ACTION AGAINST HUNGER

2022

HEALTH AND NUTRITION CAPACITY STATEMENT

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INTRODUCTION

This capacity statement provides examples of some of the interventions and innovations that Action Against Hunger is developing in order to achieve its vision of ***saving and protecting lives and ensuring long-term sustainable impact in the fight against hunger***.

As a world leader in the fight against malnutrition, Action Against Hunger has worked to end child hunger for more than four decades in situations of conflict, natural disaster and chronic food insecurity. Today, Action Against Hunger plays a key role as a referent in nutrition information systems in emergency and development contexts. It has an established reputation as an evidence-based, data-driven organisation capable of providing high-quality technical and operational support; has contributed to the development of revolutionary nutrition products; and has led the field-testing of treatment protocols that are now the standard globally. From isolated rural communities to overcrowded urban slums and refugee camps, we work in both humanitarian and development contexts to improve the nutrition and health of children under the age of five, as well as pregnant women and nursing mothers.

In 2021, our nutrition and health programmes reached more than 14 million people in need around the world. Action Against Hunger International is comprised of six members in Canada, France, UK, USA, Spain, and India, with regional offices in Dakar, Nairobi, Panama and Amman. We run operations in over 52 countries, including: **Angola, Afghanistan, Bangladesh, Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of the Congo, Ethiopia, France, Gambia, Georgia, Guatemala, Haiti, Honduras, India, Ivory Coast, Iraq, Jordan, Lebanon, Kenya, Liberia, Madagascar, Mali, Mauritania, Moldavia, Niger, Nigeria, Myanmar, Nepal, Nicaragua, occupied Palestinian Territory, Pakistan, Peru, Philippines, Poland, Romania, Senegal, Sierra Leone, Spain, Somalia, Sudan, South Sudan, Syria, Tanzania, United Kingdom, Ukraine, Uganda, Venezuela, Yemen and Zimbabwe.** The response capacity of the organisation enables it to deploy to these countries and others at short notice and provide technical support during emergencies.

Action Against Hunger International benefits from diverse teams of dedicated national and international staff who work together to end child hunger. As a network, we are known for our expertise in implementing needs-based and principled life-saving interventions in response to humanitarian crisis. In a growing number of countries, we are also recognised as a trusted development partner that works at multiple levels to address the systemic causes of malnutrition. Our field teams are recognized for their competencies in each of the contexts of the nutrition and health component, being part of all the technical work tables and leadership of change actions for the country.

As a member of **the Strategic Advisory group of the Global Nutrition Cluster (GNC)**, we contribute to the strategic direction of the global nutrition humanitarian response. **We also lead and participate in several technical thematic working groups of the Global Nutrition Cluster-Technical Alliance, including the Nutrition Information Systems technical group (Lead), the Infant Feeding in Emergency Core Group (Member), the Management of small & nutritionally At-risk Infants under six months & their Mothers (MAMI) Steering Committee (Member), the Nutrition Information Systems technical group (Lead the Wasting Working Group (Member), and the International Working Group on simplified approaches, cost-effectiveness and the determinants of malnutrition**.

We are also part of the Scaling Up Nutrition Movement and the Global Health Cluster, and coordinate the Kwashiorkor Research Group. We co-chair the Nutrition NGO forum and are also recognised as an official Non-state actor of the World Health Organization (WHO).

Furthermore, Action Against Hunger offers nutrition technical support through the Global Nutrition Cluster Technical Alliance Technical Support Team. We also regularly support multiple **international NGOs** including Christian Aid, GOAL, Concern, Save the Children, International Rescue Committee, International Medical Corps and Medair; and **UN agencies** including UNICEF, WHO, UNHCR, World Food Programme (WFP). In order to enhance the quality of our support, we have built a database of expert consultants and worked closely with consulting agencies such as Katiligban or La Cooperativa Humanitaria. Action Against Hunger also has experts in Monitoring and Evaluation, Learning and Knowledge, and Information Management who provide support on a range of internal and external projects. This includes designing and implementing monitoring systems, leading training, delivering evaluations and collecting, analysing and visualising data. We also help our clients and partners to identify and share learning that emerges from programme monitoring and evaluation data.

More information can be found in our 2021 International Annual Report.

NUTRITION INFORMATION

SMART SURVEYS

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) is a nutrition assessment methodology that was designed to provide decision-makers with the ability to collect reliable and accurate nutrition and mortality data, both in humanitarian and development contexts. After more than a decade of application and refinement, SMART has grown to be the reference and gold standard cross-sectional field methodology among organisations and governments. The methodology has evolved to include Rapid SMART methods, which Action Against Hunger uses to assess displaced populations and in conflict contexts where there is limited access (e.g. Afghanistan, South Sudan, Central Africa Republic); and national SMART surveys that have been implemented in many countries (e.g. Malawi in 2019, Syria in 2019, Tanzania between 2014-2018, Lebanon in 2021, and in Niger, Burkina Faso, and Central Africa Republic).

Data from SMART surveys is used by many different actors and sectors including, but not limited to: Integrated Phase Classification analysis (IPC-analysis); UN-OCHA for humanitarian needs overview and response planning preparation (HNO/HRP processes); academia for research studies; UN agencies, governments and civil society organisations for programme design; and fundraising and advocacy at country, regional, and global level.

SMART integrates rigorous standardisation of field procedures and automated data-quality checks. This ensures that consistent and reliable survey data is collected and analysed, vastly increasing the credibility of data for end users. The methodology is complemented by Emergency Nutrition Assessment (ENA) software that delivers sample-size calculations, sample selection, quality checks, standardisation for anthropometric measurements, and report generation.

ACTION AGAINST HUNGER – GLOBAL CONVENER OF THE SMART INITIATIVE

In April 2008, the GNC concluded that a lack of institutional leadership on SMART had hampered its development and implementation over time. With the support of the GNC, Action Against Hunger Canada was appointed as the official project convener of SMART, with the objective of ensuring a link between the technical advisory group, users and experts.

As the convener of the Global SMART Initiative, the SMART Project Team at Action Against Hunger Canada supports key nutrition stakeholders by enhancing response capacity in contexts where there is an absence of reliable data. The SMART Project Team also compiles and disseminates updates about the methodology and builds the capacity of teams to conduct SMART surveys.

With its headquarters in Toronto, Canada, and three strategic regional hubs in East Africa (Nairobi), the Middle East (Amman), and Asia (Dhaka), the SMART Initiative has a presence in over 55 countries where the SMART methodology is regularly used by governments, UN agencies, INGOs, and national NGOs.

Action Against Hunger Canada works closely with national governments, UNICEF offices and national non-governmental organisations (NGOs) and international NGOS (INGOs). The response capacity of the organisation enables it to deploy to countries with no pre-existing organisational presence (e.g., the Syria cross-border operation in Turkey in 2016-2019, Malawi in 2019 and Mozambique between 2014-2019).

Data provided by SMART surveys is crucial for nutrition programmes, particularly during emergencies and when large-scale responses are required. Quality nutrition data is essential to understand the extent of nutritional needs of a given population, as well as to know how best to formulate programmes that most appropriately address those needs.

