



**INTERNATIONAL
ANNUAL
REPORT
2018**





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IN 2018, ACTION AGAINST HUNGER...



WAS FINANCIALLY
SUPPORTED BY

> 1M
PEOPLE



EMPLOYED
7,646
PEOPLE GLOBALLY



1,694
STAFF MEMBERS
RECEIVED SECURITY
TRAINING



RAISED
€424.5m
REVENUE



DISTRIBUTED
€42.4m
CASH



MANAGED
A GLOBAL SUPPLY
CHAIN VOLUME OF
€151.1m



CONDUCTED
25
RESEARCH PROJECTS



RESPONDED TO
37
EMERGENCIES



REPORTED
5
VERY SERIOUS
SECURITY INCIDENTS



NUTRITION

 **6.1 MILLION**

people supported by our nutrition programmes

 **747**

nutrition assessment & surveillance reports

 **260**

mobile and satellite teams for nutrition treatment

 **729,918**

admissions to CMAM programmes supported by Action Against Hunger

 **84%**

average CMAM cure rate in high burden countries

HEALTH

 **39,191**

health and nutrition education training sessions

 **2.6 MILLION**

people supported by our health programmes

 **2,269**

health centres

 **232**

health and nutrition projects

MENTAL HEALTH AND CARE PRACTICES

 **127**

care practices projects

 **5,968**

people received a mental health and care practice kit

 **45**

mental health projects

 **86.8%**

of individuals who benefited from IYCF received preventative support

DISASTER RISK REDUCTION AND MANAGEMENT

 **39**

DRR and DRM projects

 **53,238**

people supported by our health system preparedness work

 **140,603**

people supported by our DRR and DRM programmes

 **51,047**

people received DRR and DRM training

WATER, SANITATION AND HYGIENE

 **8.9 MILLION**

people supported by our WASH programmes

 **2.6 MILLION**

hygiene kits distributed

 **32,363**

water points improved

 **6.5 MILLION**

cubic meters of water delivered

 **43.6%**

of Action Against Hunger projects have a WASH component

FOOD SECURITY AND LIVELIHOODS

 **2.7 MILLION**

people supported by our FSL programmes

 **341,794**

people received unrestricted cash

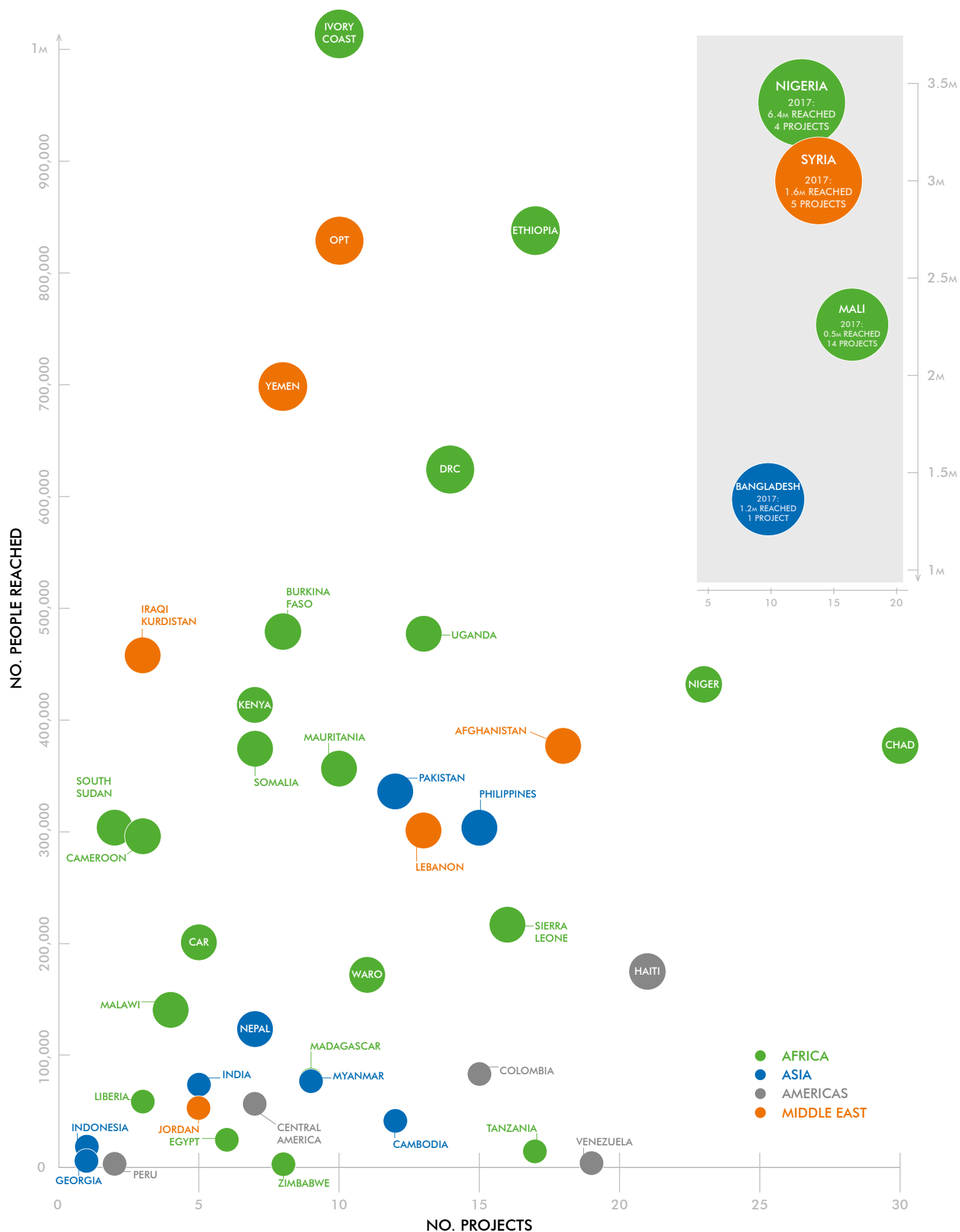
 **140**

food security and livelihoods projects

 **28,776**

metric tons of food assistance delivered

ACTION AGAINST HUNGER REACHED OVER 21 MILLION PEOPLE IN 2018



INTRODUCTION

There are three major aims of the International Strategic Plan 2016-20: to mitigate the consequences of hunger; to address the causes of hunger; and to change the way hunger is viewed and addressed. These aims contribute towards the achievement of the 2030 Agenda for Sustainable Development. Zero hunger, good health, gender equality, and clean water and sanitation are the four Sustainable Development Goals emphasised by our International Strategic Plan 2016-20.

GLOBAL GOAL 2: NO HUNGER

End Hunger, achieve food security and improved nutrition and promote sustainable agriculture.

GLOBAL GOAL 3: GOOD HEALTH

Ensure healthy lives and promote well-being for all at all stages.

GLOBAL GOAL 5: GENDER EQUALITY

Achieve gender equality and empower all women and girls.

GLOBAL GOAL 6: CLEAN WATER AND SANITATION

Ensure availability and sustainable management of water and sanitation for all.

Our aims are framed by Action Against Hunger's theory of change. This is an overarching guide for achieving a world free from hunger. It outlines our four crosscutting tools: powerful and legitimate voice; transfer of our knowledge and expertise; operational capacity; and technical expertise and innovation.



The International Annual Report 2018 highlights the ways in which our country offices have contributed to achieving a world free from hunger, through several sectors and focuses:

 DISASTER RISK REDUCTION/MANAGEMENT

 MENTAL HEALTH & CARE PRACTICES

 WATER, SANITATION & HYGIENE

 FOOD SECURITY & LIVELIHOODS

 ADVOCACY

 NUTRITION AND HEALTH

AFRICA

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BURKINA FASO



**175
STAFF**



**FADA
PAMA
BOGANDÉ
DIAPAGA
ORODARA**



**OPERATING
SINCE
2008**



**REACHED
476,360
PEOPLE**

2018 was marked by a difficult security context, with the opening of new fronts of violence. More than 620,000 people have been directly affected by insecurity, 490,000 of whom are in immediate need of nutritional, educational and health assistance after closures of schools and health centres. The nutritional situation is worrying, with global acute malnutrition rates of 8.4% and acute malnutrition rates of 1.6% among children aged between six and 59 months.¹ This Sahelian country is regularly hit by natural disasters with dramatic consequences for communities, which are increasingly vulnerable to seasonal shocks.

In 2018, our teams continued their interventions, responding to both the structural challenges of the targeted areas and the nutritional insecurity resulting from a bad agricultural season. We focused on mitigating the consequences of nutritional insecurity through two measures: strengthening health systems, and advocating for the integration of nutrition into national development policies and budgets. To prevent the population from becoming even weaker after a prolonged period of nutritional insecurity, our teams boosted income-generating activities, encouraged people to diversify their livelihoods, increased awareness of good healthcare practices, and set up community-based programmes for access to drinking water and food. In the east of the country, a participatory and integrated approach to disaster preparedness and response has been launched among local elected officials, community leaders and civil society. Finally, the activities for disaster preparedness and adaptation to climate change proposed in the Soum and Tapoa provinces were completed by the end of 2018.

¹ Preliminary results from the 2018 National Nutritional Survey.

CAMEROON



Cameroon is regularly affected by the socio-political unrest and fragility in the neighbouring countries of CAR, Chad and Nigeria. The country hosts about 275,000 Central African refugees and about 102,000 Nigerian refugees, including 44,830 non-camp refugees. More than 240,000 people are internally displaced in the Far North Region². Violence in English-speaking areas has led to population displacement and significant humanitarian needs. More than 220,000 people in Cameroon face food insecurity, primarily in the Far North Region². The sanitary and nutritional situation is also critical. Displaced persons, as well as the most vulnerable in the host populations, are dependent on humanitarian aid.

In the east of the country, we continued to work with CAR refugees and host communities to implement projects centering on empowerment, and strengthening their livelihoods. Our Maroua base in the Far North Region, opened in 2016, still supports all health centres in the Tokombere and Goulfey districts in order to improve the health system and primary health care. Support activities related to water, sanitation and hygiene have also improved access to safe water and reduced waterborne diseases.

Since July 2017, we have been strengthening our response in the region through the resilience project. Implemented in collaboration with four other organisations, this four-year programme aims to strengthen the resilience and nutritional security of communities through actions focused on health and nutrition; water, sanitation and



**133
STAFF**



**YAOUNDÉ
BATOURI
KOUSSÉRI
MAROUA**



**OPERATING
SINCE
2014**



**REACHED
294,687
PEOPLE**

² IOM, Displacement Tracking Matrix (September 2018).



CENTRAL AFRICAN REPUBLIC



**306
STAFF**



**BANGUI
BOSSANGOA
BOUAR
ALINDAO**



**OPERATING
SINCE
2006**



**REACHED
199,642
PEOPLE**

Since the beginning of 2017, the Central African Republic has been experiencing a new cycle of violence that continued in 2018. Armed groups control 80% of all territory. Insecurity restricts humanitarian access and causes mass displacement: one in five Central African people are currently displaced. The number of people in need has increased from 2.5 million to 2.9 million, of which 1.6 million is in need of acute and immediate assistance. Undernutrition is a major problem, with 39 out of 71 sub-prefectures experiencing severe acute malnutrition above the emergency threshold (2%). Likewise, undernutrition continues to grow.

In 2018, our strategy was based on two pillars: emergency and recovery. The emergency component included a rapid response project across the country, for instance conducting multi-sectoral assessments of humanitarian emergencies, including the distribution of essential household shelter kits. We also worked to improve water, sanitation and hygiene standards, and provided psychological support. Finally, this strategy component consists of an emergency response team and two mobile drill teams.

The recovery element consists of projects aiming to manage severe acute malnutrition and strengthen the skills of health personnel. We are carrying out activities focused on water, sanitation and hygiene. In the context of mental health and care, we also offer psychological support. Finally, we aim to improve the food security of vulnerable households through various activities such as agroecology, seed systems and natural resource management. In the Central African Republic we are recognized as one of the major players in humanitarian coordination.



CHAD

Chad faces several humanitarian crises which are interconnected, in a context of chronic poverty and low economic and social development. Both the regional conflict shaking the Lake Chad Basin and the conflict in CAR cause displacement of people. According to the National Nutrition Survey of 2018, global acute malnutrition stands at 13.5%, of which 4% is severe. The chronic malnutrition rate is 31.9%. According to OCHA's analysis of the humanitarian situation in August 2018, 4.5 million people (27% of the population) face food insecurity, 991,000 of whom are severely food insecure.

In 2018, we continued our health and nutrition programmes in nutritional units in Kanem, Bar El Gazel and Logone Oriental. These are aimed at children under five and pregnant and lactating women, who also receive psychosocial support. Programmes in food security and in water and sanitation have continued as well. We also conducted advocacy activities to reduce maternal and infant mortality. In addition, an analysis of nutrition organisations within civil society has helped to map these organisations and strengthen the capacities of their networks. We do this through offering technical support, as well as workshops on defining advocacy strategies and training in project development.



**277
STAFF**



**N'DJAMENA
MAO
MOUSSORO
BAGA SOLA
AM TIMAN**



**OPERATING
SINCE
1982**



**REACHED
375,054
PEOPLE**

COTE D'IVOIRE



**25
STAFF**



**ABIDJAN
MONTAGNES**



**OPERATING
SINCE
2002**



**REACHED
1,007,135
PEOPLE**

Despite the country's strong economic performance, the poverty rate is 46.3% and about a quarter of the labour force is unemployed³. At the political level, tension has risen as the 2020 presidential election is approaching. In October 2018, the local elections took place in a climate of violence and tension, resulting in ten deaths across the country. This election could call into question the country's good performance, which must also deal with the threat of terrorism and focus on redistributing the fruits of its economic growth to the most vulnerable populations.

