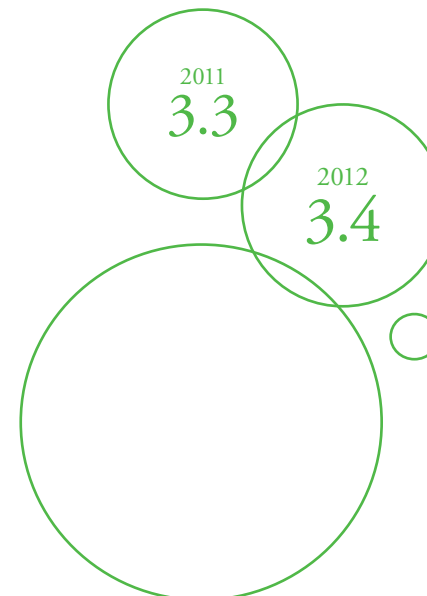
Sophie Woodhead, Burkina Faso, 2012

2011
3.3

2012
3.4

The Wrap

ACF is successfully ensuring coverage by maximising the use of outreach workers and creating linkages with the community. These linkages should be used to overcome logistical challenges and empower communities to play a central role in the targeting process.

RELEVANCE & APPROPRIATENESS

A measure of whether interventions are in line with local needs and priorities (as well as donor policies), thus increasing ownership, accountability, and cost-effectiveness

2011
4.3

2012
4.0

Measuring It

In order to assess the relevance of a programme, evaluations look at needs assessments, project design (i.e. inclusion of needs assessment data), programme schedules and the level of beneficiary (and other stakeholder) participation. A strong contribution to assessing the relevance of a programme comes from feedback from beneficiaries, community leaders, and other stakeholders. The importance of stakeholder participation is essential and should be prioritised throughout the course of a programme (including the evaluation itself).

Gavriel Langford, Myanmar, 2012

Achieving It

As demonstrated by evaluations in 2011, and reiterated once more in 2012, the relevance of an intervention depends first and foremost on the quality of the needs assessments. A food security and WaSH programme in Palestine, for instance, was found to closely fit the needs of the targeted beneficiaries due to a comprehensive needs assessment. Before the programme's inception thorough needs assessments were conducted to inform the development of each of the programme components. The implementation methodology was therefore well adapted to the needs of rural (herding) communities. Other evaluations showed that a quality needs assessment is not only based on the collection of robust and reliable data, but also on the ability to coordinate and include other programme stakeholders such as beneficiaries, communities, local authorities and partners. For example during a multi-sectoral programme in Mauritania, village leaders indicated that water supply and irrigation were a greater priority to the distribution of animals.

For a programme to remain relevant, stakeholder participation must not be limited to the assessment and design stages, but must continue throughout the programme cycle. This enables the programme to closely monitor the continued appropriateness of the activities being implemented and adjust them as necessary to better meet changing needs/demands. An evaluation in Lebanon, for example, highlighted that while the original market component did not put enough emphasis on supporting olive farming co-operatives, after the mid-term evaluation co-operatives were put at the centre of the approach. Such flexibility requires a close dialogue with donors to ensure that adjustments fit within the agreed project plan. Although a strong needs assessment takes precedence, contexts, and the understanding of those contexts, inevitably change. Organisations must work with donors to strike the right level of flexibility to adjust project plans and to promote adaptation.

Finally, programmes also performed highly in terms of appropriateness when they were able to identify and meet the needs of specific demographics. Whether it be the identification of specific needs with regards to latrines in Liberia (see page 37) or the "Creation of social and sharing space for pregnant and lactating women to improve child care practices" in Myanmar, ACF was commended for ensuring that programmes did not overlook such minority/specific groups. This is another example of how quality needs assessments and good community participation defines the ability of programmes to be relevant at all times and for all groups.

The Wrap

To be relevant programmes must base their design on thorough community based needs assessment. To remain relevant programmes must continue to work closely with communities throughout the duration of the programme, keeping close watch over changes in needs.

An ACF team conduct a survey in Berbérati, C.A.R, 2009.
Bernadette Cichon/ACF-RCA

EFFECTIVENESS

The extent to which the intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance

Measuring It

Assessing effectiveness involves determining the extent to which stated intervention objectives are met, on time and with some consideration of the long-term effects of those results (see Sustainability, page 13, for more detail). Like other DAC criteria, time is a key factor in measuring effectiveness. An evaluation in the Philippines, for example, reflected on this when it concluded that it took place "too soon to assess the results of the software elements of the response." Whereas it is generally straightforward to assess the effectiveness of programmes during their life-cycle, the effectiveness of some programme elements (such as hygiene promotion) only becomes apparent over the mid to long-term.

In order for a programme to be effective, it needs to have a solid evidence-base and continue to monitor programme performance throughout the programme cycle. In cases where this was not achieved, programme effectiveness was difficult to determine. Programmes without strong baseline data and systems to track progress, lacked the capacity to identify changes in real-time. This, in turn, prevents them from taking remedial action that would ensure their continuing effectiveness over time.

Achieving It

A simplified definition of effectiveness would simply refer to the extent to which the programme achieved the results and objectives as stipulated in programme design. If the original project design proves insufficient or inappropriate, however, it becomes challenging for a programme to be effective. Limitations in programme design can stem from limited needs assessments (see Relevance/ Appropriateness page 16), unsuitable indicators and/or unrealistic timelines.

The achievement of expected results alone does not guarantee the effectiveness of a programme. The systems put in place to ensure that the effects of the activities during the programme cycle have longer-term influence are also significant. An evaluation in Uganda, for example, found the programme to be on track in its delivery of livelihoods outputs (trainings, distributions etc.) but only the eventual results of these activities (i.e. long-term investments) would enable the programme to be effective.

Strong local partnerships and capacity building were other components in achieving effectiveness, as such approaches help sustain the effects of programmes. Strong local partnerships requires robust structures being in place with strong local capacity. This was the case with two evaluations in the Philippines that highlighted the importance of local structures in ensuring the ability of both programmes (covering a variety of sectors) to perform well. However if local capacity did not exist already but was built as part of the programme, effectiveness was deemed to be high, for example in Pakistan, a project to support local farmers "... [was] effective in mobilizing farmers, involving them in action research on their own farms, [to] enhance their capacity [in resilient farming techniques]."

By working closely with communities from the start (during programme design), programmes can ensure constant effectiveness by establishing communication channels that are needed to identify the need for future changes. Those programmes that scored highly in terms of effectiveness demonstrated a strong ability to adapt the programme in accordance with unforeseen events such as severe drought in Zimbabwe and the unexpected refusal of authorisation in Pakistan.

Community buy-in, however, should be inclusive and not be limited to specific sections of the beneficiary community. A programme in Pakistan, for example, was given a low score in effectiveness for not extending involvement in programme design and implementation to local women committees. Without inclusion of women in programme decisions, their influence on activities beyond the programme period was limited, negatively impacting on the long-term effectiveness of the programme.

Finally the timeliness of programme delivery was a notable determinant of programme effectiveness. Firstly, the ability of programme teams to implement an intervention at the most suitable time, and secondly the ability of a programme to remain on schedule, had considerable influence on programme effectiveness. In Palestine, for example, ACF's response to water scarcity was originally intended to meet needs during a period of acute water shortage. Yet, the response was delayed and "... an emergency intervention ended up being implemented in [...] a recovery period, due to the lateness of the intervention."

The Wrap

Achieving high effectiveness requires solid, evidence-based programmes with strong and clear design as a foundation, good community participation to ensure its long-term effectiveness, and a strong monitoring system to identify changing needs. Above all, for programmes to be effective they must remain receptive and flexible to changing needs.
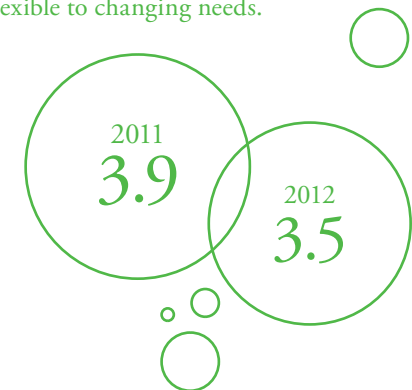
2011
3.9

2012
3.5

EFFICIENCY

2011
3.6

2012
3.3

A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results

Measuring It

Evaluations in 2012 assessed efficiency largely through how well human and financial resources were used in order to achieve the desired results and objectives. Additionally, other underlying elements (including, for example, whether the programme had appropriate staff or partners) also influence how well both human and financial resources were used. Staff were key to ensuring programmes were able to maintain a high level of efficiency in the face of various challenges, as appropriately trained staff had the competencies to ensure a suitable use of resources. Evaluations also demonstrated that the availability of suitable data (to programmes through data collection but also to evaluators) was fundamental to accurately measure the efficiency of a programme.

Achieving It

The Learning Review 2011 highlighted the importance of planning in ensuring a good level of programme efficiency. In 2012, evaluations highlighted another important factor; personnel. Suitable staff and partners were found to be key in ensuring the efficiency of a programme. Context specific human resources and suitable technical support in a food security programme in Guinea, for instance, enabled good financial planning and monitoring. In contrast, the efficiency of other programmes, including a nutrition programme in Swaziland, were affected by the presence of "inexperienced staff with limited support or guidance".

"Suitable staff and partners were found to be key in ensuring the efficiency of a programme."

The rise in the number of partnerships (with governments, for instance) and consortiums has also meant that the efficiency of interventions is subject to the practices of all counterparts. As an evaluation of a consortium programme in the Philippines observed, programmes underperform because 'less experienced' consortium members require additional support in the form of human resources and can cause delays in programme delivery. Working in partnership, however, is not intrinsically detrimental in terms of efficiency. In Kenya, for example, a nutrition and WaSH programme implemented with a strong government partner enabled ACF to implement the programme efficiently. Choosing partners becomes an essential step in defining whether such partnership will affect efficiency positively or negatively.

Logistical challenges were repeatedly identified as impeding factors on programme efficiency. Evaluations of programmes in both Ethiopia and Uganda, for example, highlighted the remoteness and wide geographical size of programme areas as challenges to efficiency. The human resource burden and travelling distances were unusually high, making it not only more expensive to reach beneficiaries but also challenging to monitor activities and therefore adjust them as necessary. Evaluations in 2012, however, also provided valuable lessons for addressing these common challenges. The evaluation in Ethiopia, for instance, suggested that ACF should increase the coverage of the 'soft' component in these remote areas, with little extra cost, in order to decrease the cost per beneficiary. An evaluation of a multi-sectoral programme in the Philippines also commended the use of well-positioned bases close to targeted villages, which decreased travelling times and enabled more effective monitoring.

Effective monitoring was also highlighted as an important feature of an efficient programme. Insufficient data on a number of levels (market surveillance and post distribution monitoring for example), not only affected the ability to measure efficiency, but also prevented programmes from performing efficiently.

Suitable monitoring and evaluation systems enabled programmes to track the progress of programme outputs and to measure their effectiveness, and therefore, if necessary adapt them accordingly, ensuring an efficient use of resources. Programmes that lacked "a proper M&E system", such as a nutrition programme in Swaziland, "lost opportunities for improvements". The importance of this was also noted in an evaluation of another nutrition programme in Myanmar in which "resources were used judiciously although weak monitoring and supervision tools, insufficient records' analysis and the lack of adequate follow-up of activities, hindered achievements on specific activities."

The Wrap

Efficiency requires suitable (and appropriately trained) personnel both within an organisation as well as amongst partners and consortium members. This makes capacity building efforts pivotal for strengthening programme efficiency. These efforts must be complemented by robust monitoring systems that enable constant tracking of programme performance and provide the information to understand when changes and/or flexibility is needed. Efficient programmes evaluated in 2012 showed the right combination of both of these elements.

WHAT ARE WE BANGING ON ABOUT?

ACF IS RAPIDLY TRANSFORMING ITSELF INTO A LEADING ADVOCATE, BUT WHAT DOES THE ORGANISATION WANT TO SEE HAPPENING, AND MORE IMPORTANTLY, IS IT READY FOR IT?

