



ACF-INTERNATIONAL
POLICY / STRATEGY PAPER

ACF INTERNATIONAL TECHNICAL POLICY AND STRATEGY 2012-2015





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LIST OF ACRONYMS

ACF	Action Contre La Faim
AIDS	Acquired Immune Deficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance
CFA	Consolidated Framework for Action
CMAM	Community-Based Management of Acute Malnutrition
DAC	Development Assistance Committee
DALYS	Disability Adjusted Life Years
DRM	Disaster Risk Management
FAO	Food and Agriculture Organisation
GAFSP	Global Agricultural and Food Security Programme
HFA	Hyogo Framework for Action
HIV	Human Immunodeficiency Virus
IFPRI	International Food Policy Research Institute
ISDR	International Strategy for Disaster Reduction
LRI	Lower Respiratory Tract Infections
LRRD	Linking Relief, Recovery and Development
MDGs	Millenium Development Goals
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
REACH	Renewed Efforts Against Child Hunger
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Project
UNICEF	United Nations Children's Fund
VOICE	Voluntary Organisations in Cooperation in Emergencies
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

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INTRODUCTION

Rationale

ACF's strength and uniqueness clearly lie in our multi-sectorial technical approach which allows us to implement a broad range of high quality, context-specific interventions to fight undernutrition and respond to humanitarian crises, the two main strategic axes highlighted in ACF Strategy 2015 and the major themes of the ACF mandate (see Annex 2). Increasingly, ACF's technical expertise and added value is transmitted by means of a supportive, capacity-development approach, through the provision of technical training, advising and mentoring, and assistance in the development of policy, strategy, guidelines and tools.

This document has been brought about primarily to delineate a common path for all ACF technical teams, in order to play to our strengths, reinforce our approach and increase our combined impact by improving the way in which we work together; with a shared vision, common principles and the same technical strategic objectives. In this way, we can get the very best out of ACF's existing technical capacity, as well as define gaps and areas where we need to do better and develop expertise and guidance.

The paper describes the common role and added value of the technical teams, and provides a framework to help set parameters, improve synergies and increase our overall impact on undernutrition and humanitarian crises. It sets out the intent and commitments of the ACF technical teams, providing direction, guiding choices, decisions and actions in a variety of contexts. It also articulates the implementation of the ACF Strategy 2015, through a 'technical lens', at the same time as being responsive to developments in the external environment, including developments in nutrition and health, policy and research, as well as projected evolutions within the contexts in which ACF works.

The document has been produced as a result of a set of workshops and consultations involving ACF technical and operational staff from different ACF headquarters during 2011. It draws from and complements a number of ACF policy and position papers, and should be read in conjunction with these. These include policies on: Nutrition, WASH, Food Security and Livelihoods, Care Practices and Mental Health, Hygiene Promotion / Health Education, Evaluation Policy and Guideline, Research, HIV/AIDS, Partnership, and Disaster Risk Management (DRM).

The document is intended for use primarily by ACF technical and operational staff at headquarters and field level, ACF management, operations and communications departments at field and headquarters.

Structure and content of the document

The first part of the document describes **ACF's Technical Policy**. This section includes the following aspects:

- How ACF is contributing technically to and participating in global initiatives
- The organisational technical mission statement and vision
- The core areas of focus of ACF technical teams
- Areas of technical expertise
- Activities common to all sectors
- The values and principles common to all the technical teams
- Target groups

In order to set the scene for the strategic section (Section 3) of the document, Section 2 examines the broader context **within which ACF is working, and the key challenges** faced by organisations like ACF, **with particular reference to the issues of undernutrition and humanitarian crises**¹, including a look at some of the global initiatives, approaches and responses in relation to these issues.

Section 3 of this document describes **ACF's Technical Strategy**, outlining the core axes of focus for the next three years. This should be read in conjunction with the ACF International 2015 Strategy, and should inform sectorial strategies and action plans.

It is important to note here that, although the first part of the document describing our technical approach is unlikely to be subject to significant change in coming years, the sections examining the broader context and ACF's technical strategy will be subject to review and change, and needs to be updated on a regular basis.

¹ - ACF defines a humanitarian crisis as follows: 'Where and when a disaster provokes an immediate, exceptional and widespread threat to life, health or basic subsistence, which overwhelms the coping capacity of individual and community, implying need of external assistance.'

I. ACF TECHNICAL POLICY

The articulation of ACF's overall organisational mandate is through quality technical interventions targeted to those most vulnerable to undernutrition and/or humanitarian crises. ACF's technical strategy aims to respond to the challenges outlined in section 2 through a coherent multi-sectorial approach.

ACF Technical Mission Statement

The ACF Technical Department provides technical expertise in the analysis of needs and risks and their evolution, in relation to undernutrition and humanitarian crises². Based on evidence, it designs, develops, and promotes quality solutions and approaches ranging from project to policy level, as part of an evolving, lesson-learning process of which monitoring and evaluation are an important part.

Core areas of focus

The technical department has TWO core areas of focus³:

• Undernutrition⁴

ACF recognises undernutrition as **a major public health problem**. We aim to prevent and build resilience to undernutrition, to scale up the diagnosis and treatment of nutritional deficiencies and to contribute to the achievement of nutrition security⁵.

We analyse the determinants of undernutrition through the Conceptual Framework of Malnutrition (see diagram below). We respond to these multiple causes and consequences through a multisectoral approach, ensuring that our interventions have the greatest possible impact on undernutrition both in the immediate, and long term.

• Response to and prevention of, humanitarian crises

ACF technical teams are committed to improving organisational preparedness capacity to respond rapidly to humanitarian crises, and place particular emphasis on life-saving activities and coordination of the response. In addition, we aim to increase the coverage of our support to the most vulnerable and affected populations during acute crises and the post-crisis rehabilitation phase, when levels of acute malnutrition are persistently above crisis thresholds in otherwise stable contexts and in contexts of high population density where the actual caseload of acute malnutrition is high despite low prevalence rates.

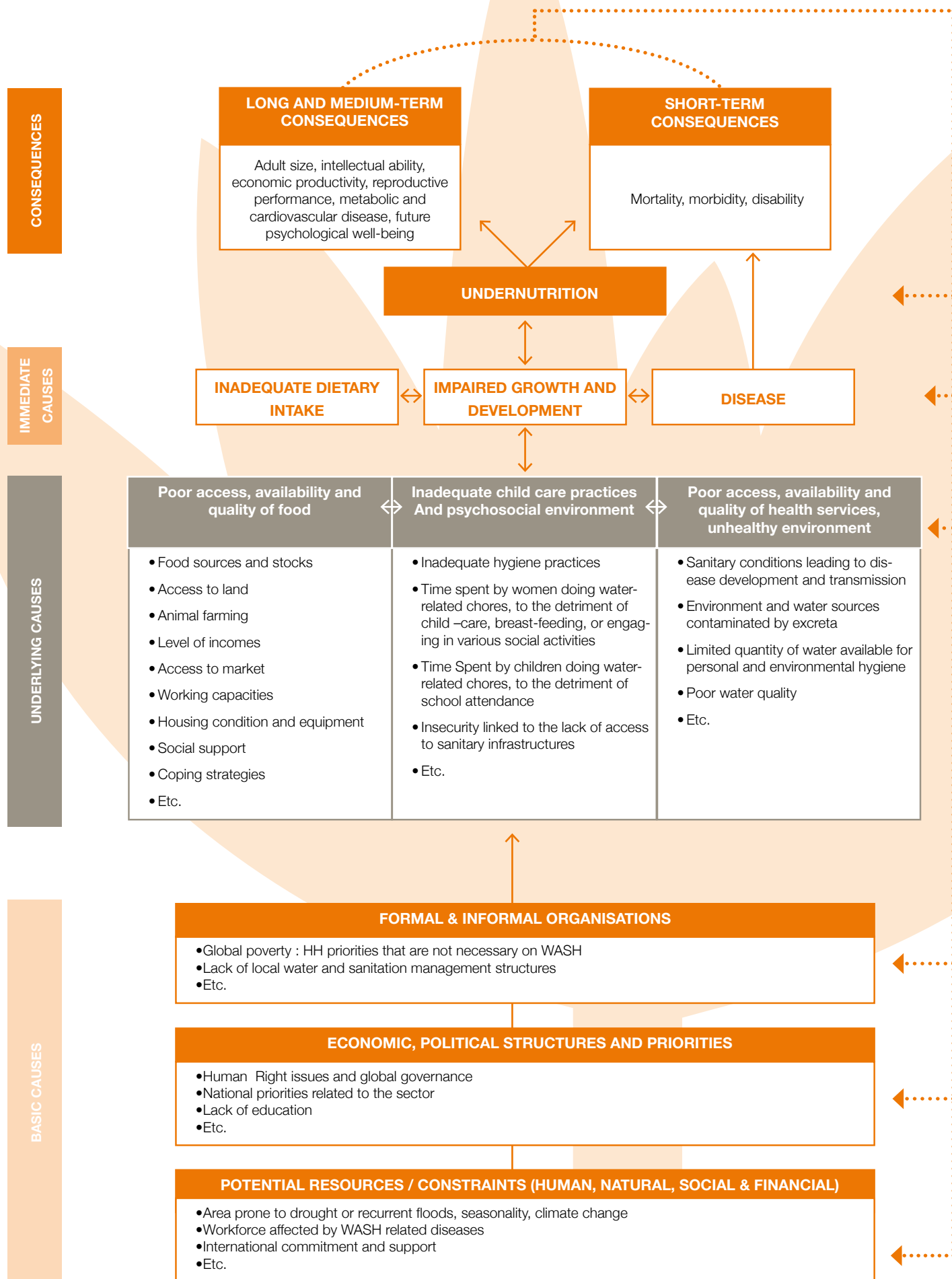
ACF also works in pre-crisis situations, ensuring that disaster risk reduction and climate change adaptation strategies, for example, early warning and surveillance mechanisms, strategies to strengthen, diversify and hence 'hazard-proof' livelihoods, are integrated into our programming where relevant. We are committed to ensuring that preventive, responsive and recovery activities are closely linked to each other, promoting stability and resilience to shocks in the longer term.

2 - Please see page 12 for a definition of humanitarian crisis

3 - As highlighted in ACF Strategy 2015

4 - Terminology relating to undernutrition explained in annex 2.