An article published in ENN-Net Field Exchange in collaboration with UNICEF Eastern and Southern Africa[1] found that "[the] SMART Methodology is widely used in sub-Saharan Africa by governments and partners to conduct timely nutrition surveys in all contexts and on a regular basis, at national, sub-national and smaller-scale levels." The article found that 32 out of 45 countries had implemented SMART surveys between 2013 and 2015, which contributed to the harmonisation of nutrition rapid assessment methods across the region. The use of National Nutrition Surveys by governments also contributed to consensus being achieved on the national nutritional situation in nine countries between 2013 and 2015. The availability of timely and credible nutrition data at national and sub-national levels, presented in an accessible way, can guide both the response of governments and other actors to nutrition challenges and the prioritisation of national nutrition and health programming.

SMART+

SMART+ is an all-in-one digital infrastructure being developed by the Action Against Hunger Canada team to revolutionise the way in which nutrition data is collected, analysed and shared.
SMART+ offers a real-time view of global malnutrition. It comprises a suite of secure information-management tools that will ensure that data travels quickly from the field to decision-makers, directing life-saving humanitarian assistance precisely when and where it is needed most.

SMART+ supports mobile nutrition data collection using 3D body scanning technology to instantly detect a child's nutrition status. Data is then analysed using a survey management tool and aggregated into a central database so results can be visualised on a public dashboard – allowing the humanitarian community to collaborate on a scale never seen before. By digitising today's fragmented and time-consuming survey methods, SMART+ will permit data to be collected, analysed and shared 60% faster, with a 40% reduction in cost compared to current methods (see SMART+ at smartmethodology.org/smartplus-video).

IPC

The Integrated Food Security Phase Classification (IPC) is an innovative, multi-stakeholder initiative to improve analysis of, and decision-making on, food security and nutrition. Using the IPC classification and analytical approach, governments, UN agencies, NGOs and other stakeholders can work together to determine the severity and extent of acute and chronic food insecurity and acute malnutrition situations within countries, according to internationally recognised standards.

Action Against Hunger is an integral member of the IPC mechanism and actively engages and contributes to the overall strategic direction of the mechanism through the steering committee, technical advancements through the Technical Advisory Group, and participation in country-level analysis.

Action Against Hunger Canada represents the Action Against Hunger network at the IPC and provides technical support to the scale up of the implementation of the acute malnutrition cycle through secondment of technical advisors to the Global Support Unit of the IPC.

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LINK NCA

The Link-NCA is a mixed method for conducting a nutrition causal analysis (an analysis that can serve as the starting point for improving the relevance and effectiveness of multisectoral nutrition security programming in a given context). It uses participatory and response-oriented approach to build a consensus among local communities, stakeholders and technical experts on major factors of undernutrition, and the best solutions to address them.

The Link NCA method was co-developed by Action Against Hunger in 2010 and refined since then. A scientific committee led by a small group of researchers and technical experts (TUFTS University, Institut de Recherche pour le Développement, WFP) have invested in its development in order to strengthen the evidence-based foundation on which its programmes are built. More recently, with the optimisation of the quantitative component, Link NCA has been enabling the analysis of potential differences in causal mechanisms of acute malnutrition, stunting, underweight and anaemia.

To date, the Link NCA method has been conducted in 27 countries across three continents, in both rural and urban settings, volatile post-conflicts settings, as well as in refugee camps. In total, there are 48 available studies from different contexts (including 22 from external agencies). All studies are supervised by the Link NCA Technical Unit based jointly in Action Against Hunger UK and Action Against Hunger France.

For the latest information on Link NCA visit the Link NCA website.

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COVERAGE ASSESSMENTS

Coverage assessment methods measure the "treatment" coverage of Community Management of Acute Malnutrition (CMAM) programmes. Coverage assessment methodologies can be adapted depending on the information required by programme staff. From 2012 to 2022, Action Against Hunger's coverage advisors (based at Action Against Hunger UK) have supported more than 240 coverage assessments worldwide.

Action Against Hunger co-authored and piloted the two leading coverage assessment methodologies used by nutrition programmes today:

- **Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)**
- **Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC)**

Between 2012 and 2016, Action Against Hunger UK was the lead agency of the Coverage Monitoring Network – an inter-agency initiative designed to improve nutrition programmes through the promotion of quality coverage assessment tools, capacity building and information sharing. During this time, standardised assessment tools and training packages were developed for the different types of coverage assessment methodologies, and the results were disseminated via conferences and workshops.

The Action Against Hunger UK team continues to support governments, UN agencies and NGOs with the planning and delivery of coverage assessments. Constant adaptations to methods and tools have enabled the team to provide tailored support in different contexts and to meet different needs.

During 2020 and 2021, the Nutrition Assessment team has further adapted its tools and training methods to respond to travel restrictions caused by Covid-19. Through the delivery of remote training sessions and the analysis of data collected using open-data kit (ODK) technology, the UK team supported high-quality coverage assessments in Cameroon, Mali and Pakistan. The Coverage Monitoring website also provides guidance and tools on the SLEAC and SQUEAC methodologies.

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Coverage assessment in Kenya

In 2019, Action Against Hunger's Nutrition Assessment team supported Save the Children Kenya in the implementation of a coverage assessment in Turkana, estimating the coverage of severe acute malnutrition (SAM) treatment and moderate acute malnutrition (MAM) treatment in addition to the treatment of other health interventions (diarrhoea, malaria and pneumonia). Read more on The State of Acute Malnutrition website.

Between 2017 and 2019 (March 2017, July – September 2018, March 2019, November 2019) the team supported Nutrition Sector partners in Cox's Bazar, Bangladesh with a coverage assessment of SAM and MAM treatment services across 34 camps in the Rohingya refugee settlements. The adapted methodology enabled the assessment team to classify SAM and MAM treatment coverage by camp; estimate coverage for all camps; identify key bottlenecks in delivery of Community Management of Acute Malnutrition (CMAM) services; understand community perceptions about SAM and MAM treatment; and develop ways to improve coverage. Following roll-out of these actions, SAM treatment coverage increased from 28% in August 2018 to 73% in November 2019.

PREVENTION OF UNDERNUTRITION

MICRONUTRIENTS STRENGTHENING IN SPECIFIC TARGET GROUPS WITHIN THE FAMILY IN EMERGENCIES AND CRISIS

Micronutrient deficiency, also known as "hidden-hunger", is a consequence of inadequate intake of essential micronutrients, and affects more than 2 billion people in the worldwide.[2]

Multiple interventions to prevent and/or treat micronutrient deficiencies exist, including promotion of breastfeeding, fortification of staple and complementary foods, provision of supplements and powders, and Ready-to-Use Therapeutic Foods (RUTF). These interventions have the clear objective of achieving universal coverage in services provided to the population and to improve the entire nutritional component related to micronutrients and their deficiencies.

Action Against Hunger's nutrition and health action plan includes the following micronutrient interventions:

- Micronutrient powders distribution: Colombia, Guatemala, Peru, Nepal, Pakistan
- Iron and folic acid for pregnant women: Myanmar, Nepal, occupied Palestinian Territory (oPT), Ivory Coast, Yemen, DRC
- Iron supplementation in children: Peru, oPT
- Vitamin A supplementation: Nepal, Kenya, oPT
- Food fortification: Niger, Cameroon

We work with UNICEF in procuring and purchasing products and have done extensive research on the efficacy and acceptability of supplements. Supplements with lipids, in particular, have positive impacts on neurocognitive abilities.

