HEALTH FRAMEWORK FOR LATIN AMERICAN CONTEXT

We accompany individuals in the continuity of services and in the improvement of social conditions related to health.

FEBRUARY 2024

ACTION AGAINST HUNGER

LEGAL INFORMATION

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1. INTRODUCTION

Action Against Hunger´s main challenge is to end hunger in the world and reduce the impact of its causes. **Our organization works to ensure that basic individual and collective rights are respected, and the needs of the population are met,** especially those of the most vulnerable and underserved population. In health, this challenge translates into an objective: to achieve universal coverage, which includes a greater number of basic quality services for a larger population, and with strategies that pursue the durability and sustainability of interventions, without limiting them to the health and nutrition sectors. This is the current challenge for all Action Against Hunger professionals working for a better and more dignified health condition of the population.

The World Health Organization (WHO) defines health as ***"the condition of every living being who enjoys complete physical, mental and social well-being"***.[1] For Action Against Hunger, it is important to add to this other key dimension of our intervention, and thus build a more practical definition, applicable to concrete and diverse contexts, aimed at acting on those determinants[2] of health that allow us to develop our response as an organization, without limiting ourselves to the provision of services aimed at treating the consequences of an insufficient system. As an organization, we understand health as a **socio-ecological** paradigm **and not as a medical-biological paradigm.** From our approach to the determinants of health, and our ability to understand the environment in which individuals live, we propose this definition that expresses the way Action Against Hunger understands health:

Health is the highest state of well-being and quality of life, achieved in a dignified and respectful manner, both at the individual and community levels, in harmony with the environment.

This is achieved by improving social conditions, respecting cultural diversity, and promoting a favorable environmental setting. These actions promote the integral development of people, allowing them to enjoy a healthy and satisfactory life.

We understand health as a right and work to ensure that the needs of the population are met. In most of the countries where we work, the systems are considered fragile, which leads to low quality and quantity in the provision of services. The population's access barriers to these services are very evident. In addition, basic health services are insufficient in terms of quantity and quality, there is a lack of access, and the sustainability of interventions is fragile. This situation makes health systems highly dependent on external support in order to meet their responsibility as service providers.

The objective of this document is twofold, **first to provide the health framework for implementing our technical strategy, and second to provide clear arguments on which to base our health actions to our partners**. The document provides arguments and tools with which we can build proposals, including specifically the Water, Sanitation and Hygiene (WASH) component, in order to have a greater impact in the fight against hunger.

[1] Frequently asked questions (who.int)
[2] https://pubmed.ncbi.nlm.nih.gov/24385661/

2. HEALTH IN LATIN AMERICA

This document is the result of a reflection of the organization and of an analysis carried out with our partners and with the people who participate and with whom we carry out the programs. To this end, the organization has developed a participatory process, in which all those who had something to say had their opportunity, and thus achieve the appropriation by all those who have responsibility in its implementation.

At Action Against Hunger, we have analyzed the possible causes by country that prevented the population from having adequate health and we have grouped them under the framework of social determinants.

Social and environmental determinants

High social violence and scarce alternatives to usual livelihoods. Impacts of environmental degradation on health.

- Unmet basic health needs
- Limited access to economic resources and employment
- Limited access to healthy food
- Limited access to social protection systems
- Increase in intra-family violence during and after COVID-19
- Violence and social instability
- Forced displacement/captivity of population
- Water pollution
- Soil contamination of agricultural land
- Air pollution
- High levels of environmental pollution (due to metals, air, etc.)

Healthcare System

Reduced and unequal access to services. Limited system capacity to react to crises. Low quality of services.

- Lack of access (geographical/economic) to basic services (water and sanitation). Universal healthcare system, but with a limited number of services. WASH services are not integrated into the basic services provided.
- Migrant population without access to all system services (medications/diagnostic tests).
- High turnover of human resources (HR), shortage of human resources due to migration. HR with limited opportunities for training and updating. Part of the human resources of the system is supported by external agents (NGOs/ others).
- Increase in the private sector in the provision of specialized services, but without much regulation.
- Shortage of certain medications in the public system
- Weak coordination between community organizations and health services
- % of GDP well below recommended levels to finance population health
- Decentralized system with significant deficiencies in the process
- Very low resilience capacity of the systems, systems collapsed by COVID-19

Lifestyles

Low implementation of healthy family practices. Increasing unhealthy lifestyles. Deteriorated mechanisms of social cohesion and leadership.

- Families lacking essential knowledge and practices regarding health and nutrition.
- Limited decision-making capacity within the family/women when it comes to developing healthy family practices.
- Prevailing lifestyles that affect health (physical, mental, etc.).
- Community organizations with weak organizational and functional capacity.

Figure 1; table for analysis of population access to basic health services in the region.

All these problems are accentuated in the **rural context**. Access to services is very limited and mainly focused on those considered basic in this area. Decentralization processes have not been completed and have major shortcomings, both in terms of resources and the capacity of central institutions to monitor interventions, with very limited support.

Half the world lacks access to essential health services and health expenditures push 100 million people into extreme poverty. It is estimated that every year more than 1 million people worldwide fall into poverty because they must pay for their family's health care.[3] In most of the countries where we work, health systems are considered fragile, which leads to low quality and quantity in the provision of services, with clear barriers to access for the population. In addition, there is a lack of access, and a fragile sustainability of such interventions. This situation makes health systems highly dependent on external support in order to meet their responsibility as service providers.

The countries where Action Against Hunger works in Latin America are immersed in an epidemiological transition, where communicable diseases still predominate and where maternal and infant mortality is still unacceptable. In this context, there are frequent accidents and consequences of some of the production systems, such as illegal mining in Peru and the Amazon basin, which is causing strong impacts on the most vulnerable population, especially the rural population. The contamination of soil and water, as a consequence of this type of exploitation, has an immediate and long-term impact on the health of the population; in addition, workers in this sector do not usually meet the minimum living conditions, with clear situations of social violence, maintaining a high risk of disease.

In Colombia, more than 4 million people do not have access to improved water sources and 1.5 million do not have safe sanitation services.[4] In this country we find departments such as Guajira, where only 16.3% of the dispersed rural population has access to drinking water, 4% to basic sanitation systems and an estimated 83.7% of the total population has access to contaminated water sources.[5] In some of the populations, meeting this basic water need represents 50% of the resources available to the families.[6] These data are produced despite the increase in health spending and reflect inefficient systems.

In relation to service providers, the systems are insufficient and in crisis situations they are quickly overwhelmed, as they do not have the basic resilience capacities to be able to anticipate and adapt to these circumstances. This is why, in some countries, a semi-private sector has been created, driven by non-governmental organizations and religious actors, which provide basic health services at a very low cost, and which aim to reach the most vulnerable population and people who are invisible to both public and private systems.

These examples reflect the insufficient resources dedicated to health by the States and the lack of adequate management of existing resources, which results in a regional scenario increasingly distant from the 30/30/30 objective:[7] by 2030, eliminate access barriers by at least 30%, where it is essential to increase public spending on health to at least 6% of gross domestic product and invest at least 30% of these resources in primary health care.

Our objective is to **protect, promote and restore** the health of individuals and communities, always bearing in mind community participation and capacity building, without neglecting the different worldviews on health, considering the diversity of people. We understand that water, sanitation, and hygiene are a source of life and their lack is the absence of health, therefore we integrate within the basic health services those related to sanitation, hygiene, and access to water in quantity and quality, increasing the impact of our interventions.

[3] World Bank and WHO: half the world lacks access to essential health services and health expenditures still push 100 million people into extreme poverty (who.int)
[4] United Nations Office for the Coordination of Humanitarian Affairs OCHA. Overview of Humanitarian Needs in Colombia. April 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/hno_colombia_2021_vf.pdf
[5] Data taken from the regional appeal LATAM 2021 - 2023, Action Against Hunger.
[6] ACF data from the analysis of the situation of the community of La Guajira-Colombia.
[7] PHC 30-30-30, the new PAHO Regional Pact for Primary Health Care for Universal Health - PAHO/WHO | Pan American Health Organization (paho.org)

3. KEYS TO UNDERSTANDING THE HEALTH OF INDIVIDUALS, COMMUNITIES AND SYSTEMS

3.1 Social Determinants of Health at the basis of our intervention

The WHO defines the so-called social determinants of health (SDH) as *"the circumstances in which people are born, grow, work, live and age, including the broader set of forces and systems that influence the conditions of everyday life".*

The **social, environmental, and structural determinants** related to health will frame our work approach, as these are where Action Against Hunger has an added value in its intervention. These have an impact on the health of individuals due to a set of external and internal conditions that generate barriers to access, poor practices, or the impossibility of carrying them out in an adequate manner.

Following the WHO recommendation, the social determinants of health are broken down into eleven.[8] For the preparation of this document, we have followed the framework dreamed up by Lalonde in 1974, which establishes four large groups of factors or determinants directly related to health.[9] In our approach **we will work on three of them,** on which our intervention as an organization can have a greater impact.