It is easy to see why scaling up nutrition has become a popular idea. For the last ten years, the nutrition sector has undergone a dramatic transformation that has made nutrition rehabilitation and treatment more widely available. Today more malnourished children receive treatment than at any other point in history. What is more, we are for the first time at a tipping point from which the treatment of all malnourished children could cease to be a dream and become a global public health success. But what really makes the notion of scaling up nutrition so appealing is that the efforts on the ground are now receiving a strong global boost. Leading global policy makers are calling for nutrition to be put back on the agenda with resources to match. For ACF, this represents more than just a more conducive environment to do its work; it has led the organisation to actively carve itself a role within the Scaling Up Nutrition (SUN) Movement (and other inter-agency campaigns and platforms), and to set ambitious internal targets for its nutrition programmes around the world. And precisely because the scaling up notion feels so normal, so intuitive and so timely, questioning the rationale and implications of what is being done can seem inappropriate. But this is exactly what we must do if we are to make the most out of this unique opportunity.

Sebastien Patron, Paris

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Why should we scale up?

The answer may seem obvious; what the nutrition sector can achieve today could not be achieved 15 or 20 years ago. In 1993, at the height of the Therapeutic Feeding Centre (TFC) era, treating a significant proportion of the affected population would have required hundreds of thousands of feeding centres. It would have also required a level of political will that other higher-profile causes like HIV/AIDS were struggling to receive. Today, with over 60 countries around the world having incorporated Community-based Management of Acute Malnutrition (CMAM) in one form or another as part of their national strategy for addressing undernutrition, and increasing global political support, there is both the means and a way of launching a coordinated treatment response on an unprecedented scale.

This is neither new nor is it news; movements like the SUN and other recent initiatives have been influenced (in part at least) by the improved chances of success. Public awareness about (and perceived miraculous properties of) Ready to Use Therapeutic Foods (RUTFs) has also brought new donors to the nutrition community. There are now more actors pushing for scale up of treatment than ever before. And this is leading to increased pressure to do more, to go bigger and to roll it out faster.

National and international nutrition stakeholders have historically advocated for programming at scale from the start, to offer treatment to all children everywhere in a given country almost simultaneously. The rationale behind it is noble, but there is no evidence to

suggest that this is an effective approach. What we do have is an increasing body of evidence that suggests that the success of CMAM national programmes requires an incremental approach, based on the simple notion that success breeds success. Scale up should occur only when optimal performance has been achieved in a localised setting. At national level, this is the stance that many ACF missions take, and the corner which we often find ourselves fighting.

At global level, however, ACF is increasingly promoting the scaling up of nutrition treatment.

Part of the reason for this lies in the fact that in spite of the growing popularity of the broader questions of hunger and nutrition, treatment of undernutrition has failed to gain the popularity of preventative approaches to reduce chronic malnutrition and stunting. ACF's global efforts are essential to ensure that the growing commitment to improving nutrition also provides answers for those currently affected by acute forms of undernutrition. From a policy and advocacy perspective, this global push for scaling up treatment of undernutrition makes sense. Yet, this global endeavour may be at odds with national efforts to dissuade national

authorities from large scale roll outs. National programmes are increasingly finding out that even an incremental scale up of treatment services may not deliver optimal performance, and that the success needed to breed further success is difficult to attain. There is reason to believe that even if the scale up is paced and carefully orchestrated, the CMAM model is not achieving what we need it to achieve.

What do we want to scale up?

Much of the emphasis relating to scaling up treatment has been on CMAM programmes. ACF has also set itself targets for the numbers of children reached by 2015, and CMAM – in integrated form or otherwise – is seen as the means by which to deliver on that. And there is logic to that; a CTC/CMAM treatment project directly implemented by NGOs in 2003 could reach 60-70% of severely malnourished children. This was 6 to 7 times the number of cases that a TFC could reach only ten years before. But in 2013, as Ministries of Health have incorporated treatment into their systems, that proportion has decreased; today, most integrated CMAM programmes around the world reach around 30% of the affected population. This is the model that we would be rolling out in promoting a scale up at this point in time.

ACF is currently leading an extensive, inter-agency platform (the Coverage Monitoring Network) to evaluate and document the reasons for these changes in access and coverage (some of these factors were included in ACF Learning Review in 2011). Nutrition programme managers around the world will be familiar with some of the issues that are being

raised. Logistics are a constant and significant bottleneck, meaning that as these programmes expand (inter and intra-nationally) the harder it is to resupply them. Ownership by weak and overburdened Ministries of Health is also difficult to achieve, in particular in high prevalence areas, where weekly caseloads often shut down health facilities for entire days. But the greatest barrier to access is somewhat more basic; for most people CMAM remains unknown, an intervention that they know little or nothing about. Yes, there are success stories and in many parts of the world ACF (like other NGOs) is learning from their experiences and tackling the broader questions of national ownership and leadership as well as health system strengthening. But the fact remains; optimally performing CMAM programmes continue to be the exception and not the norm.

Scaling up is about replicating, not about reviewing, retesting and/or consolidating approaches. Failure to acknowledge these limitations will not only mean that ACF will be pushing a sub-optimal model, but that the organisation will miss a chance to be a true global technical reference point. At a time of popular calls for action, ACF must choose between joining the chorus or being a voice of reason, and yes, dissent. The message does not need to be critical nor should the organisation (once again) become sceptical of the potential of CMAM as an approach. Instead, we need to recognise that this represents an opportunity for the organisation to be proactive, innovative and constructive, for ACF to define and put forward a technically robust, evidence-based idea that addresses the documented shortcomings of the current model.

There is currently a great deal of work going into questions of health system strengthening and this is a positive reflection that we are looking in the right place. But the success of health system strengthening, however, is measured in decades not years. Health system strengthening will not significantly improve the number of cases treated in the short term. Choosing to focus our efforts there comes with implicit compromises about what we can achieve today, tomorrow and next year. This cannot be ignored, and it must be a conscious tactical decision. Health system strengthening is also a means to an end, not an end in itself. As such, ACF must identify suitable indicators (at global and national levels) to measure the impact of this strategy in improving the delivery of care. Process indicators (e.g. number of people trained, number of trainers, etc.) are useful for monitoring short-term activities, but only impact indicators (e.g. cure rates, defaulter rates, coverage) provide a measure of the success of this approach. A health system that has been strengthened must be shown to perform better than before it was strengthened, and ACF must actively gather this evidence. Not only to evaluate its strategic approach but also because monitoring and evaluating nutrition service delivery may soon become a central feature of the organisation's future role.

What is ACF's role during and after the scale up?

The current global nutrition environment has changed significantly since 1979 when ACF was founded. Since then, and partly in response to changing attitudes to the question of addressing world hunger, ACF has

reinvented itself numerous times. Who we are reflects the times the organisation lives in. From pioneers of direct action and treatment, to sceptics and critics of treatment innovation; from technicians to advocates and from doers to trainers, the organisation has done it all. ACF today is a patchwork of all these past roles, a rich and diverse organisation that proudly takes its historical heritage everywhere it goes. But times are once again changing, and so will the role of the organisation.

The role of NGOs in nutrition today is changing. The role of organisations and the expectations are shifting, as other stakeholders (including UNICEF and Ministries of Health themselves) adopt different advisory and implementation roles. This is arguably a broader question about the future of NGOs in general, but a question that is manifesting in specific ways for nutrition organisations like ACF. For Ministries of Health, with the support of mandated UN agencies, to take over the bulk of the responsibility for nutrition rehabilitation is a more feasible long-term approach than one in which NGOs play a central role in direct treatment. In this landscape, NGOs will need to identify and demonstrate their comparative advantage in order to remain relevant. ACF, like all NGOs, will need to do what is needed, not necessarily what it knows how to do. Some of these changes are already happening within the organisation (see page 26), but these are examples of what can be achieved by individual missions rather than the reflection of a coordinated, planned, strategic reinvention of the organisation's role. There will always be conditions in which an independent, impartial, neutral ACF will be needed to provide direct

nutritional treatment. But these will continue to be – as they are now – the exception. ACF's role in all other contexts will require a more carefully designed plan that recognises global political opportunities but also field needs, and which create a role for the organisation that allows it to respond to the former without jeopardising the latter. To push and advocate for a roll out without forecasting the possible implications, will at best result in some missed opportunities.

What should ACF do?

Should ACF withdraw its support for scaling up nutrition? By no means. ACF should embrace current efforts to scale up nutrition and ensure that treatment of acute malnutrition remains a central part of these efforts. But the organisation should ask itself why we should scale up, what we are scaling up and what it will mean for the nutrition organisations like ACF. The current emphasis on scaling up is a rare, perhaps unique, opportunity. ACF's voice can use this to join the calls for more, for greater quantity. Or instead, it can become the voice of reason, the one that reminds the increasing group of global advocates that there are questions and issues that must be addressed as part of a scaling up process. Scaling up nutrition must include treatment of acute malnutrition; but our focus should also be on ensuring that we do not sacrifice quality over quantity. In choosing this approach the organisation would not only steer the global process towards a more effective and impactful implementation of CMAM; it would help the organisation rediscover its leading role in global nutrition.

KAP SURVEY FAILURES.

LEARNING FROM MISTAKES IN SOUTH SUDAN

Counterpart Images, South Sudan

Typically, learning within organisations is based on successful experiences. While this approach is of course valuable, it neglects to recognise the many lessons that can be learned from failed activities.

With the constant competition for funding and the necessity to combat the cynicism about the effectiveness of aid, it is no surprise that reporting on failures has not been on the agenda. However for the sake of learning, and improvement, organisations need to start capitalising on *all* important experiences, whether 'best' or 'worst' practice. There is a movement within the humanitarian and development sector to openly discuss and learn from failures, and with this exercise ACF is following suit.

This ACF-USA led initiative began with a KAP survey in May 2012 in Malualkon, South Sudan that was far from perfect. This experience was the starting point for discussions around bad practice in KAP survey implementation, and it was revealed that these failures are experienced widely. Although drawing from a survey used to target hygiene promotion activities, the lessons presented are valuable to anyone implementing household surveys and will illustrate common errors and give suggestions to avoid them. The full document *Conducting KAP Surveys: A Learning Document Based on KAP Failures* details not only the experience in South Sudan but other similar experiences across the ACF network. What follows are the 5 main lessons drawn from these experiences, and how the South Sudan case specifically supports them.

1/ Choose an appropriate sampling method, understand it and its limitations, and implement it correctly.

a   The sampling method must be clear and properly used – in the Malualkon survey it was not clear which (if any) methodology was followed for the sampling design. It was decided that 10 households per village would be surveyed despite knowing villages varied considerably in size, resulting in an unacceptable level of accuracy.

b   Background data must be clear and its limitations be established. Knowing the size and distribution of a target population is important in sampling method design. This is usually taken from authorities but it must not be assumed that it is accurate.

2/ The questionnaire design and testing are key steps to making a survey fool-proof and ensuring the collection of quality data.

a   Questions and responses must be carefully designed and precise. The Malualkon survey attempted to ask about various water sources by season, indicating the input without directing the question, and therefore allowing the enumerator to pose a variety of questions.

b   Do one single accurate translation. In Malualkon the questionnaire was in English and it was up to each survey group to translate, obviously resulting in different Dinka versions, and therefore different questions.

c   Test the survey and then revise it accordingly. Testing of the survey will ensure that any problems are identified before data collection begins.

3/ Team training must be thorough and team leaders ensure quality control of data collection from the beginning to avoid bad surprises in the end.

a   Take enough time for the training and practice with enumerators. In Malualkon the enumerators were not trained to understand the questionnaire, let alone trained together to standardise their approach. This meant that each person administered the questionnaire differently, and often incorrectly. How a question is asked will influence the answer and therefore produce inaccurate data.

b   Have a logistical plan that is clear for everyone and avoid convenience sampling. During the Malualkon survey, enumerators were found to have just surveyed houses that were easily accessible from the road, and therefore samples were not representative of the whole village. In another example, in the Ajeriak Village, the households surveyed were those close to the water pump, which did not give a representative estimate in regard to water source access.

c   Build in quality control checks during data collection to correct errors as they happen. In Malualkon, neither non-respondents nor refusals were recorded, so the survey only included those who were enthusiastic to respond.