The experience in countries such as Peru has allowed us to gather powerful tools to influence policy changes in many countries. In this respect we have developed a methodology that measures the impact of anaemia on the Gross National Product as well as a work scheme to promote effective community practices for this health problem.

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Prioritising micronutrients to reduce anaemia in Latin America

Action Against Hunger works with governments across Latin America to support their micronutrient supplementation strategies. Current interventions in Colombia and Peru prioritise the delivery of micronutrients to reduce the anaemia rate among women of reproductive age. This includes:

- advocating for government to make the epidemiological surveillance of anaemia a health priority;
- developing, promoting and using effective communication mechanisms between different levels – institutional, private sector, society and academia – to support national guidelines on the prevention and reduction of anaemia and to disseminate the results of interventions;
- advocating for the creation of policies that promote the fortification of foods with key micronutrients for the prevention of anaemia (iron, vitamin B, folic acid, etc.)
- developing a specific anaemia agenda for Latin America with specific commitments for action.

MOTHER AND INFANT AND YOUNG CHILD NUTRITION (MIYCN)

Action Against Hunger integrates Infant and Young Child Feeding (IYCF) into all its health and nutrition programming, in close cooperation with the Mental-Psychosocial Health and Protection sector.

In most countries, at community level, we implement Mother-to-mother Support groups, as well as the Care group methodologies. Several country teams, such as in Uganda, South Sudan, and Somalia, implement father groups as well, and support the implementation of the Baby Friendly Community Initiative (BFHI). We also provide individual IYCF-Emergency counselling and IYCF education at the health facility/nutrition site level to caregivers/parents of children admitted for nutritional treatment (CMAM/IMAM). We implement Baby Friendly Spaces in emergency and refugee/IDP camp settings (e.g. in Ethiopia, South Sudan, Bangladesh, Lebanon, Colombia). And in situations where Covid-19 was an issue, interventions were tailored to the particular context – e.g., in in countries such as India, we switched to telephone counselling. Action Against Hunger has developed a specific course online on this component for the context of Covid-19.

The Management of small and nutritionally at-risk Infants under six months & their Mothers (MAMI) approach (which Action Against Hunger was one of the first to develop) seeks to leverage and build on existing services that contribute to the prevention and treatment of malnutrition and nutritional risk. The aim of MAMI is that every child under six months of age, at every contact with community and health services, is nutritionally assessed and appropriately supported to survive and thrive. We are implementing the MAMI approach in several countries such as Bangladesh, Uganda and Mali.

We also contribute to the implementation of the International Code of Marketing of Breastmilk Substitutes (BMS) and participate in the BMS taskforce at national level in several countries. We also chair several Mother and Infant Young Child Nutrition working groups. In Kenya, Action Against Hunger contributed to the BMS Act (General) Regulations 2021.

Action Against Hunger is a member of the Global Nutrition Cluster Technical Alliance Technical Support Team. As part of this we host the Social Behaviour Change (SBC) advisor who provides SBC technical support to nutrition and health actors (e.g. nutrition clusters, governments, UN agencies, NGOs, local organisations) working in Nutrition in Emergencies (see https://ta.nutritioncluster.net/remote-support).

We also conduct research to assess the cost-effectiveness and long-term impact of combined nutrition/psychosocial interventions (in comparison to stand-alone nutritional treatments) on the growth and development of children with SAM (an approach that was featured in Humanitarian Exchange).

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DIAGNOSIS

SEVERE ACUTE MALNUTRITION (SAM) PHOTO DIAGNOSIS APP PROJECT

The SAM photo diagnosis app is an innovative tool that responds to the need to improve SAM screening and diagnosis. The huge technical advance in the field of geometric morphometric (GM) techniques (which comprise tools capable of registering the shape of objects for visualization and quantification of the differences between them) has opened up more research into the study of the morphometric variations among biological forms. This approach offers a new, innovative opportunity to assess SAM in children aged 6-59 months.

The project already has evidence that demonstrates the normal morphometric pattern and that the morphometric method is valid for finding differences in malnourished children.[3, 4] The main objective of the project was to design a prototype for an Android mobile app which, based on GM techniques, could be validated as an effective and reliable technique for *in situ* diagnosis of SAM by photographing parts of the body. The development of this tool could help to increase the diagnostic coverage of SAM and thereby strengthen community-based management of acute malnutrition (CMAM) programming at all levels (from health facility to community level, including families) and for a variety of users, such as national health workers, humanitarian workers and academics.

The project is developing a strategy based on the needs of countries operated by Action Against Hunger's Regional Office for West and Central Africa. A pre-feasibility analysis of the intervention will be made in every country where Action Against Hunger works. The three most important milestones for the project in 2022 will be to finalize the pilot phase in Senegal, to start the assessment study on chronic malnutrition in Guatemala and to be able to integrate the tool into the Rapid SMART survey methodology. The project also presents a great opportunity for governments and local health systems to revolutionise nutrition assessments, surveillance, and improve the impact and coverage of nutrition programmes. This is an important step towards achieving the Sustainable Development Goal 2.2 and tackling malnutrition by 2030.

Detailed information on each of the project phases can be found on the Action Againsts Hunger's Knowledge Hub website.

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OPTIDIAG

WHO currently recommends two anthropometric tools to diagnose and discharge children affected by SAM: mid-upper-arm circumference (MUAC), or weight-for-height Z-score (WHZ). As WHZ is currently only feasible in primary health facility settings, MUAC is increasingly used in community settings, in addition to primary health facilities. It is recognised that these two diagnostic approaches do not effectively diagnose the same child. Use of either individual measure may miss a critical portion of the SAM caseload in many countries.

In addition, anthropometric measurements do not give direct information on what is going on inside the body of children with SAM — they are only proxy measures for an underlying clinical condition that is difficult to assess.

The primary objective of the OptiDiag research project is to provide new, robust, scientific evidence to describe and compare nutritional needs and risks for malnourished children so that policy makers can make an informed decision on which anthropometric category to target for treatment. Most importantly, the evidence will guide policy makers in effectively reaching as many malnourished children as possible globally with the existing anthropometric tools available, including both WHZ and MUAC.

The project evaluated vulnerability in children with SAM at moments during treatment: at admission, after two weeks and around the time of discharge. A series of clinical indicators were assessed, including leptin and bioelectrical impedance parameters, as well as a set of 17 additional biomarkers. This ranged from biomarkers of micronutrient deficiency, body composition and energy metabolism, to non-specific immune response and infection. Each of these indicators provided us with one small piece of the puzzle vis-à-vis the child's clinical status. In addition to the clinical samples, a range of additional data was also collected on the caretakers' perception of the child's health and nutrition status, the health history of the child, their clinical evolution, weight gain, recovery speed, and (where applicable), relapse rate.