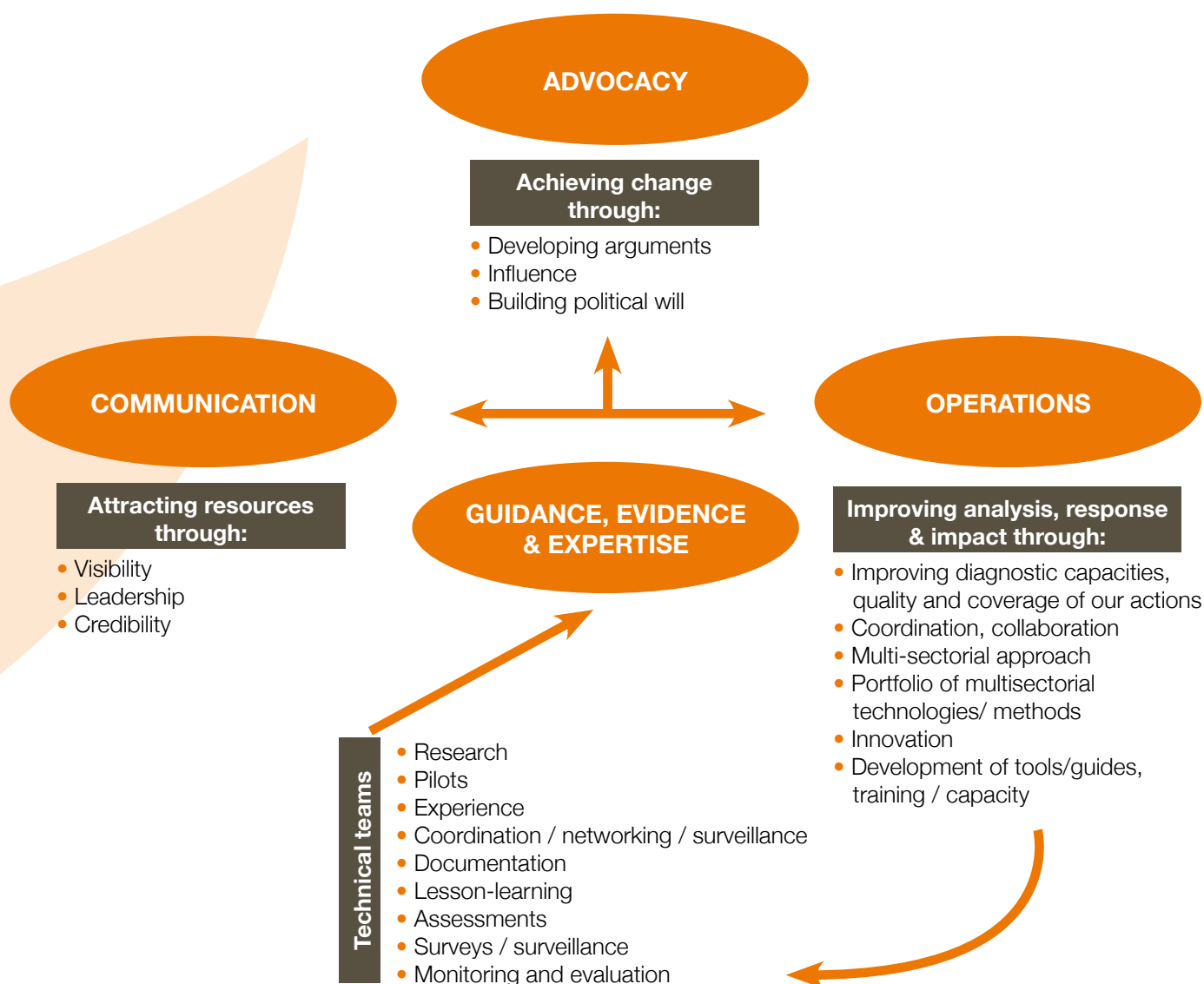
5 - Nutrition Security exists when food security is combined with a sanitary environment, adequate health services and proper care practices to ensure a healthy life for all household members' (UN /World Bank definition)



Conceptual Framework of causes of Undernutrition, adapted from Black et al. 2008

ACF's Technical VISION

ACF technical teams aim to achieve the best possible impact in the field by bringing guidance, evidence, and expertise from a broad range of activities and sources. This is used to feed our field operations to ensure quality, inform advocacy and bring about change, positioning us as a leading organisation in the response to undernutrition and humanitarian crises.





Areas of Technical Expertise

The ACF Scientific & Technical Department provides technical expertise in the following areas⁶:

- Nutrition and health,
- Food security and livelihoods (FSL),
- Care practices and psychosocial issues,
- Water, sanitation and hygiene (WASH).

Values and Principles

All of ACF technical teams adhere to the following charters, codes and guidance:

- The ACF organisational charter (see annex 1),
- The DAC / OECD principles for transversal evaluation of interventions (see annex 2)⁷
- The International Red Cross and Red Crescent Code of Conduct 1994 (see annex 3),
- The Hyogo Framework for Action (see annex 4)
- The Sphere Project – Humanitarian Charter and Minimum Standards in Humanitarian Response (see annex 5).
- International code of conduct on the use of breastmilk substitutes: http://www.who.int/nutrition/publications/code_english.pdf
- ACF policies on gender, HIV, evaluation.
- Each technical sector also has its own set of codes and guidance to which it adheres. Please refer to sectorial policies for details of these.

Respecting the above, the following values and principles also guide ACF's technical approach:

- **The technical department aims to have expertise and capacity to respond to the different determinants of undernutrition through a multi-sectorial approach⁸.** In this way, our response can be adapted according to the context and causes identified, in order to have a more far-reaching and preventive impact and to ensure the most efficient use of resources. This approach includes: targeted interventions to manage acute malnutrition, as part of a package of basic services to address childhood illnesses; addressing the determinants of undernutrition as part of a joined up approach, targeting the same area / population: poor health and inadequate food intake; interventions to better prepare for, mitigate and 'absorb' peaks of seasonal nutritional vulnerability; and interventions which have as their specific aim the prevention of undernutrition through addressing its underlying and basic causes (see Conceptual Framework).
- **Interventions are based on technical development, research, innovation and evidence-based action from field experience:** the ACF scientific and technical department places great importance on research and innovation, where robust evidence ensures continued expertise and further development of technical competences. This is coupled with documentation and lesson-learning from real field experiences, allowing us to identify, implement and promote adapted / new solutions at field level, which improve the quality, impact and coverage of our interventions.
- **Do no harm:** interventions can inadvertently create societal divisions and worsen corruption and abuse, and in our programme approaches it is important that the appropriate safeguards are put in place⁹. It

6 - Based on the UNICEF Conceptual Framework of the Causes of Malnutrition

7 - See ACF Evaluations Policy for further reading

8 - A multi-sectorial approach in ACF is defined as 2 or more sectors addressing the same problem at the same time, in recognition of the fact that multiple solutions are required to address multiple causes, as represented in the Conceptual Framework.

9 - Extracted from DAC / OECD Fragile States Principles: http://www.oecd.org/document/26/0,3746,en_21571361_42277499_45359770_1_1_1_1,00.html

is also crucial to ensure that our own programmes do not negatively impact beneficiaries, for example through the distribution of food unfit for human consumption, promoting agricultural techniques which are damaging to the environment, supporting livelihoods activities which have a negative impact on children's nutritional status.

- **Documentation of lessons learned and their dissemination is a central principle for the ACF Technical Department.** Monitoring and evaluation of our technical interventions allows us to understand what works, and what has an impact, in terms of achieving our overall objective. It is essential that both positive and negative experiences are documented and shared to the benefit of other stakeholders, and those affected by undernutrition and disasters worldwide.
- **Full participation and ownership** by affected populations is promoted, where appropriate and feasible, at all project levels and phases, in order to ensure appropriation and maximise uptake of services provided. Traditional experience and knowledge is elicited and respected to ensure that programme activities are appropriate to the region and the population.
- **The technical teams prioritise lifesaving activities.** Although emphasis is placed on working within the relief – development continuum (see below) and working in partnership with local stakeholders and promoting long-term sustainability, where populations are at immediate risk of death priority will always be given to saving lives, with direct intervention by ACF if necessary, or through support to local institutions if feasible.
- **Linking Relief, Recovery and Development (LRRD).** Response to disasters, disaster preparedness and solutions to longer-term developmental problems such as undernutrition, should not be seen as separate entities, but rather as elements along a continuum – this is often referred to as 'linking relief, recovery and development' or LRRD. Disaster response should be designed with sustainable recovery and development in mind, as emergencies and the response to them can be disruptive to and even reverse, long-term development gains. Likewise, development policies and programmes should take the risk of disasters and the protection of vulnerable populations into account.

Activities common to all sectors

In order to ensure quality, increase the coverage and impact of our activities and to achieve the best possible results, the ACF Scientific and Technical Department places emphasis on the following activities across all its sectors:

- **Research and technical development** activities in ACF contribute to the advancement of scientific knowledge in order to adapt to the evolving context and to improve interventions in the area of disaster preparedness and response, reduction and mitigation, the prevention of undernutrition and the treatment of nutritional deficiencies.
- **Development of capacity both internally in ACF and externally**, through a broad range of activities, to effectively tackle undernutrition and to ensure a rapid, effective and efficient response to humanitarian crises in close collaboration with other actors¹⁰.
- **Development of partnership** with community, local, national and international stakeholders to improve the coverage and quality of our work and to promote sustainability¹¹.
- **Advocacy activities** in relation to the causes and consequences of undernutrition and the most effective solutions¹². Scaling up and increasing our impact is not just a question of increasing the volume of ACF's interventions, implementing more projects, increasing the number of beneficiaries or opening new missions; effectively influencing decision-makers, donors and other key players is essential in order to effect meaningful policy change, increase the availability of resources and influence the implementation of policies and programmes.

