

Call Between GiveWell and Action Against Hunger, 8/15/11

GiveWell: Alexander Berger

Action Against Hunger (ACF): Geoffrey Glick, Director of External Relations

GW: Can you tell us your main activities?

Our primary focal point is severe acute malnutrition (SAM), which, untreated, will lead to death in about 30 days. There's about a billion people that are undernourished in the world. Out of that one billion, about 55 million have what's called "acute malnutrition." Acute malnutrition occurs when the body is deprived of a broad spectrum of essential nutrients and caloric intake, which leads to the body consuming its own tissue, and eventually to organ failure. It mostly affects children six months to five years old and pregnant and lactating women. Of the 55 million with acute malnutrition, 19 million have SAM and 3.5 million children die each year from hunger-related causes. Within the world of malnutrition, we're the ambulance/EMT workers, responding to the most severe crises.

We have three main programs. First, we have a program focusing on emergency nutrition, which mostly diagnoses and treats kids who are suffering from SAM. Around 95% of kids we reach eventually recover, which is much better than it used to be. Prior to the mid 90's, around 20% of kids suffering from SAM would die from it, even when you arrived to intervene. We now use something called ready-to-use therapeutic foods (RUTF), which has greatly improved patient outcomes.

The other two programs are Water, Sanitation, and Hygiene (WASH) and Food Security and Livelihoods, both of which are designed to address the underlying causes of SAM. The WASH and Food Security programs help ensure that once we treat kids, they aren't coming back to us. They help us create more sustainable solutions to hunger crises.

GW: Do the WASH and Food Security programs only work in the same regions where you're doing emergency nutrition?

In an ideal situation, when there's an outbreak of SAM, we also put in place WASH and Food Security initiatives that will be involved over a longer period of time. They will be there substantially longer than our emergency nutrition program will be active in the area. We also have therapeutic feeding programs where we don't do WASH or Food Security because other NGOs are filling the need for those longer-term programs.

We also sometimes deploy WASH or Food Security programs in places where we have not done emergency nutrition interventions. Because we are experts in WASH and Food Security as well as emergency nutrition, we sometimes implement those programs in places where we think they can avert emergency nutrition situations.

To my knowledge, we're the only international humanitarian aid organization whose primary purpose is saving kids from starvation.

GW: Do you know the breakdown of funding across the program areas (e.g. WASH)?

It varies annually, and on top of that, the dollars don't necessarily reflect the impact of something. If

you're drilling a well in the DRC, it's tremendously expensive. That might cost much more than a seed distribution in part of Kenya.

Roughly speaking, some years, it might be a third of the funding for each program, while another year it might be 50% towards WASH, 30% towards nutrition, and 20% towards food security. It really does vary a lot.

Because of the crisis in East Africa, our 2011 numbers will show an increase in immediate nutrition funding. I'd be loathe to give you even back of the envelope numbers for that, though, because much of our work is unpredictable.

We often work on crises and disasters, so an important portion of our work is driven by circumstances beyond our control. As a result, our funding looks different from development organizations. Institutional donors give us shorter contracts than development NGOs, so it's harder to plan for the longer term.

GW: I'm getting the impression that the amount spent on nutrition will shoot up when there are crises that give you an opportunity to work on that, but in more normal situations, more funding will be spent on WASH and food security. Is that right?

No, that's not quite right. Our work is context driven. Strategically, the work that we do is framed around where the biggest problems with SAM are and the opportunities that we face to confront SAM in the future. In a country like DRC, where we've been for 15 years, we have a close relationship with the Ministry of Health. We effectively staff an emergency team that's on call for the Ministry of Health that can respond when there's a need. Because logistics are so expensive there, it absorbs a lot of funding.

SAM, at its worst, is affecting 10% of the under 5 population (though in Somalia right now it may be 40%). That's a different situation than when we do WASH or food security, where we can do something like a fish farm that will help the whole community be more sustainable in terms of food.

GW: How do you decide which situations to go into?