Published papers from the OptiDiag research project can be found below:

Dailey-Chwalibóg T, Freemark M, Muehlbauer M, et al. Clinical and Biochemical Markers of Risk in Uncomplicated Severe Acute Malnutrition. Pediatrics. 2021;147(6):e2020027003

Dailey-Chwalibóg, T., Huneau, JF., Mathé, V. et al. Weaning and stunting affect nitrogen and carbon stable isotope natural abundances in the hair of young children. Sci Rep 10, 2522 (2020). https://doi.org/10.1038/s41598-020-59402-8

T. Dailey-Chwalibóg, M. Freemark, D. Roberfroid, I.A. Kemokai, M.R. Mostak, M.A. Alim, M.M.S.T. Khan, M.A.H. Khan, L. Bawo, C.H. Taylor, H. Fouillet, J.-F. Huneau, P. Kolsteren, B. Guesdon, Signification clinique du diagnostic anthropométrique de la malnutrition aiguë sévère (MAS) de l'enfant : résultats préliminaires de l'étude multicentrique OptiDiag et implications en terme de santé publique, Nutrition Clinique et Métabolisme, Volume 34, Issue 1, 2020, Pages 86-87, ISSN 0985-0562 https://doi.org/10.1016/j.nupar.2020.02.425

FAMILY MUAC

Historically, MUAC screening at community level has been the primary responsibility of community health workers (CHWs), community health volunteers (CHVs) or NGOs. However, there is growing evidence to suggest that families can also play a role in carrying out MUAC screening.[5] Family MUAC (or Mother MUAC as it is also sometimes called) is a community screening approach that trains mothers, caregivers and other family members to screen their own children for acute malnutrition using colour-coded MUAC tapes. Neither literacy nor numeracy skills are required. The aim of Family MUAC is to promote regular screening for acute malnutrition at household level in order to increase the uptake and coverage of treatment services.

During 2020 the majority of CMAM programmes supported by Action Against Hunger made adaptations to their programming in order to minimise Covid-19 transmission during case finding, treatment and follow-up. One of the main adaptations included the introduction and scale-up of Family MUAC. It was the most widely implemented adaptation in Action Against Hunger's programmes and received positive feedback from both caregivers and clinic staff. Respondents to a study conducted by Action Against Hunger US indicated that this approach, above all others, would likely continue beyond the pandemic.[6]

This Technical Guide provides more information on the screening approach.

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MANAGEMENT OF ACUTE MALNUTRITION

COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

Supplementary Feeding Programme (SFP); an Outpatient Therapeutic Programme (OTP); and a Stabilization Centre/In-patient Care (SC). Children with MAM are often treated in SFPs, while children with SAM (i.e. those without medical complications, which comprise the majority of SAM cases), are treated through OTPs as outpatients. Children enrolled in OTPs are treated at home with RUTF and routine medical care. If necessary, severely malnourished children with medical complications or lack of appetite are referred to in-patient facilities for more intensive treatment. CMAM programmes also work to integrate treatment with a variety of other longer-term interventions, which are designed to reduce the incidence of malnutrition and improve public health and food security in a sustainable way. Admissions of children with SAM or MAM to Action Against Hunger's CMAM programmes increased by 43% between 2019 and 2020 (rising from 642,364 in 2019 to 917,191 in 2020) – the highest number of CMAM admissions ever reported by Action Against Hunger's country offices. The average cure rate for the countries that did report SAM performance data was 87.1%, which is above the international Sphere standard of 75% for CMAM programmes.

Over the years, Action Against Hunger has tested different adaptations of CMAM programmes to improve their effectiveness, coverage and cost-effectiveness. More information on some of these adaptations, including CHW-led treatment, combined treatment of moderate and severe acute malnutrition, and reduced dosage of RUTF, is described in the following sections.

For more information on scaling up treatment of SAM, visit the Global Performance Report 2020.

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INTEGRATED COMMUNITY CASE MANAGEMENT+ (ICCM+)

The Integrated Community Case Management (iCCM) approach aims to increase the coverage and quality of care for children with SAM or MAM. It involves training CHWs to diagnose and treat a number of common childhood illnesses such as malaria, pneumonia and diarrhoea. CHWs can perform these services during home visits in communities, meaning that these children do not have to be taken to a health facility for diagnosis or even treatment. Since 2014, Action Against Hunger has also been testing whether CHWs can also carry out behaviour change activities.

This approach, known as CHW-led treatment of acute malnutrition or iCCM+, is one of the Simplified Approaches recognised by UNICEF as key to improving effectiveness, coverage and reducing the costs of acute malnutrition treatment.

There are many benefits: CHWs can detect SAM earlier, thereby reducing the risk of medical complications;[7] and iCCM+ is cost-effective, resulting in lower out-of-pocket and other costs for families and communities.

Furthermore, the approach seeks to strengthen health service delivery at the community level by working with community health workers (see A day in the life of Hawa), and integrating community health into a broader health-system strengthening process. More details can be found in the ICCM Strategy and Ideas against Hunger, which includes a small summary of the innovation.

More information on this approach can be found in our iCCM+ newsletters (Newsletter 1, 2, and 3) and further information on completed, ongoing or planned research can be found on the Emergency Nutrition Network (ENN) website.

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FOOD AND NUTRITIONAL PRODUCTS QUALITY ASSURANCE

The development of RUTFs has been instrumental in increasing treatment coverage over the past two decades. While Action Against Hunger is working towards the inclusion of malnutrition treatment in health services and reinforcing nutrition counselling, the use of therapeutic and nutritional products still remains an important component of care, set out in the WHO, UNICEF and WFP 2007 Joint statement on CMAM.[8]

In recent years, provision of RUTFs has evolved, specifically in terms of Quality Assurance. Supply of RUTFs can however be a hurdle in programme implementation and ongoing work with manufacturers and suppliers is important for preventing safety incidents as well as supply failure.

Action Against Hunger is a member of a technical interagency working group focused on the quality, safety, research and development of Specialized Nutrition Food Products.

This group also includes food technologists and nutrition advisers representing UNICEF, WFP, USAID, MSF, ICRC. Currently the group is exploring how the formula of RUTF and ready-to-use supplementary food (RUSF) can be revised to reduce the costs while ensuring equal or better efficacy, while as much as possible using locally available raw materials. The latter is important in order to develop local production, support local value chains of certain crops, and promote easier and shorter supply chains to ultimately increase treatment coverage.

Action Against Hunger is working to strengthening its own quality assurance system for food and nutritional products with the development and deployment of a standard operating procedure (SOP) on Quality Assurance.

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Institutionalising quality of care in in-patient facilities for the management of SAM in India

In Rajasthan, India, 20.4% of children under the age of 5 years are acutely malnourished and 7.3% are severely malnourished. To tackle this, the government set up integrated malnutrition treatment centres, where children with SAM could be referred for an in-patient stay of 14 days or more. However, most caregivers found it challenging to be away from home for over two weeks, often leading them to refuse to admit the children in their care, or leave the centre too early during treatment, against medical advice.

A qualitative survey was undertaken to assess the perceptions of, and barriers to, the access of malnutrition treatment centre services. Based on the findings of this assessment, a three-pronged programme was devised to improve community demand and the quality of services provided by nine malnutrition treatment centres in the area. This involved:

- training treatment centre staff to manage SAM among in-patients at all nine centres;
- appointing and training treatment centre counsellors from local communities in five selected centres (those with the highest caseloads and referrals) to provide caregivers with quality care and supportive counselling; and
- key infrastructure developments in four centres to improve the living conditions for caregivers and patients, and the general environment.

This multi-pronged approach had very positive results. Improvements in the overall management of malnutrition treatment centres and monitoring were observed. The percentage of cases attending all four post-discharge follow-up sessions increased in all nine malnutrition treatment centres assessed. Treatment outcomes improved for the 1,014 children treated between 2016 and 2018 in the five counsellor-intervention malnutrition treatment centres.