The year 2018 saw the continuation of our project into strengthening the organisation and functioning of 12 community urban health establishments, in compliance with missions by the Ministry of Health and Public Hygiene. The objective of this project is to improve the health of vulnerable urban populations in Abidjan, particularly women, youth and children under five, by supporting 12 health centres for first-contact care. The continuation of our project on social connections within the Districts of Abidjan and Montagnes Emergency Programme has provided over 29,900 families with access to the drinking water supply network, through the installation of water meters. In addition, after the floods in Abidjan and surrounding towns in June 2018, we carried out an emergency response to reduce the health risks associated with flooding in the vulnerable settlements of these cities.

³ World Bank (2015).

DEMOCRATIC REPUBLIC OF CONGO



For more than 20 years, the DRC has suffered a multitude of crises: armed conflicts and intercommunal violence, political tensions, population displacements, epidemics such as Ebola and cholera, undernutrition and food insecurity. In 2018, the country's food security deteriorated sharply with about 12.8 million people in acute food crisis. In addition, 9.8 million people lack access to water, hygiene and sanitation, 3 million require essential household items and 2.8 million require shelter. The nutritional situation is critical: 4.3 million children are malnourished, including 1.9 million children with severe acute malnutrition.

In 2018, we adapted our response to the country's damaged context, and developed a dual approach. Firstly, this includes being able to respond urgently to nutritional and humanitarian crises related to population displacements and epidemics. We conducted ten nutritional studies and seven emergency interventions in neglected areas, as well as regular crisis response programmes in the provinces of Kasai, Kasai Central, North Kivu and Ituri.

Secondly, this approach also includes strengthening the resilience of those most vulnerable to nutritional insecurity. To realise this, we developed a multi-sectoral, integrated approach, including partnerships with other humanitarian actors. Furthermore, we successfully established a mission in the Ituri province. Finally, we became closely involved in national coordination platforms.



**214
STAFF**



**KINSHASA
KASAI
KASAI CENTRAL
NORD-KIVU
SUD-KIVU
TSHOPO
KWANGO
KWILU
HAUT LOMAMIAAA**



**OPERATING
SINCE
1997**



**REACHED
619,447
PEOPLE**



DJIBOUTI

1
STAFFOPERATING
SINCE
2011

For the past ten years, Djibouti has pursued a policy of accelerated economic growth. This policy is driven by major projects that aim to provide the country with basic infrastructure, such as ports, railways, oil and gas pipelines, electricity, and water and sanitation networks. This has resulted in 5% economic growth between 2007 and 2010, 6.5% in 2015, 6.3% in 2016, 7% in 2017 and according to projections over 7% in 2018. This policy should promote the emergence of a private commercial sector.

The results of the economic expansion are not yet fully reflected by improvements in the Human Development Index and its main indicators. However, there has been progress: life expectancy has risen to 63.6 in 2016, an increase of more than two years since 2011.

In 2017, after a period of reflection on the future of the Djibouti office, we decided to close the office in 2018. The lack of funding from institutional donors, reduced needs and an increasingly complex working environment were, among others, factors that led to the decision to close the office. Therefore, the only programmed activity completed in 2018 was the construction of three demonstration latrines. Although the office closed in June 2018, one staff member remains active to support the mission in Yemen.



EGYPT

The country suffers from the negative effects of inflation, as well as unemployment and high food and fuel prices, affecting the most vulnerable. In order to alleviate these problems, government actors and development agencies remain committed to the sustainable growth of the country and the achievement of the UN Sustainable Development Goals by 2030.

Despite the difficulties encountered by our teams, the ongoing projects have had a very positive impact, with implementation carried out by local actors under our supervision. Our projects around livelihood, health and water have focused on improving the socioeconomic situation of the most vulnerable communities in rural and urban areas, as they were implemented in Luxor and Greater Cairo Regions.

10
STAFFLUXOR
GREATER CAIROOPERATING
SINCE
2015REACHED
24,668
PEOPLE

ETHIOPIA



**618
STAFF**



**AHMARA
BENISHANGUL
GUMUZ
GAMBELA
SOMALI
OROMO
DIRE DAWA**



**OPERATING
SINCE
1985**



**REACHED
832,829
PEOPLE**

The intercommunal violence that erupted in 2017 on the border between the Oromia and Somali regions continued in 2018, with serious consequences: the number of internally displaced people as a result of the conflict has reached 1.8 million. In addition, Ethiopia hosts nearly 900,000 refugees from neighbouring countries such as South Sudan, Somalia and Eritrea. The country also suffers from recurring climate shocks. Food insecurity and displacements caused by drought, epidemics, floods and other shocks continue to increase the humanitarian needs of the most vulnerable populations. In 2018, about 7.8 million people received emergency food assistance from the government and international NGOs.

In 2018, our activities focused on three main courses of action. Firstly, we focused on strengthening assistance to South Sudanese refugees in the Gambella and Benishangul Gumuz regions through prevention, detection and treatment of undernutrition of children and mothers.

Secondly, we provided an immediate response to the basic needs of vulnerable populations affected by the prolonged food crisis. Nutrition and health activities were integrated into this multi-sectoral response, as well as food assistance and diarrhoeal disease reduction.

Finally, we are working to restore the livelihoods of vulnerable populations. We aim to strengthen agrarian communities' resilience to climate shocks through risk mitigation activities, strengthening of basic services and the empowerment of target communities in the Amhara, Oromia and Somali regions.

GAMBIA



Gambia, an English-speaking country enclosed by Senegal, is facing the effects of climate change: floods, drought and windstorms are heavily affecting the country's agriculture. As a result, Gambia is largely dependent on the importation of food. In 2017, the country produced an estimated 126,000 tonnes of cereals, about 35% less than the average amount of the previous five years. This deficit has caused food prices to rise. For the educated young population, migration to other countries seems the only option.

The nutritional situation is also very worrying, particularly with regards to pregnant and lactating women and children under five years old. The latest evaluations estimate that 73% of these children had some level of iron deficiency anaemia.

In order to combat these issues we have started the the Konkobayo Project ("Leaving hunger behind" in the local language), supporting national efforts to fight hunger. We have also launched other projects, which focus on social protection, improving access to water and sanitation, disaster risk reduction, improving access to livelihoods and employment, and strengthening the health system.



**9
STAFF**



**OPERATING
SINCE
2018**



KENYA



**43
STAFF**



**WEST POKOT
ISIOLO
SAMBURU
BUSIA
KAKAMEGA
TRANS NZOIA
BUNGOMA
TANA RIVER**



**OPERATING
SINCE
2006**



**REACHED
410,885
PEOPLE**

Now a middle-income country, Kenya has experienced uneven growth. Regions with moderately and severely dry climates face immense challenges, including drought, hunger, malnutrition and poverty. Last year, acute malnutrition reached critical levels in Samburu, and serious levels in West Pokot, Tana River, and Isiolo Counties.

Less than half of children suffering from severe and moderate acute malnutrition are admitted for treatment in Kenya, with large differences across districts. Among the drivers of malnutrition are poor care and feeding practices for infants and young children. Working at community, district, and national levels, we aim to increase access to lifesaving malnutrition treatment.

In 2018, our nutrition and health teams in Kenya reached 72,533 children through lifesaving programmes, providing treatment for acute malnutrition, micronutrient supplements, and training in proper infant and child care and feeding practices. Among other partners, we worked with the Ministry of Health to integrate nutrition treatment into training and protocols for community health volunteers, helping to improve health and nutrition through local outreach.

Our water, sanitation, and hygiene interventions reached 119,239 people. Our food security and livelihoods programmes, which include cash transfers and support for disaster risk reduction for communities affected by drought, benefitted 189,186 people.

To support communities impacted by the deadly flooding in Tana River County, we launched an emergency response that included the distribution of emergency kits and basic supplies, nutrition screening and treatment, construction of latrines, and hygiene promotion to prevent disease outbreaks.



LIBERIA

Liberia, a coastal country in West Africa with 4.61 million inhabitants, a quarter of which is in the capital Monrovia, is one of the least developed countries in the world. It ranks 181 out of 189 countries globally in the Human Development Index 2018. It is also one of the poorest countries in the world, with about 64% of the population living on less than a dollar a day. As the end of the Ebola epidemic was officially announced in 2018 by the World Health Organisation, the economy, which was greatly impacted during the epidemic, is still struggling to recover. The country has entered a recession, with an inflation rate reaching 28% at the end of 2018. Chronic malnutrition remains a persistent public health problem in Liberia.

We continue our work to improve the nutritional security of the population in support of the Nutrition Division of the Ministry of Health. We have set up trainings in infant and young child feeding and management of undernutrition for health professionals. We supported the creation and training of 35 mother-support groups to promote improved infant and young child feeding and care practices in communities. Water, sanitation and hygiene interventions have been implemented in various districts of the country. After the floods that affected seven communities in the Montserrado County, we rehabilitated and disinfected water points, distributed hygiene kits, raised the latrines, sanitised septic tanks and cleaned the wastewater evacuation channels in these communities.



**5
STAFF**



MONROVIA



**OPERATING
SINCE
1990**



**REACHED
58,601
PEOPLE**

MADAGASCAR



**126
STAFF**



**ANTANANARIVO
BONGOLAVA
ITASY
BETIOKY
TULÉAR**



**OPERATING
SINCE
2011**



**REACHED
78,661
PEOPLE**

Madagascar is one of the poorest countries in the world: nearly 80% of the population lives on less than \$2 a day. The country is particularly exposed to climate risks. At the beginning of 2018, the Ava and Dumazille cyclones reached the east coast of the island and caused flooding. In the Great South, the rainfall deficit in 2018 severely affected production: at least 80% of the population declared a drop in production in 2017-2018. In addition, the population faces new outbreaks of plague and a measles epidemic.

In 2018, we continued our work in the prevention and global management of undernutrition, in a centre located in a disadvantaged neighbourhood of Antananarivo, which we supplemented with psychosocial support. Following the prolonged drought that affected the Great South, a multi-sectoral response benefits the management of undernutrition and the improvement of access to water, sanitation and hygiene. We also aim to strengthen food security by offering support to women's market garden activities. Mobile teams have been deployed as programme reinforcements to reach the most inaccessible areas. In the Atsimo Andrefana region, we ended the NUTRIS project, whose main components were the strengthening of the health system (RSS), the promotion of handwashing through social marketing, and advocacy related to health issues. Based on the lessons learned, a new multi-year programme has been launched to improve the nutritional security of populations through sustainable multi-sectoral methods, including analysing the causes of undernutrition and the scaling up of RSS activities.

MALAWI

Malawi is permanently exposed to various natural and economic shocks, such as prolonged periods of drought, floods, pests and diseases, and high fluctuations in food prices. These threats wear away the resilience of communities and families with fewer resources, compromising their ability to maintain their livelihoods.

In 2018, despite relatively good harvests, the country faced multiple challenges, such as rapid population growth and environmental degradation. Significant structural vulnerabilities continue to exist.

Poverty and inequality are still very high: half of all people in rural areas are poor. The main causes of poverty in Malawi are the low performance of the agricultural sector, unstable economic growth, rapid population growth and limited opportunities with regards to non-agricultural activities.

In 2018, we completed our operations in the country.



ABIYAN



**OPERATING
SINCE
2016**



**REACHED
140,074
PEOPLE**



MALI



**388
STAFF**



**GAO
KAYES
BAMAKO
KITA
TOMBOUCTOU**



**OPERATING
SINCE
1996**



**REACHED
2,342,881
PEOPLE**

In 2018 the situation in Mali was dominated by the presidential elections held between July and August. As in most of the countries of the Sahel, 2018 has been a year of crisis due to the shortage of pastures, which are fundamental to the livelihoods of most of the population, especially in the centre and north of the country. Likewise, the conflict in the north is already surpassing the borders of Niger and Burkina Faso. A solution or improvement of the situation is not expected any time soon.

Despite the difficulties imposed on our operations by the security context, we have managed to maintain a good level of access in our intervention areas this year.



MAURITANIA

A new drought, the worst in recent years, put Mauritania in check: the hunger season affected 600,000 people, 48% more than in 2017. The drought exhausted the pastures much earlier than usual and put dairy production and livestock prices at rock bottom, in a country where grazing is the main means of subsistence. Despite the increased needs as a result of this, financing dropped 19% compared to the previous year.

In 2018, we focused much of our efforts on responding to the nutritional crisis that has affected a large part of the country. This has allowed us to intervene again in the Gorgol Region in the south of the country.

We have also expanded the coverage of assistance in the refugee camp of Mbera, on the border with Mali. From 2019, we will provide treatment of malnutrition here, in addition to water and sanitation management.



**195
STAFF**



**SELIBABY
BASSIKOUNOU
GORGOL
NOUAKCHOT**



**OPERATING
SINCE
2007**



**REACHED
354,179
PEOPLE**

NIGER



**284
STAFF**



**TAHOUA
MARADI
DIFFA
NIAMEY**



**OPERATING
SINCE
1997**



**REACHED
429,301
PEOPLE**

This year, the effects of the conflict in the north of Mali have been felt especially severely at the border with Niger, the poorest country in the world according to this year's Human Development Index by the UN. This has resulted in a situation of instability, adding to the insecurity in the Diffa regions caused by the presence of Boko Haram.