4/ Follow basic best practices for data analysis, presentation, and reporting.

a   Make sure your database is clear and simple. Choosing the appropriate software is critical. Sphinx is often a suitable option as it can help with survey and database design, data entry (and coding), analysis and presentation.

b   Think critically about what you are calculating and the conclusions you draw. The key to effective data analysis is to reflect on what you are trying to show and have an idea of how you will show this before you start.

c   Know the limitations of your data and be clear about them. Even if perfectly executed a survey cannot show everything, so the limitations should be clearly defined at the start of the report.

d   Adopt good practice when presenting data. Choose the appropriate sort of graphic, always label clearly and ensure the narrative and graphic are complementary.

5/ When errors in the survey are discovered discuss it with colleagues and find a solution to address it quickly and openly.

In keeping with the ethos of recognising shortcomings, it is important that survey teams are in touch with the accuracy of their practice on a daily basis. This means being prepared to reveal failure. It goes without saying that bad practice should not be encouraged but management teams should foster a culture of accepting failure and confronting it head on. This will ensure that these mistakes do not continue unaddressed and teams strive for quality.

THE MEANS TO OUR END.

SUPPLY, DEMAND AND THE STRENGTHENING OF AN ORGANISATIONAL VISION

With the advent of longer and more protracted crises the humanitarian sector is constantly forced to re-assess its boundaries of intervention. ACF is no exception; originally founded as a humanitarian organisation mandated to respond to nutritional crises, ACF today operates in a range of contexts and scenarios of which humanitarian emergencies are but a fraction[1]. Whilst demand (needs) have often remained unchanged, the supply (response) has often not. Today, national governments are playing a different, more pivotal role in the delivery of care in interventions ranging from nutrition to social security. UN agencies such as UNICEF are building on their mandate to effectively provide technical support on a scale that no single humanitarian organisation can achieve. The strategy and vision of organisations like ACF is commonly developed by reflecting these and other constantly changing factors, by understanding demand and existing supply and positioning themselves somewhere in between. Although the operating environment continues to evolve, and our field responses along with it, there is a growing body of evidence that suggests a widening gap between the organisation's global vision and the nature of its field work. Building on the results of strategic evaluations carried out in 2012, and contributions from Country Directors, Head of Missions, Operations Directors and technical staff, we set out to explore the challenges in bringing these two elements together.

Finding the Space (and Time) to Think

The way we understand and operate within (real or perceived) timeframes is arguably the single biggest challenge to aligning our global vision and our national strategies. For this strategic approach to succeed, and for ACF's global vision to be adequately articulated at field level, missions need longevity or the capacity to plan and operate on a mid to long-term framework. Longevity provides the organisation with the space to integrate into a country system, to create a strategy that is in line with other actors (UN, NGOs, government), and influence policies at national level to enable that strategy, drawing on our strengths to respond to documented needs. Longevity allows missions to take a route that diverts from humanitarian response towards a more holistic, long-term approach that relies on a more comprehensive package to address the actual needs of affected populations and at the same time ensures ACF is better placed to respond to emergencies when they occur.

Within the organisation there are robust examples of our capacity to have long-term national strategies that differ from a traditional humanitarian motive but still contribute to a shared international vision. ACF Philippines, for instance, offers a clear example of a mission with an expansive range of activities and a long-term vision. Whilst responding to immediate needs (including treatment of undernutrition and typhoon response, for example), they have a strong multi-sectoral approach (including good governance activities) and a fledgling yet robust advocacy initiative at regional and national level.[2] But this experience in the Philippines is not the rule, and many other missions continue to struggle with balancing a long-term vision and a changing portfolio of programme activities. As highlighted in a recent evaluation of ACF's strategy in another context, there is an "urgent need [...] for ACF to have a stronger 'vision' about what it wants to achieve"[3] and to move away from simply offering a "menu of activities"[4] with little coherence or long term strategic planning.

Efforts to bridge this gap remain individual, country-level initiatives. Whilst country offices are demonstrating that they can be flexible and versatile enough to develop unique visions and strategies, the contribution of the organisation at global level is less certain. The question is, how can the organisation at a global level provide the means by which to facilitate this process? The need for this goes beyond the effectiveness and relevance of individual programmes. A closer engagement between global leadership and country offices would help counter what some already refer to as an "identity crisis" resulting from the perception that "ACF [International]'s vision is obsolete...[with] many missions a step ahead from HQs". Bridging this gap requires the creation of space and time to allow for the ideas and experiences of field offices to "trickle-up" the organisation, and a similar space for this (more participatory) global vision to then trickle down back to the field.

Eric Dessons, C.A.R, 2010

Depth perception: transcending the humanitarian vs. development discourse

In 1979, when ACF was founded, the distinction between humanitarianism and development was much clearer than it is today. Thirty years later, the large majority of ACF field missions operate in a much greyer area where such distinction feels antiquated, obstructive and at times counterproductive. An emergency orientated vision that favours timeliness is no longer sufficient nor acceptable to deal with the requirements and expectations of the communities and stakeholders present in the countries in which ACF operates. It is no longer about just saving lives, but how such lives are saved (and how future vulnerabilities are reduced) that matters.

Faced with this, ACF missions often chose to focus on the question of how ACF will respond to local needs and use the answers as the starting point for development of their vision and strategies. And it is here that part of the problem stems from. Because of its historical involvement in humanitarian contexts, ACF has focused its efforts on dealing with immediate and underlying causes. As contexts change, however, the questions of ACF's engagement with basic causes have become more relevant. Would ACF have greater impact tackling causes at this level? This question is important, and yet, it has not been comprehensively tackled from an organisational perspective. Why?

Firstly, because ACF feels that it cannot address the basic causes. In disaster-prone areas, the argument often goes, long-term work that addresses the basic causes is rendered impossible by recurrent humanitarian needs requiring short-term responses. As the evaluation of the West Africa Regional Office (WARO) recently highlighted, there is a "... lack of vision of what the WARO should aim for in the next 5 to 10 years. Indeed, beyond what it should not become (an additional management layer)... but also ACFIN [sic] senior management staff are not very clear about their ambitions for WARO's future."[5] The cyclical nature of disaster in West Africa and many other areas, and the humanitarian imperative are true and will remain so, but it does not represent a valid argument. Fulfilling the humanitarian imperative is no justification for not having a longer-term vision. In such cases, broad objectives are still possible and relevant. Whereas operational strategies may exist to address this reality[6], there is often a disconnect between the strategy and the operational structures in place to implement it. What ACF must develop in these countries and regions are long-term strategies that are capable of accommodating the inevitable surges necessary to deal with emergency responses that are aligned with the regional/ international vision.

Secondly, because ACF feels that it already does so. The recent buzz created around the concept of resilience is but a lose extension of the notion of Disaster Risk Management (DRM). However resilience should be seen as the "opportunity to combine disaster risk reduction and climate change adaptation, and to bridge the link between humanitarian response and development in order to address the urgent needs of those affected by disasters, and to build an adaptive strategy." And whilst this concept provides a way of integrating emergency response into longer-term thinking, resilience to disaster and under-nutrition is not always the driving force behind the development of ACF national strategies in disaster-prone countries. Although ways of thinking are often oriented strictly towards emergency response, there are many examples where missions build the disaster resilience of individuals, households or communities by simultaneously covering both the urgent needs from shocks and permanent needs by targeting structural causes of vulnerability. Rather than approaching disaster risk reduction and climate change adaptation as a component of ACF's work in these countries, it needs to become the essence of how we think about the working principle of our strategies[7].

For some, the answer to these key questions lies in accepting and embracing the new status quo, not only in practice but also in the way the organisation defines itself. Some feel that "we need to change our mandate as a multi-dimensional INGO working on development and still respond to emergencies." But is the organisation aware of the implications of doing so?

Traditionally ACF has tapped into humanitarian funding generally only available for short periods (up to one year). If ACF wants to respond to the long-term needs of populations and address underlying causes, funding beyond humanitarian donors must be sought more widely within the network. This means building new relationships with different, potentially less familiar donors. By investing in long-term funding, lobbying for flexible funding agreements and investing in unrestricted funding, ACF can strive to move away from donor driven strategies.

This is not unique to ACF; the humanitarian community experiences similar challenges, but the sector is increasingly developing the capacity to respond to emergencies whilst introducing more developmental programmes, creating the structures (and donor relations) to implement longer term interventions. ACF should question the way in which donors are engaged with, and by implication, the nature of its programmes. This would lead ACF to claiming (more forcefully) its civil society status and start to actually influence donors rather than merely following donor funding strategies. There is evidence that this is occurring; at the heart of ACF's current nutrition advocacy and DRM positioning is the call for multi-year sustained funding, which is not only allocated to emergencies. Short-term funding will still be needed, but it should not be equated to adopting a short-term vision; a long-term vision that gets funded sequentially and in parts is also a viable interim solution.

Singing the same song but changing the tune: ACF as a civil society organisation

Abandoning the humanitarian versus development dichotomy, and adopting a more comprehensive and unified vision and strategy that focus on addressing the basic causes of hunger (an adaptation of the emerging concept of "new humanitarianism") will result in an important adjustment to the way the organisation operates. Addressing the basic causes will force the organisation "to grow both horizontally (stronger inter-sector links) and vertically (stronger political links)". The challenges of integrated programming (and aligning national policies in different sectors) are being explored and documented by the

organisation. But it is the political ramifications, and its impact on the way ACF carries out its renewed advocacy role, that will require the most change within the organisation.

The first challenge is to adopt a clear and consistent position at global level on the question of needs and/or rights-based approaches. Despite the move towards incorporating advocacy as a core pillar in ACF, the focus remains on ensuring supply of services, and not on the right of populations to certain standards. The global advocacy team are currently launching a more coordinated analysis of these questions, but it is essential that the answers are derived (and adopted) as part of a larger process of analysis which takes into account the global vision and the realities of field missions. If the work on the ground requires a longer-term, more development, more rights-based vision, then the global discourse needs to adapt to it – not the other way around.

The second challenge will be to ensure that changes in the global vision and national strategies are matched with changes in staff profiles. ACF's traditional role as a doer has demanded technically robust personnel that can ensure the quality of its services. A longer-term vision, that addresses the basic causes behind hunger, will require staff who are comfortable operating as facilitators, policy-makers and analysts. This will require not only a change in recruitment and the competencies that ACF adopts, but also a global/regional support mechanism to match.

The third challenge will be about balancing a strong civil society voice with a commitment to meeting humanitarian need. Becoming

outspoken about the (heavily politicised) basic causes of hunger, will inevitably pitch the organisation against those in power. Denouncing European protectionist agenda on commodities, for example, carries a political and financial risk. Is ACF prepared to run such risks? If ACF choses to confront these causes and to become a global advocate for change, it must be prepared to deal with the possibility of losing access to populations in need and/or the funding to do so. To promote an advocacy role without addressing this question would only help widen the gap between the global vision and national strategies.

ACF – Somalia, 2012

Conclusion

We believe in a "world without hunger". But how do we achieve this vision, and perhaps more importantly, how do we allow context-specific initiatives to adapt and change without losing the shared identity? Like with all key processes, it requires political will. It requires, in the words of the Humanitarian Futures Programme, a "... leadership that is comfortable with ambiguity and risk, which is obsessive about evidence

and data, but is not constrained by it. We will need leadership that encourages dissent and experimentation, in organizations that are flatter, more dominated by the twin functions of ground delivery and global analysis, and less dragged down by the compliance processes of financial obligations and public opinion"[8]. It is the "ambiguity and risk" that ACF must be willing to endure, in order to pursue a different model for strategy development.

Developing strategies based on an analysis of supply and demand typically results in the change of planned activities (to reflect unpredictable variations in the context) or the regular change of original objectives (to reflect the changes in activities). In fluid environments, the development of global and national strategies that account for all possible changes in advance is impossible. Military strategists, from whom the humanitarians have drawn many operational lessons, have dealt with unpredictability by moving away from strategies and onto operational principles. These proven principles, when adhered to, improve the chances of delivering on the proposed objective and vision. ACF International has a sound Charter of Principles (Independence, Neutrality, Non-discrimination, Free and direct access, Professionalism and Transparency) and a strong set of Values (Responding to need, Impact & Results, Do no harm, community focused, comprehensive approach, Coordination and Lasting solutions).