During the two-week in-patient treatment programme, children with SAM improved significantly. There was also a 22% reduction in cases where caregivers left treatment centres against medical advice, indicating an improvement in caregiver compliance with the treatment protocol due to enhanced quality of care.

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COMBINED PROTOCOL FOR ACUTE MALNUTRITION STUDY (ComPAS)

Led by the International Rescue Committee (IRC), the London School of Hygiene & Tropical Medicine (LSHTM), and Action Against Hunger, the Combined Protocol for Acute Malnutrition Study (ComPAS) examined whether a simplified and unified MAM and SAM treatment protocol for children 6-59 months would improve coverage, quality, continuity of care and cost-effectiveness in resource-constrained settings. This randomised controlled trial took place in two locations: an urban setting in Nairobi and a rural setting in South Sudan. Children with either MAM or SAM in the simplified protocol group both received RUTF, with a simplified dosage, while children in the control group received treatment to a standard protocol using a complicated wight-based dosage schedule and different products for the two conditions.

The study analysed recovery rates, coverage, length of stay, average daily weight gain, weekly MUAC gain and cost-effectiveness. Findings showed that the simplified protocol approach to treating acute malnutrition was as effective as the standard treatment, and could free up funds to reach more children with life-saving care.[9]

A follow-up study at four months after discharge was also conducted to assess long-term risk and benefits of the approach.

The ComPAS findings can be used to influence practice and policy, particularly in settings where health systems are overburdened and unable to support the current dual service delivery model. A simplified treatment approach could lead to more children whose lives are at risk receiving the vital treatment that they need.

More information on how the simplified protocol could reach more children and save lives during the Covid-19 Pandemic can be found on the Action Against Hunger website.

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MANGO PROJECT – REDUCTION OF DOSAGE

In the treatment of SAM, multiple challenges can affect recovery and its sustainability over time (i.e. whether it can prevent a relapse in the ensuing 6 -12 months). Challenges include poor adherence to treatment protocols as well as shortages and cost of RUTF, among others.

Action Against Hunger teamed up with the University of Copenhagen, University College London, University of Abomey-Calavi (Benin) and individual researchers from University of Ouagadougou (Burkina Faso) and Ghent (Belgium) to run the MANGO Project in eastern Burkina Faso, which aimed to measure the efficacy and cost reduction of a reduced RUTF dosage on treatment outcomes for children aged 6-59 months with SAM and no medical complications.

The trial applied the treatment protocol with highest quality of care, and secured RUTF supplies so that shortages would not be an issue over the course of the trial. The trial aimed to show that in ideal conditions, a reduced dose is not inferior to a standard dose of RUTF. Children in both groups showed similar recovery, low mortality, low relapse at the three-month follow-up, some lean mass deposit, and partial correction of vitamin A & iron deficiencies (Kangas et al., 2019, 2020).

In addition, the study on food intake of children during treatment revealed family foods provided up to 40% of total energy intake in the reduced dose group versus 35% in the standard group. The dietary diversity score was similar in both dose groups but in the reduced dose group, several daily nutritional requirements were not met for some vitamins and minerals (Nikièma et al., 2021). Overall, the reduced dose represented a 16.8% cost saving on treatment (N'Diaye et al., 2021). The results of the MANGO study have potentially significant implications not just for SAM treatment programmes in Burkina Faso but for global guidelines and policies on acute malnourishment treatment and operational programmes around the world (Schoonees et al., 2019) as WHO launched the formal revision of international standards of care for acute malnutrition in 2021. If a reduced dosage of RUTF is effective and leads to cost savings for SAM treatment, more children can be treated with the same amount of resources.

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INTEGRATED TREATMENT OF ACUTE UNDERNUTRITION

The success of nutritional treatment can be influenced by the living conditions of the population. Action Against Hunger therefore seeks to improve the treatment outcomes and reduce relapse by incorporating components such as household sanitation. Limited recent research suggests that the provision of a "WASH Kit" as part of outpatient treatment can improve SAM recovery rates but evidence for a scalable and cost-effective model is lacking.

The Integrated Treatment of Acute Undernutrition (TISA) study aims to address the potentially significant risk of household exposure to diseases by improving the quality of drinking water consumed during outpatient SAM treatment, while promoting proper hygiene behaviour at the home, thereby reducing the risk of infection and facilitating recovery.

The study, initially developed and carried out in Chad, is now being conducted in Senegal. As part of the study, Action Against Hunger, the London School of Hygiene and Tropical Medicine, and Laboratoire de Recherche sur les Transformation Economiques et Sociales in Dakar are undertaking a rigorous health impact, process and cost-effectiveness evaluation of a scalable WASH kit in partnership with the Ministry of Health of Senegal. If the findings of the study support it, the project will enable the Ministry of Health in Senegal to incorporate the WASH kits as part of efforts to improve water quality at household level in the interests of nutritional health.

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HEALTH

Health and nutrition are fundamentally linked, so Action Against Hunger recognises the importance of developing and supporting health services that have an impact on the nutrition situation. Interventions to promote health and nutrition should be holistic, and the health system should be strengthened in order to fully deliver them.

Most of Action Against Hunger's health activities focus on community health and primary healthcare. In secondary care (hospitals), we specialise in providing care for complicated cases of SAM and other major childhood diseases in paediatric units, and occasionally in maternity wards. The package of essential interventions proposed by Action Against Hunger targets all key life stages, as well as the referral system between various levels in the healthcare system.

Health and nutrition of adolescents and women of childbearing age

Action Against Hunger believes that adolescents are a key engine of change in society. Their contribution to the solution of hunger is very important. The involvement of this group in our activities enables us to increase the coverage of our services in the community and to reach areas that the usual system is unable to reach. With this group in mind, we are designing new technologies to get closer to them and to be able to disseminate messages within their preferred information channels. In this way, we aim to reinforce these population groups' use of and access to: quality family planning information and services; nutritional education and micronutrient supplementation for adolescents; and social and behaviour change communication through peer support groups and social media.

Sexual and reproductive health

Through all our programmes, Action Against Hunger treats sexual and reproductive health (SRH) as a human right.

On the one hand, **we reinforce the quality, access to and use of sexual and reproductive health services through a rights-based approach**. To do this, we ensure that there is an SRH continuum of care by offering contraception services, prevention and treatment of sexually transmitted infections, antenatal and postnatal care, emergency obstetric and neonatal care and gender-based violence prevention and care. We include nutritional interventions throughout all these services as well as monitoring pregnancies and identifying, preventing and treating diseases throughout pregnancy. This is achieved through the provision of preventative treatment, anti-tetanus vaccinations and mental health care during pregnancy, offering micronutrient supplements and nutritional care for malnourished pregnant women and ensuring births are accompanied by a skilled birth attendant. Postnatal treatments for mothers are essential for the treatment of major complications leading to maternal deaths, promoting breastfeeding and preventing maternal depression.

We also reinforce access to postnatal care, particularly essential care for babies born prematurely or who are small for their gestational age. In some countries, Action Against Hunger operates MAMI programmes.

On the other hand, **we work to improve the use of these services by communities**. To do so, we include community engagement activities in our interventions and identify barriers preventing users from accessing healthcare, be they cultural, financial, etc.