We have become established as a leading actor in the northern area of the Tahoua region, at the border with Mali, through a number of ongoing emergency interventions assisting the refugee and displaced population. Several early recovery interventions, which support the process from emergency to development, have also contributed to this position. We have likewise maintained an important presence in the Diffa region, with activities around economic and social recovery of the population of Lake Chad, and in Nguigmi. In this complex area of intervention where the conflict with Boko Haram is felt more acutely, we have worked to ensure that the health and nutrition needs of the resident and displaced population are being met.

NIGERIA



Driven by conflict, the humanitarian crisis in Nigeria's North East zone is one of the world's ten most severe crises. In Nigeria, 7.1 million people are in need of humanitarian assistance⁴, while 1.8 million people in the conflict-affected states are internally displaced⁵. It is estimated that 823,000 people live in areas inaccessible to international humanitarian organisations⁶.

More than one million children between the ages of six months and five years are acutely malnourished across the affected areas. One in five children with severe acute malnutrition and one in 15 children with moderate acute malnutrition are at risk of death if untreated. Amid an increasingly intense conflict and new waves of displacements in the North East, Action Against Hunger has been the first responder in many areas affected by conflict, striving to employ a multi-sectoral approach and to connect with early recovery interventions where possible.

Our food security programmes have reached approximately one million people, increasing their social protection, providing food assistance through cash and vouchers, promoting income-generating activities, and cultivating vegetable gardens.

In Yobe, Borno, and Jigawa States, our nutrition and health services supported approximately 2.7 million people. We have treated severely malnourished children, and our mother-to-mother and father-to-father care groups have provided services, training, and support to displaced parents.

We worked to ensure access to clean water, safe sanitation, and hygiene services for approximately 650,000 people. We do this by supporting latrine construction, drilling and rehabilitation of boreholes, and providing emergency water, sanitation, and hygiene services, including cholera prevention.



**668
STAFF**



**ABUJA
DAMATURU
MAIDUGUI
MONGUNO
DUTSE
FUNI
POTISKUM
DAMASAK**



**OPERATING
SINCE
2010**



**REACHED
3,488,001
PEOPLE**

⁴ OCHA, Nigeria: 2019-2021 Humanitarian Response Strategy.

⁵ IOM, Displacement Tracking Matrix (October 2018).

⁶ An analysis of the residual population in hard-to-reach areas was carried out in April-May 2018 and a reduction of an estimated 100,000 people was identified compared to the 926,000 figure cited in the 2018 Humanitarian Response Plan.



SENEGAL



**97
STAFF**



**MATAM
PODOR
LOUGA DAKAR**



**OPERATING
SINCE
2012**



**REACHED
62,296
PEOPLE**

Senegal and the cross-border region with Mauritania experienced the third episode of drought in 6 years, after 2011 and 2014. As a result, food insecurity affected 245,000 people in four departments. The departments of Podor and Matam suffered the highest rates of acute malnutrition in the country: 18% and 16.5% respectively, according to our latest nutritional surveys.

In 2018 we have given a broad emergency response to the nutritional crisis that has affected the border areas of northern Senegal and southern Mauritania, especially the pastoral populations. Since the beginning of the year, we have coordinated the preparation of the response in cooperation with the main humanitarian actors within the country. Our efforts are supported by the information from our pastoral surveillance systems called SIG Sahel, and we are implementing several emergency projects in the northern provinces of Matam, Podor and Louga.



SIERRA LEONE

While Sierra Leone is already among the poorest countries with 60% of the population living below the poverty line, the country is also struggling to recover from the Ebola epidemic, and the economic situation has deteriorated further in 2018. Chronic malnutrition remains a major problem with 31.3% of children suffering from stunted growth. Reducing maternal mortality, currently one of the highest ratios in the world, is a national priority. Lack of access to basic services is also problematic, with 32.2% of the population having no access to a source of drinking water.

In 2018, we implemented several nutrition and health activities such as strengthening 32 health centres in the west of the country and improving the nutrition of children under five and their mothers. We have also strengthened food security by growing vegetables and leguminous plants to diversify food and income, and developing savings and credit groups. As a member of the Freetown Water Sanitation Consortium, we conducted two participatory studies on water and sanitation governance. We have proposed public-private partnership models to enhance the sustainability of the services offered by the municipality. Finally, our teams continued to provide technical and financial support to ministerial and municipal teams to strengthen the role of the authorities in monitoring public services.



**118
STAFF**



**EAST FREETOWN
MOYAMBA**



**OPERATING
SINCE
1991**



**REACHED
215,433
PEOPLE**

SOMALIA



**302
STAFF**



**BANADIR
(MOGADISHU)
BAKOOL
ELBERDE
WAJID
HUDDUR
GAROWE
EYL**



**OPERATING
SINCE
1991**



**REACHED
373,183
PEOPLE**

Somalia is experiencing a prolonged and complex crisis characterised by conflict, displacement, drought and disease. Malnutrition rates are high: nearly one million children under the age of five are estimated to be acutely malnourished in 2019, of whom 138,200 severely malnourished. Key drivers of malnutrition are food insecurity, lack of diverse diets, limited health services and inadequate access to water and sanitation.

The influx of people to urban areas puts a strain on already limited resources, while displaced populations face considerable challenges. Mothers searching for work may be forced to leave children without proper care. Many people lack access to appropriate shelter and sanitation and hygiene facilities.

In Somalia we contributed to the reduction of undernutrition and common illnesses among children in Bakool, Banadir and Nugaal, by providing integrated nutrition, health and food security services, as well as water, sanitation, and hygiene services.

In 2018, 41,502 children under the age of five were admitted and treated for malnutrition, while 103,407 children were treated for minor illnesses. Furthermore, 45,734 pregnant and lactating women benefitted from training sessions.

We reached 194,008 people with our water, sanitation, and hygiene programmes, including the rehabilitation and construction of 29 communal water sources, the construction of 324 emergency latrines, and hygiene promotion activities.

Our food security and livelihoods programmes benefitted 68,974 individuals, helping them to build resilience. We provided cash to help families purchase food and other items, improved the animal health network system to help herding families maintain their livelihoods, modernised agricultural practices, and provided opportunities for community groups to increase their savings.



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SOUTH SUDAN



**311
STAFF**



**MALUALKON,
NORTHERN
BAHR EL GAZAL
(AWEIL EAST
AND CENTER)
ALEK, WARRAP
(GOGRIAL WEST
AND EAST)
OLD FANAK
(FANGAK,
JONGLEI)
PAGUIR
(FANGAK,
JONGLEI)
JUBA**



**OPERATING
SINCE
1985**



**REACHED
302,117
PEOPLE**

In South Sudan, the revitalised peace process has presented new opportunities. However, great challenges persist: years of conflict have left more than 7 million people in need of assistance and protection. Bureaucratic obstacles and violence against aid workers limit access and disrupt lifesaving programmes.

Conflict pushed more people into hunger in 2018, and malnutrition rates remained high. 2 million people were internally displaced, and 2.2 million people have become refugees. The country is marked by excessive gender-based violence, declining economic opportunities and strained health centres. Half of all children are not attending school, and two-thirds of the population has no access to safe water.

In 2018, we provided nutrition and health services to more than 178,000 people, including treatment of more than 46,000 children under five. We empowered mothers to screen their children, improve care and feeding practices for infants, and prevent malnutrition.

Our cash-for-assets programme provided assistance to more than 5,000 families. We improved access to water and sanitation for 110,854 people and rehabilitated 115 water points. We deployed our multi-sector emergency teams to hard-to-reach areas six times, screening 46,670 and treating 3,250 acutely malnourished children. We conducted ten surveys to measure malnutrition.

The preliminary results of research combining acute malnutrition treatment protocols provided practical evidence of better ways to fight undernutrition. In partnership with the World Food Programme, we piloted a digital system to manage malnutrition treatment and community outreach. We conducted gender analyses and safety audits to account for the impact of gender-based violence on nutrition, and to improve service delivery.

SUDAN

Since December 2013, the civil war in South Sudan has continued to put pressure on Sudan: more than 400,000 people have sought security in Sudan together with those who fled the 2017 famine. Likewise, the armed conflict in the Darfur region has been reduced, but many areas of the region remain under the control of armed groups.

After more than three years of administrative formalities, the Sudanese Government finally approved the official register of Action Against Hunger in the country in April 2018. During the following months, we have actively worked through our representative in the country in order to be operational as soon as possible.



**OPERATING
SINCE
2018**

TANZANIA



**5
STAFF**



**MPWAPWA
DISTRICT,
DODOMA
REGION**



**OPERATING
SINCE
2015**



**REACHED
14,205
PEOPLE**

Undernutrition remains a major public health issue in Tanzania. Nationally, 3.3 million boys and girls are stunted, and 58% of children and 45% of women are anaemic⁷. 450,000 children in Tanzania are acutely malnourished, and 0.9% of these cases are severe.

The main drivers of malnutrition include inadequate care and feeding practices, as well as poor water and sanitation services and facilities. Furthermore, there is a shortage of healthcare workers who are skilled in nutrition. Supplies needed to detect and treat malnutrition run out frequently, and health services are often inaccessible to communities in need.

In 2018, we began implementing projects in Dodoma Region to support the scale-up of Integrated Management of Acute Malnutrition in Mpwapwa District. To improve management of acute malnutrition in communities and health centres, we trained 49 health care providers and 180 community health workers. We provided technical support to 41 health facilities on management of acute malnutrition, screened more than 10,000 children for malnutrition, and treated 593 boys and girls with severe acute malnutrition.

Action Against Hunger is actively engaged in relevant coordination and advocacy forums. Our advocacy efforts helped to improve the availability of lifesaving therapeutic products in Mpwapwa District. To meet district needs, we have also begun construction of a new therapeutic feeding facility that will strengthen case management for malnourished children with medical complications.

⁷ The DHS Program, Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16).





UGANDA



**181
STAFF**



**KAMPALA
ADJUMANI
KIRYANDONGO
YUMBE
KYANGWAI**



**OPERATING
SINCE
1995**



**REACHED
474,505
PEOPLE**

Uganda is home to more than 1.2 million refugees, primarily from South Sudan and the Democratic Republic of Congo. Thanks to a uniquely welcoming policy, refugees in Uganda are free to move and work, and are also given a plot of land.

Due to a lack of food diversity, poor hygiene and sanitation, and a lack of awareness on proper infant care and feeding practices, Uganda suffers from high rates of malnutrition. On average, anaemia affects half the population, and in some areas stunting rates are approaching 30%⁸.

Uganda's refugee policy gives Action Against Hunger and others a distinct opportunity to implement sustainable interventions for populations affected by a large-scale humanitarian crisis. Our integrated and innovative programmes address the causes and effects of malnutrition in the long term.

Our staff train community health volunteers to educate fellow community members on improving nutrition among children under two years old and pregnant and lactating women.

In some areas where we work, the population size has doubled due to the influx of refugees, straining infrastructure. To support overwhelmed schools and health centres, we build additional latrines and hand washing facilities and promote healthy hygiene practices.

In the areas where we work household food production has increased, diets are more diverse, and people consume more fruits and vegetables compared to refugee and host communities in other districts, according to quantitative and qualitative data.

⁸ Uganda – Food Security and Nutrition Assessment (December 2017).



ZIMBABWE

Zimbabwe is one of the poorest countries in Southern Africa. 76% of the population is poor or extremely poor (23%). The chronic malnutrition rate among children under five is 32%, while 3.3% suffers from severe acute malnutrition. In addition, drought episodes recurred in 2018, worsening nutritional and food security and access to water for the most vulnerable populations. A cholera epidemic has spread in the capital and has deteriorated due to antibiotic resistance in the population and shortcomings of the health and sanitation systems.

In 2018, an emergency project with Africa Ahead, our local partner in water, sanitation and hygiene, aimed to contain and prevent the spread of cholera among working people in and around Harare. In Mberengwa District, our teams carried out activities to improve the food and nutrition security of people affected by the El Niño drought and protect their livelihoods. In addition, the findings of the Crop Conservation Research Project showed that airtight technologies are more effective than conventional methods in preventing mycotoxin contamination of food. We provided metal silos and airtight bags to farmers in order to reduce food production losses.



**5
STAFF**



**GUTU
MBERENGWA
SHAMVA
HARARE**



**OPERATING
SINCE
2002**



**REACHED
3,364
PEOPLE**

FOCUS ON THE REGIONS

REGIONAL OFFICES

HORN AND EAST AFRICA

The Horn and Eastern Africa Regional Office (HEARO) oversees Action Against Hunger's operations in the region, providing strategic and operational support to our country programmes.

HEARO's work is guided by its Regional Strategy that outlines five strategic priorities for the region:

1. sustain and expand life-saving integrated multi-sector interventions to reduce acute needs among the most vulnerable populations in the region;
2. strengthen nutritional resilience of individuals, communities and systems against recurrent disasters;
3. improve organisational effectiveness in the region;
4. influence and mobilise resources;
5. and enhance knowledge management and learning in the region.

HEARO's approach is based on leveraging new opportunities at regional level, as we strengthen capacity at the local level. This is in line with the new localisation and decentralisation agenda.

WEST AFRICA

Action Against Hunger has been working in West Africa since 1983 and currently has 12 operational country offices as well as the regional office. In 2018, we reached 170,720 people across the region through our range of programmes.

West Africa experiences a seasonal hunger gap, as well as frequent and recurrent emergencies mainly due to natural hazards, conflicts and low development which lead to a continuous weakening of household and community resilience. While the former requires long-term development strategies, the latter demands immediate relief actions.