10 - Relates to pillar IV ACF Strategy 2015

11 - Relates to pillar III ACF Strategy 2015

12 - Relates to pillar V ACF Strategy 2015



- **Training and transmission of technical knowledge** forms a central part of the work of all technical sectors; it is a key aspect of capacity development and the main means by which evidence and innovation is transformed into practice.
- **Documentation and ‘operationalisation’ of knowledge and lessons learned** to ensure quality, increase coverage of our activities and achieve the best possible results.
- **Scientific / technical ‘surveillance’**: this allows us to remain informed and to keep up-to-date with the latest research, field experience, expertise and debates on specific issues, to be aware of emerging technologies, and to ensure field teams and partners are aware of these.
- **Surveillance of the humanitarian context** is an essential activity for technical teams, for disaster preparedness, informing advocacy and ensuring timely responses to (or averting) humanitarian crises.
- **Networking / coordination**: ACF technical teams play a prominent role in sectorial coordination mechanisms at both national and international level, including technical expert groups, and leadership of / participation in global clusters.
- **Quality Assurance**: the provision of key indicators of quality and minimum standards for field programmes, through the different stages of the project cycle, and also in relation to specific technical interventions by sector, and provision of guidance and support on their achievement.
- **Monitoring and evaluation**: development and provision of tools, guidance, support to regular monitoring of field programmes according to indicators of progress, quality and impact, as well as regular evaluation according to programme indicators and outcomes. Please refer to annex 4 for further details of the ACF evaluations framework and criteria used and /or to the ACF International Evaluation Policy and Guideline (2011).

Target Groups by domain

Listed below the **priority** (though **not exclusive**) beneficiary groups for each of the main domains in which ACF works:

- **Diagnosis and treatment of nutritional deficiencies** (including early diagnosis and prompt treatment of acute malnutrition): children under 5 years of age and women of childbearing age.
- **Prevention of all forms of undernutrition**: children under 2 years of age and women of childbearing age – the ‘window of opportunity’ (1000 days) in terms of protecting long-term nutrition and health status, beyond which the effects of undernutrition are irreversible and lifelong¹³.

Interventions should either target these groups directly or ensure that the outcomes of programmes have a beneficial impact for these groups.

- **Humanitarian crises** (i.e. displaced, conflict-affected, disaster-affected etc.): beneficiaries are identified based on risk factors and / or needs defined according to the context. Target populations for diagnosis, treatment and prevention of undernutrition in crises remain the same, though may also include others at risk of undernutrition and / or mortality: communities and households at risk of epidemics / chronically ill, severely food insecure households, marginalised groups.

¹³ - Relates to focus of attention on 1,000 day ‘window of opportunity’ for optimum impact on nutrition as recommended in Scaling Up Nutrition (SUN)- A Framework for Action (2009) and the Lancet Nutrition Series (Black et al, 2008)

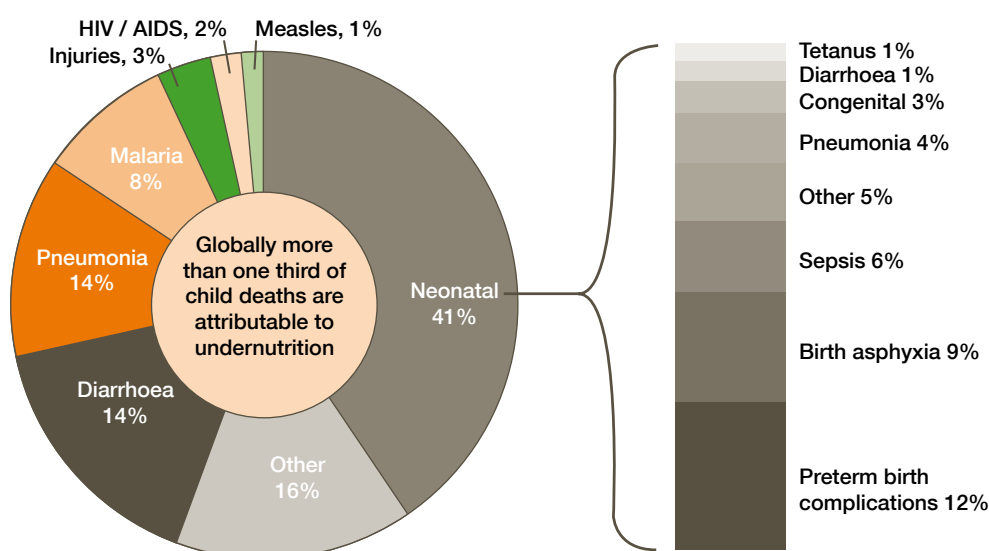
II. CONTEXTUAL ANALYSIS - TECHNICAL CHALLENGES AND RECOMMENDATIONS FOR ACF

If ACF is to remain effective and relevant in terms of the technical and programmatic solutions it offers in the fight against undernutrition, preparing for and responding to crises, it is important for us to understand the likely trends and developments in the contexts and sectors within which we operate. The challenges today are like never before and our strategies and approaches must anticipate change and be adaptable and flexible in the face of both predictable developments and uncertainty. In the elaboration of our sectorial strategies and action plans, we need to think longer-term, with 2015 as a 'staging post'. Described below are some of the major challenges facing NGOs such as ACF (the list is not exhaustive, but aims to highlight some key issues).

→ 200 million children are affected by undernutrition, with 3.5 million deaths every year

Undernutrition, more specifically acute malnutrition, chronic malnutrition, underweight, micronutrient deficiencies, and maternal undernutrition, is a cause of mortality either directly or indirectly as an underlying factor. It is a serious public health problem, resulting from a complex combination of underlying causes, including food insecurity and nutrient shortages, inadequate childcare practices, lack of access to adequate healthcare and to clean water and sanitation, as well as infectious disease and parasitic infestations.

Around 200 million children worldwide are affected by undernutrition at any one point in time, and it is linked to around 3.5 million child and maternal deaths every year¹⁴. The condition encompasses micronutrient deficiencies, chronic undernutrition, underweight and acute malnutrition. Overall, it is estimated that more than one third of global child deaths¹⁵ and 11 percent of the total global disease burden¹⁶ is linked to some form of undernutrition.



Source: Black R, Cousens S, Johnson H, Lawn J, Rudan I, Bassani D, Jha P, Campbell H, Walker C, Cibulskis R, Eisele T, Liu L, and Mathers C, for the Child Health Epidemiology Reference Group of WHO and UNICEF, 2010.

Causes of among under age five

14 - Black R et al 2008, Lancet series on Undernutrition

15 - Black R et al 2008, Lancet series on Undernutrition

16 - Black R et al, Child Health Epidemiology Reference Group of WHO and UNICEF, 2010.



- Although ACF treats acute malnutrition as a priority, it is impossible to ignore the magnitude and severity of the wider problem of undernutrition, and the role the organisation already plays in tackling all forms of the condition.
- In addition to 'direct' responses to tackle the problem of undernutrition, it is also important that ACF technical teams ensure that responses in the area of health, agriculture, WASH, child care practices and psychosocial issues are nutrition-sensitive, i.e. that improved nutrition is included an objective and an outcome of these 'indirect' activities.

→ Within this figure, 55 million children suffer from acute malnutrition, including 19 million children with severe acute malnutrition resulting in 1 million deaths every year

The extent and consequences of one of the deadliest forms of undernutrition, **acute malnutrition**, remain poorly understood. This type of undernutrition, also commonly referred to as wasting, reflects recent weight loss as highlighted by a small weight for a given height / MUAC less than 115mm and /or bilateral oedema. It occurs as a result of recent shocks to a child's nutritional status, which can be as a result of food shortages, a recent bout of illness, inappropriate childcare practices - usually a combination of such factors.

The condition is widely overlooked by governments, donors and other international actors, considered as an issue which only arises during emergencies, requiring short-term, resource-intensive interventions. The reality is very different: 55 million children suffer from acute malnutrition at any one point in time, and of these, 19 million suffer from severe acute malnutrition. 1 million child deaths per year are attributed to Severe Acute Malnutrition (SAM)¹⁷, the severest form of the condition. Contrary to popular belief, the majority of cases of severe acute malnutrition are to be found in developing, rather than emergency, contexts. For example, India alone accounts for around one third of the global caseload of severe acute malnutrition.

The current coverage of the treatment for severe acute malnutrition constitutes a very small proportion of the actual caseload, and this is usually in emergency situations, treated by international agencies with external funding, meaning that many millions of children are going untreated. Recent developments have revolutionised the way that SAM is treated, and in theory, the potential is now there for all children suffering from the condition to be treated as part of routine health services. In spite of this, many obstacles to scaling up treatment still exist, including: inadequate health structures, lack of predictable and adequate funding for long-term, free treatment. Management of SAM is widely regarded as an emergency response, and it is usually funded as such, and has not been properly placed on the health / development agenda.

The only way that coverage can be increased in a sustainable manner is for the treatment of SAM to be delivered through health systems as part of a basic package of health services; meaning that capacity and infrastructure to deliver the all these services at scale need to be in place. This means that NGOs such as ACF involved in the management of SAM are inevitably required to be involved in broader initiatives to strengthen health systems and increase access to and quality of basic services. Strengthened health systems will improve access to health, which in turn may have a significant impact on the nutrition status of children.

Other challenges to scaling up the management of acute malnutrition include difficulty in targeting and managing concentrated 'pockets', particularly in urban areas (see page 21), managing HIV/AIDS-related SAM which constitutes a significant proportion of the caseload and mortality in sub-saharan Africa, as well as managing seasonal 'peaks' of acute malnutrition and protracted nutritional crises (see page 20).

- If ACF is to scale up the treatment of acute malnutrition and other nutritional deficiencies, it is important to define strategies which tackle the various constraints which include: strengthening weak health systems to scale up access to free treatment as part of a broader package of health

17 - UN Joint Statement on Community-Based Management of Acute Malnutrition (CMAM), 2007

services; achieving change in the way in which funding is allocated, building capacity to manage seasonal 'peaks' in acute malnutrition responding to consistently high levels of acute malnutrition in protracted crises, identifying and addressing 'pockets' of acute malnutrition.

- ➔ *ACF is committed to ensuring that the highest proportion of children suffering from acute malnutrition have access to treatment. It is essential that access and service utilisation are not taken for granted, but rather, that they are regularly monitored using reliable methodologies. ACF believes that monitoring the coverage of nutrition programmes is an essential way of assessing their performance and identifying opportunities for improving it.*

➔ **Maternal undernutrition is a key cause of child undernutrition**

Maternal undernutrition (as defined by low Body Mass Index¹⁸ and / or micronutrient deficiencies), common in many developing countries, leads to poor fetal development and higher risk of complications in pregnancy. About 13 million children are born with low birth weight or prematurely as a consequence of maternal undernutrition.