Children's health

Action Against Hunger works in a number of areas relating to children's health, including reinforcing the quality of, and access to, preventive and curative services such as IYCF. We also offer curative services for the main killer diseases (pneumonia, diarrhoea, malaria) at the primary and secondary level and support vaccination services and other preventive activities.

Our approach promotes the provision of quality medical and nutritional support during an increase of infectious diseases in order to prevent cases of undernutrition following illness.

Further to these activities, Action Against Hunger's Water Sanitation and Hygiene (WASH) teams work to improve access to and use of sources of drinking water and to provide improved sanitation. These activities therefore make a major contribution to reducing morbidity among children under the age of 5 years.

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HEALTH SYSTEM STRENGTHENING (HSS)

Action Against Hunger has shifted from a "vertical" approach that focuses on nutrition interventions alone to a "diagonal" approach that includes a Health System Strengthening (HSS) component. Our HSS approach is based on a set of core principles:

- **Bottom-up initiatives:** health activities should be based at the district or regional level, under the leadership of the health district or regional authorities.
- **A systemic view of the health system:** activities should consider all six HSS building blocks.
- **Horizontal or diagonal thinking:** the emphasis should be on primary healthcare in general and nutrition.
- **Adaptation to the local context:** activities should be delivered through the existing mechanisms, tools, seasonal calendars, etc.
- **Participatory processes:** it is essential to include local representatives involved in the governance of the health system at the local level.

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In 2013 Action Against Hunger developed an **innovative HSS method to strengthen the planning processes of local health authorities**. This method provides guidelines to carry out a health system diagnosis and planning exercise **at health district level**. The method **does not promote the creation of a parallel mechanism** for health planning, but is designed to be integrated in the district's existing planning mechanism. The aim of the **diagnosis phase** is to evaluate the health system by looking at each of the six building blocks to understand its strengths and weaknesses and to determine the priority actions required to strengthen the health system (**planning phase**). The local health authorities will then lead the implementation phase with the contribution of various local and international partners.

Action Against Hunger's HSS experience:

- ✓ Since 2013, the HSS method has been implemented in more than 20 different countries in Africa, the Middle East and Asia.
- ✓ In January 2017, Action Against Hunger launched the 3rd version of its HSS guide and has successfully deployed it in Central African Republic, Chad, Madagascar, Burkina Faso, Nepal, Indonesia and Cameroon. This version of the guide promotes an adaptive planning approach that aims to enhance the resilience of local health systems.
- ✓ In 2018, the HSS guide was adjusted to strengthen the integration of mental health and psychosocial services within the primary healthcare system. It was successfully piloted in Iraq.
- ✓ In 2019, a community component was integrated to strengthen the capacity and resilience of health systems.
- ✓ Action Against Hunger's pool of HSS experts can lead or support the diagnosis and planning stages of the HSS approach.

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RESEARCH

Action Against Hunger champions research, innovation and learning related to undernutrition. The International Strategic Plan 2021-2025 describes our commitments and ensures that research, innovation and learning projects have practical implications for our work and enable us to deliver evidence-based interventions.

The following three strategic workstreams inform the research strategy:

- Prevention of undernutrition
- Treatment of undernutrition
- Effectiveness of humanitarian assistance and emergency response

Action Against Hunger's research function has grown substantially in recent years, from 25 projects in 2016 to 73 in 2020, covering 35 countries and a wide range of topics. The majority of research projects (70%) were located in Africa, with Mali and Senegal alone hosting 10 projects each. The remainder of our research projects were in Latin America (17%), Asia (12%) and Europe (2%). As may be expected, given our technical expertise and experience, over two-thirds (68%) of Action Against Hunger research projects had a nutrition component in 2020. Approximately half of our research is related to health, while 18% of projects had a mental health and care practice dimension. Nearly four in ten of our research projects (38%) were multisectoral.

Our research expertise covers the following topics:

- Early warning information, analysis and systems
- Cash-based initiatives, including as part of social protection programmes
- Maternal, infant and young child nutrition
- Food security
- Prevention diagnosis and treatment of acute malnutrition
- Integration of nutrition within health services
- Water, sanitation and hygiene
- Household dynamics and decision-making, health systems
- Interstate seasonal migration and malnutrition strengthening

Our team comprises a combination of experienced research, public health, nutrition, communications and knowledge-management specialists. This multi-disciplinary team is able to provide an end-to-end support service including the following activities:

1. **Research design using a range of methodologies, including:**

   - **Quantitative and qualitative studies** including randomised and non-randomised trials; cross-sectional studies (such as anthropometric and coverage surveys as well as Nutrition Causal Analysis); observational cohort studies; and acceptability trials. Examples include randomized controlled trials on dosage reduction in the treatment of severe acute malnutrition;[10] combined protocols for the treatment of moderate and severe acute malnutrition[11] and comparison of nutrition treatment strategies for moderate acute malnutrition.[12]
   - **Evidence synthesis**, such as scoping, narrative and systematic reviews. Examples include: two systematic reviews and meta-analyses on the management of MAM conducted as part of the WHO Wasting Guideline development process (publication pending); a review of cost-efficiency and cost-effectiveness of the treatment of acute malnutrition;[13] and a systematic review and meta-analysis on systematic use of antibiotics for uncomplicated SAM.[14] Action Against Hunger also regularly summarises and synthesises information from programme evaluations, coverage surveys, SMART surveys and Nutrition Causal Analyses. Data pooling analyses have also been conducted to evaluate mortality risk in severely acutely malnourished children.[15]
   - **Economic evaluations:** Our teams have conducted costing and cost-effectiveness studies on nutrition treatment programmes in a number of countries such as Mali,[16] Niger, Mauritania, Pakistan,[17] Burkina Faso,[18] South Sudan and Kenya.[19]
   - **Programme evaluation and documentation:** Programme evaluations are conducted at mid-term, close-out and post-facto, to capture lessons learned and identify best practices.

2. **Project management:** Our teams have significant experience in financial, grant and project management, collaboration and coordination with multiple partners and other stakeholders, establishment and management of technical working groups and steering groups.

3. **Implementation support, data collection, analysis and publication** which includes project implementation plans, training of study staff, data collections systems, data quality checks, statistical analysis and publication of findings in peer reviewed journals and through other means.

4. **Knowledge management**, which includes knowledge capture, creation of simple reports and technical briefs, design and publishing, multi-language translation, curation and archiving, use of knowledge-management platforms to share research findings and collaborate with peers, and the development and growth of communities of practice.

5. **Communications, dissemination, public engagement:** On a routine basis, our team produces newsletters for the State of Acute Malnutrition website, the Link NCA website, Action Against Hunger Knowledge Hub, the SMART initiative, and manages Communities of Practice for information-sharing.

6. **Research uptake and dissemination:** Our team can also support or advise on local, national and international engagement for uptake of research findings into public health policies and systems.

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ADDITIONAL TOPICS

We support and collaborate with multiple stakeholders and sectors (e.g. water, sanitation and hygiene; food security and livelihoods; education), and integrate cross-cutting topics such as gender and protection in nutrition communication, harmonize nutrition and WASH, SBCC and integrate Covid-19 adaptation in strategies and tools.