To deliver both and achieve a sustainable impact, Action Against Hunger follows a dual approach in West Africa. Firstly, this approach focuses on tackling systematic peaks of nutritional vulnerability and structural vulnerability to undernutrition. Secondly, we focus on building capacity to respond to emergencies and advocating for community and government ownership and commitment.



MIDDLE EAST

Despite extensive diplomatic efforts exerted throughout 2018, the Middle East and North Africa (MENA) region remained afflicted by multiple prolonged crises: in Syria, Iraq, Yemen, Palestine, and Libya. The number of newly displaced people generally decreased, however, in December 2018 the region still struggled to handle the needs of more than 11 million internally displaced people, 6.2 million in Syria alone. There are around 6 million, mainly Syrian, refugees. Throughout the region, nearly 40 million people were in need of humanitarian assistance at the end of the year. With more than 22 million food insecure people, Yemen is considered the most acute humanitarian crisis in the world.

Action Against Hunger's Middle East Regional Office (MERO) was created in 2013 to respond to the extraordinary regional humanitarian challenges. Our eight missions contribute to the fantastic humanitarian efforts to alleviate the suffering of millions of vulnerable people. To that end, MERO provides technical guidance, particularly with regards to fighting the effects of climate change. MERO also promotes protection and gender mainstreaming, encourages innovation through pilot initiatives and creative solutions, and builds capacity through tailored trainings. Finally, MERO fosters better interaction between all regional stakeholders and raises its voice through an audacious advocacy strategy.



MIDDLE EAST

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IRAQ



**119
STAFF**



**ERBIL
DOHUK
NINEWAH**



**OPERATING
SINCE
2013**

As the Iraq crisis enters its fifth year, about 8.7 million people are in need of humanitarian or protection assistance, including displaced persons, returnees, host communities and Syrian refugees⁹. More than 31,000 homes have been destroyed, as well as hundreds of facilities and projects of commercial and public infrastructure. After the occupation of the Islamic State, the World Health Organization estimates that 35.5% of adults affected by the crisis have psychological disorders, marked by aggression, sadness, apathy, flashbacks, nightmares and hyperexcitation. In addition, 5.4 million people need water, sanitation and hygiene support, but only 2.4 million will benefit from this.

In this context, we continued to offer support to Syrian refugees, internally displaced persons and host communities. Our teams favour a multi-sectoral approach, combining our areas of expertise. Firstly we focus on the implementation of water, sanitation and hygiene programmes, including the rehabilitation of drainage and water networks, schools and health facilities, the distribution of hygiene kits and shelter, and promotion of hygiene. Secondly, our food security and livelihoods programmes include learning programmes, as well as providing business grants, cash for work, kitchen garden development and the construction or rehabilitation of greenhouse and irrigation systems. Furthermore, this approach also incorporates mental health and child health care programmes, consisting of individual and group sessions, providing support focused on parents, teachers and children, the establishment of a baby-friendly space, and strengthening the capacity of the Ministry of Health and Communities. Finally, our nutritional-health programmes focus on the detection and treatment of undernutrition and strengthening the capacity of health centres.

⁹ OCHA, Iraq Humanitarian Response Plan (2018).

JORDAN



Eight years after the start of the Syrian conflict, more than 1.3 million Syrians have sought refuge in Jordan, weighing on the Jordanian economy and its infrastructure. There are 671,047 registered refugees and about 83% of them live outside of the camps¹⁰. The challenge is therefore to give refugees access to basic livelihoods as well as offering support to host communities for their immediate needs. As the Syrian crisis continues and the influx of refugees has stabilised, national policies aim to put long-term solutions in place. In response to this crisis, the Jordanian Government has adopted a resilience-based approach in its Jordan Response Plan.

In 2018, our mission in Jordan saw an increase in human resources, as well as the scope of its action. The mission developed especially south of the capital by opening a third base in Madaba in December. Its first project is an integrated one-year project in water, hygiene and sanitation, as well as food security and livelihoods. Strengthening the institutional capacity of local and national partners, our mission is to help increase the resilience of vulnerable Syrian and Jordanian refugees. Our organisation is recognised as the main humanitarian actor in the water, sanitation and hygiene sector, but we also deliver our expertise in mental health and child care practices, as well as in food security and livelihoods. Finally, we are implementing 'cash for work' activities and waste management activities as well.



**113
STAFF**



**IRBID
AZRAQ
MADABA**



**OPERATING
SINCE
2013**



**REACHED
52,805
PEOPLE**

¹⁰ UNHCR, Jordan Fact Sheet (December 2018).



LEBANON



**128
STAFF**



**BEIRUT
ZAHLE
TIRO
ARSAL**



**OPERATING
SINCE
2006**



**REACHED
299,575
PEOPLE**

The parliamentary elections in May represented a key moment for the country, since elections had not been held for nine years. This event coincided with the launch of a new electoral system, which partially changed the political leadership and, with it, certain attitudes towards the management of refugees. After eight years of conflict in Syria, refugee management continues to be one of the more pressing issues. This has a profound impact on the access to basic services and livelihoods, not only for the refugees themselves but also for the host population. The Lebanese Government estimates that the country hosts more than 1.5 million Syrian refugees, which is one of the largest concentrations of refugees per capita in the world. Nearly 600,000 Syrian refugees have no recognised refugee status. As a result, these people do not have access to the different forms of assistance and support provided by the United Nations High Commissioner for Refugees (UNHCR) and other refugee assistance programmes.

Our teams in the country are present both in the Bekaa region and in the south of the country including in difficult to reach areas, such as Arsal, Masharih al-Qaa and Cheeba, ensuring that basic assistance is provided to the populations. Our work here focuses on cash distributions through the KACHE system (Kit for Autonomous Cash Transfer in Humanitarian Emergencies) as well as continuing programmes in emergency aid, food security, water and sanitation, nutrition and protection.



OCCUPIED PALESTINIAN TERRITORY

The current situation in the West Bank and Gaza is very unpredictable, due to recent developments at political level and internal tensions. Examples are the decision to move the US Embassy from Tel Aviv to Jerusalem, the reduction of funding from the US, as well as the protests in Gaza against Israeli policies, which have resulted in violent confrontations unseen since 2014. The energy crisis and the failure of reconciliation between Fatah and Hamas also contribute to this unstable environment. The land, air and sea blockade stifles any employment opportunities and almost 1 million Palestinians depend on food assistance.

Despite such a complex environment, the mission has been able to demonstrate the very positive impact of its programmes, achieving a significant position as a humanitarian organisation of reference. Our projects evolve around the following key aims: protecting communities from forcible transfer, protecting and restoring livelihoods, providing highly vulnerable communities with immediate access to water, providing immediate cash assistance, avoiding the loss of livelihoods and falling into the lowest levels of vulnerability when suffering a shock, and covering the most basic needs to populations suffering shocks.

Among other initiatives, these projects include business entrepreneurship, economic empowerment of women, and the production of a rainwater master plan for Gaza.



**65
STAFF**



**GAZA
HEBRON
JERUSALEM**



**OPERATING
SINCE
2002**



**REACHED
820,890
PEOPLE**

SYRIA



**77
STAFF**



**DAMASCUS
HASSAKEH
ALEPPO**



**OPERATING
SINCE
2008**



**REACHED
3,084,031
PEOPLE**

The year has been characterised by the offensives carried out by the Syrian Government in the areas that were still in the hands of the rebel groups. They managed to limit, although not put an end to, the presence of ISIS and gradually gain control of important regions such as East Ghouta, Daraa and partially Idlib.

These military gains have not yet improved nor sustained access to these areas by humanitarian aid. While a reduction in fighting fronts is expected, Syria still represents a vulnerable context. Concrete scenarios for agreements in the North East, one of the priority areas for Action Against Hunger programmes, have not been planned.

Despite this complicated context, our teams in the country have made enormous efforts and achieved optimal results, from the immediate emergency response to providing assistance in shelter and supplying sanitary and water services, improving sanitation and hygiene. Activities reached 10 out of 14 governorates, with high coverage of hard to reach areas.

TURKEY



More than 3.5 million Syrian refugees are residing in Turkey. After more than eight years of conflict from which they have fled, their needs are growing and survival mechanisms are pushed to their limits.

Our programmatic approach in Turkey is based on the strategic decision to focus on working with a local partner organisation, Support To Life. By doing this, we are designing the intervention in a way that fosters exchange of information, benefitting the partner organisation as well as the fulfilment of our goals to cover the needs of those most vulnerable.



**1
STAFF**



**HATAY
MERSIN
ADANA
URFA
DIYARBAKIR
BATMAN
MARDIN
ISTANBUL**



**OPERATING
SINCE
2011**

**YEMEN****360
STAFF****HAJJAH
HODEIDA
ADEN
LAHJ
ABYAN****OPERATING
SINCE
2013****REACHED
691,739
PEOPLE**

As of December 2018, 24 million Yemenis needed humanitarian assistance, 27% more than last year. Two-thirds of regions are already in a pre-famine situation, and one-third is facing serious vulnerabilities. With regards to water, sanitation and hygiene, 17.8 million people do not have access to the necessary facilities, and 19.7 million people lack access to adequate health care. A massive cholera epidemic has also affected the country. From June 2018, devastating battles in the west of Yemen resulted in a deterioration of the food supply. In 2018, access to resources, people and operational capacity for humanitarian intervention remains limited.

In 2018 we continued our multi-sectoral response to conflict in different governorates. In nutrition and health, our programmes focus on the treatment of acute malnutrition among children under five and their mothers. Our programmes in food security and livelihoods are characterised by the direct distribution of food, cash and/or food vouchers, systematically supplemented by water, sanitation and hygiene activities such as the promotion and distribution of kits and the rehabilitation of water points and latrines. Finally, more than 100,000 suspected cholera cases have been treated by the hospitals we support. We are also very active in Yemen's nutrition sector, for instance by partnering up with the Ministry of Public Health and Population (MoPHP) to conduct nutrition surveys in the governorates of Hodeida, Abyan and Hajjah. Finally, we also participate in different national and international platforms to diffuse learning.



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AFGHANISTAN



**438
STAFF**



**KABUL
GHOR
HELMAND
BADGHIS**



**OPERATING
SINCE
1995**



**REACHED
374,814
PEOPLE**

In 2018 the conflict further intensified, and Afghanistan was reclassified from a post-conflict country to one in active conflict. Civilians remain most affected. 278,000 Afghans had to flee their homes and 263,000 were displaced as a result of natural disasters. The 2018 drought affected more than two-thirds of Afghanistan and three million people, wrecking the agricultural sector.

This year, 670,000 people returned from Iran and 43,000 from Pakistan. Access to care and psychological support remains one of the main needs, as well as food security, shelter, and access to water.

In response, we have implemented multi-sectoral projects in nutrition and health, water, sanitation and hygiene, food security and livelihoods, as well as mental health and childcare practices. The Emergency Response Project (ERM) continued to meet the immediate and vital needs of those affected by ongoing armed conflict and regular natural disasters. Another emergency project targeted severe acute malnutrition.

In Kabul, 48,881 people received nutritional support. In Ghor, our teams continued several multi-sectoral, integrated projects in support of health centres and close to communities to prevent maternal and infant mortality and morbidity. In Helmand, our integrated water, sanitation and hygiene and nutrition projects have cured 1,608 severely malnourished children and realised the distribution of 1,173 menstrual kits. In Badghis province, with the help of a local partner (AYSO), we launched an emergency response to help people affected by drought.

BANGLADESH



Despite the constant increase in indicators of economic growth, about 31.5% of the Bangladeshi population lives below the poverty line. Following violence in Myanmar in August 2017, a large number of Rohingya and other ethnic minorities crossed the border into Bangladesh. 902,000 refugees still live in the 34 camps of Cox's Bazar. In addition, there are Rohingyas that had already sought refuge in Bangladesh before the violence of 2017. Moreover, the lack of food security, cramped living conditions and lack of hygiene have resulted in high rates of malnutrition, for both refugees and host communities. Finally, the country is highly vulnerable to natural disasters and climate change.

In Cox's Bazar district, a multi-sectoral response to the emergency has been put in place. In partnership with various local and international organisations, we continued the prevention and treatment of acute malnutrition: 14,858 children were admitted to therapeutic centres. We also continued offering support to host communities and refugees in official and makeshift camps through interventions in nutrition and health, mental health and childcare practices, as well as water, sanitation and hygiene. 60 water points were renovated or built in 2018, and 55,321 sanitary kits were distributed. We also operate outside the camps in the region. The Emergency Preparedness and Earthquake Project, which was designed to strengthen the response capacity of local populations to earthquakes, was completed in 2018. Finally, activities to strengthen the resilience of local communities were put in place in the district of Satkhira as well.



**966
STAFF**



**DHAKA
COX'S BAZAR
SATKHIRA
BARGUNA
KURIGRAM**



**OPERATING
SINCE
2007**



**REACHED
1,442,297
PEOPLE**



CAMBODIA



**45
STAFF**



**PHNOM PENH
KAMPOT
KAMPONG THOM
PREAH VIHEAR**



**OPERATING
SINCE
2013**



**REACHED
41,237
PEOPLE**

In Cambodia, the impressive economic growth of the last decade has had little impact on the most vulnerable people, who face significant deterioration of their livelihoods due to deforestation and climate change. Nutrition remains a major concern and represents a lost economic opportunity: estimates show the country may be losing as much as \$420 million of Gross National Income annually due to malnutrition.¹¹

Malnutrition rates are high: 32% of children under five are chronically malnourished and 10% are severely malnourished. Without adequate, sustained investments in nutrition, the Sustainable Development Goals will not be realised in Cambodia.