The health and nutritional status of children is inextricably linked to that of the mother¹⁹. Women who were undernourished as girls are likely to become undernourished mothers, who give birth to low birthweight babies and so this vicious cycle continues, generation after generation. The problem of child undernutrition, therefore, will never be solved unless the issue of maternal undernutrition is properly addressed. Interventions to tackle undernutrition therefore need to be targeted to specific stages of the life cycle, during the critical window of opportunity - during pregnancy, and during the first two years of a child's life. Marked reductions in child undernutrition can be achieved through improvements in maternal nutrition status, ensuring early and exclusive breastfeeding, good quality complementary feeding and appropriate micronutrient interventions.

The health and nutritional status of women is closely linked to their status in society; low status and lack of autonomy can result in the compromising of nutrition and health outcomes, which can lead to low birthweight and affect the quality of childcare practices. ACF works predominantly in places where the majority of household food production is carried out by women. Women spend long hours in the fields, tend domestic livestock and vegetable gardens, gather firewood, fetch water, prepare and cook food, take care of children and manage household finances. In most cases, women use almost all their income to meet household needs. Women therefore play a central role in the health, nutrition and well-being of their children. However, traditional culture and land laws often prevent women and girls from gaining an education and obtaining access to communal resources and public services that would allow them to improve their families' livelihoods. In addition, cultural beliefs of both sexes appear to reduce women's decision-making power and status both within the household and at community level²⁰.

- ➔ *As part of a multi-sectorial approach to address undernutrition it is crucial that ACF increases its focus and impact on maternal undernutrition.*
- ➔ *Consideration of gender issues and empowerment of women must take a much more central place in the work of ACF. It is essential that our strategy addresses the challenges faced by women and the resources they lack, ensuring their participation in all aspects of programming, promoting the improvement in women's status.*
- ➔ *Programmes should strive to lessen the work burden placed on women; responses need to be based on a gender analysis that acknowledges differing needs, capacities, roles, responsibilities, power relations and the use and distribution of resources.*

18 - Body Mass Index is defined as an individual's body mass divided by the square of his or her height.

19 - UNICEF 2009: Tracking progress on child and maternal nutrition.

20 - ACF 2006, Women and Hunger.



→ **The profile of undernutrition is increasing, with the launch of a number of national and international initiatives to address the problem**

Undernutrition has been a long-neglected and under-resourced problem, although over the last 3 years its profile has been greatly increased, since the publication of the Lancet series on undernutrition. In addition, the food price crisis of April 2008 drew global attention to the plight of over 1 billion people suffering from food insecurity and who are at risk or already suffering from undernutrition. As a result, there is now a much greater focus on the problem, a greater understanding of its causes and consequences, and increased recognition of the fact that it must be tackled at a grand scale, placed at the heart of poverty-reduction and development strategies.

A number of initiatives have been launched, to intensify efforts to reduce hunger, undernutrition and its associated consequences, and to better manage disaster risk. For example, several governments have released policies outlining their commitments to tackling undernutrition, and several high-level conferences have been held on the issue. The UN secretary General launched the High Level Task Force on the Global Food Security Crisis, and its associated Consolidated Framework for Action (CFA), outlining the key actions required in tackling this crisis.

The UN-led REACH initiative²¹ to end child hunger and undernutrition was launched in 2009, promoting a country-led approach to scale-up proven effective interventions addressing child undernutrition through partnership and coordinated action of UN agencies, civil society, donors and the private sector, under the leadership of national governments.

In April 2010, the World Bank launched the 'Framework for Scaling Up Nutrition' or 'SUN', the result of a consultation with stakeholders from governments, donors, civil society, private sector and development banks (in which ACF participated). The objective of the SUN is to reducing hunger and undernutrition and to contribute to the realisation of the MDGs set in 2000, with a particular emphasis on MDG 1 – halving poverty and hunger by the year 2015. A SUN Road Map was presented at the UN MDG Summit in September 2010 detailing ways and means by which country, regional and international stakeholders will work together to reduce undernutrition.

Many governments are placing nutrition increasingly high on the national agenda, for example by raising the status of the government nutrition programme or national Nutrition Task Force, developing policies and strategies to tackle undernutrition, improving the level of technical expertise on nutrition at country-level, allocating more resources, and signing up to initiatives such as 'REACH' and 'SUN'.

→ *In the light of these new initiatives and the increasing interest and emphasis placed on tackling undernutrition, ACF must seize the opportunity to participate and increase its profile, whilst intensifying its own efforts in tackling undernutrition and giving voice to the problem.*

→ **Health – a key determinant of undernutrition!**

Within the conceptual framework, health is positioned as a key determinant of undernutrition and as stated above undernutrition is an underlying cause of 35% of disease burden for children under 5 worldwide. Because of the relatively few countries in which malnutrition is highly prevalent, in these regions, the proportion of diseases driven by undernutrition is even greater. Hence, a significant reduction in undernutrition would render a reduction of the incidence of numerous child deaths and illnesses. Conversely, prevention and treatment of these diseases would see a reduction in the prevalence of undernutrition.

As it has been shown in the past (for example in WHO/UNICEF nutritional interventions²²), the prevention of undernutrition requires interventions that aim at improving people's livelihoods and health. In relation to health, it is important to ensure the prompt diagnosis and treatment of pathologies that are very often associated with acute malnutrition. It is important therefore to ensure that basic health services including vaccinations and treatments are made available to children as part of a multisectorial approach to tackling undernutrition.

Strengthening health systems and enhancing access to SAM treatment within a basic package of health services, and involvement in health-related research are therefore entirely relevant activities for ACF, both from the point of view of integrating management of acute malnutrition, increasing access to treatment and to other essential nutrition actions within these services, and from the point of view of improving global access to health and thus preventing undernutrition.

- ➔ *With a double-pronged objective of increasing access to SAM treatment and tackling poor access to health as a determinant of undernutrition, ACF needs to develop a clear strategy and positioning in relation to health systems strengthening. This includes defining its role within a 'systems approach' and identifying ACF's added value within this environment at both global and national levels.*
- ➔ *ACF needs to develop its approach on the integration of health actions to prevent undernutrition and in responding to emergencies.*
- ➔ *More research is needed to understand how to prevent undernutrition in cases of diarrhoea, upper respiratory tract infections, HIV and possibly malaria.*

➔ Many populations are increasingly vulnerable to the risks and consequences of humanitarian crises

ACF defines a humanitarian crisis as follows²³:

'Where and when a disaster provokes an immediate, exceptional and widespread threat to life, health or basic subsistence'

and responds when

'the coping capacity of individual and community is overwhelmed, implying need of external assistance.'

The bulk of crises are still conflict-related and complex emergencies, although the number of disasters triggered primarily by climatic or environmental factors has increased, and this trend is likely to continue; weather-related hazards have caused a sharp rise in the occurrence of natural disasters. Populations are becoming more and more vulnerable and unprepared for coping and recovering from the impact of such crises, and the number of people affected by natural disasters is increasing²⁴.

It is important to recognise, however that many crises are driven by disease, high food prices, loss of income / livelihoods rather than environmental / weather disasters of conflict. Increasingly, disasters are a mixture of both man-made and natural causes and are becoming more and more protracted. For example, in 19 countries of Africa, food security crises were reported in 8 out of 10 years (between 2000 and 2010), with continually high prevalence of acute malnutrition (often at 'emergency' levels) over a period of several years²⁵.

22 - Iringa Joint WHO / UNICEF Nutrition Support Programme (1983 – 1989)

23 - Emergency Response – Standard operating protocol of ACF International, 2012.

24 - LSE 2011: A Year of Living Dangerously – A Review of Natural Disasters in 2010

25 - IFRC, 2011. World Disasters Report – Focus on Hunger and Malnutrition. Accessible at: <http://www.ifrc.org/PageFiles/89825/307000-WDR-2011-FINAL-email-1.pdf>



Climate change poses an additional challenge, as it exacerbates the intensity and recurrence of natural disasters such as floods, droughts or epidemics, as well having long-term impacts on natural resources (including agriculture and water), traditional livelihoods and health (undernutrition and diseases).

Many agencies choose to implement high-visibility and ‘quick impact’ interventions, such as the distribution of nutrition products and hygiene items, often without considering the additional need for more labour-intensive and lower profile activities which address longer-term issues such as maternal undernutrition, poor access to sanitation and health services, inadequate infant and young child feeding practices.

- ➔ *High quality needs assessment and analysis in both types of crisis is now realistic and feasible. This now needs to be matched by improving capacity to take timely decisions, providing appropriate, high quality response and better measurement of effect / impact.*
- ➔ *There is a need to provide choice from of a range of evidence-based responses and technologies, which are known to promote the recovery of the population both in the immediate and longer term.*
- ➔ *In responding to emergencies, direct ‘quick fix’ solutions need to be complemented by actions which address longer-term issues such as childcare practices, the public health environment and access to / availability of good quality food. ACF needs to influence donors to re-think the way in which protracted crises are funded, in order to ensure a more joined-up approach to humanitarian funding / response, considering recovery and developmental needs.*
- ➔ *The increasing vulnerability of populations to cope with the risks and impacts of natural disasters, mean that it is essential to develop a range of tools and responses to support and prepare populations to become more resilient and to better manage multiple hazards. Disaster Preparedness / Disaster Risk Reduction should form a central component of our work, including risk reduction and mitigation, managing transition and recovery.*

➔ **Seasonality – poverty, undernutrition and disease are dynamic phenomena²⁶**

The majority of rural poor work in agricultural or livestock economies. For these households, poverty, undernutrition and disease are dynamic phenomena, changing dramatically over the course of a year in response to production, price and climatic cycles. As a result, a very significant proportion of acute malnutrition occurs in ‘stable’ contexts, during the annually occurring ‘hunger gap’ or ‘hungry season’, when the last year’s harvest stocks have been exhausted, and market prices increase with the decline in food availability. Employment and other income-earning opportunities are scarce, resulting from an over-dependence on the agricultural sector and a general lack of alternative possibilities in rural areas. In addition, the rainy season often coincides with this period, bringing with it increased prevalence of diseases such as malaria.