TRAININGS TO STRENGTHEN LOCAL CAPACITY AND BUILD RESILIENCE

Action Against Hunger Spain is one of 80 organizations participating in EU Aid Volunteers project, which brings together volunteers and organisations from different countries who are providing practical support to humanitarian aid projects. Through the volunteers, it contributes to strengthening local capacity and resilience of disaster-affected communities and offers opportunities for citizens from the EU to engage in humanitarian aid. The initiative funds projects submitted by consortia of EU and non-EU based organisations that aim at strengthening the capacity of non-EU based organisations to prepare and respond to humanitarian crises and to improve the management of their volunteers.

We specialise in **learning and curriculum development** and provide capacity building and training resources (job aids, manuals) for frontline community healthcare workers (such as ICCM+) in a wide range of technical topics such as nutrition, IYCF, maternal, child and reproductive health.

Action Against Hunger works to strengthen the capacity of nutrition practitioners to understand behaviour change and to design, implement and evaluate effective behaviour-change strategies for nutrition, such as the Assisting Behaviour Change (ABC) manuals, the formative research manual and the online toolkit.

Under our Long-Term Agreements with UNICEF, Action Against Hunger has conducted training on Nutrition in Emergencies for UNICEF in Myanmar, Indonesia, Lebanon, Nepal, Venezuela, Fiji, Kiribati, Laos, Malaysia, Tonga, the Solomon Islands and Vanuatu. In the Pacific, we also developed emergency response plans and the contents of emergency food baskets as part of the outputs of each training. We also developed the technical content of the 21 e-learning modules of Nutrition in Emergencies training channel for UNICEF. Action Against Hunger has also advised UK-Med on the integration of nutrition into their health surge response and conducted three trainings (face-to-face and remote) to train UK doctors and nurses on Nutrition in Emergencies. In 2019, Action Against Hunger worked with the UNICEF East Asia and Pacific Regional office, and the nursing school in Laos, to integrate an IMAM module into the Lao curriculum for paediatric doctors.

In 2020, Action Against Hunger, with the financial support of the African Development Bank, worked with the UNICEF Regional Office of West and Central Africa to revise the nutrition curricula of universities and nursing schools in Mali, Niger, Burkina Faso, Senegal, Mauritania and Niger.

Recently, Action Against Hunger has also provided technical support for the review of the Global Action Plan on Child Wasting and supported adaptations to IYCF, IMAM and Nutrition Information during the Covid-19 crisis.

IMPROVING FOOD SECURITY FOR POPULATIONS IN EUROPE

Action Against Hunger Spain leads and coordinates the European Network for Innovation for Inclusion. This project brings together innovators from the social sector to promote high impact programmes and ideas in the social field.

During 2020 and 2021, in response to the impact of Covid-19, Action Against Hunger UK launched the “Healthy Meals Healthy Lives” project with financial support from Barclays Bank and Carluccios restaurant chain. The project set out to improve access to healthy and nutritious foods for low-income households in the UK by supporting food initiatives including the provision of hot meals and food pantries (also known as social supermarkets). We also provided training on nutrition and healthy living to 20 staff and volunteers and produced recipe cards with healthy, low-cost and easy-to-cook meals tailored to the needs of food-pantry members – meals that require few cooking skills and no special equipment.

Since 2019, Action Against Hunger France has been guiding nutrition and food security actors that support the most vulnerable people in France to improve their coverage and quality of interventions. One of the main focuses of Action Against Hunger France support has been to diversify and tailor aid to people’s specific needs (cash-based approach, cooking, or refrigerating skills etc.) and to improve the quality of nutrition by providing nutrition awareness, recommendations and cooking tools.

GENDER AND NUTRITION

Gender inequality and gender-based violence (GBV) are fundamental causes of hunger. Harmful gender and social norms mean that women and girls often eat last and least, and have less control over resources, access to education and political representation. Action Against Hunger has made gender equality an important part of its work. In our fight against hunger, we consider the different roles, needs and opportunities of men, women, boys and girls. Because of this, our programmes not only tackle malnutrition, but also aim to close the gender gap and make a lasting impact. Gender inequality is both a cause and consequence of hunger

One of our priorities is to develop new research methodologies that are more inclusive, non-discriminatory and ethical. While all our programmes and work have a gender-lens – including needs assessments, design, delivery, advocacy, staffing, monitoring etc. – our network includes an international gender unit (IGU) composed of specialists able to be deployed and provide technical support on different activities.

Gender mainstreaming:

in 2017, Action Against Hunger developed and implemented the Gender Minimum Standards (GMS). These are a set of benchmarks on gender for programmatic and organisational levels. Each standard is further defined by a set of key actions that all offices must accomplish to meet the standard. The IGU has been working with over 55 country offices and headquarters to support them in meeting the standards, conducting a self-assessment process with each office, including a review of available policies, tools, practices and capacities. Based on these assessments, the IGU can identify strengths, weaknesses and shortcomings against the GMS, formulate specific recommendations, and support the implementation of office-specific action plans.

Gender programming:

Action Against Hunger recognises the powerful impact of social norms in creating and perpetuating gender inequality and gender-based violence (GBV), and directly implements gender-responsive and gender transformative programming. This includes integrated health and nutrition programming that highlights women's crucial role in health and nutrition, supports women's empowerment to create lasting impact on their families' and communities' well-being, and works with women and men to challenge traditional gender roles and social norms.

GBV risk mitigation programming:

Our GBV risk mitigation programming focuses on enhancing accountability of humanitarian nutrition organisations in the interests of gender equality and eradicating gender-based violence. Our objectives are to (1) increase organisational integration of gender equality for Action Against Hunger and its partners at institutional level; and (2) develop Action Against Hunger's (and its partners') capacities to integrate gender-based violence-prevention and risk-mitigation strategies into programming. This led to the adaptation of different tools (self-assessment, safety audits, etc.) and the development of training.

Gender and MEAL:

One of the biggest challenges when working on GBV, especially prevention and risk mitigation, remains the difficulty to measure change as it relates to social norms and deeply rooted beliefs and attitudes. Action Against Hunger has developed an evaluation tool entitled "Capturing the Change" that records the most significant stories of change resulting from the integration of GBV considerations during a project's life-cycle.

Safeguarding:

Action Against Hunger is committed to a zero-tolerance position against sexual exploitation and abuse. We are working toward a deep and lasting transformation of our organisational culture to support the successful implementation of a comprehensive and strict policy protecting the people with whom we work. Through our work we provide learning, adapted tools, resources and technical guidance and support to Action Against Hunger offices worldwide for improving safeguarding. This includes the development of survivor-centred approaches and improved community-based feedback and complaint mechanisms.

WATER, SANITATION AND HYGIENE AND NUTRITION

In 2020, Action Against Hunger's Water, Sanitation and Hygiene (WASH) programmes reached 9.5 million people around the world through provision of safe water and promotion of sanitation and hygiene. These programmes prioritise community participation to ensure long-term capacity by training community-based water committees to manage their water and sanitation infrastructure independently, and organising village health teams to model good sanitation and hygiene practices for their communities after the programme has ended. We also integrate WASH activities into all our health and nutrition programmes.

In 2018, a review of the current state of evidence on WASH for nutrition outcomes was commissioned by Action Against Hunger as an essential preliminary step to developing a set of recommendations on how to support the use of WASH activities to enhance nutrition outcomes in humanitarian and development programmes. This led to a workshop in 2019.