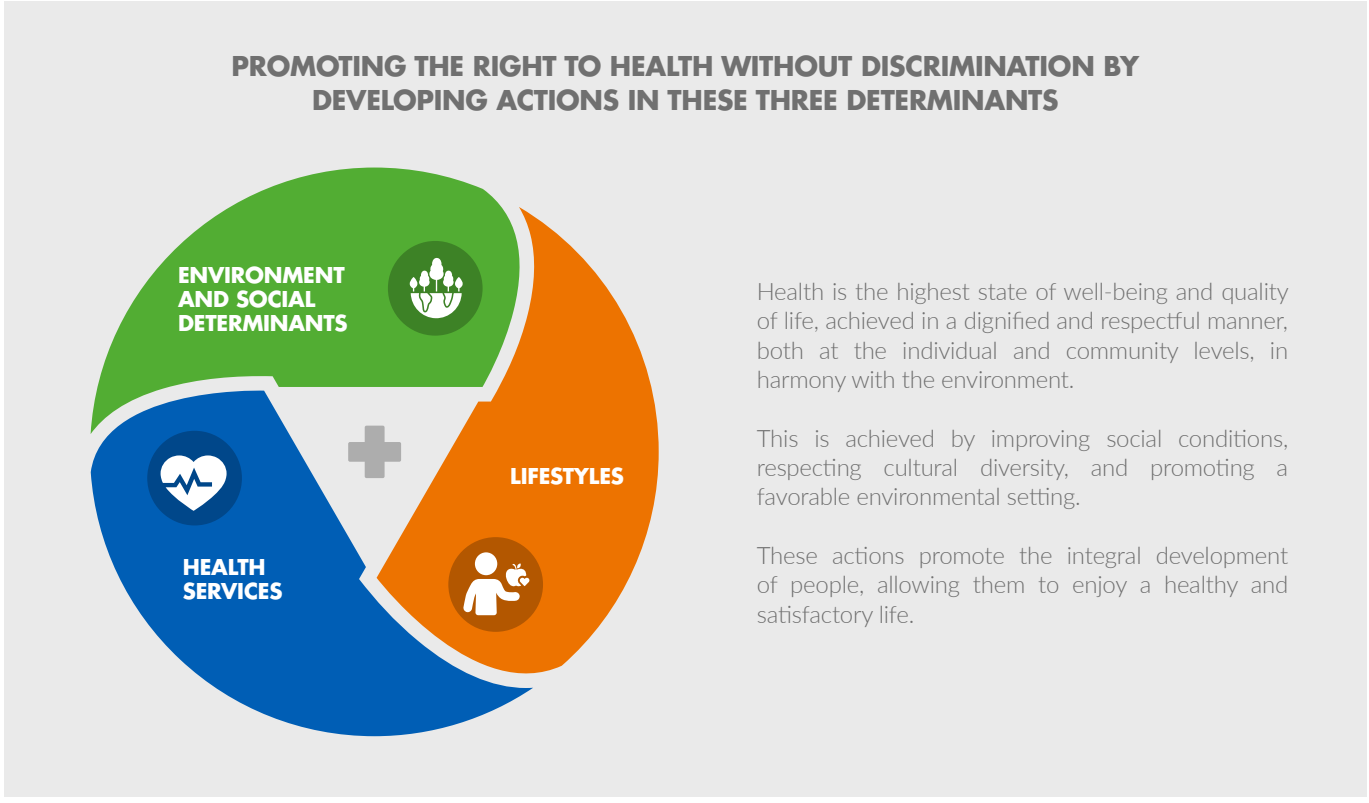

Figure 2; graph on the determinants of health and the ACF approach. Action Against Hunger, 2024.

[8] Social determinants of health (who.int). Income and social protection, Education, Unemployment and job insecurity, Working conditions, Food insecurity, Housing, basic services and environment, Early childhood development, Social inclusion and non-discrimination, Structural conflicts, Access to affordable and decent quality health services.
[9] The Honorable Marc Lalonde - PAHO/WHO | Pan American Health Organization (paho.org)

In order to provide a comprehensive solution to the health problem, we must develop actions that have an impact on these three domains, **the environmental/social domain**, the domain of **healthy practices** and finally the domain of **improving health services** by improving the structural causes of the provision of services in the systems.

01 THE IMPACT OF THE ENVIRONMENT ON HEALTH IS BECOMING INCREASINGLY MARKED

According to the Unicef report[10] on its effect on children, 9 out of 10 children in Latin America and the Caribbean are exposed to at least two climatic and environmental crises, such as the increase in slow onset events (water scarcity), increased degradation and contamination of air, water and soil by heavy metals or toxic substances such as lead, and sudden onset events such as floods, cyclones, and heat waves. Increased exposure of populations to vector-borne diseases and zoonoses is evident,[11] and reduced access to safe water and adequate sanitation. The deterioration of the environment causes an increase in health inequalities, with more and more people at risk of malnutrition and more health problems. This is compounded by a reduction in the population's resilience to adapt to the different environmental scenarios that are occurring with increasing frequency. The worsening of access to health clearly reduces the population's ability to cope with the phenomena related to the environment and the much-documented climate change.

Lalonde's model includes the **social environment as part of the environment.** In the context of Latin America, the degradation of social contexts is one of the causes of the worsening of the population's health and inequalities between individuals and communities. It is essential to strengthen social protection systems in both their contributory and non-contributory approaches that facilitate access to services and reduce these social gaps in access to health.

02 LIFESTYLE

The lifestyle of individuals is another of the determinants on which Action Against Hunger intervenes, both in its promotion and protection. Lalonde's model attributes up to 50% of the influence of this determinant to the overall health of individuals. Our daily decisions on how we interact with our physical, social, and cultural environment have a direct impact on our health. This is why it is crucial to adopt a healthy lifestyle, as the opposite can be detrimental to us and our community. In relation to this determinant, the promotion of family practices for healthy child growth and development is key[12] and those that should be promoted in groups such as adolescents and pregnant and lactating women.

03 HEALTH SERVICES

Finally, the third determinant is health services. We need to understand the health systems of the region and of each country in order to understand the delivery of services and also to position ourselves as an organization that promotes capacity building consistent with the needs of the population. Although health systems are the ones that receive the greatest volume of resources, they are not the determinant that has the greatest impact on the health of the population; there is an increasing number of people who fall into structural poverty to meet their health needs, their right to health is very limited to the possibilities of being able to cover most of the costs of these services, even though they are basic.

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[10] The Climate Crisis is a Child Rights Crisis | UNICEF
[11] A zoonosis is an infectious disease that has spread from an animal to humans. Zoonotic pathogens can be bacteria, viruses, parasites or unconventional agents and spread to humans by direct contact or through food, water or the environment. Zoonosis (who.int)
[12] Healthy family practices in childhood: Print CARD2 beige (paho.org)

It is important to ensure that our interventions always prioritize the criterion of effectiveness; we must promote services that are accessible, safe, equitable, of high quality, efficient and sustainable over time. Services that are based on good governance, adequate and motivated human resources, and sufficient and quality material resources.

In our intervention, the space for this service provision is the primary care level, where we develop our action on the individual, promoting self-care and autonomy in care and, at the community level, its development and leadership in actions and decision making. **Community participation at this level is fundamental for the provision of basic services,** according to the needs and conditions of the population. Although the development of this objective is uneven in different countries, in general there is little community participation in decision-making and governance mechanisms and in the management of the systems that provide basic health services. We understand community as *"A group in constant transformation and evolution (its size may vary), which in its interrelation generates a sense of belonging and social/ cultural identity, its members becoming aware of themselves as a group, and strengthening itself as a unit and social potentiality".*[13] The involvement of community leaders allows for more shared decision making, and to contemplate participation mechanisms where everyone's opinion and responsibility can be present. Improving this weakness is central to the actions proposed in our strategy and framework for developing health actions.

In short, Action Against Hunger **will promote the right to health without discrimination.** Our approach will not **directly address biological determinants** of health such as genetic factors, gender, or age. It will, however, take these factors into account in the interventions so that they are not used to the detriment of people in the provision of services and care. It will always promote the right to health without discrimination.

[13] Maritza Montero, Text: Introduction to community psychology, chapter 7, page 100 second paragraph
[14] The Universal Declaration of Human Rights - United Nations
[15] Health and human rights (who.int): **Individuals,** who are the holders of the right to health and have the freedom to control their health and body, as well as the right to access quality health services, without discrimination or interference. **States,** which are primarily responsible for respecting, protecting and fulfilling the right to health, by adopting legislative, administrative, budgetary and judicial measures to ensure the availability, accessibility, acceptability and quality of health facilities, goods and services for all people. **Non-State actors,** which are all those actors that do not belong to the State, such as international organizations, non-governmental organizations, the private sector, the media and civil society in general, who have the duty to respect and promote the right to health, as well as to be accountable for their actions and impacts on public health.

3.2 Key health intervention principles for Action Against Hunger

1. Right to health

Health is a right of individuals and communities. We promote the right to health as an inclusive right that encompasses a broad set of factors that can contribute to a healthy life. It is reflected in the Charter of Human Rights in its article 25[14] *that everyone, as well as his family, has the right to an adequate standard of living, being assured of health and well-being, including food, housing, medical care, and necessary social services [...].*

According to WHO,[15] three key actors are defined in relation to health: the holder of rights, the **holder of responsibilities and the holder of obligations.** Within this framework, Action Against Hunger must establish itself as a duty bearer that ensures and enforces that this right is developed equally for the entire population, with equality and without discrimination in terms of accessibility and quality criteria. As for our intervention, it will promote capacities and support other duty bearers, obligation holders and, as a priority, right holders.

2. Our multi-sectoral and integrated approach

There are multiple conditions for which an individual or community does not reach an optimal state of health, and we know that strengthening their capacities from all the sectors of intervention of Action Against Hunger is key to have an impactful response. **The Nutrition & Health and WASH** sectors are closely related to our health intervention model. Their development will allow us to achieve greater and better service delivery coverage, an improvement in the conditions and quality of life of people and communities, and the construction of more resilient communities and systems.

We have three cross-cutting approaches that differentiate our intervention.