Seasonal food insecurity may cause families to sell off assets or engage in other strategies which are detrimental to long-term food security, in order to survive. Such phenomena, occurring on a repeated basis year after year can erode household resilience such that families are left extremely vulnerable to shocks including food price rises and production failure, resulting in serious food crises.

- ➔ *It is vital that interventions to manage what are often predictable, seasonal peaks in food insecurity, disease and acute malnutrition are planned more effectively, whilst developing the capacity of local health structures to deal with ‘spikes’ in caseloads of malnutrition and other diseases. It is also essential to ensure timely availability of funding and resources.*

26 - ACF International (2008) ‘Seasons of Hunger’

→ **Increasing globalisation and competition for resources is causing increased marginalisation and inequity**

With an increase in urbanisation, increasing participation of farmers in low-income / emerging economies in global markets, improvements in transportation, communication and infrastructure, more people will be within an 'organised' food system. However, there is a growing need to consider those people who are not adequately connected to global networks. Half the world's undernourished people, three quarters of Africa's undernourished children and the majority of people living in absolute poverty live on small farms (Pingali 2010)²⁷. Although small farmers produce the most food in the world, they do not receive proportionate benefits²⁸ and there is a need to empower them and increase their capacity and participation in national level policy and decision-making. Marginal consumers and producers are very vulnerable to price volatility and due to the globalisation of markets, changes in price are more rapidly transferred to local markets. Small shifts in prices can push people over the brink.

This is coupled with ever increasing competition for resources, including land, water and energy, due to population growth (the UN and World Bank project an increase in the world's population from 6.9 billion to 8-10 billion by 2050, with lower income countries seeing the main increase²⁹) and declines in staple food production, exacerbated by climate change.

Both the public and the private sector needs to look how to ensure that the poorest, most vulnerable households can achieve sustainable access to good quality food and other essential services, and that mechanisms are in place to protect them from the effects of 'external' shocks.

→ *The private sector plays an increasing and essential role in providing food, water, sanitation and healthcare to the poorest. ACF needs to define how it will engage with the private sector to ensure an equitable, ethical, quality approach which protects poor producers and consumers and does not render people more vulnerable and exacerbate inequalities.*

→ **Urbanisation – 'in 2008 the world's urban population exceeded its rural population for the first time'³⁰**

Current projections suggest a ratio of 3 urban dwellers to 2 rural dwellers by 2025, due to a rapid growth in the global economy, with an increase in the active population working in industry and services, predominantly concentrated in urban areas. In 2008, the world's urban population exceeded its rural population for the first time. The UN projects that the world population will increase by more than 1 billion by 2025, with hardly any growth in rural populations. This means that the proportion of the world's population not producing food will grow, as will an increase in dietary choices and demands.

Millions of urban dwellers face undernutrition today, and this is more due to a lack of income rather than a lack of capacity to produce food; the incomes of many urban dwellers are so low that health and nutritional status are at risk from any rise in staple food prices. High levels of poverty, unemployment, social breakdown, and food insecurity are increasingly being met in urban contexts, in addition to high infant and child mortality, and in sub-Saharan African contexts, high HIV rates. Governments and other agencies are unable to respond sufficiently to development problems in urban areas as the pace of change has outstripped the pace of policy and programme reform. As a result, a high proportion of urban populations

27 - Pingali 2010, The Future of Small Farms

28 - IFRC, 2011. World Disasters Report – Focus on Hunger and Malnutrition. Accessible at: <http://www.ifrc.org/PageFiles/89825/307000-WDR-2011-FINAL-email-1.pdf>

29 - Lutz W and Samir KC (2010): Dimensions of global population projections: what do we know about future population trends and structures?

30 - Extracted from 'Urbanisation, megacities and de-urbanisation and its implications for food and farming' by D. Satterthwaite, McGranahan and Tacoli published in Philosophical Transactions for the Royal Society



are living in over-crowded informal settlements, with inadequate provision for water, sanitation, drainage, healthcare, schools and rule of law.

Access to land by the urban poor is extremely limited, and therefore their food security is dependent on the affordability of food alongside other costs, making this group very vulnerable to price rises. Coping strategies in reaction to price volatility are often at the expense of food and health status.

It is assumed that data on nutritional status is more available for urban areas than rural areas³¹, although the available figures mask inequalities: 'pockets' of acute malnutrition can mean that absolute rates of malnutrition may be higher in urban areas. Sources of vulnerability and causes of undernutrition in urban areas are different to those in rural areas, for example, poor childcare practices and neglect due to violence against women, poor maternal mental health, alcohol and drug abuse.

Urban populations are particularly at risk from climate change and natural disasters; informal settlements and infrastructure and lack of government services. Recent years have seen a rapid growth in the number of deaths and injuries from disasters in urban areas, the majority amongst low income groups. Low-income urban households are predominantly reliant on wage labour, and are particularly at risk from climate-change induced food shortages and / or food price rises. Large cities in low income countries are particularly at risk with little capacity to adapt. Although food security crises are historically a rural phenomenon, there is evidence that they are slowly shifting towards urban areas, as vulnerable populations are forced out of rural livelihoods³². A likely future phenomenon is the increase in 'climate change refugees', with people forced to move from their homes and abandon their livelihoods due to environmental degradation as a result of climate change. It is therefore important to support rural populations to adapt to the effects of climate change, and to ensure that governments are taking these populations into account.

- ➔ *ACF's response has traditionally been in rural contexts and the challenge is now to provide an effective and sustainable response appropriate to the increasingly urgent needs of vulnerable urban populations. This will require us to adapt and integrate our approaches within new institutional and social contexts, where the poorest are not necessarily visible, and to adapt to urban governance rules.*
- ➔ *Operational challenges include working in informal settlements and areas of high population density without clearly defined boundaries and high levels of population movement, understanding a variety of informal livelihoods, economies and social mechanisms, some which may increase solidarity and others which may exacerbate marginalisation and isolation.*

31 - ACF 2010 – Identification of vulnerable people in urban environments – Assessment of sustainable livelihoods and urban vulnerabilities

32 - IFRC, 2011. World Disasters Report – Focus on Hunger and Malnutrition. Accessible at: <http://www.ifrc.org/PageFiles/89825/307000-WDR-2011-FINAL-email-1.pdf>

III. ACF TECHNICAL STRATEGY

Based on the challenges described in section 2, the ACF Technical Department has defined 5 priority axes for its strategy for the next 3 years. These axes complement and should be read in conjunction with, those of the overall ACF International Strategy 2015:

- Aligning technical sectors with nutrition
- Scaling up
- Provision of technical support to organisational advocacy
- Ensuring improved response to and preparedness for disasters
- Striving for excellence

STRATEGIC AXIS 1:

Aligning technical interventions with nutrition

(ACF 2015 SO 1&2 – Preventing undernutrition and Building Resilience)

Strategic objective 1: ACF will increase and document its impact on undernutrition via better alignment of multisectorial responses to address its determinants

The strength of ACF's technical approach lies in its multi-sectorial expertise in Nutrition and Health, Care Practices, Food Security and Water, Sanitation and Hygiene, allowing us to address undernutrition through a Public Health approach and provide context-specific responses to tackle its causes, whilst providing life-saving treatment. However, although it is possible to identify the likely causes of undernutrition within a given context, defining an appropriate response which will have a tangible impact on nutritional status remains a challenge. Demonstrating the direct impact of interventions to tackle underlying causes on improving / protecting nutritional status is very complex.

The challenge now, therefore, is to aim for proven nutritional impact of multi-sectorial interventions, to record this and to develop tried and tested models of the most effective interventions with which to tackle the underlying causes of undernutrition.

Priority actions

- Improve comprehension of the causality of undernutrition, through the development and finalisation of a Nutrition Causal Analysis methodology and supporting guidelines, the production of reliable evidence, and the use of existing evidence.
- Define an analysis framework **for each sector**, highlighting the key links between the specific sector and undernutrition, as well as defining inter-sectorial links which need to be formed, in order to ensure complementarity and mutual reinforcement of interventions aimed at tackling undernutrition .
- Define a strategy for ACF with associated actions in relation to the **health sector** in order to better prevent and manage undernutrition.
- By building evidence from analysis, evaluation, capitalisation, lesson-learning, and research, identify a portfolio of context-specific multi-sectorial interventions with proven efficacy and cost-effectiveness in tackling the determinants of undernutrition.
- Develop our approach on social protection, and contribute to the production of evidence of the impact of social protection on prevention of undernutrition in the countries where ACF works.
- Identify and include core indicators of nutritional impact which can be used systematically to ensure nutrition sensitivity of preventive interventions in different sectors.
- Develop and pilot low-cost methods for nutritional outcome assessment of preventive interventions, which can eventually be used in routine monitoring.



STRATEGIC AXIS 2: Scaling up of interventions to prevent and treat undernutrition

(ACF 2015 SO 1&2 – Preventing undernutrition and Building Resilience)

Strategic objective 2: ACF will increase the coverage of interventions to prevent and treat undernutrition, according to the targets set in ACF International Strategy 2015

The current coverage of proven effective interventions to tackle undernutrition (both treatment and prevention) is **very low**. The SUN (Scaling Up Nutrition) movement³³ acknowledged this, and defined 13 direct interventions with proven impacts in terms of tackling undernutrition, which need to be implemented at scale. ACF will play a direct role in scaling up several of the interventions described, in particular those relating to the promotion of good nutritional practices (breastfeeding, complementary feeding and handwashing) and therapeutic feeding for malnourished children with special foods. However, our approach goes above and beyond this – in the identification and scaling up of interventions which tackle the underlying causes of undernutrition.

Scaling up will involve technical teams in different levels and types of activity, some of which are at national, regional and global level: participation in political scaling up mechanisms (SUN, MDGs, national policies and strategies); contribution to coordination processes; developing recognition through building expertise; intellectual production and sharing; engagement in advocacy (see separate axis).

Other activities involve a more 'horizontal', peer-to-peer approach and include: involving the community in the development and adoption of effective interventions; ensuring expertise is disseminated and translated at field level through partnership; engaging in training, mentoring and capacity development; coordination; the development of regional approaches.