Many of these principles and values are as relevant today as when they were first drafted. But many are not, or cannot be adopted without significant variations at field level, where the nature of the supply, demand and ACF's own work is constantly changing.

This suggests that ACF should focus its efforts not on developing new principles and values, but on creating real, meaningful dialogue with those on the frontlines tasked with articulating these principles into national-level policy and practice. Decentralisation of decision-making processes is important, but what is essential is a continuing dialogue that makes the development (and revision) of national strategies the business of the organisation as a whole. Dialogue that can in turn influence global discussions about the organisation's identity, a permanent feedback loop that shapes (and is shaped) by the needs and realities of ACF at all levels.

[1] In 2011, there were 16 different emergency responses in 14 countries (out of a total of 47). ACF International Strategy 2010-2015 Annual Progress Report, (2011)

[2] External Evaluation of the programme "Support for the socio-economical development of communities situated in the Spanish Cooperation operation areas in The Philippines," (April 2012), and External Evaluation of the "Coordinated humanitarian assistance to the populations most affected by tropical storm Washi in The Philippines," (December 2012).

[3] External Evaluation of ACF's Programme Strategy in Kebri Dehar, Somali Region, Ethiopia, (November 2012).

[4] Ibid

[5] External Evaluation of the ACF International West Africa Regional Office, 2009-2013 (March 2013).

[6] In this case the West Africa Operational Strategy 2011-2015

[7] See Disaster Risk Management for Communities and Enhancing Climate Resilience, ACF International, (2011) and Food and Nutrition Security: ACF approach to face climate change, hunger and under nutrition in at-risk countries, ACF International, (2012).

[8] Humanitarian Horizons: A Practitioner's Guide to the Future, The Humanitarian Futures Programme, (2010).

BEST PRACTICES.

GETTING TO THE CORE OF ACF PROGRAMME SUCCESS AROUND THE WORLD

Drawing on successful experiences is an important element in facilitating the continuation of quality programming. Through evaluations of ACF programmes in 2012 we have identified a broad range of practices that not only represent ACF's diversity, but also ACF's ability to draw on the experience of others, and apply well researched evidence-based practices in our programmes. Through a dialogue with programme staff at field level, technical advisors at HQ level and the evaluators themselves, we have endeavoured to capture the essence of these well-thought-out and tested successes. The intention is not to exhaustively present a programme approach but to showcase a strong element, from which other ACF and humanitarian/development professionals can draw inspiration and benefit. From a points-based selection process for a cash transfer programme in the Ivory Coast and adapting latrines for the vulnerable in Liberia, to a role rotation system in a nutrition programme in Myanmar and private sector partnerships in Pakistan, this selection of 15 experiences addresses not only technical issues but management challenges as well.

Saul Guerrero, Nigeria, 2013

PLANTING THE
RIGHT SEED

Wheat germination test training in Pakistan

Coastal farmers in Thatta District have been cultivating paddy, wheat and vegetable crops for many years and experience a variety of challenges affecting crop yields. These include increased salinity in the soil (mainly due to saltwater intrusion), recurrent natural disasters, poor infrastructure, and inequities in land and water distribution. Farmers regularly apply chemical fertilizers and used hybrid seeds in attempts to mitigate low yields, but these practices have proven unsustainable and ineffective.

Traditionally, farmers in Thatta District have used their own wheat seed year after year, and in some cases purchase seeds in the market. Most farmers, however, do not have access to government certified seeds and so without any recourse to their own testing, run the risk of cultivating low quality crops with resulting low yields. Farmers need a way to ensure the use of viable high quality seeds that are appropriate to their soils in order to increase yields.

The practice

To empower farmers to conduct better purchasing and utilisation of seeds, ACF facilitated trainings in a simple wheat germination testing technique. This enabled farmers to test the quality of a small sample of seeds before buying them in large quantities; thereby ensuring the seeds they were planting had a high germination ratio, signifying that they were likely to produce high yields.

During the trainings, the farmers were divided into groups of 5 to 8. Each group was assigned the task of conducting a separate wheat germination test and was given a clay pot, soil and some seeds randomly selected from the seed bag. The following steps were taken to perform the wheat germination tests:

1/ 3-inch layer of soil was placed in the pot and spread evenly;

2/ 10 evenly spaced lines were drawn in the soil;

3/ 10 grains of wheat were placed along each of the 10 lines (100 seeds in total);

4/ The seeds were lightly watered;

5/ The edges of lines were pressed to cover the grain and ensure all the seeds were covered in soil;

6/ The pots were left in the shade and properly protected from vermin;

7/ After 3 to 4 days the number of seeds that had begun to germinate were counted and the germination ratio calculated (if 80 of the seeds had germinated the ratio was 80%).

An important feature of this test method is that it does not require a high level of technical knowledge and is therefore easy to implement and train others. ACF trained the first groups of 200 farmers in Thatta District and as part of the training encouraged them to pass on this knowledge to their fellow farmers. Farmers have also applied the seed germination test technique to cotton seeds and obtained good results. Farmers plan to try the same testing technique for rice seed next season.

MOVING FORWARD

The high adoption ratio of the wheat germination testing technique by local farmer beneficiaries, demonstrates the relatively easy replication of the practice. Farmers have reported the technique to be useful and plan to continue using it. To further disseminate the technique and to enhance uptake, project teams should:

1/ Engage successful farmers, who have used the technique to share their experiences and promote the test amongst other farmers;

2/ Organise more widespread community awareness programmes emphasising the benefits of performing wheat seed germination ratio tests;

3/ Produce printed brochures with illustrations in the local language to break down the process into clear steps (as above) to promote the test;

4/ Engage the Agriculture Extension Department (or other related government department) in the trainings and the awareness campaign in order to ensure continued promotion of the technique after the ACF project ends;

5/ ACF should produce a more detailed guideline on the test in order to promote the technique across the network.

This seed germination testing technique is simple and could be easily replicated in most contexts in order to increase the probability of planting viable seeds in a given area, leading to higher production yields. The technique requires little agricultural know-how, and the trainings require only basic resources. Trainees can easily and cheaply pass on this knowledge to others and should be encouraged to do so.

SELECTING WITH POINTS

Using a points-based system for rapid large-scale beneficiary selection in the Ivory Coast

In the recovery period after the post-election crisis of 2011, ACF and WFP targeted 10,800 households with a cash transfer project in insecure districts of Abidjan. It was initially planned that the Comités Techniques[1] (CTs) would identify beneficiary households. However, a number of issues rapidly emerged which challenged the original selection model. First, the technical and logistical capacity of the committees to deal with the large quantity of vulnerable households to be targeted was insufficient. Second, the absence of up-to-date census data (due to large volumes of displacement in the previous months) meant that new data needed to be collected. Third, and perhaps most importantly, there was a risk of aggravating existing inter-community tensions in each district.

The practice

ACF and WFP adopted a new methodology that avoided exacerbating community tensions, whilst remaining impartial and fair in addition to being able to deal with the quantity of targeting and data collection. The following steps were taken:

- Identification of a team external to the community (80 monitors and 5 data-entry personnel identified by ACF/WFP) in order to avoid any pressure and influence on the committees from the community;

- Definition of vulnerability criteria by WFP and partners;

- Execution of a door-to-door household survey in the targeted district (covering approximately 25,000 households) collecting precise and simple data related to the vulnerability criteria, avoiding collection of too much information;

- Calculation of "vulnerability level" of each household using Excel format with specific formulae, by adding up the scores of each criterion;

- Selection of households with the highest scores.

In an environment where inter-community tensions exist, it was crucial that the committees explained to beneficiaries and non-beneficiaries that the final decisions were taken by "external people or outsiders".

This mitigated any disquiet with the results and potential conflict within communities. "The strong relationship ACF has with communities meant they held the selection decision in high regard. Committees received training on the programme objectives and the vulnerability criteria, enabling them to assist in the sensitisation and introducing selection teams to communities. This enabled the committees to continue to play a central role in the selection process but created a more balanced decision-making process.

This selection approach allowed ACF to transparently and systematically identify 10,800 vulnerable households in one month.

ACF-Cote d'Ivoire

[1]*Comités Techniques (CTs) or Community Liaison Technical Committees were selected and coordinated by the Marie (local authority) of each Commune. Each committee comprised 7 members, and had representation from all levels of society. CTs were employed throughout the programme for various activities.*

[2]*Readers should refer to ACF Learning Review 2011, which details similar strategies employed in Afghanistan – Innovation in reaching those in need: A discrete targeting process in Afghanistan (page 34).*

MOVING FORWARD

This selection process could be easily replicated by other programmes (both rural and urban) but is particularly pertinent in contexts where internal community selection is less desirable. When adopting this approach, programmes must take the following key issues into account:

- Adapting the vulnerability criteria to the context.

- Keeping the points-based system simple in order to undertake quicker and smaller cash transfer.

- Further improving the sensitisation of communities through a variety of communication channels and media.

- Ensuring the availability of reliable translators or members of the project team who speak local languages.

- Increasing transparency by sharing the vulnerability criteria used as well as the list of selected beneficiaries.

- Ensuring the committees and selection teams were discrete about the reason for the selection survey in order to reduce the use of alternative notions of vulnerability.[2]

COMPREHENSIVE LEARNING

Promoting positive practices through community health groups in Kenya

Through the implementation of public health programmes in Arid and Semi-Arid land (ASAL) areas of Kenya, ACF has shown that small and specific support group sessions can make a greater contribution to meaningful and sustainable behaviour change than general broad based public health sessions. The Mother-to-Mother Support Groups (MTMSGs) put in place by the government successfully promote good practice in infant and young child feeding (IYCF). However, these sessions only took place at certain health facilities, at fixed times and on a limited range of topics (i.e. nutrition and health of infants and young children). Whilst drawing on the good experience with the MTMSGs, ACF needed to adopt a more flexible and comprehensive approach to encourage positive behaviour change in communities.

The practice

Having initially developed the approach in Mandera, and after successful experiences elsewhere in Kenya, ACF established Community Health Groups (CHGs) in the ASAL areas (of West Pokot and Isiolo) in order to target a wide audience in communities and create long-lasting changes in health practices.

CHGs are founded on the idea that long-term, broad based development is needed to induce changes in health practices rather than top-down programmes that address specific problems and neglect fundamental development challenges. CHG theory regards health promotion as the ideal entry point for community development as health can form the basis of a strong family and community. Using health promotion as the purpose, CHGs aim to establish a sense of community identity amongst the members, in order to build a strong support network for positive change.

In Kenya each CHG has a maximum of 30 members – primarily, though not always exclusively, women. With support from ACF facilitators, trained community health workers (CHWs) or volunteers (CHVs) provided CHGs with health education sessions every week over a 6-12 week period. Each group member has a membership card with a checklist of topics for each session and has to attend all in order to 'graduate' from the course. The groups support each other in the identification of challenges

and solutions, and then the implementation of solutions. Important features of the CHGs that facilitate their success are as follows:

- CHGs offer **flexible meeting times and locations** to suit the group members. For example, given that most members are women, meetings take place at water kiosks where women already spend a portion of their time. In the case of the cooking demonstrations, the close proximity of the sessions enable women to bring cooking utensils. By having the sessions away from health centres, members are able to achieve privacy and have more flexibility in finding a comfortable environment for them to adequately express all concerns on health issues. It is also felt that by having more local sessions, a sense of ownership over the CHGs is created.

> *"CHGs aim to establish a sense of community identity amongst the members, in order to build a strong support network for positive change"*

- The **participants can request topics** to be covered during the course so as to best fit their concerns and interests. CHGs integrate various issues related to nutrition, WaSH and health. Each session begins with an open discussion on current issues members are dealing with.

- Simple household **action plans are developed** after each session and the groups support each other in their implementation.

- The trainers (ACF staff, CHWs and CHVs) use **culturally appropriate educational materials** (i.e. flipcharts with veiled women illustrations) for effective message transmission.

- The provision of **hygiene kits upon graduation** facilitate the application of learned practices amongst participants at home. The kit also serves as an additional incentive for many women to participate in the sessions. The membership card also acts as a reminder of the task in hand and encourages commitment to complete the course.