- **We develop an intersectional and transformative approach.** Our approach seeks to eliminate inequalities based on gender, ethnicity, disability, and age. We know that the participation and greater leadership of women in decision-making and in the planning of health policies and programs are key to having a greater impact on health. They also reduce inequity and inequality gaps, which are considered primary causes of poor health in the population.

- **We work conscientiously and responsibly to protect the environment.** We reduce the environmental impact of our interventions and develop actions that generate a minimum impact on the environment. We must not contribute to a deterioration of the environment, and we must also develop actions that allow us to absorb our carbon footprint.

- **The protection of individuals and communities must be a constant in our actions.** Health intervention should allow us to identify vulnerabilities, threats, and gaps in personal and community protection mechanisms, including health workers, building healthy environments where they are protected.

This multi-sectoral way of working, from causes to consequences, makes Action Against Hunger one of the best positioned organizations to develop the **GLOBAL HEALTH** approach. This framework clearly establishes the relationship between human, animal and environmental health and determines that they must be treated equally and simultaneously. The spatial synergies and interdependence of these three domains must be understood and addressed in order to effectively address the health challenge. Action Against Hunger has the capacity to develop a global health approach and promote a healthy human ecology model that includes these three domains and generates a response with a greater impact on the environment, both in the short and long term.

It is essential to understand the mechanisms of governance of resources and services, and how relationships are established between different actors and at different levels, national, regional and community. Therefore, within the actions to be developed for the understanding of the environment-territory, priority will be given to participatory processes with the most relevant actors, to establish the map of relationships between them. Building governance, based on clear roles and responsibilities of all the agents involved, is fundamental to improve the appropriation, effectiveness, and sustainability of the provision of services in the long term.

3. Basic Health Services and our space in Primary Health Care

- **What do we mean by health systems and basic health services?**

We understand the **health system** as the integrated set of individuals, organizations, and services, whether public or private, of a sanitary, administrative, or economic nature, aimed at promoting people's health. Among its functions is to provide quality, safe services that are accessible to the entire population. Individuals and communities are part of the system, and our strategy promotes their autonomy by facilitating their capacity for self-care.[16]

One of the main challenges in health for most countries is to improve the coverage of their services, although there is a very slow evolution or even no improvement in relation to the achievement of universal health coverage.[17] The overall percentage of people in households spending more than 10% of the family budget on out-of-pocket health expenses has increased from 9.6% in 2000 to 12.6% in 2015 and will reach 13.5% in 2019. This figure suggests that more and more people are falling into poverty to meet their health needs. Our action aims to accompany health systems, developing intervention models that increase services, ensuring their quality and safety, reaching more people, and reducing the cost to the population of meeting their right to health care. In this area, the development and implementation of social protection mechanisms are key.

For Action Against Hunger, the problem of malnutrition is a priority. Among the direct causes of malnutrition, we find two large blocks, according to the causal tree recommended by UNICEF: food insecurity and the one that narrates the deficiencies in health and care of the population. We need to develop integrated health interventions to generate a greater impact on nutrition. On the other hand, we understand that nutrition services should be incorporated within those considered essential in health. **By essential services** we mean those that guarantee the attention of the basic health needs of the population, especially of the most vulnerable and marginalized groups, and that contribute to the promotion, prevention, treatment, and control of diseases.

[16] The role of self-care in ACFieving the right to health (who.int)
[17] Open Knowledge Repository (worldbank.org)

The basic health services that will be developed as a priority within our action are those that have evidence of a clear impact on the reduction of malnutrition: nutrition services, those related to access to water and sanitation, those related to maternal and child health, those dedicated to the mental and psychosocial health of the population including the nurturing approach[18] and services related to the right to sexual and reproductive health.

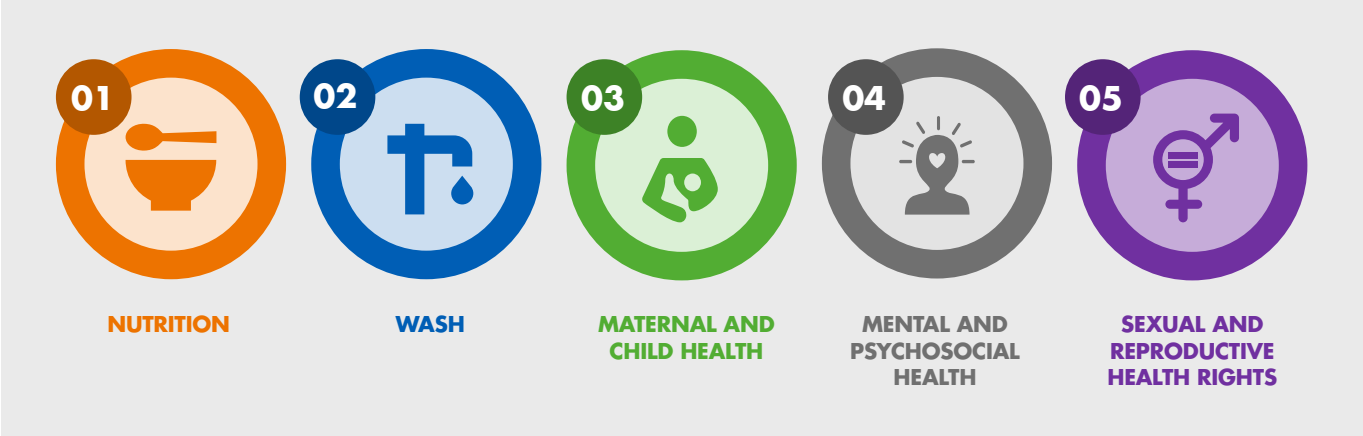

Figure 3; chart on the types of services within the basic package for Action Against Hunger.

These services will be the priority services to develop, secure and/or strengthen and where the 1,000-day window of opportunity[19] will be used for greater impact, facilitating long-term integration within the health and social care systems *(continuum of care).*[20]

Action Against Hunger incorporates services related to water and sanitation within the essential services package, developing its interventions within the framework of **Water Security,**[21] defined as the capacity of a population to safeguard sustainable access to adequate quantities of water of acceptable quality to maintain livelihoods, human well-being and socioeconomic development, to ensure protection against waterborne contamination and water-related disasters, and to preserve ecosystems in a climate of peace and political stability. This intervention not only has a clear impact on the health of the population by reducing morbidity and mortality associated with waterborne and oral pathologies, but also in reducing social inequalities[22, 23, 24] and in generating opportunities for the development of individuals and communities. These services are reflected both at the level of health structures, developing the **WASH fit** approach,[25] and in the provision of water in quantity and quality and decent sanitation at the household level and in communities, thanks to the promotion of more efficient water governance to meet the increase in population and uses of this resource.

- **Primary Health Care, the workspace for Action Against Hunger.**

According to WHO/PAHO, Primary Health Care (PHC) is an **approach to health** that includes the whole of society and aims to ensure the highest possible level of health and well-being and its equitable distribution. This is to be achieved through care focused on people's needs, as early as possible and along a continuum ranging from health promotion and disease prevention to treatment, rehabilitation, and palliative care, all as close as possible to people's daily environment. This approach is developed as a priority at the first level of the care system and at the community level, and it is here that **Action Against Hunger has an added value as an organization.** Working under the primary health care (PHC) approach helps us to set our objectives in relation to health, including the need to integrate into the system the informal spaces where health services and care are provided, key spaces to improve health coverage as long as good practices can be ensured.

[18] Nurturing care approach. Child Health and Development (who.int)
[19] The time between gestation and the first 24 months of a person's life.
[20] Framework for countries to achieve an integrated continuum of long-term care (who.int)
[21] What is Water Security? unwater_poster5
[22] Impact of mining projects on water and sanitation infrastructures and associated child health outcomes: a multi-country analysis of Demographic and Health Surveys (DHS) in sub-Saharan Africa - PubMed (nih.gov)
[23] Impact of water, sanitation, and hygiene interventions on improving health outcomes among school children - PubMed (nih.gov)
[24] Impact of poverty reduction on access to water and sanitation in low- and lower-middle-income countries: country-specific Bayesian projections to 2030 - PubMed (nih.gov)
[25] WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Second edition (who.int)

- **The health agent as a key actor.**

In order to achieve better health coverage, community-based actions are fundamental. Community health agents are key to reducing morbimortality of the most frequent pathologies or those with the greatest impact on the community. They are people normally identified and recognized by the community, who not only develop programs or actions for prevention and health promotion, but also curative actions for the most prevalent pathologies, and allow us to incorporate among their services those that we consider essential, including nutrition. Their role in the identification of health problems and their capacity to monitor global health make them an alternative to heavy epidemiological systems with low reaction capacity . Their actions respond to needs identified by the community and meet these needs at the lowest possible cost and as quickly as possible, and bring basic services closer to the population, ensuring the quality of services.

We cannot think of primary health care or universal health with a community approach if we do not develop models that involve health workers From Action Against Hunger we seek to move away from a vision of imposition of work, and of voluntarism, and we promote that this community figure is integrated into the system and has rights and responsibilities recognized by the system .

4. Putting people at the center of health care

- **We need to improve the involvement of people and communities.**

There are multiple frameworks for action to put people and communities at the center of health decisions to meet the needs of the population, based on a process of identifying and prioritizing problems, better defining, and adapting solutions, and incorporating the community in decision-making.

The community's commitment to its health care implies less dependence on the duty bearer and enables greater sustainability of the provision, allowing better adaptation to unexpected situations that repeatedly alter the social determinants . To achieve a model where these outcomes occur, four key activities must be developed:

(1) Involve and empower people in the community. Not only the figure of the leader, but each person in the community has something to contribute to the construction of a lasting solution to health problems.