The private sector obviously has an important and increasing role to play in scaling up the coverage of interventions to combat undernutrition – their access to technology, distribution networks, finance and logistics will be invaluable to increasing the coverage of both direct and indirect interventions to improve nutrition. Although there are a number of issues which need to be considered, the role of the private sector in scaling up nutrition cannot be ignored. Agencies such as ACF have little prior experience of working with this sector, and it is a particular challenge which we need to address if we are to ensure quality, effective and ethical approaches which are of real lasting benefit to the poorest and most vulnerable members of society. Clearly defining how to engage with and get the most out of private sector involvement should be a key priority in our strategy of scaling up.

Priority actions

- See strategic axis 1 – develop a portfolio of multi-sectorial interventions with proven efficacy in tackling the underlying causes of undernutrition, which can be adopted by other actors (including governments) and implemented at scale.
- Continue to build evidence (through surveys, research, lesson-learning and capitalisation) in order to improve operational modalities, develop arguments and influence political will
- Improve availability of and access to high-quality data on rates, scales and causes of undernutrition, in order to target the most appropriate interventions to areas of highest need and where ACF can have the greatest impact.
- Development of multi-sectorial expertise, clear guidance and tools (to be used in both direct implementation and by partners) and the definition of concrete actions and indicators relating to the following challenges:
 - Identifying and scaling up interventions to tackle **maternal undernutrition and empower women**.

33 - For further information please see annex 7 or the SUN portal: <http://www.scalingupnutrition.org/>

- Prevention and management of **undernutrition and diseases in urban contexts**.
 - Identifying and responding to concentrated 'pockets' of undernutrition.
 - Prevention and management of **seasonal undernutrition**.
 - Improving our reach and impact through **community approaches**.
 - **Engaging with the private sector** – identification of potential links and initiatives, analysis of ACF's role, opportunities and risks, development of clear guidance with concrete recommendations.
 - Increasing the adoption and promoting the widespread use of relevant **new technologies**.
 - **Strengthening professional and organisational capacity** of national structures and / or partners, for example supporting health systems to include the management of acute malnutrition as part of a package of basic health services.
- Building alliances, engaging with stakeholders including local partners, establishing and participating in effective coordination mechanisms.

STRATEGIC AXIS 3: Provision of technical support to organisational advocacy

(ACF 2015 SO 3, 2 and 1)

Strategic objective 3: ACF technical teams will support advocacy processes to increase access to treatment of acute malnutrition and to ensure that undernutrition is addressed within national and international policy.

Advocacy is a set of organised activities designed to influence the policies and practices of those in power in order to achieve lasting and positive change³⁴. It is an important complement to programme and project implementation, helping to ensure improved policy frameworks and an environment for development and sustainability. Engaging in advocacy is essential in the achievement of our strategic axes: it is one of the five pillars of the ACF 2015 strategic plan and is of crucial importance in tackling the problem of undernutrition, as well as responding to crises and preparedness for disasters.

In addition to increasing the 'volume' of ACF's activities at field level, the technical teams have a key role to play in advocacy in ACF. The technical teams contribute to advocacy processes in order to increase the influence, reach and impact of our work, through activities including: provision of detailed, evidence-based information; 'piloting' / demonstrating efficacious interventions which can then be adopted by governments at scale; contribution to the formulation of advocacy objectives and the plan for their achievement; facilitation of the involvement of affected populations in advocacy, as well as like-minded partners, to strengthen voice and ensure relevance, legitimacy and credibility; contribution to stakeholder analyses to determine appropriate targets and facilitation of access where necessary; contribution to the development of influencing strategies; identification of opportunities for advocacy – e.g. fora, international meetings, thematic and technical groups and contribution to the process of monitoring and evaluation of the progress and impact of advocacy activities.

Previous / ongoing advocacy includes the Acute Malnutrition Advocacy Initiative (AMAI), which aims to increase access to the treatment of acute malnutrition, as part of a basic package of health services, activities to influence actors to prioritise nutrition in strategic plans and increase financial contributions to nutrition security interventions and engaging support for policy change; advocacy on the Right to Water.



Priority actions

In collaboration with the ACF advocacy team:

- Definition of technical advocacy priorities and key outcomes to 2015, including over-arching multi-sectorial priorities as well as those specific to sectors. This will include advocacy relating to tackling challenges highlighted in section 2.
- Reinforce advocacy to favour nutrition security, in relation to the core competencies of ACF.
- Promote a multi-sectorial approach to tackling undernutrition and its causes.
- Define positioning on the response required to tackle the structural causes of undernutrition.

STRATEGIC AXIS 4:

Ensuring improved response to and preparedness for humanitarian crises

(ACF 2015 SO2)

Strategic objective 4: Improve response to crises and Disaster Preparedness, ensuring better linkages between Response, Recovery and Development.

ACF responds to both rapid onset crises, usually caused by natural disasters, as well as to slow onset, protracted crises. The primary concern of ACF's response to crises is to meet immediate needs in relation to its core competences. Prevention and treatment of nutritional deficiencies does not necessarily have to be a main objective of a response to a crisis; this is particularly the case in sudden onset emergencies, although rates of acute malnutrition can be very high in complex, slow onset emergencies.

As previously mentioned, the amount and quality of data relating to needs has improved dramatically in recent years (although one area where assessment methodologies need to be improved and developed is defining emergency needs in the first 72 hours after a sudden-onset crisis); with the methodologies and tools now available to us, we should be able to better define who is at risk of what, in what timeframe and to what extent. It is now essential to ensure that knowledge and capacity to effectively use these different assessment tools and analyse the resulting data is transmitted to staff and partners.

The production of high quality data needs to be backed up with a range of efficacious and cost-effective technical responses which can be deployed, dependent on the type of crisis and the needs arising. Field actors need to be able to make informed choices about the right types and combinations of multi-sectorial interventions which will achieve the best outcomes within the context, mitigating potential negative impact.

As well as being committed to improving analysis and response, ACF also wants to develop its approach to working along a continuum, forging better linkages between preparedness, response and development. Our actions should be both proactive to address the risk and reactive to address the impact of disaster. This includes improving our work in development contexts, with a particular focus on working in a partnership / support role, developing capacity, transferring knowledge, minimizing other drivers of risks and reinforcing resilience.

Disaster preparedness, emergency response, and recovery solutions are not separate entities but co-exist along a continuum/ contiguum. It is essential that we implement emergency response with relief and recovery phases in mind, while enhance the effectiveness, appropriateness and timeliness of the response by including risk analysis, contingency planning and disaster risk management in development policies and programmes through multi-sectorial approach.

Priority actions – Disaster response

- Development of multi-sectorial guidance / tools which guide different levels of emergency assessment (particularly important for responding to needs in the first 72 hours of a rapid onset emergency), checklists, advising on triggers and decision-making in relation to response options (what choices exist, which will best address actual needs), roles and responsibilities of technical teams in emergencies.
- The development of technical guidance on different types of emergencies (slow / rapid onset and characteristics) and appropriate multisectorial responses.
- Technical guidance (multisectorial and by sector) on the consideration of gender issues in emergency response.
- Development / improvement of technical tools to support emergency response – mobilisation of resources, definition of intervention strategy, actions based on best practice, ensuring quality and adherence to standards, increasing the scale of ACF response
- Development of guidance on forming partnerships for emergency response and the support and capacity development of partners in emergency response – e.g. supporting MOH to manage seasonal caseloads of acute malnutrition, supporting partners to conduct multisectorial needs assessments and design responses..
- Improve coordination within and between all sectors, for example through the cluster coordinators
- Development and scale-up of approaches for new / ‘emerging’ contexts ; urban emergencies, seasonal peaks, protracted emergencies, piloting and roll-out of new technologies, coordination and partnership with private sector
- Improve guidance and scale up implementation of ‘alternative approaches’ including: safety nets, social protection, conditional / unconditional cash transfers, reduction / subsidisation of staple food prices.

Priority actions - Disaster Preparedness

- The development of guidance and tools aimed to maximize the emergency preparedness to address specific disaster risks. This will include technical tools to identify country risk and its occurrence; and how trends will impact on under nutrition and livelihoods of population exposed to hazards. These tools will support operational team to determine scenarios related to the hazards identified, and to better plan the response according to the humanitarian needs, actions, resources and potential constraints and gaps.
- In link with disaster preparedness, the development of guidance on monitoring and surveillance of using specific multi-sectorial sectorial indicators, will contribute to anticipate peaks of crisis and ensure an effective, and timely response. The guidance should include information on how to gather and analyse data through a multi-sectorial approach based on highlighting hazards, identifying most vulnerable zones and exposed populations, alert and emergency thresholds, and positioning on preparedness and responses strategy.
- Provision of guidance to strengthen disaster preparedness and risk management at mission, national/ local and community levels. This will include technical guidance (multisectorial and sector specific) describing steps by which disaster preparedness/contingency plans can be set up, including analysis of shocks and seasonality, and description of mechanisms and adaptation strategies.
- Specific initiatives at field level to improve inter-agency coordination and with key national DRM platforms, and to enhance multi-sectorial approach.
- Formulation of DRM messages to develop internal capacities, through provision of technical evidence-based information, capitalisation reports, and lessons learnt/best practices reports, and technical documents on articulation between preparedness, emergency, recovery and resilience.



- Provision of guidance materials to ensure that livelihoods strategies are more resilient to potential hazards and diversifying livelihoods options (e.g. social protection, resource management, etc.). These materials will be developed in collaboration with WASH, FSL, SMPS and Nutrition sectors.
- Mainstreaming of disaster risk management principles throughout programming (also relevant for Recovery).

Priority actions - Recovery

- Define ACF's role in recovery, bridging the gap between emergency response and addressing determinants of undernutrition in the longer term and preparedness / resilience to future crises.
- Define the most appropriate technical interventions in post-emergency recovery (for example developing guidance for improved market systems analysis in emergency and within preparedness frameworks in order to better understand capacity of markets to cope with a crisis and potential for supporting emergency and recovery response (such as cash based intervention and local procurement of relief items), identify market system failure and how to support its recovery, and make sure the emergency response itself doesn't prevent market recovery).

STRATEGIC AXIS 5: striving for excellence

Strategic objective 5: We will strengthen our ways of working to increase the quality and impact of our interventions .