The activities of the CHGs are based on the SARAR[1] methodology, which builds the ability of members to recognise challenges and implement change, with the following steps:

- **Self Esteem** – having formed the CHGs, trainings were conducted by ACF and CHWs, which focus on the importance of adopting health measures and establishing changes that can be made. The CHGs are then promoted as a positive example for the entire community, resulting in admiration for the members.

- **Associative Strength** – members are able to discuss what changes are possible to make together. Members depend on each other to make changes together bolstering their confidence to adopt new ideas.

- **Resourcefulness** – members are able to find appropriate solutions to individual challenges together.

- **Action Planning** – each topic is concluded by the group deciding on an action plan for implementing the health enablers. This includes the activity itself, identification of resources required, those responsible for the activity, a timeline, and those responsible for follow-up.

- **Responsibility** – ensuring that the CHGs take responsibility for the issues discussed. The group implementation of action plans means that those responsible are held accountable to the group.

In order to maximise the impact of the groups, CHG members are encouraged to promote good practice across the community. Through post-course monitoring graduate family members accurately recount topics discussed at the course and the recommendations made. The graduates also report how they have applied the new practices (such as dry racks, latrine use, compost pits and especially hand washing) themselves.

[1]*Self Esteem, Associative strength, Resourcefulness, Action planning and Responsibility: See Dr. Lyra Srinivasan 1970 – Humanistic Psychology, conceiticazion, Gadhi"*
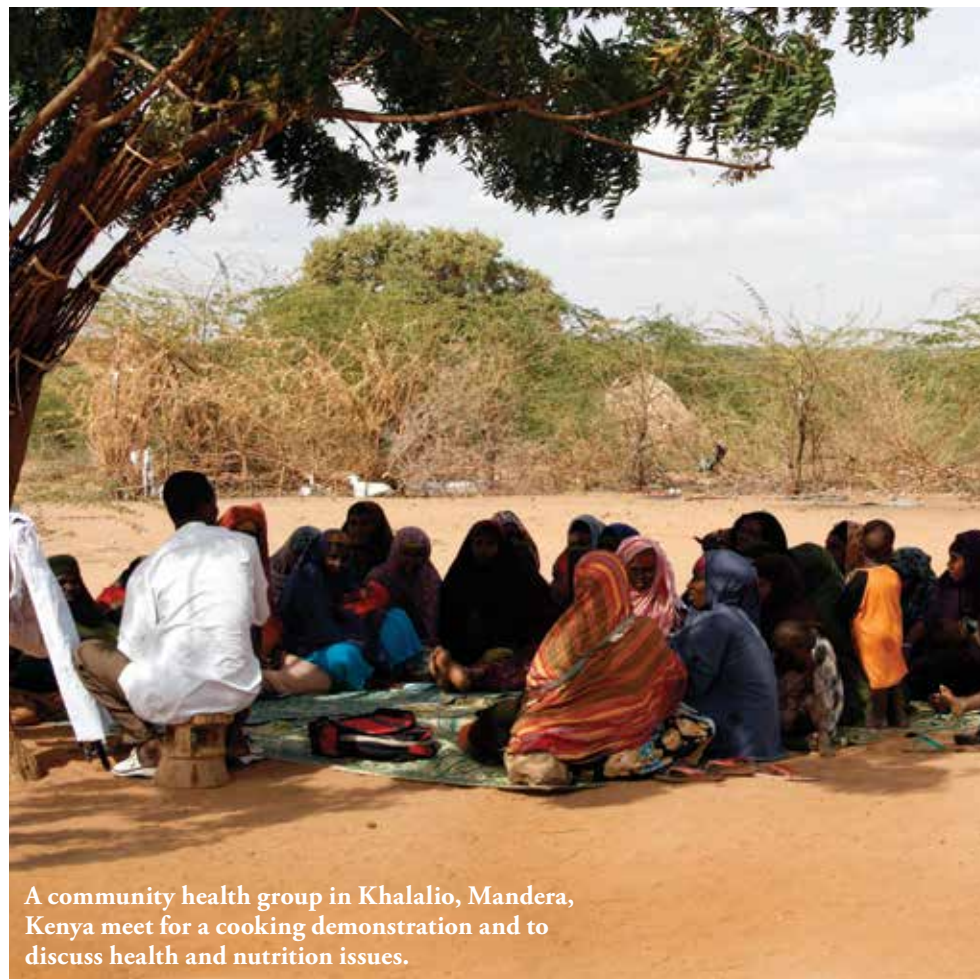
ACF-Kenya

A community health group in Khalalio, Mandera, Kenya meet for a cooking demonstration and to discuss health and nutrition issues.

MOVING FORWARD ⊳⊳

To move forward and improve this practice, a couple of clear challenges need to be overcome. First, in some outreach sites of the project, the language barrier impeded the training of CHVs and consequent establishment of CHGs. The current CHG manual in English needs to be translated into the local language for it to be effectively used by more CHVs. Secondly ACF should provide more support in reviewing the training content. At present, the focus of CHGs remains largely on nutrition since CHWs and CHVs have been better trained on nutrition issues. Other thematic areas such as food security and more hygiene awareness could be included when training CHWs and CHVs as these are also in demand. Project teams should however remember that the strength in MTMSGs was that specific issues were dealt with. Finally, it is of paramount importance that the impact of the CHGs (including the manual and the sessions) is more formally assessed, in order to build an evidence base that they are effective and to improve them where necessary.

ALL IN IT TOGETHER

Building a common vision through the rotation of roles in nutrition centres in Myanmar

Even though Stabilisation Centre (SC) and Outpatient Therapeutic Feeding Programme (OTP) teams consist of a variety of members with different levels of expertise, be it doctors, nurses, supervisors or screeners, they should all respond to a shared vision. The nutrition programme in North Rakhine State (NRS) Myanmar has both a large team (over 120 staff) and has been running for several years. Therefore a strong team management policy is required to keep all staff motivated towards a shared vision. Furthermore due to the recurrence of violence in the region resulting in restricted movement, the nutrition programme was compelled to find a solution to adapt to staff absences.

The practice

As part of the management approach in NRS to prevent each team member doing the same (sometimes repetitive) task every day of the year, and to ensure continued motivation and interest, a **rotation system was introduced.** This meant that team members were rotated through different roles in the OTP or SC giving each team member the opportunity to experience each area of responsibility inducing a shared understanding of the OTP or SC. The advantages of such a system were threefold:

1/ Knowledge across the programme is increased, enhancing competencies of all team members at different levels of nutrition treatment.

2/ Staff absences and staff leave are easily and efficiently dealt with as all team members are able to fill all roles.

3/ Team spirit across the nutrition programme is enhanced, by facilitating good collaboration and communication between all team members, which is particularly important in the ethnic/religious context of NRS.

Clearly not all positions are interchangeable so rotation was done at different levels. Firstly nurses transferred from from SC to OTPs on a 6-monthly basis and team leaders changed teams on an annual basis. Measurers, registrars, health educators, in-charge of appetite test and RUTF/Ration distributor rotate in these responsibilities within the same centre. Staff rotation in the SC and OTPs functioned as follows:

- All 8 TFP agents[1] in one team follow a precise schedule that alternates responsibilities. The team leader prepares the planning in advance and shares it with the TFP agents so they know what position they will have to fill in the coming weeks. Ideally all TFP agents are able to occupy all positions. In reality some positions require more skills and some TFP agents cannot yet do this work until they have more experience and/or training. For example, the registration area requires good literacy.

- Some positions are rotated on a weekly basis (like measuring area /education/Appetite test). Yet, some positions should be rotated on a longer time frame (1-2 months), such as measurement, registration and FGD, because it allows TFP agents to closely follow the treatment of particular beneficiaries.

- Rotation between SC and OTPs is organised every 6 months. If they change too often, this could have a negative affect on the ownership and responsibility of what is happening in that particular centre (results, materials, relationship with communities etc.). The team leader however should not be replaced more than once per year to enhance the sense of responsibility of one team leader for his/her nutrition centres. For team leaders, it is good to alternate the types of nutrition centres they are running (big/small, rural/urban, SC/OTP) to enhance their development.

As part of the strong management policy in the NRS, a robust cross-team meeting schedule and training strategy, as well as team building exercises and social activities, complement the system of task rotation.

[1] *Those who work in the Stabilisation Centre*

MOVING FORWARD ▷▷

The underlying aim of both task rotation and frequent team meetings and trainings is to promote a shared responsibility and common vision across the programme, and therefore maintain programme quality. By ensuring all team members take ownership over the whole programme, the quality of their individual work is strongly situated into the overall vision of the programme. Holistic training and task rotation enables the team to respond well to changes in the team and adapt well in the face of programme adjustments. In all contexts ACF should:

- Promote staff to be interested in all positions and the programme as a whole;

- Team leaders should facilitate the development of each TFP agent for all positions;

- Promote the need for and awareness of transparency and accountability to beneficiaries;

- Involve teams in the analysis of the program: at centre level, ask team leaders to analyse their own statistics with their team during monthly meetings.

- Value team inputs and ideas to improve the activities: involve the teams in the design of IEC materials, report formats etc.

ADAPTING LATRINES

Providing facilities for the most vulnerable in a Liberian refugee camp

During humanitarian crises vulnerable people (women, children, PLW[1], the elderly and the less able and disabled) are the most at risk. In a refugee setting, where a higher proportion of the population are the most vulnerable, it is important that interventions pay special attention to the specific needs of these demographics. In Bahn Camp, Nimba County, Liberia, ACF was responsible for all water, sanitation and hygiene (WaSH) interventions including water trucking, borehole drilling and latrine, bathing and solid waste disposal area construction. Therefore the onus was on ACF to attend to the needs of specific groups.

Ben Allen, Liberia, 2011

The practice

ACF paid special attention to the equal access to latrines for all categories of refugees. The lack of access for the most vulnerable and disabled including pregnant women and the elderly not only increases the chance of disease outbreaks (due to their inability to use the services) but also risks denying them their dignity. To address these particular needs ACF was compelled to adapt latrines, however necessary, through the following 4 key phases:

1/ Identification. Identified the number and location of the most vulnerable beneficiaries in the camp and assessed their specific sanitation needs. The assessment took the following steps:

a An inventory of the latrine facilities was carried out. What facilities exist, the design and location.

b Identification of the location and number of vulnerable people (disabled, elderly and PLW).

c Focus group discussions and individual interviews with vulnerable people to establish current sanitation practices and challenges.

d Direct observation of latrine use and sanitation practices.

2/ Design. Suggested a range of latrine designs to the users aiming to meet the different needs as much as possible. Identification of suitably adapted facilities was done on an individual (where appropriate) and group basis.

3/ Construction. Involved users during the construction of the facilities as they needed to further detail the designs and test the

provisions (e.g. appropriate dimensions of the latrine seat and the height of the handrails). The inclusion of a latrine seat and hand rails were the principal changes in latrine design. The height and position of hand rails were adapted, as well as the size of the latrine seat depending on the need. In addition access to latrines was also adapted with ramps and door handles.

4/ Monitoring. Monitored the facility to track usage, identify any maintenance needs and obtain feedback from the users regarding the facility. When required, further adjustments were made.

The 26 sanitation facilities constructed for these special needs were largely well accepted and adopted by the targeted refugees. The key to this success was the involvement of and collaboration with the users at each step of the project. Such a participative process served to induce a sense of ownership in the facilities.

MOVING FORWARD ▷▷

This is not a unique case but a good example of an ACF initiative that responds to the needs of the most vulnerable. The same approach for the construction of special latrines has been replicated in other refugee camps in Liberia (Webo and Doggy). A technical report[2] was produced during the assessment phase with local and international partners. The report is now an important reference document for ACF Liberia WaSH teams implementing sanitation projects in rural areas. A more digestible guideline should be drawn from this report to enable projects across ACF International to ensure the equal access to sanitation facilities. To enhance these guidelines and further develop this practice ACF should take the following into account:

• The specific needs for the most vulnerable should be addressed from the beginning of the project planning stage. In this case such considerations were only incorporated half way through the project when a dedicated research student conducted an assessment. ACF should champion the needs of the most vulnerable through awareness-raising amongst the target population as well as other humanitarian actors.

• Not only PLW, elderly and disabled people, but also children and PLWHA[3] should be considered in the same light. For example, it is often the case that the potties for young children are provided while little measure is taken for children at early primary school who may be scared of dark latrine cabins with a relatively big pit hole.