(2) Governance and accountability mechanisms are fundamental. Without these elements, a system of delegated responsibilities that normally lacks transparency in its management is perpetuated.

3) Reorient the model of care. Priority should be given to the population and services and care should respond to their real problems. This adaptation to the specifications of the community is key to the successful reduction of morbidity and mortality caused by health problems.

(4) Coordination within and between sectors. Multiple sectors are involved in an impactful and sustainable solution, not just the health sector. This is why the community must participate in the coordination mechanisms that are established in order to contribute to its role as a rights holder.

[26] One Health workers: innovations in early detection of human, animal, and plant disease outbreaks | Published in Journal of Global Health Reports (joghr.org)
[27] OPAS/WHO | The Role of Community Health Workers and Primary Health Care in Achieving Universal Health (paho.org)
[28] 'Our hands are bound': Pathways to community health labour in Kenya (sciencedirectassets.com)
[29] Placing people at the center of healthcare: https://apps.who.int/iris/bitstream/handle/10665/255311/WHO-HIS-SDS-2017.9-eng.pdf?sequence=1

WHO/PAHO recommends that **integrated services focused on people and communities** have the following principles and values in their implementation:[30]

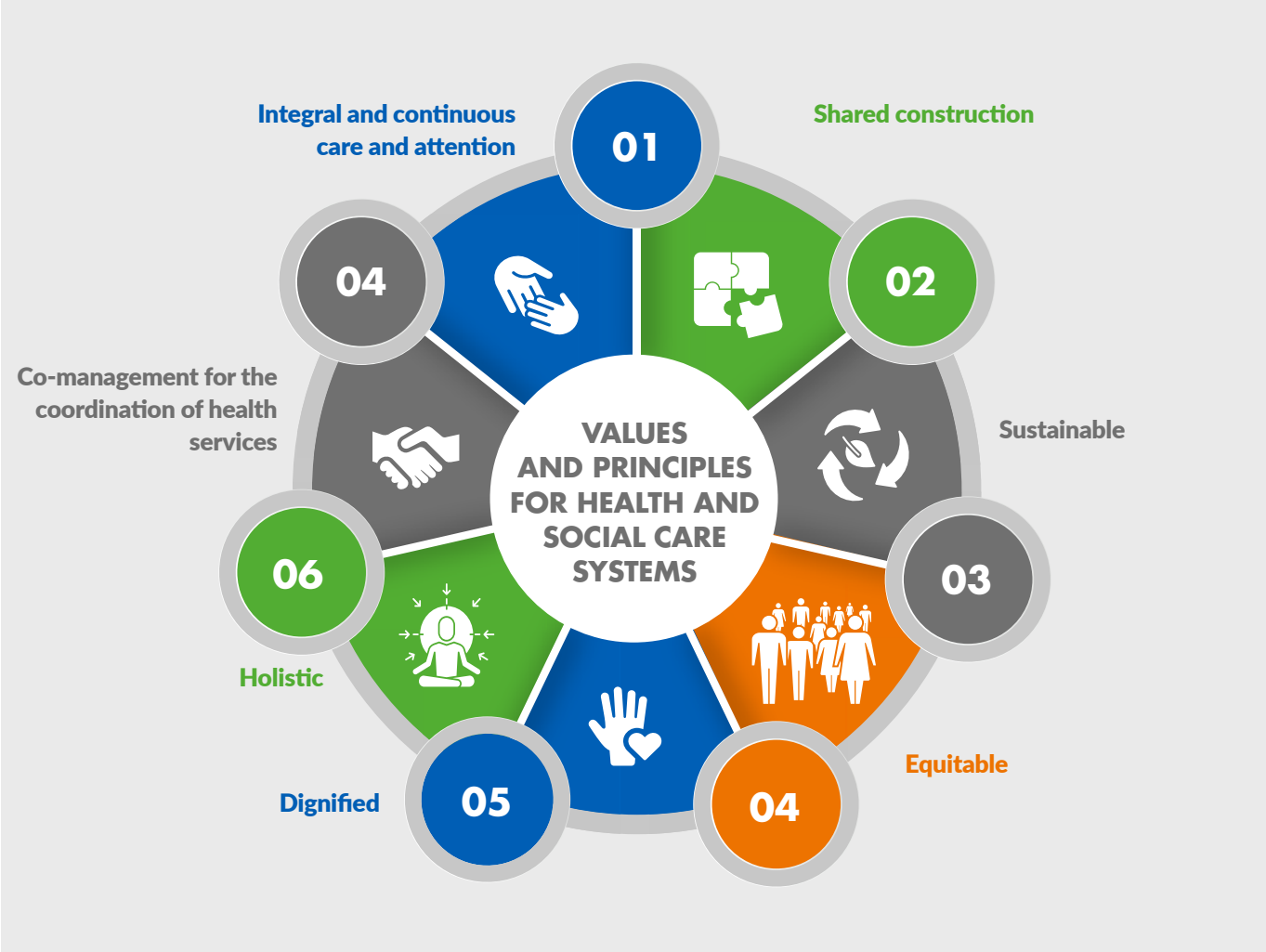

Figure 4; chart on integrated services centered on people and communities. Source WHO/PAHO.

- **We need an analysis of the territory to work on health.**

Territorial assessment and health determinants are closely related. As explained below, health determinants are the factors or conditions that influence the health of individuals and populations. These determinants can be social, economic, environmental, or behavioral in nature, and can act both independently and in interaction with each other.

Territorial assessment provides information on the characteristics and conditions of a specific geographic area, including physical, social, economic, and environmental aspects. It allows identifying and analyzing the determinants of health present in the territory, understanding how these factors influence the health of the people living in that area. For example, when assessing a territory, health determinants such as air quality, access to health services, availability of healthy food, safety of the physical environment, social cohesion, education, employment, and other socioeconomic factors can be identified. Territorial assessment can help to understand how these determinants affect the health of the population, either positively or negatively, and can inform actions and decisions that seek to address and modify the determinants of health to promote an environment conducive to health and well-being.

[30] Pillars and action lines for integrated, people- and community-centered health systems v46e482022.Pdf (paho.org)

In order to develop a health program based on land assessment, it is important to consider **9 key elements**[31] that should be assessed:

01 **Demographics:** Analyze the demographic composition of the territory, including distribution by age, gender, ethnic groups, population density, and birth and death rates.

02 **Social determinants of health:** Evaluate the social, economic, and cultural factors that influence the health of the population, such as educational level, employment, access to adequate housing, food security, social cohesion, and equity. It is important to know how much out-of-pocket money the population spends on health care.

03 **Relationship between social actors:** Evaluate the relationships established in decision making and, in the capacity, to influence resource management and implementation of health services. Understanding the governance established in the services is key to avoid negative or undesired impacts of the action.

04 **Health infrastructure and services:** Examine the availability, accessibility, and quality of health services in the territory, including primary care centers, hospitals, clinics, emergency services and health prevention and promotion programs. The analysis of water and sanitation infrastructures are key in this section in order to have a global picture. It is essential to assess the autonomy of the structures for the provision of services and the institutionalization of health agents within the system.

05 **Environment and environmental health:** Analyze the environmental characteristics of the territory, such as air quality, access to drinking water, presence of pollutants, sanitary infrastructure and environmental risks that may affect the health of the population. Also, the possible impact that our actions may have on the environment and identify measures to be implemented to reduce or absorb it.

06 **Gender:** Understanding gender relations and being aware of a space for equality is basic. Action Against Hunger develops gender-transformative actions that pursue this equality and build spaces of opportunity and equality for all people in the community.

07 **Lifestyles and healthy behaviors:** To assess the population's lifestyle habits, such as diet, level of physical activity, consumption of tobacco, alcohol, and drugs, as well as other health-related behaviors.

08 **Epidemiology and public health:** Analyze the incidence and prevalence of specific diseases and health problems in the territory, identify health care needs and public health challenges. To analyze the most representative indicators of the situation, allowing not only to make a descriptive analysis but also to infer situations that may arise in the future, such as those related to vaccination coverage or maternal and child health and their relationship with the evolution of nutrition in a population.

09 **Community resources:** Identify available community resources, such as local organizations, support groups, educational institutions and social programs that can contribute to wellness and health promotion in the territory.

To get to know the territory, Action Against Hunger uses the model proposed by PAHO for participatory community diagnosis.[32] This methodology establishes a space with the community for the analysis of health problems and their alternative solutions, in which to prioritize the problems and establish solutions adapted to the situation and territory.

[31] Guide for local participatory appraisal: community component of the IMCI strategy (paho.org)
[32] **Participatory community diagnosis.** Guía_Diagnóstico.qxd (paho.org)

5. Health promotion and disease prevention

- **Do we only address the consequences?**

A strong preventive approach is key to our programs: Developing within the PHC health approach, following a human ecology model (interaction between the social system and the environment) and with a clear orientation towards public health, makes it easier for us to implement promotion and prevention actions.

We understand health promotion as the set of actions aimed at developing healthy family practices and lifestyle habits in specific groups (adolescents, lactating and pregnant women), developing these three components synergistically to influence improving the health of the population:

- Transform living conditions that may be negatively influencing health.
- Encourage healthy lifestyle habits.
- Enable access to information, economic opportunities, and scientific and technological tools that favor control over one's own health.

Prevention is one of the lost opportunities in health strategies. Working on prevention means working on reducing the vulnerability of the population. Prevention actions are the most cost-effective in terms of reducing the morbimortality of the population. In our actions we develop its three dimensions: (1) we will work to **reduce the risk factors** of the main pathologies of each community, our actions will be directed to reduce the time of exposure of the population. (2) we will work to improve the mechanisms of **identification of cases** and thus be able to attend them and give solution in an early way. (3) **we will attenuate the consequences** of suffering the health problems.