In Cambodia, we aim to improve hygiene, nutrition, and health practices at the community, household, and individual levels, focusing on pregnant and breastfeeding women, and children under two years old. As part of our integrated approach, our team has developed a multi-sectoral intervention model. By building the capacity of local stakeholders and communities, we work to reduce undernutrition in a comprehensive and sustainable way, and to reduce the impacts of climate change.

¹¹ The World Bank, Cambodia Nutrition Project (February 2018).



INDIA

Improved food security and access has led to fewer malnourished and anaemic Indians in 2017 than in the preceding decade. However, the 2018 Global Nutrition Report has shown that India needs to do much more to meet its nutrition goals. India is currently not on track to achieve any of the World Health Organization's nine nutrition goals by 2025, among which reducing child overweight, wasting and stunting, diabetes among women and men, anaemia in women of reproductive age and obesity among women and men, and increasing exclusive breastfeeding.

Although India has shown improvement in reducing child stunting, with 46.6 million stunted children the country is still home to over 30.9% of all stunted children under five, the highest rate in the world. Furthermore, India has shown no progress with regards to six other global nutrition goals. There is a strong need to reduce these numbers, as India still bears 23.8% of the global burden of malnutrition.

The important work we do in India has long been recognised by the Indian Government. This year, we signed an agreement with the state of Chhattisgarh government to offer technical support in the fight against malnutrition. Action Against Hunger is a well-known organisation in the country, and thus many government technical support units are keen to partner with us to implement their projects in the states of Rajasthan, Madhya Pradesh and Maharashtra. This year, we successfully completed a Community Management of Acute Malnutrition programme with the Government of Rajasthan. For this project we received the 'most promising' award in the category Zero Hunger of the UN's Sustainable Development Goals, from an independent group of think tanks on corporate responsibility and social sector champions. The advocacy team also received an award from the Chief Minister of Uttarakhand state, for Public Relations in Action for Nutrition.



**144
STAFF**



**NEW DELHI
MUMBAI SUBURBS
JAIPUR
BARAN
DHAR
RATLAM
DHARNI
PALGHAR
NASIK**



**OPERATING
SINCE
2010**



**REACHED
75,530
PEOPLE**

INDONESIA



**16
STAFF**



**JAKARTA
NUSA
TENGGARA
TIMUR
SULAWESI**



**OPERATING
SINCE
1998**



**REACHED
18,641
PEOPLE**

Despite the strong economic recovery of recent years, Indonesia continues to struggle with poverty, unemployment, corruption and lack of infrastructure. Health and nutrition indicators, such as the health status of the population, access to medical services, quality of care and sanitation, are of great concern. In Indonesia, which is characterised by extreme inequalities and high rates of malnutrition, vulnerable communities are also particularly exposed to climate threats. In 2018, three major earthquakes affected certain areas of the country, causing extensive damage and human losses.

We continued the Community-Based Management of Acute Malnutrition Project in collaboration with the Indonesian Ministry of Health, as well as our activities in water, sanitation and hygiene. A multi-sectoral project implemented with local partners ended in December 2018, once the food security and livelihoods of farmer groups had been strengthened.

In Kupang District, 21.2% of children aged six months to five years have global acute malnutrition, and 3.9% are severely malnourished, which surpasses the emergency thresholds defined by the World Health Organization of 2%.¹² Our strategy is therefore to identify and tackle the direct and indirect factors of undernutrition. In addition, the Integrated Management of Childhood Illness project was expanded to include 12 new health centres offering training and capacity building. Finally, we launched a multi-sectoral emergency response to help earthquake victims in the Palu, Sigi and Donggala districts.

¹² Action Against Hunger, SMART survey carried in 2015.

MYANMAR



In Myanmar, chronic poverty further complicates a humanitarian situation already compromised by exposure to natural disasters, food insecurity, armed conflict and inter-communal clashes, and mass displacement. In 2019, an estimated 941,351 people will be in need of humanitarian assistance. The worsening of violence in Rakhine State has brought more than 650,000 Rohingya refugees to Bangladesh since August 2017. In Rakhine State, given the current circumstances including restrictions of movement and imposed regulations on NGOs by the government, it is impossible to determine precisely how many people still reside in the three communes of Maungdaw, Buthidaung and Rathedaung, and what their needs are.

Our operational strategy includes three focal points. We are working on the prevention and treatment of acute malnutrition among children under five and pregnant and lactating women in Rakhine and Kayah states. This is coupled with actions focused on water, sanitation and hygiene, as well as mental health and infant care practices. We are also taking action to reduce the impact of natural disasters, primarily on the highly vulnerable coastal communities of Rakhine State. In March 2018, the construction of a hurricane shelter was completed. Finally, through advocacy work we are also working to improve access to basic services of vulnerable groups, such as children under five, pregnant and lactating women, and refugees or displaced persons. By participating in numerous conferences and forums we promote the independence of international NGOs to resolve the situation in Myanmar.



**213
STAFF**



**YANGON
KAYAH STATE
RAKHINE STATE**



**OPERATING
SINCE
1994**



**REACHED
76,312
PEOPLE**



NEPAL



**25
STAFF**



**NAWALPARASI
MAKWANPUR
NUWAKOT
RASUWA
RAUTAHAT
SAPTARI**



**OPERATING
SINCE
2011**



**REACHED
123,432
PEOPLE**

The Federal Democratic Republic of Nepal, located between China and India, is one of the poorest countries in the world, ranked 149th out of 189 countries by the Human Development Index. One-third of the Nepalese population lives below the poverty line. Agriculture, the backbone of the Nepalese economy, is the main source of livelihood for 80% of the population. Nepal is also among the countries most vulnerable to natural disasters: due to its geographical location in the Himalayas, within a high-risk earthquake zone, more than 80% of the country's population is frequently threatened by floods, landslides, storms or earthquakes. In addition, field surveys have revealed alarming malnutrition rates.

In 2018, we were active in the districts of Nawalparasi, Makwanpur, Nuwakot, Rasuwa, Rautahat and Saptari. Here we have implemented projects in partnership with six civil society actors and five government agencies, in line with Action Against Hunger's 2016-2020 strategy, which includes strengthening the operational capacities of partners and transmitting the necessary skills. Our actions also include advocacy with the Nepalese authorities in order to expand nutrition interventions.



PAKISTAN

In Pakistan, 45% of children suffer from stunted growth due to undernutrition. In addition to being frequently affected by natural disasters, the country ranks seventh among the most vulnerable to global warming. It faces persistent drought, specifically in the provinces of Sindh and Balochistan, resulting in food insecurity and ultimately an increase in undernutrition. In Khyber Pakhtunkhwa province, numerous population displacements took place as a result of the crisis. Here, 48% of children are stunted and the overall acute malnutrition rate is 17.3%.

The humanitarian space is limited but in 2018 we managed to maintain dialogue with the authorities for the coming years. Supported by local partners, our strategy is to link our nutrition programmes with water, sanitation and hygiene, and food security activities. In the Khyber Pakhtunkhwa province, we have set up an emergency project. As part of this project we built six therapeutic centres, offered care to 1,158 patients, had 4,243 children increase their additional micronutrient intake and trained 90 mothers-to-mothers support groups. In Dadu district in Sindh, the integrated project was completed. In addition to medical care for severely malnourished children, 500 households received support for cereal cultivation, and 800 households benefitted from vegetable gardens. In July 2018, we launched a project with other NGOs aiming to supporting the Government of Sindh in the effective implementation of its nutrition policy.



**ISLAMABAD
DADU
GHOTKI
KHAIKUR
MATIARI**



**OPERATING
SINCE
1979**



**REACHED
334,588
PEOPLE**

PHILIPPINES



**120
STAFF**



**MANILA
TANDAG
MASBATE
ZAMBOANGA
ILIGAN
COTABATO**



**OPERATING
SINCE
2000**



**REACHED
302,014
PEOPLE**

The conflict in Mindanao, as well as natural disasters, lead to high humanitarian needs in the Philippines. Cases of psychosocial disorders have increased by 50% in the displaced populations. This is caused by the conflict, the breakdown of social and family ties, and the consequences of living in temporary shelters for a long period of time. The most frequent disorders we observe are depression, anxiety and post-traumatic stress.

Our work in the Philippines has focused on responding to the humanitarian needs arising from the conflict and natural disasters. In the city of Marawi and in other communities around Lake Lanao, we are working on the reconstruction of infrastructure to restore access to safe water and basic sanitation. In addition, we work on economic and productive recovery, and psychosocial support.

In the risk management sector, we are focusing on a project for innovation in disaster preparedness driven by TUKLAS Innovation Labs, a community-centred initiative that seeks to discover and support innovative solutions to better prepare communities for disasters.



FOCUS ON OUR AREAS OF EXPERTISE

DISASTER RISK MANAGEMENT

GIS SAHEL: AN INFORMATION SYSTEM TO COMBAT HUNGER

The analysis of pastoral data has the potential to save thousands of lives in the Sahel.

Through this system, which combines different types of data (including satellite images and data provided directly from the field by shepherds through sentinel sites), we can put in place preventative measures that mitigate the need for emergency responses, at which point it is already too late.

In order to optimise this tool, during 2018 we have carried out new developments in the Pastoral Surveillance System. We extended the geographical coverage of the tool across the Sahel, with 30 new sentinel sites in Senegal, and carried out participatory workshops in Mauritania to identify the areas of movement and concentration of livestock, with a view to developing pastoral sentinel sites in southern Mauritania in the near future.

We have also improved the system by adapting biomass and surface water analysis algorithms (BioGenerator and HydroGenerator respectively) for higher data resolution: 300m pixels instead of the current 100km. At the same time, we are seeking to extend surveillance. We are investigating the possibilities of including nutritional indicators from health centres, such as admission, dropout and cure rates, and of extending remote sensing to crops and their water needs across different vegetative stages, by installing a free software developed by FAO (AquaCrop).



LATIN AMERICA & THE CARIBBEAN

COLOMBIA	39
GUATEMALA	39
HAITI	40
NICARAGUA	40
PERU	41
VENEZUELA	41



COLOMBIA



**109
STAFF**



**PUTUMAYO
NARIÑO
CÓRDOBA
LA GUAJIRA**



**OPERATING
SINCE
1998**



**REACHED
83,072
PEOPLE**

In Colombia, official data indicates the presence of more than one million Venezuelans to date, although, according to some estimates, the actual figure could be double. Half of the migrants are in bordering departments (La Guajira, Cesar, North Santander, Arauca, Vichada and Guainía), which are characterised by having extreme poverty rates well above the national level and a highly deficient access to basic services.

Another fraction of the migrants arriving in Colombia are based in cities such as Bogotá, living on the streets or in informal settlements with little access to services. Migrants who pass through Colombian territory in order to reach other countries face the risk of being victims of armed groups operating in the south of the country (trafficking, forced recruitment). The migration crisis has relegating the humanitarian effects of the armed conflict and violence, which continues to escalate in the country, to a secondary concern.

Our work in 2018 has been focused on the urgent humanitarian response in the north of the country, and on the analysis of the situation in host cities such as Bogotá, Barranquilla and Cartagena. We carry out the activities of nutritional monitoring, assistance through cash, access to safe water and decent livelihoods, both for the receiving communities and for the migrants.

GUATEMALA



Guatemala, the largest economy in Central America, has one of the highest inequality rates in Latin America: poverty, malnutrition, and maternal and infant mortality are all high, especially in rural and indigenous areas. An estimated 50,000 people cross the southern border of the USA from Central America on an irregular basis every year, primarily as a result of unemployment, poverty, violence and the impact of climate change on nutrition.

Our work in Guatemala continues to focus on the battle against malnutrition and on disaster risk management, as well as, in light of events unfolding over 2018, the monitoring of the social and environmental factors that drive migration to the United States.



**36
STAFF**



**CHIKUMULA
ZACAPA
EL PROGRESO**



**OPERATING
SINCE
1996**



HAITI



**154
STAFF**



**NORTH-WEST
ARTIBONITE
GRAND'ANSE**



**OPERATING
SINCE
1985**



**REACHED
174,460
PEOPLE**

Heavy rains in January and a magnitude 5.9 earthquake in October affected thousands of people in the North-West and Artibonite Departments of Haiti. 2018 was also marked by a tense security and political climate.

Drivers of hunger include low precipitation, soil erosion, and a lack of available and accessible local food and supplies. In 2019, food security is expected to worsen and enter crisis levels. At 15% in North-West and Grand'Anse, malnutrition rates remain high. Cholera cases continue to occur in Artibonite, but the outbreak is contained in the North-West, where there have been no confirmed cases since July 30, 2018.

Our teams worked to sustainably improve food and nutrition security by supporting savings and loans groups, creating income-generating activities, building water storage systems, training mothers to screen children for malnutrition, and improving sanitation. We also provided cash-based food assistance to help families affected by drought.

In response to the October 2018 earthquake, we supported local authorities with field evaluations, needs assessments, partner coordination, shelter management, and advocacy. We also provided cash vouchers, clean water, access to sanitation infrastructures, and emergency supplies.

Thanks to efforts by Action Against Hunger and partners, the end of the cholera epidemic is near. Our work in 2018 included active case finding and sensitisation activities to prevent outbreaks. We promoted household water treatment by providing supplies to 7,500 families and pursuing market-based solutions by identifying local suppliers of treatment products. Finally, we strengthened access to water and sanitation by rehabilitating and constructing latrines and water points.