The countries that are affected by SAM, largely speaking, haven't changed much in the 30 years we've been working. Most of the major countries where SAM is a big problem are places we've been a long time, except India where we have only just begun to launch a program within the past year.

In most of these cases, we have relationships. When we're thinking about a new program, we ask about whether we have the expertise in the region to start an operation cost-effectively. We also look at the landscape of other NGOs, checking to see whether we have something to add over and above what other people are doing. We recently went to the Dadaab refugee camp in Kenya to assess that question, and we found that there was need for us. We also look at the accessibility of funding, which is often related to visibility in the news. Limited funding commitment can make it hard to start a program.

We could be doing more work in the Democratic Republic of the Congo (DRC) or India if we had more money. We're the largest provider of humanitarian services for acute malnutrition in the DRC. We treated 42,000 of the 60,000 kids treated in the DRC last year, but that's only a small part of the

need. If we had more money, we'd just expand our base of operation so we'd be able to feed more kids.

GW: Why haven't you been able to find the private funding for those programs?

We're funded about 65% by major institutional donors. Those are the underlying contracts that support our work. The private funding - roughly 35% - gives us flexibility to integrate different kinds of interventions. We often have very restrictive contracts with institutional donors. You may have a contract to provide RUTF in the DRC, and find out that the community well has been polluted for two years, causing everyone to get sick. Even though that's cheap to do, we couldn't use contract funds to clean the well. The private funds were needed to fill that gap, acting as a multiplier. Private funds are usually not enough for a country-level operation, but they can be instrumental in extending our effectiveness.

Because the DRC gets very little media attention in the U.S., it's hard to get funding. It doesn't help that the problem seems intractable. If you talk about 1 billion people malnourished, it's overwhelming. When you talk about 3.5 million starving, it seems like there's something we can do. Ultimately, it's rarely a problem of there not being food; the problem is access to food. Droughts by themselves don't usually create famines; there's an underlying access problem.

Our food security initiatives work on that. They can range from working with a displaced population of herders, and teaching them to farm in a refugee camp, to helping families generate income. After the Kenyan electoral violence in 2007, our Food Security and Livelihoods program gave small cash grants (\$100-500) to help people reopen small businesses. Food Security initiatives also help farmers to develop better farming techniques.

GW: Your website says, "we regularly undertake external assessments to evaluate our program impact, coverage, coherence, relevance, sustainability, effectiveness, and efficiency." Could you share any of those evaluations with us?

In some cases, they're not things that we're allowed to post, but I can look into it. The UK office is the one that mainly covers evaluation. I know that recently there was a meta-analysis that was done that I believe I'll be able to share.

GW: Can you say anything about the relationship between the different ACF affiliates? Do you each run separate programs? Is there pooling of funding?

ACF International has 5 HQ offices, including one in NY. Each of the five HQs has its own board and is an independent legal entity. There is an International Chairman's Council, which governs overall how ACF International works. The NY HQ is one of three that implements direct field programs. We only have one HQ running a program per country. ACF Kenya is directly administered by the U.S. ACF Somalia is directly administered by France. Our human resources, however, are largely shared. Our operations teams coordinate on a regular basis.

GW: If we're interested in getting RUTF to kids, is it better to give to an organization that manufactures RUTF or one like ACF that distributes it?

The problem is not a lack of RUTF. There is no real shortage of the product; it's not that expensive.

The manufacturers of the alternative products don't necessarily sell them for less than Nutriset does. While Nutriset holds the patent, I believe they recently published it so that the now anyone who wants to can—at least theoretically--produce RUTF.

For ACF, RUTF is not usually a major line item. We get most of the RUTF we need donated from UNICEF. We do have to buy some of it, but that's not a huge cost. \$50 is the cost of the product for a full treatment cycle (about 4 to 6 weeks), but in a place like the DRC, it could cost \$200 to transport the product to our programs.

In the places we work, it would make little sense to buy an RUTF product in the U.S. and ship it around the world. Production should be locally based whenever possible.

In general, what's lacking for RUTF production is a commitment to fund in the long term so that producers can plan.