6. We need strong and resilient health systems

A health system is the way in which institutions, including both public and private providers, are organized to provide health services to the population. These services must be accessible, have full coverage, be efficient, equitable, of high quality, safe and developed with a clear need to last over time. Classically, these systems are established in **6 pillars,** which are the ones that in their interaction give solidity to the systems and provide the services: governance, human resources, information system, material resources, financing and finally the health services themselves.

Our approach to improve the capacities of the systems is diagonal, initiating the process in any of the three scenarios (emergency / alert situation / normal situation), being able to develop actions of substitution when there is no provider, of support when the capacities of the systems have been exceeded and also of improvement of the capacities in a normal situation, in order to provide a better quality of services to the population. Action Against Hunger does not develop vertical programs, as we are aware of the negative effects of working in a vertical manner and its impact on the deterioration of the systems' capacities to provide quality services. We are recognized for our work in the integration of nutrition services within the systems.

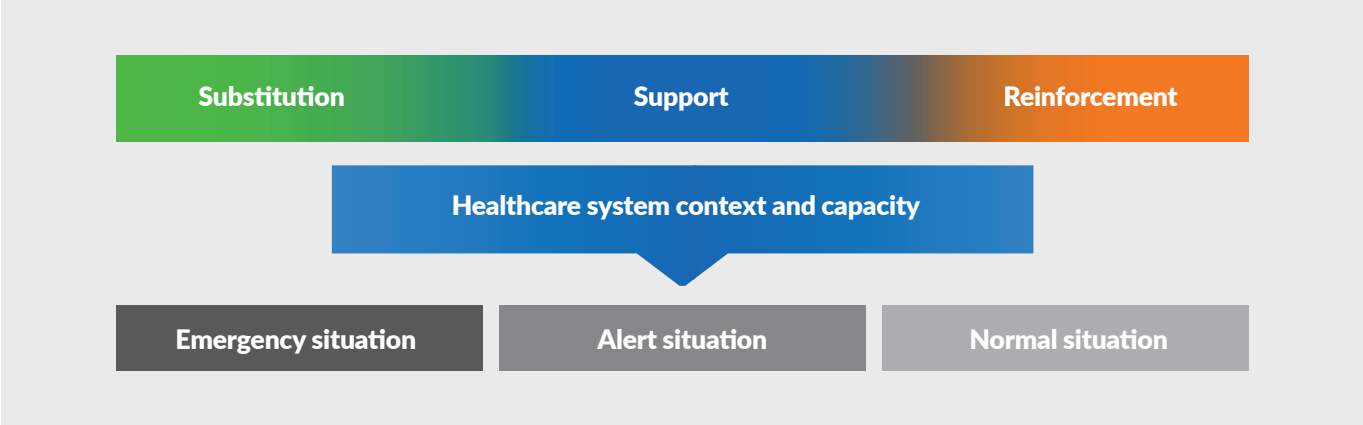

Figure 5; graph on type of health intervention strategy. Action Against Hunger, 2024

The final objective of these actions is to install capacities for the correct functioning of the systems, strengthening their autonomy to respond in a resilient manner to emergency-alert situations, and providing an improvement in the quality of services in normal situations.

Our action will be aimed at strengthening their resilience capacities, improving their absorption capacity, adaptation capacity and transformation capacity.

Absorptive resilience capacity: The ability to minimize exposure and sensitivity to shocks and stresses and implement appropriate preventive measures and coping strategies to avoid permanent negative impacts. For example, disaster risk reduction, financial services, and health insurance.

Adaptive resilience: The ability to make proactive and informed livelihood decisions in response to long-term social, economic, and environmental changes. For example, income diversification, funding sustainability models, community policy development, and increased number/type of services.

Transformative resilience capacity: The ability to develop, implement and monitor governance mechanisms, policies and regulations, cultural and gender norms, infrastructure, community networks, and formal and informal social protection mechanisms that constitute the enabling environment for systemic change. For example, good governance or community activation and involvement in the health response.

The transformation of the system is not the objective, but rather its improvement, so that they have the necessary capacities to deal with the successive events that may occur, and which may have repercussions on the quality of services to be provided to the population.

7. Gender focus

Gender[33] is a key factor in understanding and addressing health inequities, so health care is needed that recognizes, understands, and modifies the current way in which gender shapes people's health and ensures equitable access, quality and meeting the health needs of all people, respecting their diversity and human rights.[34]

The use of gender to determine the social roles, expectations and opportunities that are considered appropriate for individuals based on their biological sex can lead to stereotyping, discrimination, violence and exclusion, which negatively affect health.[35] In addition, gender can condition exposure and vulnerability to health risks, as well as protection against them, and determine health promotion and health care-seeking behaviors and health system responses . Gender interacts with other social determinants of health, such as socioeconomic status, age, ethnicity, disability, sexual orientation, etc., and can enhance or mitigate their effects on health.

Our actions will address the specific health needs of women and men and promote the equal participation of women and men in decision-making and health research. This framework is reflected in all services and most clearly in services related to sexual and reproductive health rights.

8. Environment and climate focus

Action Against Hunger has a policy in this area,[36] which describes our commitments to address climate change and environmental degradation, setting out the basic principles and minimum standards that should guide our interventions. It incorporates global and local perspectives that protect the local environment and identify and mitigate environmental risks. Within the policy there is a specific component on working on environmental awareness both at the level of institutions and at the level of individuals and communities. We are committed to integrating issues related to the climate crisis into our strategic health planning.[37]

According to the recent meta-analysis on the impact of climate change and health,[38] the relationship between the resilience capacity of the health system and individuals, and the availability of resources and services provided, is insufficient to meet the increase in needs and events that we will have in the immediate future. The increase in pathologies, directly related to phenomena resulting from climate change such as the El Niño Phenomenon or pathologies caused by the overexploitation of spaces due to the increase in population, largely due to the phenomenon produced by climate migrations, is already becoming evident. The activities to be developed will have an impact on this capacity to react to these phenomena, developing a reinforcement of the system's anticipatory capacity.

We will support WHO recommendations[39] in relation to health facilities, disseminating the impact of climate change on population health, improving surveillance systems in relation to climate-related diseases, promote environmentally sustainable practices in service delivery and waste management, and provide tools to measure and improve the resilience of structures.

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[33] Gender Equality Policy (accioncontraelhambre.org)
[34] Gender and health (who.int)
[35] https://www.who.int/es/news-room/fact-sheets/detail/gender
[36] https://www.accioncontraelhambre.org/sites/default/files/documents/2022_politica_de_medioambiente_y_clima_es.pdf
[37] Action Against Hunger has identified minimum standards for the integration of the environment and climate component into programs both in their formulation and implementation.
[38] Health Effects of Drought: a Systematic Review of the Evidence - PMC (nih.gov)
[39] Climate Resilient and Environmentally Sustainable Health Facilities - WHO Guidance (who.int)

The different worldviews of the peoples base their existence on the harmonious coexistence with nature and the cosmos, respecting and valuing it as part of life itself; therefore, Action Against Hunger respects these values and principles of life, so that our work is culturally relevant.

9. We must work in complementarity with local organizations

Our intervention model in all the sectors where we work pursues the identification and involvement of local actors to jointly carry out all phases of the projects, as indicated in our Partnership Policy with Local Actors.[40] In the period 2022 - 2023, in the countries where we are present as Action Against Hunger Spain, we have worked with more than 110 local partners, with 10% of our budget transferred directly to these partners. In our context analysis we identified local actors with potential to establish partnerships. Stakeholder mapping and the development of partnership action plans help us to establish links and design more relevant actions. We seek partnerships with actors who have the same principles and pursue a shared interest, and thus work on the complementarity of actions. We know that the success of interventions is conditioned by knowledge of the territory and the acceptance of the population.

We have installed collaborative learning systems that allow us to develop solutions that are highly adapted to each context and limit the risk of non-acceptance due to imposition. We create spaces for exchange with other organizations in the sector to learn from their interventions and to create work synergies that allow us to be more efficient.

10. Development of informed, evidence-based process-actions

AAction Against Hunger is recognized for proposing informed and evidence-based solutions. We rely on innovation and research as a tool in our actions. The processes of information generation and evidence creation are incorporated in the implementation of projects. On the other hand, we promote cooperation with the academic sector to develop studies that allow us to improve processes, products, and strategies to be implemented.

We have a research strategy based on three main lines of action:

1. **A healthy life:**

   Facilitating equitable and sustainable access to basic services and nutritional care, increasing the number of people we serve through community-based approaches that increase accessibility, coverage and sustainability.

2. **Sustainable future:**

   Improving the resilience of households and communities to reduce nutritional risks. Improve efficient ways to manage natural resources and make agriculture sustainable. Understanding the linkages and impact of climate change on food security and nutrition to protect the environment and build capacities to cope with the future.

3. **Inclusion and equity:**

   Developing gender equality and inclusion approaches as a transformative lever to strengthen inclusive economic growth, women's participation in local spaces and social development for food and nutrition security for all people. Action Against Hunger is committed to digitalization in health services and benefits. A large part of the work processes is digitized, and this allows for an adequate analysis capacity in its programs.