NICARAGUA

In recent years, there have been constant changes in weather patterns in Central America. The reduction and concentration of rainfall days and volumes have led to recurrent periods of drought and devastating effects on food and nutrition security. Access to water has also been severely affected. In the Dry Corridor region, which includes Nicaragua and Honduras, drought events, also called "silent disasters," have been damaging and eroding the fragile livelihoods of families that are especially exposed.

The main challenge faced by our teams is to meet the needs of the Nicaraguan population, given the limitations to humanitarian access that exist in the country.



**4
STAFF**



MADRIZ



**OPERATING
SINCE
1996**

PERU



**9
STAFF**



**PIURA
PUNO
AYACUCHO**



**OPERATING
SINCE
2007**



**REACHED
3,277
PEOPLE**

With almost half a million Venezuelans, Peru is, after Colombia, the second country in the region with the most migrants. By the end of 2019, this number will have tripled and there will be one and a half million Venezuelan refugees in the country, the majority intending to stay permanently. The country office in Peru is actively participating in humanitarian platforms working to coordinate the response to this crisis and is working on the analysis of the humanitarian situation, especially in Lima.

In 2018 we have continued to work on projects to reduce child malnutrition. Peru is part of the regional programme that we have developed in response to the migratory crisis. In the case of Lima, social and labour market insertion activities, alongside psychosocial interventions, were added to the list of needs included in access to basic services.

VENEZUELA



Venezuela is one of the four countries worldwide with the worst level of humanitarian access in the world (along with Syria, Yemen and Eritrea) since the government rejects any form of foreign aid, and the economic context greatly hinders operations. In Venezuela, where inflation reached 1,000% in 2018, almost no money is handled, currency exchange was prohibited until only a few months ago and economic policies undergo constant changes. Several indicators reveal the severity of the crisis in the country, which produces only 30% of the food consumed. The equivalent of 11 minimum wages are needed to cover a family's basic needs in Venezuela, and it costs half a day's wages to buy hand soap.

After carrying out an exploratory mission during the month of May, in August we began to operate in Venezuela, in the states of Miranda (Caracas), Carabobo, Aragua, Monagas, Tachira and Zulia. The latter two are departments bordering Colombia and as such are experiencing some of the highest levels of emigration in the region. Our work there is focused on schools, where we perform nutritional monitoring, support the feeding of children and provide clean water.



**3
STAFF**



**MIRANDA
CARABOBO
ARAGUA
MOAGAS
TACHIRA
ZULIA**



**OPERATING
SINCE
2018**



**REACHED
3,685
PEOPLE**



EUROPE

SPAIN	45
GEORGIA	45



SPAIN



**164
STAFF**



**GALICIA
PRINCIPADO
DE ASTURIAS
CATALUNA
NAVARRA
COMUNIDAD
DE MADRID
CASTILLA-LA
MANCHA
EXTREMADURA
COMUNIDAD
VALENCIANA
ANDALUCÍA**



**OPERATING
SINCE
2013**



**REACHED
5,667
PEOPLE**

In 2018, more than 3.3 million people in Spain were out of work, with an unemployment rate of 14.45%. Unemployment, high temporality, low wages and other precarious conditions continued to bring part of the population closer to the cycle of poverty and exclusion. Ultimately, this leads to food insecurity, since households without an income cut their food spending. Our mission in Spain therefore focused on empowering people to facilitate their access to the labour market and improve their livelihoods.

In 2018 we empowered 5,667 people to gain employment or create a business, 48% more than in 2017. These strong results, obtained through the VIVES programme methodology, encouraged us to expand our experience to other countries in which promoting employment and inclusion is an important tool to fight the causes of hunger. Adjusting to different contexts in each country, we are bringing these methodologies to Georgia, Azerbaijan, Occupied Palestinian Territory, Nicaragua, Peru, Egypt and Senegal. In 2018, 8% of operations managed by Action Against Hunger Spain served to improve employability.

Action Against Hunger leads the European Network of Innovation for Inclusion. With over 100 partners, this network allows us to exchange knowledge with other European organisations and position ourselves as a significant player in the European ecosystem for social innovation.

GEORGIA

Poverty has been reduced by almost half in the last ten years, although large socioeconomic inequalities remain among the population of Georgia. Likewise, the situation in Abkhazia, which remains unresolved, impedes significant improvements in the economic situation in the region.

Our team in the country has reached its objectives: development interventions in Georgia and Abkhazia in the areas of employment and rural development, with an element of humanitarian aid for populations affected by crop loss in the food security sector.



**36
STAFF**



**GALI
TBILISI
SUKUMI**



**OPERATING
SINCE
1994**



**REACHED
5,937
PEOPLE**

FOCUS ON OUR AREAS OF EXPERTISE

TECHNICAL INNOVATION

SAM PHOTO DIAGNOSIS: THE DIAGNOSIS APP USING PHOTOS OF MALNUTRITION

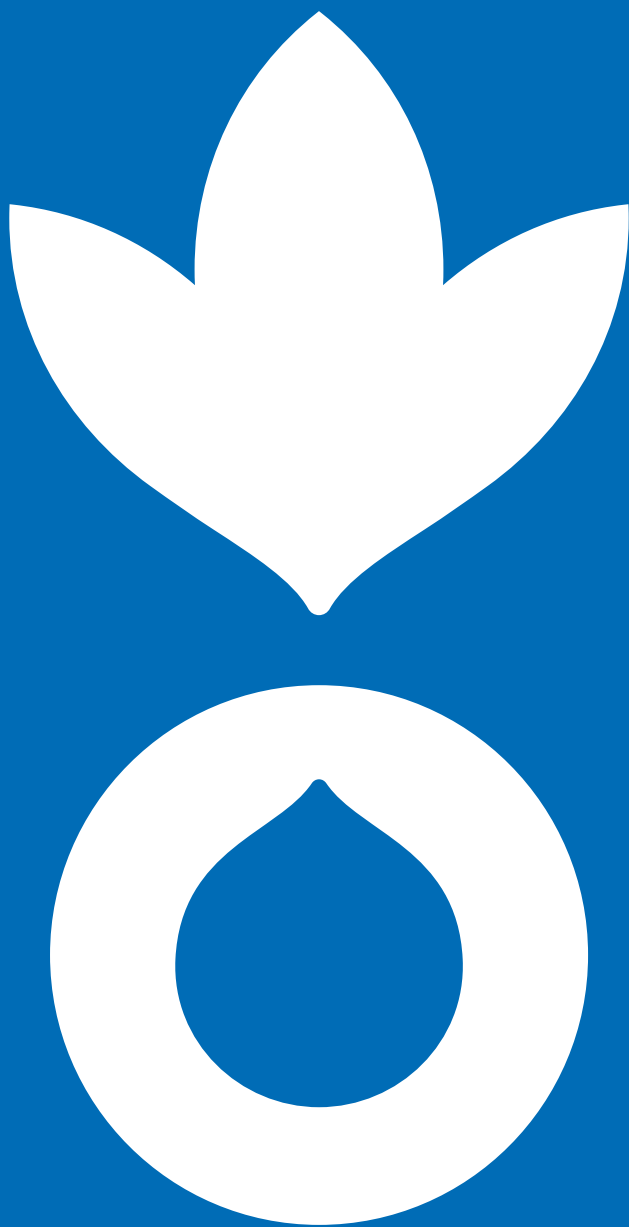
The scientific community has recently endorsed the technique of comparing the shape of a prototype of a healthy child with that of an undernourished child through imaging, with an article published in the prestigious *American Journal of Physical Anthropology*.

The SAM Photo Diagnosis App allows children under the age of five who live in remote places or conflict-affected areas to be photographed in order to determine if they suffer from acute malnutrition. This could have a significant effect in accelerating progress towards the eradication of malnutrition by 2030.

Although huge advances have been made in recent decades in the treatment of malnutrition, thanks to the emergence of Ready-to-Use Therapeutic Food, there remained a need to significantly improve its diagnosis. Action Against Hunger's research, in collaboration with the University of Dakar and the Complutense University of Madrid, has laid the scientific groundwork for a mobile app that can diagnose malnutrition with a photo.



**ACTION AGAINST
HUNGER
INTERNATIONAL**



LOGISTICS AND INFORMATION SYSTEMS



€151.1m

**GLOBAL SUPPLY
CHAIN VOLUME**

2017: €175.7m



48%

RATIO
OF GLOBAL SUPPLY
CHAIN VOLUME TO TOTAL
PROGRAMMATIC EXPENDITURE
ACROSS ORGANISATION

2017: 54%



70%

OF
**ACTION AGAINST
HUNGER STAFF**
HAVE A POSITIVE
PERCEPTION OF THE
LOGISTICS DEPARTMENT

Action Against Hunger considers supply chain and logistics management to be an essential component of our operations across the globe. Our logistics systems ensure appropriate supplies arrive and are distributed to vulnerable populations in a timely and efficient manner. In the immediate aftermath of emergencies, supplies can include items that are vital for survival, such as food, water, medicine and shelter.

Action Against Hunger's global logistics supply chain decreased by 14 per cent last year. We managed a global supply chain with a volume of €151.1 million, through 50⁴ country offices and three regional offices, as well as seven logistics centres (in Accra, Barcelona, Dubai, Lyon, Nairobi, Panama, and Paris). This was approximately €24.6 million or a 14 per cent decrease from 2017. In that year, total supply chain expenditure was recorded at €175.1 million. A large proportion of the reported decrease in supply chain spending is due to a reduction of in-kind donations to the Nigeria country office in 2018, which had previously spiked in 2017. As a proportion of Action Against Hunger's total programme expenditure globally, the logistics supply chain decreased by six percentage points from 2017 to 2018.

Our volume of spending in the supply chain has decreased for the first time in the past five years. From 2013 to 2017, the network's supply chain expenditure grew by an average of 21 per cent per year. Even though the supply chain volume decreased in 2018, our logistics systems supported Action Against Hunger to reach more people than ever before: approximately 21.3 million in 2018, including responses to more than 37 emergencies (see Chapter 4).

The drop in supply chain volume is largely due to significant decreases in Malawi (4.9 million), Nigeria (20.5 million) and Yemen (3.6 million).

Five country offices expanded their supply chain expenditure by more than 90 per cent in 2018: Egypt

⁴ Differences in total number of country offices and total number of countries with supply chain expenditure due to three country offices that closed operations at the end of 2017 or mid-2018 (such as Bolivia, Djibouti and Ukraine).

(118.8 per cent), Syria (111.1 per cent), Georgia (110.5 per cent), South Sudan (108.4 per cent), Kenya (101.7 per cent), and Senegal (94 per cent). In 2018, we also for the first time reported supply chain expenditure in Gambia, Sudan, Tanzania, Turkey, and the newest regional office: Horn of East Africa and Regional Office (HEARO), which manages a project directly.

We repeated the logistics perceptions survey that was rolled out for the first time in 2017, and 70 per cent of our staff reported a positive perception of the logistics services provided. No significant difference in the perceptions from 2017 to 2018 was noticed, although slightly more people had a stronger perception regarding logistics performance (both good and bad). This year, compared to 2017, the number of respondents to the survey more than doubled from 171 to 353.

The average completion rate of Action Against Hunger's Logistics Assessment Tool (LAT) was 69 per cent.⁵ The tool provides an assessment of the implementation of standardised logistics processes and tools, using 19 indicators⁶ that give guidance to our logistics teams on current performance. The average completion rate was five percentage points less than in 2017, nevertheless seven countries reported a rate of 80 per cent or above, similar to 2016.

Sixteen country offices reported using vehicle trackers last year. Action Against Hunger has been progressively deploying trackers to save costs by monitoring vehicle movements in real time. On average, 25 per cent of vehicles are tracked in countries adopting tracking devices. Guatemala country office tracks all vehicles.

Throughout 2018, Action Against Hunger continued to develop and roll out the Information Systems tool 'LINK' in our countries of operation. This innovative solution to manage our supply chain is being used by 1,200 field staff in 32 country and regional offices. Data managed through this tool has been increasing steadily. So far about 150,000

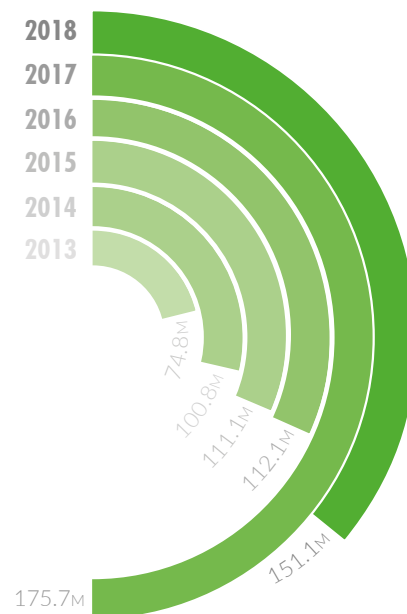


Figure 6.1: Total supply chain volume managed by Action Against Hunger (€), 2013-2018

procurement requests, 20,000 orders and 60,000 documents have been logged on the programme. Additional features have been delivered to close the purchase procedure (such as reception, shipping and delivery). Lastly, two partnerships with Humanity & Inclusion and Medair have been launched to use the LINK solution with a view to sharing costs and resources. More details of the LINK are provided in the case study on page 52.

Action Against Hunger continued to further develop its dashboard for logistics, which covers 15 country offices and one regional office (WARO). The dashboard, updated monthly, incorporates logistics indicators disaggregated by project and area of operation, such as actual and forecasted supply chain expenditure and timelines for deliveries. In 2018, indicators on procurement and fleet management were added.

⁵ As reported by 26 country and regional offices.

⁶ The Logistics Assessment Tool comprises 11 main indicators and eight transversal indicators, including indicators on project cycle management, procurement, energy, audit and financial risk control.