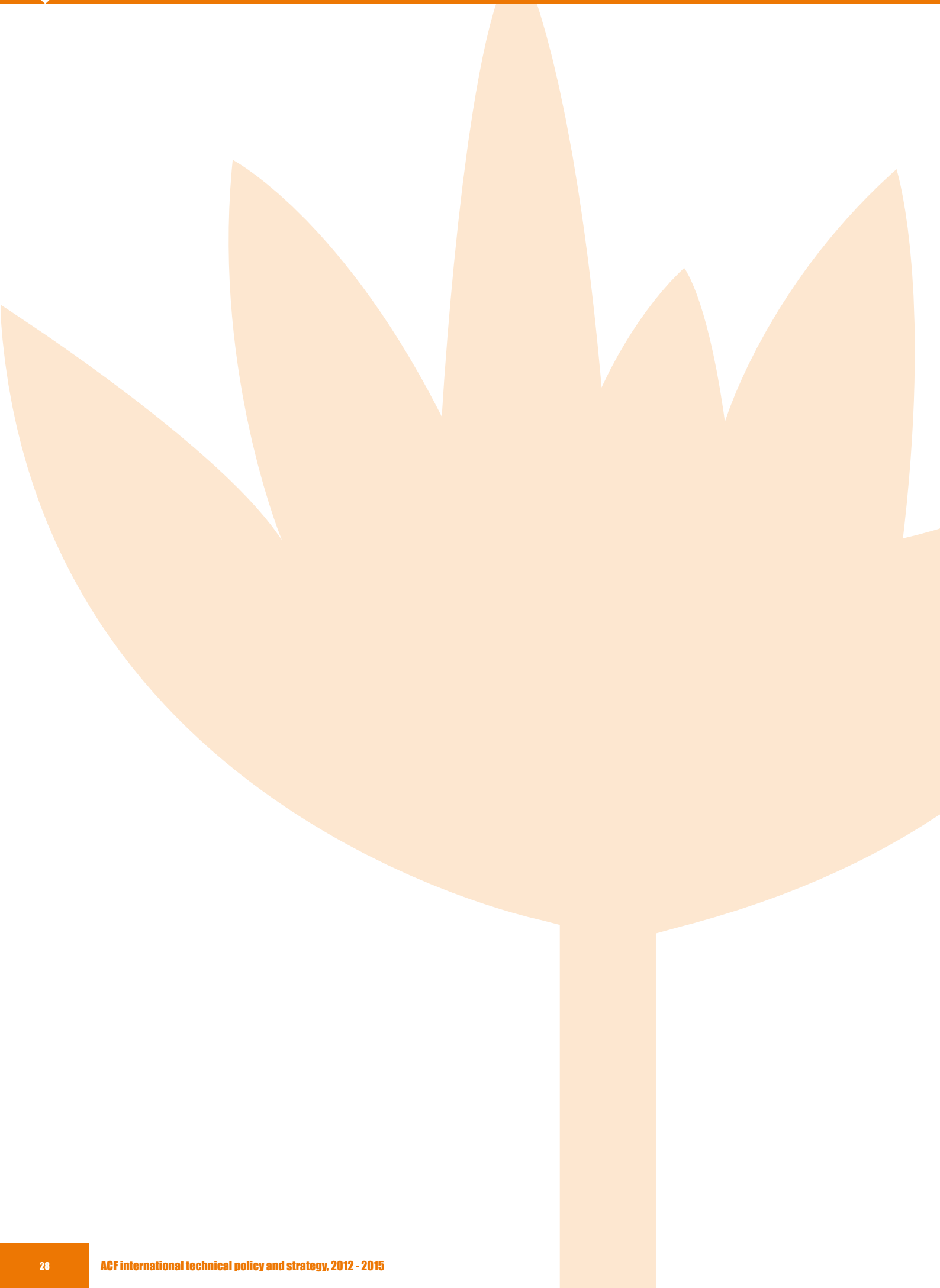
This axis aims to improve the functioning of the technical teams, with a particular focus on our 'common actions' (see part 1).

Priority actions

- **Capacity development** is a major technical priority which in fact cross-cuts all axes, but which is also a major 'function' of the technical teams. This includes both the development of internal capacity, such as building regional expertise and recruitment and mentoring of new graduates on humanitarian response and the prevention and treatment of undernutrition; and the development of external capacity such as strengthening health systems, training future and current health professionals, training of small farmers, water committees, community representatives, etc. In this sense we need to build our expertise as a technical 'trainer of trainers', strengthen and reinforce our partnerships with universities and training centres, and develop our skills in relation to the capacity building of local partners, including the development of technical guidance.
- Identify strategies and provide guidance on how to improve **multisectorial collaboration** between technical sectors at all levels of the organisation and in all stages of the PCM, in order to achieve maximum impact on nutrition. Identify specific initiatives at all levels of the organisation, which identify potential barriers to working together and looking for synergies and enabling factors.
- Identify modalities through which technical teams can **better disseminate products** (e.g. research findings and recommendations, lessons learned, guidelines and tools) in a timely manner in order to 'feed' operations with quality technical material. This is essential in increasing and guiding choices of intervention to suit particular contexts and needs (e.g. options available for cash interventions, when to use cash or in-kind interventions); ensuring that innovations and evidence are translated into practice to the benefit of our field programmes, as well as informing advocacy strategies. Technical teams also need to be 'fed' by operations in turn, enabling us to document lessons learned, conduct analysis from

field data, etc. and use this to improve our approaches. Mechanisms for this two-way process need to be developed.

- **Strengthen information management systems** including: systematising capitalisation and lesson-learning (ensuring that negative as well as positive experiences are documented) as well as the dissemination of knowledge and best practice, implementation of evaluation and research recommendations.
- Promote the awareness and adoption of **new approaches and technologies** (and in particular innovations in ICT) to improve the efficiency of our interventions to tackle undernutrition and disasters, for example through the piloting and scaling up of approaches such as the use of SMS for cash transfer, use of Smart Phone applications for disaster alerts, distribution of credit cards in safety nets programmes, the use of satellite imaging for surveillance.
- Ensure that all technical sectors and the technical teams as a whole are adequately aware of and connected to key sources of information in relation to the **evolution / release of new approaches, technologies, data**, in order to ensure up-to-date knowledge and to allow ACF to be a key player in 'veille technique'. This will include a review of existing technical networks in which ACF participates and those where we should be more proactive (for example those networks relating to health and health systems strengthening, such as Action for Global Health as well as private sector networks).
- Develop our existing role as a **major player in national and international coordination mechanisms**, as well as ensuring networking with all relevant players. Particular emphasis needs to be placed on developing networking with actors in health and health-systems strengthening as well as with relevant private sector actors;
- Ensure that field teams have sufficient tools and training to allow them to implement **high quality technical programmes** according to recognised minimum standards at all stages of the programme cycle and in all types of intervention. This will involve the development of written guidance and roll-out of technical standards which can be used to regularly measure the quality of our action in the field.
- The provision of tools and indicators to facilitate **monitoring and evaluation** by ACF staff and partners, including guidance on setting and measuring nutritional impact indicators.



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ANNEX

01

ACF Charter

Action Against Hunger is a non-governmental, non-political, non-religious, non-profit organisation. It was established in France in 1979 to deliver aid in countries throughout the world. The aim of Action Against Hunger is to save lives by combating hunger and diseases that threaten the lives of vulnerable children, women, and men. Action Against Hunger intervenes in the following situations:

- In natural or man-made disasters that threaten food security or that result in famine
- In situations of social/economic breakdown, linked to internal or external circumstances that place groups of people in extremely vulnerable positions
- In situations where survival depends on humanitarian aid

Action Against Hunger brings assistance either during the crisis itself through emergency interventions, or afterwards through rehabilitation and sustainable development programmes. Action Against Hunger also intervenes to prevent certain high-risk situations.

The goal of all Action Against Hunger programmes is to enable beneficiaries to regain their autonomy and self-sufficiency as quickly as possible.

Whilst carrying out its activities, Action Against Hunger respects the following principles:

- **Independence**
- **Neutrality**
- **Non discrimination**
- **Free and direct access to victims**
- **Professionalism**
- **Transparency**

All members of Action Against Hunger worldwide adhere to the principles of the charter and comply with them in their work.

ACF Mandate

The ACF mandate consists of saving lives due to hunger through prevention, diagnosis and treatment of malnutrition, particularly during situations of crisis, conflict, war and natural disasters.

From a crisis to the longer-term, ACF addresses the underlying causes of malnutrition as well as its effects. By integrating our programmes within local and national systems, and conducting advocacy and research, ACF ensures that short-term interventions become longer-term solutions.



ANNEX

03

The terminology of undernutrition explained

Malnutrition

Malnutrition is a broad term commonly used as an alternative to under-nutrition, although technically it also refers to over-nutrition. People are malnourished if their diet does not provide adequate nutrients for growth and maintenance, often due to economic political and socio-cultural factors, or they are unable to fully utilise the food they eat due to illness (under-nutrition). They are also malnourished if they consume too many calories (over-nutrition). Underweight (including both stunting and / or wasting), overweight and micronutrient deficiencies are all forms of malnutrition³⁵.

Undernutrition

Undernutrition is a broad, 'umbrella' term which includes all of the following forms of nutritional deficiencies:

- **Chronic Undernutrition**

This is where insufficient dietary intake occurs over a long period of time. If not corrected within the first two years of a child's life (including the antenatal period) this can lead to 'stunting' (low height for age), resulting in decreased physical and cognitive development, lower work capacity, and an increased risk of a range of chronic health problems. The same symptoms can be seen with repeated episodes of acute malnutrition or infections.