[40] https://knowledgeagainsthunger.org/technical/local-partnership-policy/

4. THE WORK MODEL WE PROPOSE

Our intervention must respond to the causes and consequences that lead to poor health and nutrition of the population. The insufficient capacities and resources, both population and of the systems, cause vulnerabilities that make it impossible to overcome many of the conditioning factors; our response scheme seeks to address these barriers through the social determinants, so that it can address, respond to, and mitigate the consequences of these.

Our programs follow the **10 principles** that we have set as an organization (mentioned above) to address the problem of health, and although they are not ACF's own, they do represent our way of working and the type of solutions that we as an organization want and can develop, together with our allies and the population.

Our response is based on three pillars of action, with a clear impact on the scope and promotion of public health actions and priorities, taken as a commitment by both communities and governments in the countries where we work.[41] This alignment facilitates the development of actions that have an impact on access to services, that pursue a monitoring and evaluation system together with alert mechanisms, health research processes and special attention to the development and construction of policies and the allocation of resources.

Based on these **three pillars** we can develop an approach that not only focuses on securing needs in crisis situations but builds a clear space for continuity of intervention based on improved governance and community participation and capacity.

Figure 6; pillars of action of the ACF health intervention in Latin America. Action Against Hunger, 2024

[41] The essential functions of public health in the Americas. A renewal for the 21st century. Conceptual framework and description - PAHO/WHO | Pan American Health Organization (paho.org)

5. PARTICIPANTS

With which population groups is the approach developed?

1. Children under 5 years of age.

The population under 5 years of age is extremely vulnerable to the most common health problems in the community. This group experiences high morbimortality, so we must prioritize our interventions in them. As evidenced in the 1,000-day window of opportunity, working with this group has two fundamental objectives: first, to reduce morbimortality by effectively addressing the most prevalent health problems at this crucial stage of development. Secondly, we seek to build a child population free of health problems and strengthen their capacity to face and overcome possible adverse events, thus fostering resilience, and laying a solid foundation for a healthy future.

Malnutrition, micronutrient deficiencies and anemia exacerbate the gender gap by impairing the cognitive capacity of adolescent girls and women and thus their prospects and income; weakening their immunity to infection; and increasing their risk of life-threatening complications during pregnancy and childbirth. Our focus is on providing targeted actions for **pregnant and lactating women.** The impact of working with this specific group in terms of nutrition in the health field has been amply demonstrated. These women represent a key population to build bridges to equality and establish strong leadership in decision making regarding the development of healthy and lasting family practices. Poor maternal nutrition can also have debilitating and even lethal effects on infants and young children. Maternal undernutrition, micronutrient deficiencies and anemia increase the risk of preterm birth and prenatal and neonatal death and impede fetal development. The latter will have consequences for the child's nutrition, growth, learning and future economic capacity throughout his or her life.

The **"1,000-day window of opportunity"** is a concept that refers to a critical period in human development from pregnancy to two years of age. It is a period of opportunity for bonding between mother and child, as well as for providing care for both. During this window of time, the child's body is especially sensitive and responsive to environmental influences, creating significant opportunities to positively influence the child's long-term health and development. During the first 1,000 days, nutritional, health, emotional and environmental factors have a lasting impact on a child's growth, development, and health. It is during this period that key milestones in brain development, formation of the immune system, maturation of organs and systems, and establishment of metabolic patterns occur.

The key actions to be developed within this window of opportunity will be:

- Promote adequate and balanced nutrition during the first 1,000 days, essential for the optimal development of the brain, immune system, and organs of the child, laying the foundation for healthy growth and reducing the risk of chronic diseases in the future.
- Comprehensive care during this window of opportunity includes access to quality prenatal and postnatal medical care, as well as clean and safe delivery.
- Neonatal interventions are key to reducing infant mortality, with the first few hours of life being one of the most critical periods.
- Develop actions under the Nurturing care framework.[42] This framework brings together actions in health, nutrition, safety and security, early learning, and child stimulation. Adequate stimulation of cognitive, emotional, and social development provides improved opportunities for individuals to grow. This approach emphasizes the importance of investing in children's well-being and development during this critical period to maximize their long-term potential. And it highlights the need for early interventions and timely, preventive approaches to establish a solid foundation for children's future health and well-being.
- Promote women's self-care and provide spaces for health dialogue with the mother.

[40] Nurturing Care Framework for Early Childhood Development - HOME (nurturing-care.org)

2. The adolescent group.

Working with adolescents is essential to promote their current and future well-being. Addressing their health during this critical stage can prevent disease, promote healthy lifestyles, raise awareness, and empower adolescents, guarantee their right to health, and establish a solid foundation for a healthy adult life. Below are the five areas of work that we include in our technical framework for this population group.

- **Health and well-being:** Adolescents are going through a crucial stage of physical, emotional, and social development. It is a time when behavioral patterns are established, and decisions are made that can have a significant impact on their health and well-being throughout their lives. An appropriate health approach at this stage includes the promotion of healthy habits and the prevention of short- and long-term diseases.

- **Prevention and promotion:** Adolescents face health-related risks, such as the onset of drug use, risky sexual behaviors, eating disorders and mental health problems. Our adolescent health approach allows us to address these risks preventively and promote healthy lifestyles, which can have a positive impact on their future well-being.

- **Education and empowerment:** Adolescent health involves health education, providing information and skills needed to make informed and responsible decisions about their own health. The adolescent health approach seeks to empower adolescents, fostering their autonomy and capacity to care for themselves.

- **Equity and rights:** Adolescents have the right to health and to receive adequate medical care. We work with a health approach in this stage of life that contributes to guarantee equity in access to quality health services, promoting justice and equal opportunities for all adolescents.

- **Long-term habit formation:** Adolescence is a time when habits are formed that can persist into adulthood. We promote healthy behaviors during this stage to lay the foundation for a healthier adult life and reduce the risk of chronic diseases associated with unhealthy lifestyles.

3. Population in migration process.

Developing a specific approach to health with the migrant population is fundamental to address health inequalities, address the specific needs of this group, overcome cultural and linguistic barriers, and promote equity in access to health care. It is essential to ensure that migrants receive quality care and respect for their human rights, regardless of their immigration status. We incorporate their needs and particularities when developing our technical framework through the following points:

- **Vulnerability and health inequalities:** Migrants often face health challenges and inequalities due to factors such as language barriers, limited access to health services, lack of health insurance, discrimination, and difficulties in accessing basic resources. Our specific approach to health addresses these inequalities and seeks to ensure that migrants have access to appropriate and culturally sensitive health services.

- **Social determinants of health:** Migrants may face several social determinants of health, such as poor living conditions, lack of stable employment, poverty, psychosocial stress, and separation from their support networks. Our approach to health with the

migrant population addresses these social determinants and provides comprehensive support to improve their well-being and quality of life.

- **Specific health needs:** Migrants may have health needs due to their migration history, exposure to difficult travel conditions, previous trauma, communicable diseases specific to their countries of origin, and lack of access to regular medical care. Our specific health approach addresses these needs, enabling migrants to receive appropriate care tailored to their circumstances.

- **Cultural diversity and communication barriers:** Migrants come from diverse cultures and may have different languages and traditions. This can pose communication barriers and difficulties in understanding and accessing health services. Our approach with the migrant population seeks to address these barriers and ensure effective communication and culturally competent care.

- **Human rights and equity in health:** Migrants have fundamental human rights, including the right to health. Our technical health framework contributes to promoting health equity, ensuring equal access to quality services, and respecting the human rights of all people, regardless of their migration status.

4. Indigenous and Afro-descendants.

We must attend to the populations with the highest degree of vulnerability in relation to their health condition.[43] Indigenous peoples and Afro-descendants are invisible, and the data that can be obtained on their health situation is limited. These populations face discrimination and stigmatization in most Latin American countries, being groups with little or no participation in decision-making spaces, training and appreciation of their culture and traditions. In terms of economic and labor opportunities, indigenous and Afro-descendant populations have less access to resources, live in precarious conditions, participate mostly in the informal economy, without access to social security, a situation that is exacerbated in regions or areas where the health system has little coverage and little access to essential basic services and is often not culturally relevant. This vulnerability is more manifest in women, with greater discrimination related to work, access to education, discrimination, and violence.

6. MEASURING OUR REACH, THEORY OF CHANGE

The challenge of measuring our reach in providing and promoting health to the most vulnerable population, we want to address it through the monitoring of our routes of change. We measure and analyze seven elements: four outcomes and three cross-cutting components of our actions. Each outcome contributes to the same objective, the health of the population we work with, and under these four outcomes are all the activities of each of the axes of our intervention framework. This change is intended to be read under the improvements achieved in the determinants of health, with the indicators of the projects and actions that seek to reduce the vulnerability of the population.

1. Improved **resilience of the systems** responsible for providing basic health services. Improve their capacity to anticipate, adapt and absorb events that impact their development and responsibility to provide quality services to the population.

2. Improved **coverage of basic health services and needs,** including nutrition, water, and sanitation. Promote equitable access to quality services, prioritizing our target populations. We pursue the goal of universal health coverage for the entire population.

3. **Improved opportunities for the population to develop healthy lifestyles.** Individuals should have every opportunity for decision making regarding the implementation of healthy family practices.

4. Improved **community and individual involvement, participation, and leadership** in health decision-making. The better organized community will be able to be involved in the demand and provision of services adapted to their needs and realities.