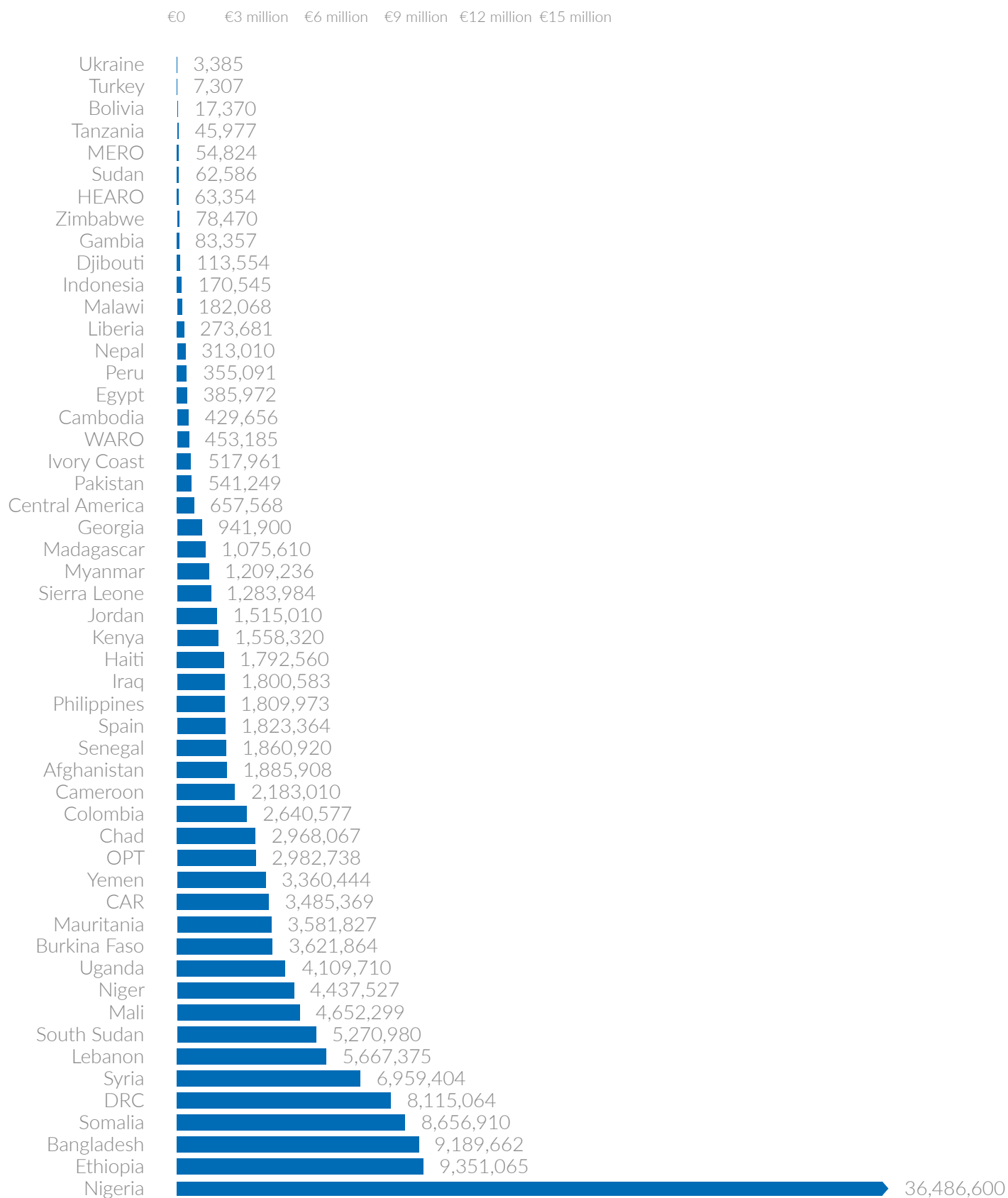


Figure 6.2: Supply chain volume managed by Action Against Hunger country and regional offices (€), 2018

IN FOCUS

LINK SUPPLY CHAIN MANAGEMENT SOFTWARE: A COLLABORATIVE INTER-NGO LOGISTICS PLATFORM

Action Against Hunger developed LINK, a supply chain management software tool, to reduce the costs of logistics, as well as reducing fraud and wastage. The successes of LINK revealed that the platform brings benefits beyond these initial motivations: it provides data knowledge and business intelligence, strengthens our positioning towards stakeholders, and allows for developing common markets and shared suppliers approaches.

As interest in LINK from outside the Action Against Hunger network is growing, this year the platform was opened up to other NGOs. Rather than offering LINK through a simple supplier and customer relationship, Action Against Hunger is taking a partnership approach that enables the participating NGOs to cooperate by sharing data and adhering to a common supply chain and common data model. As a result, the LINK platform has become a highly innovative inter-NGO project that is leading towards a new cooperation model.

Two close partnerships have already been formed. Both MedAir and Humanity and Inclusion began adopting and implementing LINK. Humanity and Inclusion are currently in the integration phase of LINK after completing a gap analysis study in 2018. This study is currently being completed for MedAir. Other organisations have expressed interest as well, and thus Action Against Hunger is working towards an ambitious inter-NGO platform.

There are great benefits of cooperating through partnerships in such a way: organisations can share logistics information, data, best procurement and services. The aim is that LINK will raise the international standard of supply chain management.

In 2018, we have expanded our



EXPANDING OUR PARTNERSHIP WITH THE AIRBUS FOUNDATION

partnership with the Airbus Foundation. The Foundation is the vehicle for corporate philanthropy of the Airbus Group, a global aerospace company providing products and services in the segments of aircraft, helicopter, defence, security and space. Airbus Foundation and Action Against Hunger have a history of working together in the field of logistics. In the past, the Foundation has helped us respond to disaster more efficiently by offering relief flights to transport humanitarian aid.

In September 2018, the collaboration with the Foundation was extended beyond the scope of the logistics partnerships of previous years. The signing of this formal cooperation gives Action Against Hunger access not to only aircraft and

helicopter flights and support, but also to communications services, mobile solutions and satellite imagery.

The partnership with Airbus Foundation now allows Action Against Hunger to improve and optimise the speed and efficiency of emergency responses in a more structured way. The collaboration is planned to last for a period of five years, and it also provides access to tools, technology and services that increase our capabilities to assess and access affected areas. With adapting and expanding innovative solutions of the Foundation and the Airbus Leadership University, Action Against Hunger continues to expand its operation to best support humanitarian causes.



RESEARCH, INNOVATION AND LEARNING



25

**RESEARCH
PROJECTS**

2017: 52



25

COUNTRIES

2017: 26



49

PARTNERS

2017: 48



€12.9m

VALUE
OF ONGOING, MULTI-
YEAR RESEARCH
PORTFOLIO

Action Against Hunger is a leader in technical expertise and innovation in the field of undernutrition. Our International Strategic Plan 2016-2020 outlines our commitment to research, innovation and learning in our operations, and to ensuring that all research projects strengthen practical approaches to prevent and treat undernutrition. This chapter highlights our progress towards the achievement of our research, learning and innovation targets, and our Research Strategy 2016-2020. The research strategy has three strategic workstreams:

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

In 2018, Action Against Hunger conducted 25 research projects. While the number of research projects that we conducted in 2018 was less than in 2017, there was an increase in the overall financial volume indicating fewer but larger projects, which we consider to be a positive trend. Our projects span our operational sectors and countries, where we collaborate with a variety of donors and partners to produce the results needed to deliver evidence-based interventions.

We conducted research projects in 25 countries, the most common of which were Burkina Faso and Senegal, with four projects each. For an example of one of our research projects conducted in Senegal, see the case study on the MALINEA study later in this chapter. The majority of our research projects (80 per cent) were conducted in countries in Africa. Our research presence in Asia increased to 15 per cent of total projects, up from ten per cent in the previous year. The remaining projects were spread

FOR FURTHER INFORMATION ON OUR RESEARCH PORTFOLIO, PLEASE SEE THE RESEARCH REVIEW 2018. THIS YEAR WE FOCUS ON THE 'EFFECTIVENESS OF HUMANITARIAN PROGRAMMING', WITH A DEEP-DIVE ON RESEARCH PROJECTS UNDER THIS PRIORITY WORKSTREAM.

throughout the Middle East, Latin America and Europe. For a full list of our research projects please see Annex 2.

In line with Action Against Hunger's technical expertise and experience, 85 per cent of our research projects have a nutrition component. Similarly, the majority (60 per cent) of single-sector projects were nutrition focused. Over half of our projects were multi-sectoral, addressing research gaps in health, mental health care practices and water, sanitation and hygiene to name a few. The least frequently researched thematic sector is disaster risk reduction and disaster risk management, in which we only have one project.



The total value of Action Against Hunger's ongoing, multi-year research portfolio is €12.9 million, an increase from €12.1 million in 2017. The overall reduction in the number

of projects and concurrent increase in the value of the portfolio illustrates a move towards fewer, larger research projects; indeed the median value of research projects has increased to just over €187,000 (up from €81,000). This translates into 0.92 per cent of operational volume being dedicated to research, which is below our international strategy target of two per cent.

In 2018, we collaborated with 49 partners on our research projects. Academic and research institutions continue to be our most common partners, collaborating with us on 84 per cent of projects. As part of our work with academic institutions, we supported nine graduate degrees across eight research projects. We also partnered with a range of non-governmental organisations, public and private institutions and United Nations agencies. Our donor portfolio has also increased; in 2018 we received support from 17 donors, up from ten donors in 2017.

One third of our research projects have a fully developed and funded research uptake strategy, up from only 19 per cent last year. We also saw an increase in the total number of projects with a fully developed (but unfunded) uptake strategy, which is now 72 per cent. While the progress from 2017 is positive, we have not yet achieved the international strategic target. It must become an organisational priority to ensure we proactively include research uptake in all proposals, and advocate for and secure funding for uptake activities.

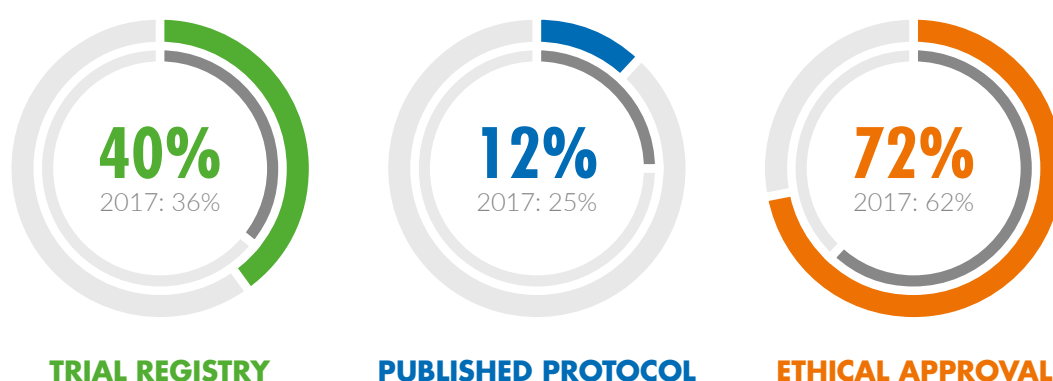


Figure 7.1: Proportion of research projects with a trial registry, published protocol and ethical approval

We produced 39 publications linked to our research projects. Almost half of these publications were peer reviewed, and 78 per cent of peer reviewed articles are published in open access journals. For a full list of our research publications please see Annex 2.

Building on our research activities, Action Against Hunger continues to prioritise learning and innovation in all that we do. In line with our strategic target, in 2018 Action Against Hunger produced the seventh Annual Learning Review. The document highlights key learning from across our programmes, in order to capitalise on our technical knowledge and expertise. We also launched the Knowledge Hub, a repository of all organisational knowledge and information, and the No Hunger Radio initiative, aimed at providing a means to share expertise and learning across countries. For another example of how our research and innovation priorities overlap, please see the case study on the SAM Photo Diagnosis mobile application.

Contrary to our historical understanding that diarrhoea was a major cause of malnutrition, there is growing evidence that the microorganisms living in the gut, known

as the microbiota, have an influence on child growth and malnutrition regardless of the presence of diarrhoea. Furthermore, there has been a growing recognition in recent years of the impact of malnutrition on cognitive outcomes and early child development. It is therefore important to understand how to design nutrition interventions that can support a healthy gut microbiota, and improve cognitive performance and motor development in children.