• The project needs to be aware of the relative high costs of special provisions so exploring alternative options would help to create lower cost facilities, such as using locally sourced materials.

• The same approach should be taken for other WaSH facilities such as showers, washing areas and water points.

[1]Pregnant and lactating women

[2]Sanitation Solutions for a refugee camp: Field trial of sanitation for the vulnerable, Yamossou Gnagny Gustave, 2011"

[3]People living with HIV/Aids

VISUALISING
THE SITUATION

Using nutritional mapping for advocacy purposes in the Philippines

Monitoring and evaluation are traditionally seen as key project management components. They are mostly employed as a means of assessing the implementation of activities and the effect that these have on the beneficiary population. The data that is collected through M&E systems is rarely used for other purposes. In the Philippines, however, ACF set out to use this data not only for internal purposes, but also to advocate local and national authorities.

Jose Luis Alvarez Moran, Philippines, 2011

The practice

Using data collected from monitoring exercises, ACF created maps which demonstrated the changing nutritional situation and levels of need of people in Mindanao. These maps were developed using both primary and secondary sources. Primary sources included ACF data such as Nutrition Screening and Community-Based Monitoring System data, KAP and SMART surveys, and secondary data included demographic data from government agencies and data from different implementing organisations and local partners. In order to generate the data into useable maps ACF took the following steps:

1/ **Data encoding** using Excel.

2/ **Data processing & tabulation** using Sphinx database software to facilitate database design, data entry (and coding), analysis and presentation.

3/ **Development of a map** concept for the chosen indicators in collaboration with project stakeholders. For example; comparing malnutrition rates with the underlying causes such as access to safe water or comparing malnutrition rates between the Indigenous and non-Indigenous Population.

4/ **Transferring of relevant tabulated data into mapping software** (Static or Dynamic). Static maps were made using ARCGIS V.10 and Dynamic (interactive) maps were made using StatPlanet software. Dynamic maps allow users to explore how the data presented in the maps was analysed. See last column for information on this software

5/ **Generation of map** and inclusion of labels, scale and index.

6/ **Analysis of the maps.** Local officials and project stakeholders to utilise maps by presenting them to their constituents for action planning.

The unique advantage of these maps is that they enable visualisation of the progress made by the project and enable different stakeholders (with various levels of literacy) to understand how different determinants of malnutrition interplay in their localities. The maps enable barangay (village) leaders to understand the nutrition situation and need in their respective area. This includes identifying different trends in groups such as the indigenous population and formal settlers. When presented by ACF during community meetings or gatherings, the local leaders could easily see how their area compares with other areas. This empowers them to make appropriate decisions and provide solutions to their own problems. This in turn generated funds, as they were willing to allocate budget for nutrition and health activities. The maps effectively work as an advocacy tool for communities and those in charge of formulating policies, ordinances and providing financing for health, hygiene and nutrition activities. With periodic mapping, acute malnutrition rates and trends are seen overtime, enabling programme managers to monitor programme effectiveness and adjust programmes as appropriate.

MOVING FORWARD ▷▷

ACF can build on its in-house knowledge to support other missions and countries in the generation of relevant maps. The challenge is supporting local governments where the technical capacity does not always exist. ACF should promote further the advantages of mapping and advocate for funds to be invested in this area, in terms of both training and software. ACF should also support this process by developing a training guide to enable the standardisation of training and the rollout of this competency. Development of this training guide should also include a standardisation of software used to enable ACF to start consolidating its knowledge in one type of software.

Database Software: Sphinx
www.sphinxsurvey.com

Static Mapping Software: ARCGIS
www.esri.com or Quantum GIS www.qgis.org. Quantum GIS is open source however they are limitations compared to ARCGIS.

Dynamic Mapping Software: StatPlanet
www.statsilk.com (open source) used by many organizations including UN organizations, World Bank, government agencies and many Fortune companies.

A MISS IS AS GOOD AS A MILE

Driving communities to ensure total sanitation in Myanmar

Rakhine State continues to occupy the bottom of the list in terms of sanitation coverage in Myanmar, with only 48%[1] of households with access to safe means of excreta disposal. In the north of the state (NRS), where ACF has been active for more than 16 years, the coverage is believed to be lower than 30%. Reasons for the low coverage include restrictive government policies on the construction of permanent structures (such as latrines), the high water table and weak soil (causing the collapse of latrine pits) and, not least, the lack of awareness of links between excreta and health risks. Open defecation was thus rife in NRS and a total sanitation approach was needed.

The practice

All ACF WaSH programmes in Myanmar are designed to ensure 100% sanitation coverage in all operational villages. Limited resources are therefore utilised to fully address WaSH needs within a defined geographic location rather than sparingly spreading across a wider range of communities with subsequent limited impact. 100% coverage in any given area is known as total sanitation. This means that there are absolutely no faeces to pose a health risk to the village. Total sanitation has a significant and tangible impact at the individual, household and village levels.

What made total sanitation possible (and sustainable) in the NRS was that the demand for latrines was created by the village communities. Previously, the communities were used to seeing NGOs directly implementing activities with little participation from their side. Reversing this trend and getting the communities to willingly contribute to their own development was the principal challenge in achieving long-term total sanitation. Key activities that triggered community-led initiatives were as follows:

- Interactive forms of awareness-raising using multiple communication channels. Participatory hygiene and sanitation promotion including community theatre, sanitation movies followed by discussions and exploratory walks were used. The involvement of local schools was crucial as children have a big stake in the sanitation drive. Community health and hygiene volunteers (including female volunteers) ensured sensitisation of entire communities. Religious leaders were also instrumental in promoting project activities to a wide audience;

- Home visits and meetings prior to the construction of latrines. This gave communities the chance to identify needs and develop action plans for the execution and monitoring of the latrine building. This also meant that ACF ensured the most vulnerable households in the village were reached;

- Provision of a variety of latrine designs. This enabled communities to choose a latrine type that is both suitable to their needs and appropriate to their setting. Empowering communities to make an informed decision on the design of sanitation facilities based on factors such as local context, cultural setting, existing government policies that govern local people, cost, material availability and sustainability;

- Provision of hands-on community trainings on family latrine construction in each operational village by constructing model latrines;

By raising awareness of hygiene and sanitation issues and providing support for communities to find solutions, ACF was able to foster ownership over the latrine building within the community and therefore strongly increase the continuation of both good hygiene practices and the maintenance of latrines.

[1]*Myanmar Multiple Indicator Survey 2009 – 2010.*

MOVING FORWARD

The sustained impact of total sanitation depends on whether users will monitor and maintain latrines. In most cases, when latrines are introduced, users do not default to open defecation again as long as they have a functional latrine. The monitoring data showed that for the most part communities in NRS conducted routine repairs during the project period. However, to ensure the continued maintenance and use of latrines, ACF must:

- Support livelihoods to ensure adequate financial status for necessary repairs or rebuilding of latrines;

- Cluster communities under a team of Hygiene Promotion Animators (male and female) for effective and sustainable behaviour change;

- Introduce a more robust M&E system (with community members) to measure impact;

- Strengthen female participation;

- Carry out refresher training for facilitators and project staff on participatory methods;

- Address the problem of collapse of pits in the sandy soils with concrete rings for the pits;

- Reduce presence of mosquitoes with tight fitting squat-hole lids.

HIV/AIDS SENSITIVE NUTRITION

Developing training guides on HIV/AIDS related nutrition treatment in Swaziland

The integral role that good nutrition plays in HIV treatment is recognised globally. However in Swaziland, community volunteers in charge of conducting nutrition education tend to focus on malnutrition in children and little on the specific nutritional needs of people living with HIV/AIDS (PLWHA), which includes both children and adults. Consequently, nutritional factors have often been overlooked in the analysis of HIV/AIDS causes and symptoms. The fact that over 60% of children treated for malnutrition were found to be HIV positive (or exposed to HIV/AIDS) suggests that PLWHA are more susceptible to malnutrition, whilst a poor diet can also accelerate infection. The government has produced policy papers on these issues which are not adapted for practical use. Therefore ACF needed to bridge the gap between the policy makers and the health practitioners.

The practice

ACF initiated a working group to prepare a practical guide and a set of operational tools (drawing from the government policy papers) for all health actors in contact with communities. The exercise involved a wide range of stakeholders in the nutrition sector including community volunteers, nutritionists, the Swaziland National Nutrition Council (SNNC) and Rural Health Motivators (RHM) from the Ministry of Health and Social Welfare, in order to share knowledge and experience on different community nutrition practices. Due to the volunteers strong field experience, but low educational status, the working group prioritised developing the practical content and illustrating the practices with real examples, rather than exploring the theoretical issues behind the practices. The two sequential guides were prepared both in English[1] and SiSwati. ACF used the guides during capacity building to train approximately 4,000 community health volunteers in two of four regions in the country (Shiselweni and Lubombo).

The collaborative work was integral to the joint-development of the training guides amongst ACF, SNNC and RHM managers. In practical terms, the guide served not only for the volunteers to have an in-depth understanding of the links between nutrition and HIV/AIDS, but also for those governmental counterparts to enhance their knowledge on the issues and the common practices of local practitioners.

"The guide served not only for the volunteers' to have an in-depth understanding of the links between nutrition and HIV/AIDS, but also for those governmental counterparts to enhance their knowledge on the issues and the common practices of local practitioners."

Christine Bousquet, Swaziland, 2012

[1] *Training Guide: Community capacity building programme to contribute to a reduction in morbidity and mortality associated with malnutrition and HIV in Swaziland, 2010 and 2011.*

MOVING FORWARD ▷▷

The training guide should be under constant revision to update the content and make it more user-friendly. It could also integrate new elements of nutrition and HIV/AIDS policies with a series of useful examples such as:

- Issues related to breastfeeding in HIV positive women and children.

- Images in colour to better illustrate the different categories of locally available food.

- Additional content on growing, preparing and processing healthy foods.

The project served to bridge the gap between policy and practice while it raised the issue that nutrition education must shift from exclusively knowledge matters to behavioural change. ACF should advocate for the use of the guides incorporating these elements at the national level to ensure that the social norms and behaviours that affect the nutritious outcomes of PLWHA are addressed more effectively.

MAKING THE MOST OF POOR SOIL

Creating fodder reserves using soil/water conservation techniques in Mauritania

In the agricultural and fertile areas of the Gorgol region in Mauritania land tenure is generally well established. As a result, poor communities are compelled to make use of the more arid areas, where the soil is often much less fertile. In the past, ACF's food security programme targeted such areas, to which access was more available, with the aim of enabling small-scale pastoralists to secure fodder for their livestock during the dry season. However, the quality of the infertile lands proved inadequate for traditional fodder cultivation.

The practice

To make use of this infertile and challenging land ACF implemented an approach to restore the land and enable fodder reserves to be cultivated. The land restoration technique included a set of measures for water and soil conservation and soil protection/restoration (CES/DRS[1]). This technique included plant-pit practices known as "demi-lunes" and "zaï", which allow surface water retention in each hole, thereby filtering water into the soil. Over time, the reinforced capacity of water retention in the soil created more favourable conditions for fodder growth and development of a grass base in the pastoral areas. This grass served to strengthen the land and made fodder cultivation possible. To further improve the quality of the soil, fodder reserves were created in the pasture areas where animal excreta served to increase nutrients. Fodder cultivation was able to benefit from this natural fertiliser while strong metal enclosures prevented the access of animals to the growing fodder.

In order to further improve fodder reserves, ACF agreed with communities to sow Panicum, a common type of grass in the region. Since Panicum is a perennial grass, the production of fodder is expected to increase year after year with the improvement of soil quality. This can be explained by the high dispersion, germination rate and resilience (it is able to grow in sandy soil of arid areas) of this particular grass. As a result of the rapid and visible growth of this fodder and its efficient availability, communities quickly bought-in to the activities.