Under the leadership of Action Against Hunger, 13 organisations signed the declaration of Nanterre to implement integrated WASH and Nutrition projects and programmes, in order to achieve nutrition security and make nutrition treatment programmes more effective, efficient and sustainable. They specifically committed to look for funding to routinely support new projects and upgrade current ones according to the six key activities decided collectively during the workshop (three at health centre and three at community and household levels).

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ENVIRONMENTAL IMPACT OF INTERVENTIONS

Action Against Hunger is committed to deepening its approach to the climate crisis and being at the forefront of the fight against hunger within the framework of a climate and environmental approach.

LOCALIZATION PROCESS OF THE INTERVENTIONS

The concept of localisation is broadly accepted as "a process of recognising, respecting and strengthening the leadership by local authorities and the capacity of local civil society in humanitarian action, in order to better address the needs of affected populations and to prepare national actors for future humanitarian responses".[20]

In this emerging and complex operating environment, Action Against Hunger recognises the need to rethink its mandate and role as an international NGO led primarily in the Global North. Action Against Hunger's International Strategic Plan 3 (ISP3) for 2021-2025 already places a strong focus on partnerships with local actors, strengthening their capacity and enhancing leadership of local responders.

An international Local Partnership Working Group (LPWG) was set up in 2018 to review, harmonise and strengthen Action Against Hunger's approach to working with local implementing partners and to provide country offices with the tools and support to do so. Existing internal structures, approaches, strategies, tools and practices have since then been reviewed (the report can be found on Action Against Hunger Knowledge Hub website) and a Local Partnership and Localisation Advisory Board has been piloted in 2020.

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ENDNOTES

1 Daher J, Cassard F, Gari S et al. Implementation of nutrition surveys using SMART methodology in sub-Saharan Africa (www.ennonline.net/fex/58/smartmethodologyafrica, accessed 13 October 2022).

2 Levels and trends in child malnutrition. Joint child malnutrition estimates. 2012. UNICEF, WHO, World Bank.

3 Medialdea L, Bogin B, Thiam M et al. Severe acute malnutrition morphological patterns in children under five. Scientific Reports. 2021;11:4237 (https://doi.org/10.1038/s41598-021-82727-x, accessed 13 October 2022).

4 Medialdea L, Bazaco C, Domingo D'Angelo del Campo M et al. Describing the children's body shape by means of Geometric Morphometric techniques. 2019 (https://doi.org/10.1002/ajpa.23779, accessed 13 October 2022).

5 Buttarelli E, Woodhead S, Rio D. Family MUAC: A review of evidence and practice. Field Exchange 64, January 2021. p99 (www.ennonline.net/fex/64/familymuacareview, accessed 13 October 2022).

6 Wrabel M, King S, Stobaugh H. Adaptations to community-based acute malnutrition treatment during the Covid-19 pandemic. Field Exchange 64, January 2021. p55 (www.ennonline.net/fex/64/covid19cmamadaptations, accessed 13 October 2022).

7 López-Ejeda N, Charle-Cuellar P, Franck GB et al. Bringing severe acute malnutrition treatment close to households through community health workers can lead to early admissions and improved discharge outcomes. PLoS One. 2020 Feb 5;15(2):e0227939 (https://doi.org.10.1371/journal.pone.0227939, accessed 13 October 2022).

8 Joint statement on the community-based management of severe acute malnutrition. WHO. 2007 (www.who.int/publications/i/item/9789280641479, accessed 13 October 2022).

9 Bailey J, Opondo C, Lelijveld N et al. A simplified, combined protocol versus standard treatment for acute malnutrition in children 6-59 months (ComPAS trial): A cluster-randomized controlled non-inferiority trial in Kenya and South Sudan. PLoS Med. 2020 Jul 9;17(7):e1003192. https://doi.org/10.1371/journal.pmed.1003192. PMID: 32645109; PMCID: PMC7347103.

10 Kangas ST, Salpéteur C, Nikièma V et al. Impact of reduced dose of ready-to-use therapeutic foods in children with uncomplicated severe acute malnutrition: A randomised non-inferiority trial in Burkina Faso. PLoS Med. 2019;16(8):e1002887.

11 Bailey J, Opondo C, Lelijveld N et al. A simplified, combined protocol versus standard treatment for acute malnutrition in children 6–59 months (ComPAS trial): A cluster-randomized controlled non-inferiority trial in Kenya and South Sudan. 2020. PLoS Med 17(7): e1003192. https://doi.org/10.1371/journal.pmed.1003192.

12 Vray M, Hedible BG, Adam P et al. A multicenter, randomized controlled comparison of three re-nutrition strategies for the management of moderate acute malnutrition among children aged from 6 to 24 months (the MALINEA project). Trials 19, 666. 2018 (https://doi.org/10.1186/s13063-018-3027-3, accessed 13 October 2022).

13 Chui J, Donnelly A, Cichon B et al. The cost-efficiency and cost-effectiveness of management of wasting in children: A review of the evidence, approaches and lessons. Save the Children and Action Against Hunger. 2020 (https://acutemalnutrition.org/en/resource-library/3DI76SDmJn5lIRGm8rk4ry, accessed 13 October 2022).

14 Alcoba G, Kerac M, Breysse S et al. Do children with uncomplicated severe acute malnutrition need antibiotics? A systematic review and meta-analysis. PLoS One. 2013;8(1):e53184. doi:10.1371/journal.pone.0053184.

15 Schwinger C, Golden MH, Grellety E et al. Severe acute malnutrition and mortality in children in the community: Comparison of indicators in a multicountry pooled analysis. PLoS ONE 2019;14(8): e0219745. https://doi.org/10.1371/journal.pone.0219745.

16 Rogers E, Martínez K, Morán JLA et al. Cost-effectiveness of the treatment of uncomplicated severe acute malnutrition by community health workers compared to treatment provided at an outpatient facility in rural Mali. Human Resources for Health. 2018;16(1):12.

17 Rogers E, Guerrero S, Kumar D et al. Evaluation of the cost-effectiveness of the treatment of uncomplicated severe acute malnutrition by lady health workers as compared to an outpatient therapeutic feeding programme in Sindh Province, Pakistan. BMC Public Health. 2019;19(1):84.

18 N'Diaye DS, Wassonguema B, Nikiema V et al. Economic evaluation of a reduced dosage of ready-to-use therapeutic foods to treat uncomplicated severe acute malnourished children aged 6–59 months in Burkina Faso. Maternal and Child Nutrition. 2020;17(3):e13118. doi: 10.1111/mcn.13118

19 Bailey J, Opondo C, Lelijveld N et al. A simplified, combined protocol versus standard treatment for acute malnutrition in children 6–59 months (ComPAS trial): A cluster-randomized controlled non-inferiority trial in Kenya and South Sudan. PLoS Med. 2020;17(7):e1003192 (https://doi.org/10.1371/journal.pmed.1003192, accessed 16 October 2022).

20 Localising the response: World Humanitarian Summit – putting policy into practice, the commitments into action series. OECD: Paris; 2017.

ACTION AGAINST HUNGER

About Action Against Hunger: we are an international charity committed to saving the lives of malnourished children and supporting their families to beat hunger. For more than 40 years, Action Against Hunger has played a leading role in a global movement that aims to end life-threatening hunger for good.

Our teams work to provide people in crises with access to essential food, water and sanitation, healthcare and social protection support. We empower people to provide for themselves, see their children grow up strong, and help their communities prosper.

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