[43] EB Document Format (who.int)

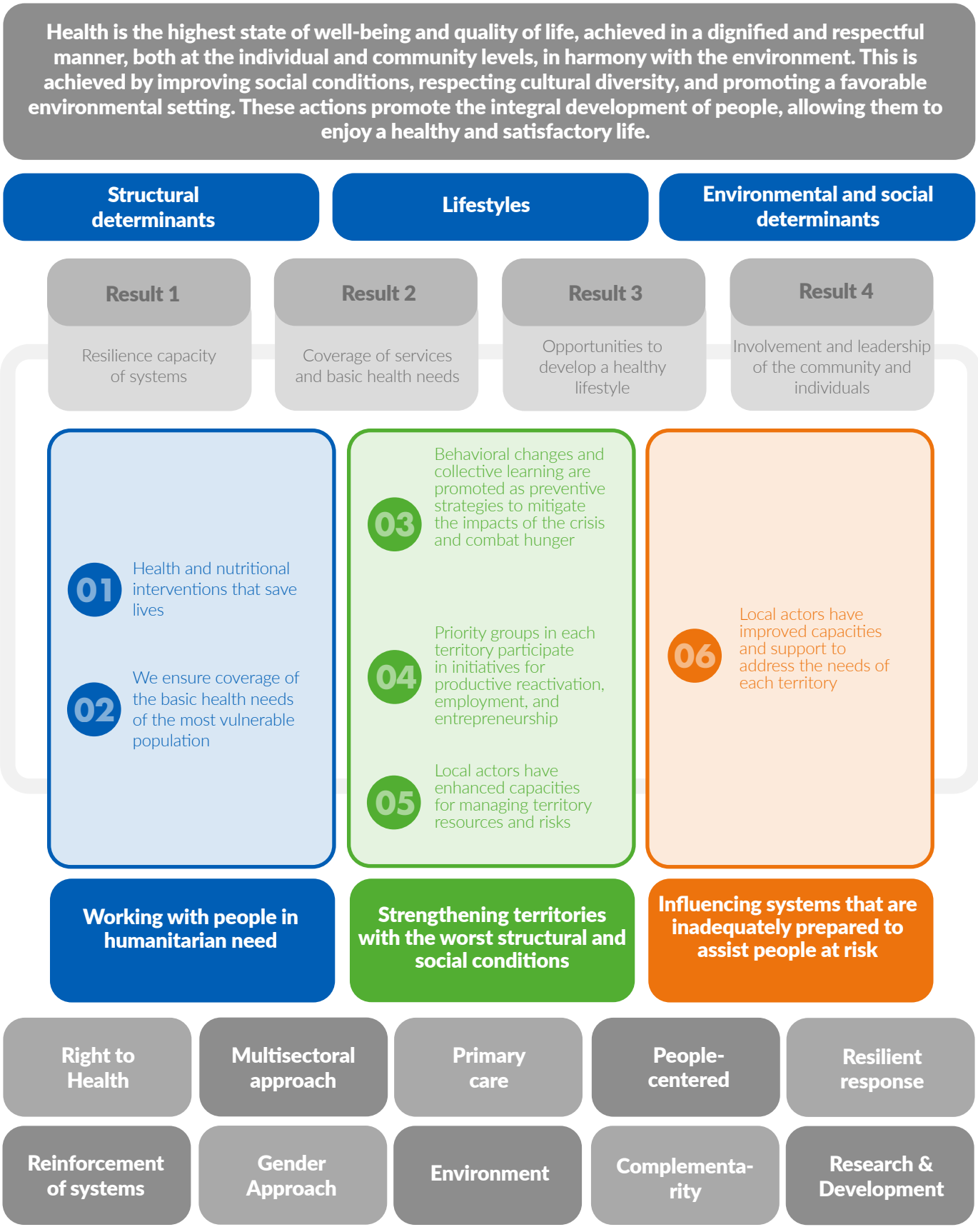

Figure 7; Theory of change, health action in Latin America for Action Against Hunger 2024.

6.1 Improved resilience of the systems responsible for providing basic health services.

Our monitoring and evaluation system will measure two broad domains within resilience:

1. That of the contribution and evolution capacity to move from an emergency action to a development space. For this purpose, an assessment will be made using the NEXOMETER tool promoted by the WASH cluster in Venezuela as a reference.

2. How our intervention affects the improvement of the systems' capacities in the three domains of resilience: anticipation, adaptation, and absorption capacity:

- **Absorptive capacity** as the capacity of the system to continue to deliver the same level of assistance, in quantity, quality and equity, despite the shock suffered.

- **Adaptive capacity** as the ability of stakeholders to guarantee the same assistance with less or modified resources, which implies making organizational adaptations.

- **Transformational capacity** as the ability of actors to transform system functions and structures in response to a changing environment.

How do we measure it?

We will measure this outcome according to the model of Blanchet et al by evaluating four criteria measuring how systems manage resilience.

Knowledge, which refers to the ability to collect, integrate and analyze different forms of knowledge and information.

- Indicators reflecting the support given to the health information system.
- Indicators reflecting the number of system analysis documents completed.
- Indicators reflecting support in epidemiological information sharing/discussion tables.

Uncertainties, which refers to the ability to anticipate and cope with uncertainties and surprises.

- Indicators that measure the existence of support received for the development of response and preparedness plans.

Interdependence, which is the ability to consider and deal with dynamics and feedback at multiple scales.

- Indicators that measure how it supports the networking of the system with key stakeholders and other systems.
- Indicators on the area of participation in spaces.

Legitimacy, which refers to the capacity to build socially accepted and contextualized institutions.

- Indicators that measure the relationship of the community with the system, the acceptance of individuals towards the system and its provision. Degree of satisfaction, the population's perception of the care received.

6.2 Improved coverage of basic health care services and needs

Our work as an organization contributes to reducing social inequalities and makes it possible to equalize opportunities for the population we work with. In health, the gaps are many and in the context of Latin America they are accentuated by insecurity and problems of access to services.

How do we measure it?

- **Increasing the number of services:** we promote the implementation of integrated health services focused on the needs of individuals and communities.

  - Number of consultations performed
  - Inputs provided to the structures
  - Training
  - Improved quality and safety of care
  - Readiness index (autonomy of service provider structures)

- **Increase in the number of people benefiting from these services:** we increase the number of service users by reducing access barriers, improving quality, bringing the service closer to the population, and creating spaces where the population's needs are met.

  - Territory analysis carried out in the intervention areas
  - Coverage of health services (number of people attended out of the expected number)
  - % of program outreach in relation to expected population
  - Number of structures supported

- **Increasing the number of people protected for adequate access to health care.** We work to reduce the economic barrier of the most vulnerable population to basic health services. We seek to reduce people's economic dependence

[44] Governance and Capacity to Manage Resilience of Health Systems: Towards a New Conceptual Framework (nih.gov)

on health care. We ensure basic services from the beginning of the intervention by working together with providers to ensure short- and long-term affordability.

- Persons accessing social protection services
- Cash distributed to the population to attend to their health
- Social protection programs aimed at health
- Out-of-pocket expenses for basic health services
- Necessary co-payments that the population must pay in order to obtain basic health services
- Supported policies to reduce the cost of care for the population

6.3 Improved opportunities for the population to develop healthy lifestyles

Our framework promotes and facilitates the implementation of healthy habits for the entire population and specifically through the development of the Integrated Care Strategy for Prevalent Childhood Illnesses (AIEPI) for children under 5 years of age and for the group of adolescents and lactating and pregnant women, following the recommendations given by the WHO.

Their performance enables healthy development, disease prevention and early identification of health problems. Programs in nutrition, sexual and reproductive health, mental health and psychosocial support, health promotion and prevention, and the creation of healthy and safe environments will be the ones to achieve this result.

How do we measure it?

One possible way to measure the implementation of healthy family practices[45] is using indicators that reflect the level of compliance with key behaviors that promote the health and well-being of children, adolescents, and their families.

It is recommended that a survey be conducted in the communities where the knowledge, skills, and practices (KAP) actions on healthy practices are implemented. This exercise will be carried out with all the stakeholders identified in the action and for whom the activities related to the improvement of opportunities to develop these good health practices are developed. In the case of healthy family practices, the PAHO document[46, 47] will be used as a reference to evaluate the implementation of the 16 recommended practices.

6.4 Improved community and individual involvement, participation, and leadership in health decision-making

The involvement of the community and individuals in decision making in relation to basic health services is key to developing our theory of change. The better organized community will be able to be involved in the demand and provision of services adapted to their needs and realities. We define community participation in health as the process by which individuals, groups and organizations in a community become actively involved in the promotion, protection and improvement of their health and well-being.

How do we measure it?

The measurement of the scope that we will have in this objective will be done by measuring the real involvement of the community and individuals, evaluating the **scope of our interventions related to the involvement of the community and the individuals themselves in the health response,** taking as a reference the tool proposed by WHO[48] that analyzes these 8 blocks:

Types of agents	Health promotion	Types of healthy environments in the community	Levels of participation
Measure the evolution towards the incorporation of as many agents as possible in the response.	Measure the number of promotional actions developed by the community.	Assess whether healthy environments exist in the community and are managed by the community.	To assess the degree of increased community participation in the decisions made regarding the services and response provided by the system.
Health principles for the community/environment	**Presence of factors facilitators**	**Prioritization of problems in the community**	**Thoughtful approach to producing community engagement**
What are the most important values that the community has in relation to health.	What are the strengths that ensure community engagement?	Assess which are the most important health-related problems in the community.	Each of these approaches presupposes a type of commitment.

Figure 8; Criteria for measuring community and individual participation in the health response. Source: WHO.