ACF is the first organisation to use water retention using plant-pits for fodder reserves, which are ordinarily used in cereal production and are well known amongst practitioners in the agricultural and food security sector in the Sahel. The main strength in this practice is that the techniques are simple and easily adapted. In this case many people in the communities already knew the techniques of CES/DRS from a previous project in agricultural land restoration. So instead of introducing entirely new skills and materials, ACF adapted those already familiar to the communities. Additional information was given on the techniques through film projection sessions and inter-village exchange visits. In addition, knowledge sharing visits to other villages of Gorgol and the region of Guidimakha where the techniques are well established enabled those new to the techniques to see them in practice. Seeing as these techniques constitute hard labour (digging holes and building fences) a Cash for Work project was introduced serving to incentivise participants.

[1] *Conservation des eaux de surface/ Défense et restauration des sols*

Eric Levron, Mauritania, 2012

MOVING FORWARD

The most critical issue that must be addressed is the legal framework relating to land tenure and national policies regarding environmental management. Meeting with the environment and livestock farming offices would enable ACF to build a closer relationship with the authorities and ensure all activities are in line with local and national legal requirements. Before implementation begins, teams must evaluate the feasibility of such an approach by assessing soil quality and the availability of labour. At policy level, attention should be given to advocating for a strategic vision of land and natural resource management in the context of climate change, demographic growth and increasing pressures of numerous animals to limited pasturelands.

THE WAYS AND
THE MEANS

Setting up village savings and loans associations (VSLAs) along-side a cash transfer programme in Uganda

In Uganda, ACF project participants often lack the basic means with which to live on a daily basis but also the support to maintain their livelihoods in the long-term. In the past, ACF cash transfer programmes in Northern Uganda had provided small business and livelihood training alongside cash disbursements, but did not seek to increase access to credit facilities that would enhance economic sustainability. After all, the cash transfers alone offer no guarantee that beneficiaries can increase livelihood options and diversify income sources. In fact, a high proportion of the cash transfers are generally used to meet immediate needs preventing participants from converting the entirety of the cash transfer into productive assets.

A VSLA member waits to collect her cash transfer in Otuke, Northern Uganda.

The practice

To enhance productive investment of the transfer, an ACF project in Uganda combined cash transfers with the setting up of VSLAs. VSLAs were set-up to enable participants to make more long-lasting use of the cash transfers, by providing members with a mechanism to enhance economic sustainability through training, encouraging a focus on livelihoods investments. VSLAs also provide a safe place to keep money where formal saving and loan facilities (such as banks) are not accessible and homes are vulnerable to theft.

VSLA trainings conducted by ACF impart important knowledge to members about savings and loans and help the groups to maintain the association through systematic processes, clear by-laws, and material resources to keep records and funds safe. VSLA experts were brought in to first train the ACF team, who then passed on the training once the VSLAs were formed.

70 VSLAs were formed during the first 2 months of the project. Using a community based selection process the groups were chosen and were mostly composed of beneficiaries of the cash transfer. The groups consisted of approximately 25 members who then chose the governance committee and allocated roles.

ACF provided the newly formed associations with VSLA Kits consisting of a steel box with three locks, a calculator, a register book and participant record booklets. Provision of the kit (costing $64) gives the groups an essential kick-start since members do not have much disposable cash and the kit acts as a good incentive for groups to form. The groups reportedly treated the box with much respect and established ceremonies and traditions around the opening of the cash box.

Members make two different contributions to the fund. Firstly a welfare fund, from which members can draw in the case of emergency (medical for example) and secondly a contribution in order to build equity and draw funds to invest in productive assets. Contributions to both funds are made on a weekly basis. For VSLA participants, the association enables access to supplementary funds for emergency needs as well as a way to save and then invest in productive assets or to establish small businesses. Loans are also taken out in some cases to cover immediate needs (e.g. to pay for school fees, medical bills, food and agricultural inputs), especially during the pre-harvest lean season. Regular access to loans gives women greater economic control and provides the household with a safety net, building their resilience to high food prices and other such challenges. In addition, participants can spend subsequent cash transfers on bigger investments because they have a strategy in place to meet day-to-day and emergency costs.

VSLA methodology is systematic, community driven, and accessible to illiterate and semi-literate community members. Technical training passed on by VSLA members and enforcement of regulations builds trust in the group leading to greater adherence, attendance and loan repayment. Many groups reported how being part of the VSLA changed their attitudes towards saving and spending, as they were compelled to make sure they have some money saved to contribute towards the welfare fund and keep up their equity.

ACF conducts monthly monitoring of each of the groups that ensures the correct level of support is provided, and that associations are functioning correctly. One of the main challenges experienced is that some VSLA members find themselves selling off their food or harvest in order to pay the weekly VSLA contribution. To avoid this it is important that all VSLA members have a minimum asset base and regular income source. This can change during the course of a project; therefore it is vital that in such circumstances membership is reviewed. VSLA members also reported that the VSLA offered limited loans because individual contributions are too small. For example, although some members dream of being able to borrow money to buy an ox for farming, some are only able to borrow small amounts to buy hand-held tools.

MOVING FORWARD ▷▷

For the VSLA approach to be successful, programme staff must be technically equipped to support beneficiaries in the methodology. Programme staff should then ensure VSLAs receive mentoring and support for at least one year. Additional training for the VSLA group in business skills, basic numeracy and literacy, and financial planning would further enhance the benefits of the VSLA. Review and approval of business plans by VSLA members should also be introduced. This would improve the effectiveness of the loans taken and would help households move towards longer term thinking on how to improve their asset base.

Programmes where cash is distributed or participants engage in income generation activities would benefit from VSLAs to create greater access to saving and loan services. Practical implementation should include consultation with VSLA experts at the design and budget creation stage, to build the capacity of the implementing team, and to jointly monitor groups.

For further reading see H.Allen, Village Savings and Loans Association: A Practical Guide.

SATELLITE
CMAM SITES

When care is needed beyond health centers in Pakistan

In Pakistan the administration of Basic Health Units (BHUs) is subcontracted by the MoH to a semi government organisation, the People Primary Health care Initiative (PPHI). BHUs exist at almost all Union Council (UC) levels and are the most commonly used site to integrate CMAM into existing PHC services at grassroots level. When the worst floods in Pakistan's history hit in 2010, ACF started to run CMAM activities in Sindh province but because integration of CMAM activities in BHUs turned out to take more time than expected (PPHI did not allow CMAM services to be delivered in BHUs), reaching the malnourished population required a new approach. In addition to that, population movement was reduced due to the floods, increasing the need for a more decentralised, community-based delivery of support.

The practice

In order to respond to the nutrition need in the face of these conditions, ACF set up satellite CMAM sites. A mobile CMAM team moved location every day and sites were established by selecting a midpoint accessible to populations within a 10 km radius from the site. Mobile teams were set up on a rotation basis of five sites per UC. One site was visited per day to provide OTP/SFP services and rations to the target population as well as sessions on nutrition awareness. Each location received one visit per week and this arrangement, which minimised distances to CMAM sites, preventing beneficiaries from walking long distances, allowed rejection to be reduced and the defaulting rate was kept below 5%. The implementation of mobile OTPs generated the following lessons:

Satellite CMAM sites require detailed planning, as every mobile team needs transportation to different sites every day, therefore the approach poses a logistical challenge. Nutrition teams must work closely with logistics. All transports costs must be considered in the budget and every day the team must leave the base with all equipment loaded in the vehicles.

Coordination with the security team is needed since nutrition workers are moving around large, potentially volatile, areas where the security situation is in constant flux. Daily updates about movement and constant communication are vital.

A constant dialogue with local leaders and communities was required to find out the optimal locations and times to establish mobile CMAM sites. Local leaders and volunteers organised the communities to attend the specific OTP/SFP day in their location in liaison with the ACF outreach staff. Community infrastructures were donated voluntarily for the establishment of CMAM sites as a result of good mobilisation and sensitisation of the community elders. The team considered days when communities experience movement, such as market days, and also came to sites that had high caseloads.

Importantly, this mobile implementation approach allowed ACF to introduce the concept of CMAM at village level, and to promote the importance and effectiveness of these services to the population. With the mobile CMAM approach able to cover large areas, screening, identification and treatment of malnourished children increased. Defaulter rates were low as the mobile OTP/SFPs returned to the same location and the locations were spread well throughout the district. Tracking defaulters was possible since they could be visited on the same day that they defaulted from the programme. Finally, locations can be adjusted as the level of need in different areas changes. This flexibility made possible with mobile CMAM sites enables the programme to adapt to the heterogeneous geographical distribution of need, providing support where and when needed.

MOVING FORWARD ▷▷

In circumstances where integration into health systems is unattainable in a timely manner, and in response to an emergency, satellite CMAM sites are a good alternative, particularly for sparsely populated areas as they enable access to beneficiaries close to their homes when they have restricted movements and lack of resources. Such an approach does require compromises, in particular in terms of sustainability. In order to ensure the longevity of the CMAM programme the satellite CMAM approach should, when possible, be combined with a classic approach, by setting up in health facilities (or other alternative sites) on some days. The use of mobile teams is also not a substitute for community mobilisation activities. Teams must continue to fulfil other aspects of the community approach including setting up community volunteer networks to sensitise, case-find and follow-up.

FROM POLICY TO PRACTICE

Implementing national climate change mitigation in Zimbabwe

In a country with large arid regions, Conservation Agriculture and Conservation Farming techniques (minimal soil disturbance, permanent soil cover and crop rotations) have been promoted in Zimbabwe for the past two decades by governmental and non-governmental programmes alike. However, the adoption of Conservation Agriculture has been low amongst smallholder farmers. The main challenges include the limited access to mechanisation, the lack of technical knowledge (e.g. appropriate soil fertility management options) and little consideration for the resource status of rural households. ACF partnered with Agritex in order to build the capacity of community based structures to enable them to employ Conservation Agriculture with Conservation Farming and as a result deliver collective impact on rural livelihoods, food and nutrition security.

The practice

ACF introduced Conservation Agriculture Clusters (CAC) to promote this approach in the communities. The targeted farmers are grouped into Clusters of 30-35 people and led by a small committee with a focal person. The committee, lead by the focal person, acted as the link between the cluster and the Agritex officers. They are responsible for managing the cluster, organising demonstrations (including identifying plots), monitoring activities (including planting dates and rainfall data) and the implementation of Conservation Agriculture by the famers in the cluster. The CAC approach was welcomed by the farmers and Agritex alike, primarily due to;

1/ An inclusive framework: CAC did not discriminate the project participants by age, gender, education or wealth group. On the contrary, it strengthened community cohesion and knowledge sharing between farmers already working in close proximity.

2/ A network for sharing resources: The CAC facilitated the sharing and division of labour amongst farmers for the labour intensive tasks such as making planting basins. The CAC committee organised farmers, planned the smooth running of the cluster and assisted in the monitoring of Conservation Farming techniques at demo plots. Traditional community leaders supported the committee to find demo plots and led any conflict resolution that occurred within or between CACs.

3/ On the job practical learning: The committee selected a volunteer farmer to establish his/her land as a demo plot where CAC members could learn by doing together. These lessons were then replicated by farmers. All these activities were supported by Agritex and ACF from a technical point of view

4/ A comprehensive approach: ACF's core focus of the CAC approach was not only climate change mitigation but also adaptation to reducing the effects of recurrent droughts and maximising the use of limited rainfall. It resonated with the practical needs of the smallholder communities.

With support from the CAC, farmers were able to increase their yields (for example sorghum from 0.3 tons/hectare to 0.8 tons/hectare). Furthermore, the widespread adoption of techniques such as planting basins and drought tolerant crops (sorghum, ground nuts and cow peas) as well as the adoption of CAC techniques by non-beneficiaries, revealed the level of success of this approach. More broadly, CACs also contributed to increased awareness of the changing climate trends and therefore, the need to change agricultural practices amongst the small farmers.

MOVING FORWARD

The CACs served as a strong support system for communities to adhere to Conservation Agriculture and practice Conservation Farming techniques. However, better outcomes could be achieved if farmers could enhance their technical Conservation Agriculture skills. These include contour development to avoid excessive soil erosion and flooding, mulching material harvest during the rainy season for the following cropping season and agroforestry. There is also a need for strong and consistent support from government and private sector investment in developing techniques and technologies such as direct seeders, ripper tines and cropping practices (crop rotations and manure application) to promote soil fertility and control erosion while producing profitable agricultural outputs. ACF should continue to work with Agritex to expand the remit of the CACs. The CAC approach could be further developed to include pastoral farmers by fostering knowledge on climate change mitigation activities and sharing with poorly resourced but already well-experienced CAC farmers.