- **Acute Malnutrition**

This occurs over a short period of time. The symptoms are either a dramatic loss of weight ('wasting') or bilateral pitting oedema of the body ('kwashiorkor'). Wasting results in extreme thinness and severe forms of kwashiorkor result in swelling, tight, shiny skin, lesions and discoloured hair. Acute malnutrition is determined using anthropometric (body measurement) indicators: weight, height, mid-upper arm circumference and oedema check. The following terminology is commonly used in relation to acute malnutrition:

- **Severe Acute Malnutrition (SAM):** This is the stage where the body is so undernourished that the immune system becomes compromised, increasing risk of infection and prolonging existing infections, and the main internal control systems gradually shut down. Risk of mortality is highest in this phase, and recovery requires urgent use of medical treatment and special therapeutic foods. There are three main types of SAM: marasmus (severe wasting), kwashiorkor, or a combination of the two (marasmic kwashiorkor). The latter is the most difficult to treat.
- **Moderate Acute Malnutrition (MAM):** This stage is where the body is becoming seriously undernourished and starting to show signs through the loss of weight and increasing risk of infection. MAM needs treatment using foods high in energy and nutrients to help the body recover to normal and to stop the condition falling into the severe acute category.
- **Global Acute Malnutrition (GAM):** This category includes all children who have MAM or SAM. The prevalence of GAM is often used as indicator to decide which nutrition intervention is required. The World Health Organization (WHO) classify a nutritional emergency when GAM rates exceed 15%, or 10% with aggravating factors.
- **Mid-Upper Arm Circumference:** Measured on the left arm at the mid-point between the tip of the elbow and shoulder blade, typically for children aged 6-59 months as a measure of mortality risk. It is used as a rapid screening tool for nutrition programs to identify the most malnourished children.

35 - Source: World Bank - "Repositioning Nutrition as Central to Development, A Strategy for Large-Scale Action" (2006) and UNICEF - 'Tracking Progress on Child and Maternal Nutrition' (2009)

Micronutrient deficiencies

This term relates to deficiencies in one or several of a range of micronutrients, including vitamins and minerals which are essential to health, growth and development. The World Health Organisation (WHO) ranks deficiencies of zinc, iron and vitamin A in the top 10 causes of the disease burden in developing countries. Micronutrient deficiencies affect the survival, health, development and well-being of those affected. The 2008 Lancet series on Maternal and Child Under-nutrition reported that deficiencies of vitamin A and zinc were responsible for 0.6 and 0.4 million child deaths respectively.

Maternal under-nutrition

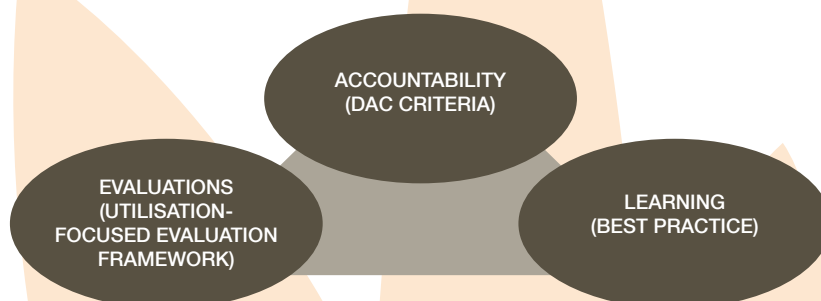
This term usually refers to a low body weight for height, as described by a low Body Mass Index or BMI, and / or micronutrient deficiencies of mothers or potential mothers of infants and young children. Children's future nutritional status can be affected from even before conception and is very dependent on the mother's nutritional status.



ANNEX

04

ACF Evaluation Framework and definitions of DAC Criteria³⁶



Utilisation-Focused Evaluation(U-FE) Framework³⁷

In order to increase the use of evaluations across ACF, the policy has been developed on the basis of the Utilization-Focused Evaluation (U-FE) framework. The U-FE approach defines utilisation as more than the implementation of recommendations made in the course of an evaluation; It is the ability of evaluations to answer questions about programmes (rather than provide broad recommendations) that is most likely to change evaluated programmes in a positive way.

The U-FE Framework is based on five basic premises

- Utilisation should be the driving force behind an evaluation: every key process before, during and after an evaluation must be informed by its impact on the use of the evaluation.
- Concern for utilisation is on-going and continuous from the very beginning of the evaluation: the quality of the process preceding an evaluation is as important as the final outputs in maximising their use.
- Evaluations should be user-oriented: the degree of utilization of an evaluation is linked to the clear, early identification of its specific users.
- Intended users must be identified, and personally involved in making decisions about the evaluation: from defining the scope of the evaluation, to identifying the most suitable evaluator's profile.
- There are multiple and varied interests around an evaluation: whilst these must be acknowledged, the focus of the evaluation must be determined by the intended users.

Definitions of DAC Criteria³⁸

IMPACT	Positive and negative, primary and secondary, short, mid and long-term effects produced by an intervention, directly or indirectly, intended or unintended.
SUSTAINABILITY	A measure of whether the benefits of an activity are likely to continue after donor funding has been withdrawn and project activities officially cease.
COHERENCE	The need to assess existing interventions, policies and strategies to ensure consistency and minimise duplication
COVERAGE	The need to reach major population groups facing life threatening suffering wherever there are.
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).
EFFECTIVENESS	The extent to which the intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.
EFFICIENCY	A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.

36 - Extracted from ACF International Evaluation Policy and Guideline (2011)

37 - Quinn Patton, Michael (1986) Utilization-Focused Evaluation (Sage Publications, London, Second Edition, p. 39)

38 - ALNAP (2001) Humanitarian Action: Learning from Evaluation (ALNAP Annual Review, London, 2001)

Code of Conduct International Red Cross and Red Crescent 1994³⁹

Principal Commitments

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavour not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve programme beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

39 - For the full code, please see <http://www.icrc.org/eng/resources/documents/misc/code-of-conduct-290296.htm>



ANNEX

06

Hyogo Framework for Action (HFA)⁴⁰

The International Strategy for Disaster Reduction (ISDR) was set up to build on the gaps and challenges identified in the Yokohama Strategy (2005). 168 Governments, 78 regional and int'l orgs, and 161 NGOs attended. It sought to coordinate approaches at a local, national and international level with the aim of building disaster resilient communities by promoting increased awareness of the importance of disaster reduction as an integral component of sustainable development. Major new international commitment to disaster risk reduction were made with 168 members states signed up a ten-years action framework called Hyogo Framework for Action to reduce the loss of life as well as the social, economic and environmental losses caused to communities and nations as a result of disasters. The vast majority of EU Member States have adopted the Hyogo Framework for Action and the European Commission and a large number of institutional donors are fully supportive of its implementation.

HYOGO FRAMEWORK FOR ACTION 2005-2015 (HFA)

“BUILDING THE RESILIENCE OF NATIONS AND COMMUNITIES TO DISASTERS”

3. Strategic goals:

- Integration of disaster risk reduction into sustainable development policies and planning.
- Development and strengthening of institutions, mechanisms & capacities to build resilience to hazards.
- Systematic incorporation of risk reduction approaches into the implementation of emergency preparedness, response and recovery programmes.

5. Priorities for action:

- **Governance:** ensure that disaster risk reduction is a national and local priority with strong institutional basis for implementation.
- **Risk identification:** identify, assess and monitor disaster risks and enhance early warning.
- **Use knowledge,** innovation and education to build a culture of safety and resilience at all levels.
- **Reducing the underlying risk** factors in various sectors (environment, health, construction, etc.).
- Strengthen **disaster preparedness** for effective response at all levels.

40 - For the full text please see the following link: <http://www.unisdr.org/we/inform/publications/1037>

SPHERE PROJECT - Humanitarian Charter and Minimum Standards in Humanitarian Response⁴¹

Launched in 1997 by a group of humanitarian NGOs and the Red Cross and Red Crescent movement, The Sphere Project is an initiative to define and uphold the standards by which the global community responds to the plight of people affected by disasters, principally through a set of guidelines that are set out in the Humanitarian Charter and Minimum Standards in Disaster Response (commonly referred to as the Sphere Handbook). Sphere is based on two core beliefs: first, that those affected by disaster or conflict have a right to life with dignity and therefore a right to protection and assistance, and second, that all possible steps should be taken to alleviate human suffering arising out of disaster and conflict. Sphere is three things; a handbook, a broad process of collaboration, and an expression of commitment to quality and accountability.

The Sphere Handbook

The Sphere Handbook – Humanitarian Charter and Minimum Standards for Disaster Response – was developed as, and remains, the key tool of the Sphere Project. The cornerstone of the book is the Humanitarian Charter, which describes the core principles that govern humanitarian action, and asserts the right of populations to protection and assistance. The minimum standards and indicators that follow are not exclusive to Sphere. They are a compilation of best practice in the sector and a practical expression of these core principles.

In the current 2004 edition of the Handbook, there are 5 chapters following the Humanitarian Charter – an initial chapter detailing ‘process’ and ‘people’ standards for the planning and implementation of programs, together with four technical chapters covering water, sanitation and hygiene promotion; food security, nutrition and food aid; shelter, settlement and non-food items; and health services. A new edition of the Sphere Handbook was released in early 2011.

The 2011 Handbook edition consolidates the latest best practices in the sector while putting the affected population at the centre of humanitarian action. Understanding and supporting local responses to disaster is a priority reflected in the whole Handbook, as reinforcing the capacities of local actors at all levels. The new edition also integrates a new set of emerging issues like disaster risk reduction, climate change, conflict sensitivity, urban settings, early recovery, education, etc.

41 - Extracted from Sphere Project website. For further reading please see <http://www.sphereproject.org/>



ANNEX

08

SUN direct interventions to prevent and treat undernutrition

Evidence-Based Direct Interventions to Prevent and Treat Undernutrition

1. PROMOTING GOOD NUTRITIONAL PRACTICES

- Breastfeeding
- Complementary feeding for infants after the age of six months
- Improved hygiene practices including handwashing

2. INCREASING INTAKE OF VITAMINS AND MINERALS

Provision of micronutrients for young children and their mothers:

- Periodic Vitamin A supplements
- Therapeutic zinc supplements for diarrhoea management
- Multiple micronutrient powders
- De-worming drugs for children (to reduce losses of nutrients)
- Iron-folic acid supplements for pregnant women to prevent and treat anaemia
- Iodized oil capsules where iodized salt is unavailable

Provision of micronutrients through food fortification for all:

- Salt iodization
- Iron fortification of staple foods

3. THERAPEUTIC FEEDING FOR MALNOURISHED CHILDREN WITH SPECIAL FOODS

- Prevention or treatment for moderate undernutrition
- Treatment of severe undernutrition (“severe acute malnutrition”) with ready-to-use therapeutic foods (RUTF).

Adapted from: Scaling Up Nutrition: What Will it Cost? Horton, et al. 2009





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