[45] Key family practices for healthy growth and development - PAHO/WHO | Pan American Health Organization (paho.org)
[46] Print CARD2 beige (paho.org)
[47] Mothers who are HIV positive should receive ARV treatment and frequent viral load checks to ensure safe breastfeeding, as well as counseling on other feeding options if desired, bearing in mind WHO/UNICEF/UNAIDS guidelines and recommendations on HIV infection and infant feeding. www.who.int
[48] Community engagement: a health promotion guide for universal health coverage in the hands of the people (who.int)

For the selection of indicators for each of the aforementioned sections, we will use the minimum standards of quality and community engagement recommended by UNICEF for implementing actors.[49]

Along with the measurement of the scope of results, we will follow three components in particular; **gender** (our actions must contribute to break gender inequalities), **environmental impact** (our actions must promote a healthy environment and not contribute to worsen the environmental situation of the populations where we work) and **empowerment of partners** (our actions must allow the joint development of all the organizations involved in their development).

6.5 Gender component

Action Against Hunger is an organization that knows that developing specific actions related to eliminating gender inequality is fundamental to achieving social change and impact.

How do we measure it?

In our framework we will measure the following actions:

- Collection of baseline indicators, disaggregated by age, ethnicity, sexual orientation, and gender, that allow for a differentiated and perspective analysis of needs and priorities, and contribute to the development of differentiated responses focused on people, their needs, barriers, and preferences.
- Generation of partnerships and coordination with civil society and organizations in defense of sexual and reproductive health rights that represent vulnerable groups.
- Generation of discussion spaces to generate communication for change.
- Incorporation of the context around gender inequalities in the analysis of the environment.
- Alignment to policies and strategies that promote this framework for the elimination of inequalities.

6.6 Environmental component

Action Against Hunger has an environmental policy. This policy establishes the measurement methods and parameters to be used for this analysis.

How do we measure it?

The parameters established in the evaluation - planning block and the acting and promoting block:

Assessment and planning: all programs will have an environmental risk analysis and appropriate measures and corrections will be put in place prior to implementation. Programs will follow the minimum standards set by the organization and these will be within our framework of analysis.

- All projects use an environmental marker.
- All projects include an environmental assessment.
- High environmental risk projects are systematically subjected to an environmental impact assessment (EIA), with special attention to local populations and vulnerable groups.
- Alignment with policies and strategies aimed at respecting environmental rights.
- Actions aimed at supporting and strengthening climate resilience and sustainable health systems and sanitation facilities.

[49] 19218_MinimumQuality-Report_v07_RC_002.pdf.pdf (unicef.org)

- **Act and promote:** during the execution of our interventions we will act according to the agreed minimum standards and promote a series of measures aimed at reducing environmental deterioration. These actions will be measured and incorporated in our analysis model.
- Integration of the relationship between the environment and the livelihoods of certain groups and their connection to nature in the projects, with special attention to gender equality and diversity.
- Redesign if necessary to avoid contamination of aquifers, water bodies, soil, or air, or to avoid depleting local natural resources, of our projects and tactics.
- The implementation of an adequate waste management system in our offices and a special system to detect and manage hazardous waste.
- The incorporation into the Action Against Hunger logistics chain of management criteria inspired by international procurement standards, such as the European Union's "Green Public Procurement" policy or the ISO 20400 standard. We also integrate these criteria into our calls for tenders and requests for equipment or services.
- Sharing with supplier's good environmental practices, guidelines for the correct use of equipment and services, good travel, and mobility practices, while adopting the good practices of our partner organizations.
- Monitoring the consumption of key resources such as energy (fuel, gas, wood, and electricity), water, vehicles, IT and telecommunications equipment.

6.7 Collaborative work component with local stakeholders

As an organization, we aim to work together with other organizations that share the same principles and pursue a common interest. We have policies and tools that help us build and manage alliances with both local and international partners.

How do we measure it?

In line with our Local Stakeholder Partnership Policy[50] and our localization strategy, we have selected three areas to accompany our health measurement model.

Joint participation:

- Involvement of local partners in the design and management of the project.
- Promote visibility and encourage dialogue between local partners, donors/financiers, other humanitarian actors, and health sector coordination mechanisms in the countries.
- Ensure mechanisms for better accountability between ACF, local partners and affected communities.

The existence of a commitment between the institutions:

- Creation of formal partnership agreements at the strategic level between ACF and local partners.
- Development of collaborative spaces to work together in the monitoring and evaluation of collaboration agreements.

Recognition and reinforcement of local capacities within the framework of our interventions in the health sector:

- Existence of a capacity building plan for the local partner and for ACF.
- Apply an approach of analyzing and complementing existing local capacities of both local partners and the community.

[50] https://knowledgeagainsthunger.org/technical/local-partnership-policy

7. OUR FRAMEWORK IN HEALTH AND THE SUSTAINABLE DEVELOPMENT GOALS

Our framework for action directly or indirectly impacts at least eight of the Sustainable Development Goal (SDG) indicators. In addition to Goal 3, which is clearly related to services and the resilience of systems, our multi-sectoral framework has an impact on seven other SDGs. Below, we mention our contribution to each of these goals:

Reducing the barriers to access to basic services, through the development of the social protection component and cash transfer mechanisms. This reduces the number of vulnerable people who fall into poverty because of health care.

Integrating nutrition services into health systems, addressing one of the direct causes of the problem of malnutrition, the deterioration and lack of health in the population.

Improving the coverage of basic health services. We improve the resilience capacities of the systems so that they can provide quality services in sufficient quantity. We promote actions that clearly value their sustainability, their environmental impact and their contribution to gender equality.

Providing individuals, communities and systems, both public and private, with up-to-date resources and content within their curricula related to health and nutrition.

All the actions of the health framework have an approach that promotes equality and contributes to reducing inequity.

Developing actions that ensure water in quantity and quality to the most vulnerable populations. Ensuring, together with the populations it works with, that they have a sustainable and quality sanitation system.

Promoting actions within health systems and at the community level that recognize the rights and obligations of all human resources involved in the health of the population.

Promoting access to health care for the entire population and especially for the most vulnerable population, considering women, children under 5 years of age and adolescents as target groups. Special populations are ethnic groups and migrant population.

8. OUR ADDED VALUE

Strengthening community leadership

We are an organization recognized for integrating the knowledge and wisdom of the community in our interventions in order to adapt to the context. We start from the causes, through multisectoral analysis that we carry out together with all stakeholders, which allows us to prioritize actions within a participatory process. Our strategy is focused on the development of structural solutions, with short- and long-term objectives, which are achieved thanks to the leadership of the community in the formulation, development of actions and decision making. In addition, we carry out a process of accompaniment and strengthening in collaboration with the systems responsible for providing quality services and actions for the entire population.

We respond quickly to crises

Our partnerships and shared capacities with the community and other actors allow us to anticipate, prepare and respond in a more technically and culturally appropriate manner. Action Against Hunger works in situations where the capacity or willingness of local/national/regional authorities to deal with crises has been exceeded.

We work with a community approach

We are an organization that has been working in Latin America for more than 25 years, accessing communities thanks to the trust, transparency, impartiality, and rigor of our interventions. Our community focus is central to our health interventions, understanding that working with community health agents is an essential part of our work. We are recognized as a connecting organization, which favors joint work between public institutions and the community, promotes participatory analysis prior to intervention as a practice of excellence and the generation of shared and continuous knowledge of problems and solutions.

We implement integral and multisectoral solutions

We are an organization with the capacity to implement the ONE Health perspective, understanding the interrelationship between human, animal, and environmental health, and developing approaches that address this complex relationship. We offer comprehensive solutions to health problems through our multisectoral approach to intervention, which incorporates measures related to water supply and sanitation, ensuring a greater impact on population health and mortality. We recognize the close relationship between health and its direct impact on malnutrition. Our approach is not only limited to improving the quality of services, but also seeks responsible management of resources to ensure the sustainability of our interventions.

We innovate, we research, we manage knowledge

At Action Against Hunger we incorporate lessons learned, capitalizing on our interventions and learning from both successes and failures. We are a knowledge-based organization, which we share and develop collaboratively. We incorporate the analytical component and are recognized for our application of exhaustive technical rigor and standards. We believe in digitalization to improve results and our impact, and in this area, we innovate in processes and services. We incorporate digital health solutions that bring improvements and within an assessment of sustainability and environmental impact.

We work in hard-to-reach areas

We intervene in complex territories, mobilizing resources that allow us to access populations isolated by weather conditions, lack of adequate infrastructure or conflict situations. We respect and defend the right to protection of the most vulnerable and we have mechanisms for this purpose. We work to limit bureaucratic restrictions that limit humanitarian access and work.

We believe in people-based change

We do not create or develop methodologies that impose changes or condition their implementation in exchange for receiving certain services. Our work is focused on ensuring that people's decisions are not subject to conditioning, but rather that they are facilitated with the appropriate resources and that environments conducive to their development are fostered. Our actions promote a comprehensive approach to prevention, reducing risks, limiting the development of problems, and addressing the consequences linked to health problems. risk reduction, containing the development and resolution of problems, as well as addressing the resulting consequences.

We promote transparent and responsible communication

We consider communication as an essential public health tool to mobilize and sensitize all those who must contribute to the health of the population. Following our principle of transparency and accountability, we share evidence and testimonials that allow us to improve our response.

Networks and alliances

We facilitate networking. We have a system of strategic alliances with other organizations, local governments, and health institutions, which facilitates the generation of knowledge and an ecosystem of solutions that strengthens the integrated approach and increases the scope of the programs. We promote the participation and integration of the private sector, and its contribution to the improvement of universal coverage, ensuring the rights of the community in the access and enjoyment of their health.

Sustainability and long-term vision

We contribute to change the situation of communities and the population through actions committed to sustainability. We are an organization with access to various sources of funding (humanitarian and development), and we maintain a direct dialogue with key actors at the local, national, and international levels.

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