PRIVATE SECTOR
PARTNERSHIPS

Distributing post-emergency cash grants in Pakistan

To support the restoration of affected people's livelihoods after the 2010/2011 floods, ACF set up cash interventions as part of a food security and livelihood programme in Thatta District, Sindh Province. Based on other banking sector experience, ACF determined bank transfers to be the most appropriate way to transfer cash grants to beneficiaries. However, the government and other stakeholders showed little interest in using bank transfers mainly because they were not familiar with the processes. In addition, for many beneficiaries, the process of opening a bank account was a challenge (in particular for the illiterate) that also proved expensive, as banks charged fees for cashing cheques. Faced with this, ACF needed a feasible system to securely and transparently distribute cash to beneficiaries.

ACF-Pakistan

Men wait in line to receive an ACF cash transfer from a Tameer Bank Mobile Service Vehicle in Thatta District, Sindh Province, Pakistan.

The practice

Having learned of another NGO's successful implementation of cash disbursements through the Mobile Service Vehicle (MSV), ACF decided to pilot the approach in partnership with Tameer Bank, the first private commercial microfinance bank promoting MSV in Pakistan. The mobility of MSV allowed access to remote villages where ACF implemented activities to distribute cash grants in post-emergency situations. Key benefits of the MSV approach included:

1/ Safe and secure cash distribution: MSV enabled cash delivery directly to the beneficiaries without any extra charge. It enabled women, the elderly and others who cannot afford transport costs or travel due to physical conditions, to benefit from the project.

2/ Transparent and accountable distribution mechanism: ACF informed communities about the grant procedures clearly before the date of distribution. On the day, at cash distribution points, cash delivery took place transparently in front of beneficiaries. The procedures were organised in different steps with adequate forms for different categories of beneficiaries[1]. As such, the risk of corruption and extra charges was significantly reduced. In the case of proxy payment, ACF field staff served as guarantors that money was handed over to the designated recipient. ACF also established a complaints system (including a box at distribution points and a phone line)

where beneficiaries could leave comments and feedback to ACF and Tameer Bank.

3/ Flexible beneficiary identification: to address the problem created by the loss of personal identification documents during the floods, Tameer Bank issued unique identity numbers to those without official ID documents. Whenever needed, ACF and community committees also assisted with these identification procedures.

Despite the high cost of the MSVs compared to other cash transfer models, it helped ACF to reach (safely and securely) approximately 7,700 beneficiaries in one year. A key factor of this success was the partnership with Tameer Bank. By targeting vulnerable populations as the clients for their business expansion, Tameer Bank had a good understanding of the local context, including language and culture and guided the beneficiaries throughout the processes of cash disbursements. As a private actor, they also brought in expertise for implementing effective but flexible operations. Although initially ACF and Tameer Bank had different financial procedures, the adaptation of ACF regulations by Tameer Bank simplified the financial management of the programme. This collaboration also brought a number of improvements to ACF systems for cash distribution, which included:

• Standardisation of forms and databases;

• Development of new Standard Operational Procedures for cash disbursements;

• Clear definition of the roles of ACF finance and programme units, and establishment of formal communication lines and requirements for cash disbursements;

• Standardisation and simplification of internal beneficiary registration procedures;

• Sensitisation and simplification of the disbursement process with different forms and agreements, decreasing disbursement time for the beneficiaries.

[1]Customer form for those with a required ID and Deviation form for those without the original ID or with only the copy and those receiving money on behalf of the beneficiary who could not come.

MOVING FORWARD

In order to make the cash distribution project through MSV more effective, the following lessons should be taken into account:

• Despite the enhanced participation of women in this project, gender mainstreaming must be further strengthened. Cultural restrictions, for example, made some women hesitate to have their photographs taken by Tameer Bank male staff for ID registration purposes. This could easily be avoided by ensuring female staff are available.

• Double-registration was also a challenge. Although the registration form had a photograph and thumb of each beneficiary, it was difficult and time-consuming to check all forms onsite. In order to minimise duplication in the future, ACF and Tameer Bank could improve the cross verification of beneficiaries by issuing unique family numbers.

• The disbursement days could be better organized to further decrease waiting times. An option would be to arrange a separate day of distribution for elderly beneficiaries (who have greater difficulty waiting long hours).

• For improved sustainability, it is important to pre-plan cash based interventions before a disaster occurs. As part of an emergency contingency plan, ACF could draft a Memorandum of Understanding with private sector agencies providing cash distribution facilities, their cost estimation, availability of trained staff, availability of resources and alternative sources of money transfer.

• The partnership with Tameer Bank could be taken further by the joint development of new programmes, including micro finance loans, health insurance and agriculture loans by opening bank accounts with the aim of supporting communities for their longer-term development and livelihood enhancement.

SANITATION STRUCTURES

Local management of public toilets in Guinea

Despite demonstrable improvement since 2007, Conakry, Guinea, remains a high-risk zone for water-borne diseases such as cholera. Public areas where people gather such as markets, stations, ports and docks are of particular concern as a large number of people create a larger sanitation challenge. The absence of facility management presents one of the main obstacles to overcoming this challenge; that being the poor condition of sanitation facilities. Therefore ACF decided that in order to significantly reduce the health risk posed by these facilities in disrepair, they must be effectively managed and maintained. In order for this change to be long lasting, the management of the facilities must be community-based with minimal involvement from ACF.

The practice

The creation of local management committees with direct engagement of communities was adopted to ensure public sanitation facilities in Conakry were maintained, even after the departure of ACF. The first step in setting up such committees was to identify key local persons in collaboration with the managers of the public place in question and the communities. Then they were trained to set-up the management committees.

The management committees consisted of a president (responsible for general management), a vice-president (replacement for president when absent), a treasurer (responsible for management and financial accounts), a secretary (responsible for meetings and ensuring actions are followed through) and a person in charge of the water point and latrine (responsible for the daily maintenance of latrines and water points).

The training included good financial management (revenue and expenditure), how to effectively lead committees (running meetings and setting job descriptions) and infrastructure maintenance (cleaning and part replacement). The management committees were then tasked with setting the usage fees in agreement with potential users (the local community), operating and maintaining the facilities (cleaning, collection of fees and repairing) and promoting the use (and payment) of facilities.

Since paying to use toilets was new to the communities, a significant amount of time was required to accompany the committee members and familiarise them with the concept of payment for toilet use. The concept of toilet payment already existed in other large public places of Conakry, but familiarisation was

still done by the committee, who also set the usage rate. ACF followed up the performance of each committee for the first 9 months of facility rehabilitation and committee set-up. Specifically ACF monitored the cost recovery on rehabilitation costs, committee management and maintenance of the facilities. In one site the committee decided to ask frequent users to pay monthly which provided more financial stability for the maintenance of the committee and latrines.

The strength in this practice lay in the ability of communities to set up the committees by themselves. This important step served to induce a sense of ownership over the process as well as the management of the facilities. Creating access to clean public toilets has contributed to better community sanitation, ultimately reducing the risk of disease outbreaks.

MOVING FORWARD ▷▷

Although the latrines proved financially sustainable, low usage of toilets remains the biggest challenge to the sustainability of this community approach (currently approximately 5 users per cabin per day in an area used by 600 people per day). Underutilisation of the toilets can quickly become a cause for concern as there are no funds for the maintenance and operation of the facilities. This low usage was most likely because many people are not yet aware of the existence of these toilets, but also that communities have not yet realised the benefits of paying for them. In order to benefit from the committees, and to ensure their sustainability, toilet use must increase. This could be done in 4 ways:

1/ Increased promotion of toilet use. Promotion of toilets would be more effective if a study was conducted to understand sanitation and spending preferences. This would mean that the committees could tailor the service (and hence promotion) to the needs of the community. For example, having discounts for certain demographics (women,

disabled, most vulnerable) and better adapted facilities for disabled people.

2/ The involvement of local authorities and local media would also be an important step in increasing the effectiveness of the management committees and their promotional work.

3/ Decrease price of usage for women. Considering the higher usage of latrines for women they are required to incur a larger cost burden. Decreasing price would serve to increase usage by women.

4/ Encourage flexible payment options. As with one of the sites mentioned above, giving the user the option of paying monthly will encourage more users.

Finally, management committees should receive longer and more thorough training to enhance the management capacities. This could include periodic site visits and support on action planning. This would increase the effectiveness of the committees by, for example, keeping maintenance costs to a minimum.

ADAPTATION IN NUTRITION

Capacity building during an emergency in the Ivory Coast

During an acute crisis the challenge for nutrition programmes is how to respond to the emergency without undermining the processes and systems of existing development interventions. Effective emergency responses can be built upon solid on-going development programming and should be able to increase activities with prepared surge capacity. Development programming may be adapted, but it should not (a priori), be suspended during a crisis. Finding a way of doing this is particularly important when it comes to staff. During an emergency the demand for specialist staff increases, roles are adapted and local availability is often low due to skilled people fleeing the conflict. The Ivory Coast crisis (in 2011) showed that despite these challenges, ACF was able to adapt programmes to ensure that the nutrition programme and capacity building activities continued.

The practice

In order to meet the emergency need it was important for ACF to choose a suitable modus operandi in each district depending on the MoH staff available. ACF pursued different levels of direct management depending on the level of MoH staff available across its three target districts (Danane, Zouan Hounien, Toulepleu). In Toulepleu, for example, where insecurity was particularly problematic and where neither staff nor infrastructure was available during the conflict, ACF took over the management of a mobile nutrition outreach and treatment modality. ACF then phased-back management of the health district's UNT and UNTAs[1] to the MoH, returning to providing training and technical assistance. This enabled services to continue despite the reduction in staff levels.

Irrespective of the level of direct management, ACF was able to continue capacity building of MoH staff during emergency activities by: 1) involving the health district managers in assessment visits of the health centers and all decision-making processes; 2) establishing a nutrition focal point with the agreement of health district managers; and 3) inviting National Programme for Nutrition staff to visit the programme. In cases where extra ACF staff were hired to meet the surge in treatment required, responsibility was given back to MoH staff as they returned and were able to attend training sessions.

The agreement of the health district managers (direct implementation was contrary to the MoU with the authorities), the availability of appropriate funding from different donors and the availability of national staff with previous ACF/malnutrition experience enabled ACF to adjust the level of direct implementation according to the different needs of each context.

MOVING FORWARD

During emergencies, ACF should ensure steps for the handing over of activities to the MoH are clearly defined and agreed, and should include active involvement of national nutrition actors. When employing extra staff and scaling up an intervention it is important to establish clear agreements with the health district decision-makers and to ensure it is clear for all MoH staff from the beginning that ACF's direct implementation mode is only temporary. Additionally, it is ACF's responsibility to ensure the ACF team also understands that their role will change from substitution to supervision.

The message must be made clear to donors as well; as it is challenging to build capacity efficiently when initial funding is only for the duration of an emergency. Therefore caution needs to be exerted when using this approach, in particular when deciding; a) aims and timescales while requesting funding and b) what is achievable once the availability of funding has been established.

Finally, the surge in project activities must be complemented with an increase in support staff. In the Ivory Coast, logistical problems were encountered during the initial stages of the scale-up, leading to the late arrival of the equipment required. This hampered ACF's ability to start direct implementation immediately. Though this was partly the result of broader challenges associated with emergency programming, many of the problems faced in the Ivory Coast were reportedly linked to a lack of support staff.

Sébastien Pagani, Ivory Coast

Having on-going operations at the time of a crisis facilitates quick adaption to emergency mode. By not shutting down emergency operations at the conclusion of a crisis, and by maintaining recovery and development programming (for 2-3 years, for example) ACF can maintain surge capacity that can be used for emergency response in the event of another crisis. The recruitment and retention of quality national staff (particularly professionals at the technical and management levels) is fundamental for building an installed programme capacity that can be adapted with speed and effectiveness in time of crisis. The presence of such a human resource base makes the supplemental surge support for an emergency response team all the more effective. The decision to use this approach should be considered in any emergency where even a small capacity exists and can be used to establish systems with a more long-term focus.

[1] *The French acronym for Therapeutic Nutritional Unit and Ambulatory Therapeutic Nutritional Unit*

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