39
PUBLICATIONS

46% PEER REVIEWED
2017: 65 PUBLICATIONS
(27% PEER REVIEWED)

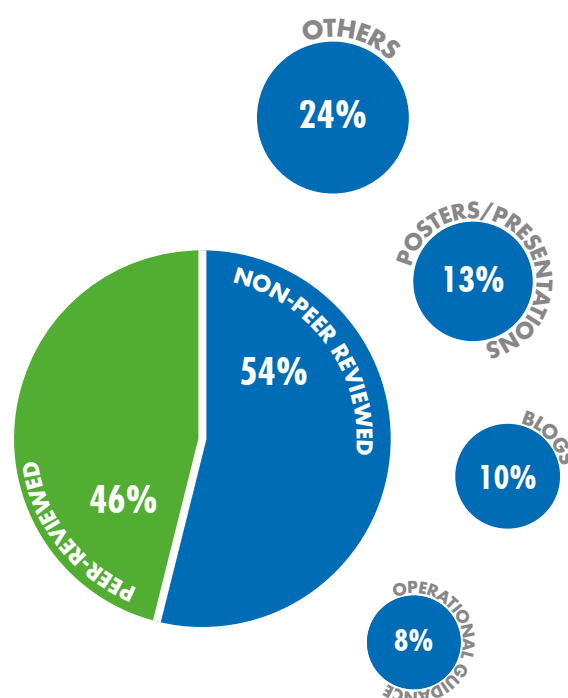


Figure 7.2:
Proportion
of research
publications
disaggregated by
category



CASE STUDY

THE MALINEA STUDY: A RANDOMISED CONTROL TRIAL LINKING THE TREATMENT OF MODERATE ACUTE MALNUTRITION, GUT HEALTH, AND EARLY CHILD DEVELOPMENT OUTCOMES IN SENEGAL

The MALINEA⁷ research project aims to test the effectiveness of three nutrition packages, each designed to support the gut microbiota and overall gut health, for the treatment of moderate acute malnutrition in young children aged six to 24 months, and the impact of these nutrition packages on cognitive and psychomotor development outcomes. The three nutrition packages, or intervention arms, are:

- Arm 1 (standard package): malted milk PEC-MAM⁸ flour for three months and the anti-parasitic Albendazol – according to the national protocol
- Arm 2 (standard package plus antibiotic): standard package plus the antibiotic azithromycin for three days
- Arm 3 (standard package plus prebiotic): standard package plus the prebiotic inulin or FOS⁹ mixed with flour

The study was conducted in Senegal and used a randomised control design to enroll 80 children six to 15 months of age and equally distribute them across the three intervention arms. All children participating in these three intervention arms were enrolled for nine months. A fourth arm was comprised of 80 well-nourished children of the same age, and acted as a comparison group for the cognitive outcomes.

The effectiveness of each intervention arm was assessed using the Developmental Milestones Checklist (DMC II), a questionnaire that can be used to assess motor, language, personal and social development, and to evaluate the effect of recovery from moderate acute malnutrition on children's cognitive and psychomotor development. The data collection for the main part of the study ended in December 2018 and data analysis is currently underway. An additional psychomotor sub-study is still ongoing and will end in June 2019.

The findings from the MALINEA study will allow Action Against Hunger and other stakeholders to build on the evidence base of effective treatment interventions for moderate acute malnutrition, and to better understand the impact of malnutrition on the cognitive and motor development of young children. Our hope is to use the findings from the study to further develop programmes at Action Against Hunger that link nutrition, psychosocial support, early childhood development, and education, so that we can improve impact for our beneficiaries.

For more information, contact Antonio Vargas Brizuela, Health and Nutrition Senior Advisor, avargas@accioncontraelhambre.org

7 MALnutrition et Infections Enfances d'Afrique or Malnutrition and infant infections in Africa

8 Prise en charge de la MAM

9 FructoOligoSaccharides

CASE STUDY

SAM PHOTO DIAGNOSIS PROJECT

Over 16 million children worldwide suffer from severe acute malnutrition each year, but less than 25 per cent of them are able to access the life-saving treatment they need. A key barrier to accessing treatment is diagnosis. The current method of diagnosis for acute malnutrition uses the weight-for-height z-score (WHZ) and/or the middle-upper arm circumference (MUAC) to establish whether a child is underweight, moderately malnourished or severely malnourished. These methods both have challenges when implemented at the community level. Measuring weight and height can be costly and time-consuming, and both height boards and weight balances require specific training, are heavy and not practical to carry long distances, and require maintenance. While MUAC is cheaper and easier to use, measurement errors can still be an issue and we know that each single anthropometric measure does not detect all children with acute malnutrition.

Since 2016, Action Against Hunger has been working to develop the Severe Acute Malnutrition (SAM) Photo Diagnosis App®. The app diagnoses severe acute malnutrition among children aged six to 59 months based on a photo of each child, without needing an internet connection. The app's diagnosis algorithm is correlated with both the WHZ and MUAC, so is aligned with the indicators used to provide treatment at health facilities. Our aim is for this approach to improve the precision in screening diagnostics, increase efficiency, reduce costs, and enhance decision-making of community health workers and families.

To date, both the diagnostic algorithm and the app interface have been developed

and tested in a series of iterative phases. The results of the first phase demonstrated that the diagnostic software was capable of 93 per cent accuracy for diagnosing children with severe acute malnutrition using photos of the child's whole body, and 100 per cent diagnostic accuracy when analysing photos of different parts of the body separately. A smartphone app prototype was also developed, integrating the diagnostic models and algorithms into an easy-to-use interface.

Building on these initial successes, the app is currently being validated in Senegal. This phase of the project will focus on ensuring that the app is user-friendly and an easy-to-use tool, as well as on further refinement of the diagnostic algorithms. Our vision is to test this app in at least six additional countries in order to achieve inter-population validation, thereby developing a tool that can be used to diagnose malnutrition in children from all parts of the world. Furthermore, we aim to study the whole spectrum of both acute malnutrition and stunting, as well as their interaction, to be able to establish diagnostic algorithms for any possible combination. Not only will this tool empower community health workers and carers with the ability to monitor their own children's growth, but it will also reinforce the decentralisation and sustainability of community management of malnutrition, by empowering these groups to more effectively diagnose acute malnutrition.

For more information, please contact Laura Medialdea, Research Expert (Action Against Hunger Spain) at lmedialdea@accioncontraelhambre.org

FINANCE



€424.5m

**TOTAL ANNUAL
INCOME**

2017: €412m



€332.7m

**RESTRICTED
PUBLIC FUNDS**

2017: €322.2m



€82m

PRIVATE SOURCES

2017: €79.4m



€9.7m

OTHER REVENUE

2017: €11.1m

Action Against Hunger's International Strategic Plan 2016-2020 has the goal of generating a total annual income of €500 million by 2020. Reaching this target would allow us to increase our interventions to reduce hunger and malnutrition and allow our activities to grow in scale and impact. A related objective for 2020 is for our funding from public sources to be 74 per cent of the total revenue (€370 million) with the remaining 26 per cent (€130 million) be developed through our relationships and partnerships with the general public and private sector. Both goals will require us to improve and build upon our excellent record of accomplishment in new and innovative ways, which will enable Action Against Hunger to continue to expand our work with local, national and international partners, donors and civil society organisations around the globe.

Action Against Hunger's revenue has now grown uninterrupted for the past 15 years. This growth has been fairly constant, with an average 11.5 per cent increase per year. Total income has more than tripled in the ten years since 2008, from €126.7 million in 2008 to €424.5 million in 2018. Over the last five years, Action Against Hunger's total yearly revenue has increased by 61 per cent.

The total revenue of €424.5 million in 2018 exceeded all previous records, surpassing the already exceptional figures in 2017 by €11.7 million. This is an increase of three per cent.

There were increases in both public and private funds raised in 2018, with expansion in income from public sources by three per cent and growth in private support by another three per cent. Unrestricted income comprised 84 per cent of private funding (€68.7 million). Of the unrestricted income, the amount raised by corporate revenue streams increased by 80 per cent. Unrestricted income continues to be an important revenue stream in Action Against Hunger's global fight against hunger as it allows resources to be deployed efficiently, openly and rapidly to areas where the impact will be greatest, while maintaining Action Against Hunger's financial independence.

In 2018 Action Against Hunger increased the revenue from public restricted funding by €10.5 million from 2017, with the total public revenue at €332.8 million. The revenue from international

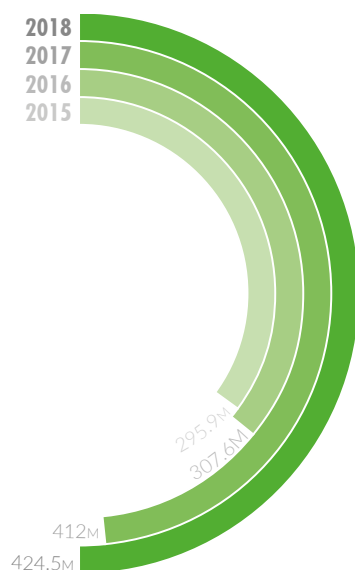


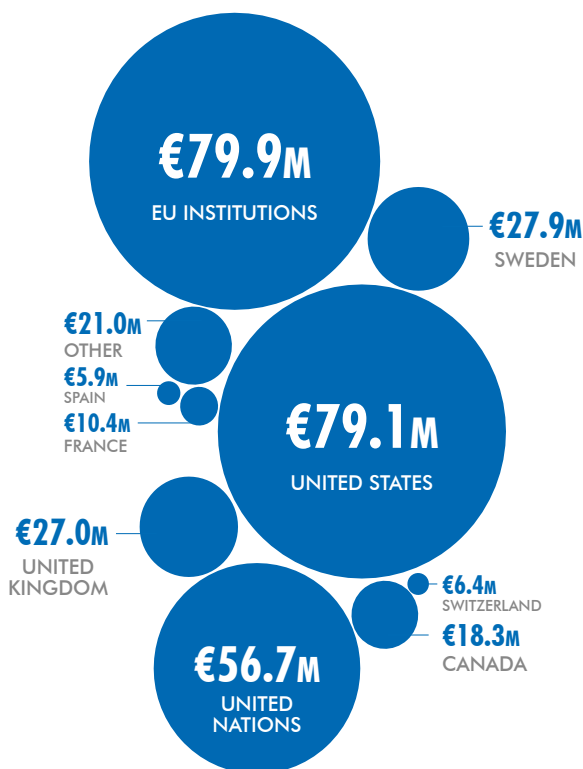
Figure 8.1: Action Against Hunger's total revenue (€) (2015-2018)

bilateral donors increased sharply, by 41 per cent. The United States remained our largest bilateral donor and became our second largest donor overall, providing revenue of €79.1 million during 2018. This is 78 per cent more than in 2017 and represents an increase of €34.5 million. Similarly, revenue from the Swedish government doubled in 2018 (from €13.2 million to €27.9 million) and the Canadian government increased their funding by 38 per cent (from €13.2 million to €18.3 million). Multilateral agencies, namely the EU institutions and the United Nations, remain significant donors of restricted income, with collective revenue from the EU and UN exceeding €136.6 million. In 2018, however, revenue from both agencies decreased and fell more into line with pre-2017 trends.

Higher revenue in 2018 allowed Action Against Hunger to support an additional 978,726 people compared to the previous year and expand its operations around the world. Action Against Hunger recorded a total expenditure of €394.5 million, compared to €406 million in 2017.

For every one euro we spent across the Action Against Hunger Network, 89 cents were dedicated to programmatic activities, with fundraising and communication expenses accounting for eight per cent of total expenditure and management, governance and support services accounting for three per cent.

Action Against Hunger is making progress in achieving its 2020 goals as set out in the International Strategic Plan 2016-2020.



- Total revenue in 2018 is 85 per cent of the €500 million 2020 target. Action Against Hunger would need to raise €75.4 million more over the next two years to reach the 2020 target.
- Public restricted revenue in 2018 is 90 per cent of the €370 million 2020 target, a difference of €37.2 million.
- Private revenue in 2018 is 63 per cent of the €130 million 2020 target, a difference of €48 million.

Figure 8.2: Public restricted income (€) by source of funds (2018)

Note: The donors we include are not exhaustive, as we only report contributions over €1 million

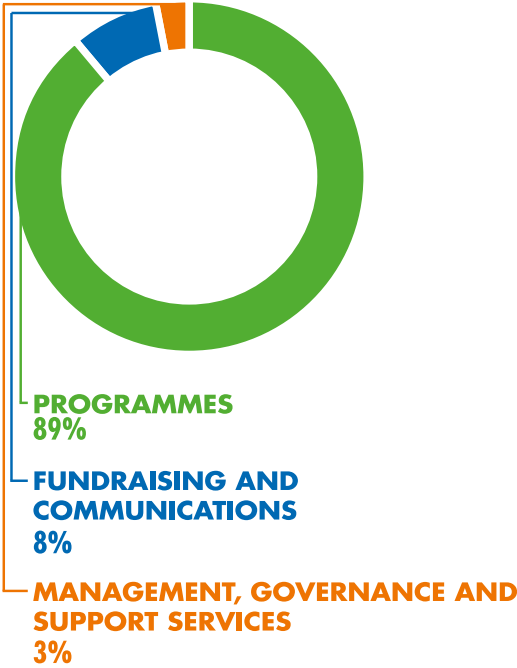


Figure 8.3: Breakdown of Action Against Hunger's expenditure (2018)



Figure 8.4: Progress against fundraising targets set out in Action Against Hunger's International Strategic Plan 2016-2020



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ALL FINANCIAL INFORMATION REPORTED IS PRELIMINARY, AS YEAR-END AUDITED ACCOUNTS ARE YET TO BE FINALISED.

ADVOCACY



**WORKING TO BREAK THE
LINK BETWEEN HUNGER AND
CONFLICT**



**DEFENDING PRINCIPLED
HUMANITARIAN ACTION**



**SCALING UP NATIONAL
AND INTERNATIONAL
ACTION TO END
MALNUTRITION AND
HUNGER**

Action Against Hunger uses advocacy as an important tool to change the way hunger and malnutrition are viewed and addressed. Our advocacy work draws legitimacy from our operations, research and direct work with communities. In our International Advocacy Strategic Framework 2016-2020, there are four goals for advocacy:

1. Achieve nutrition security
2. Improve humanitarian response
3. Address the drivers of hunger
4. Develop advocacy capability

The first three goals are geared towards influencing governments, institutions and the private sector on our external change priorities. The fourth is on growing the advocacy capacity of our organisation and the wider movement at global, regional and national levels in order to influence and deliver change.

WE SUCCESSFULLY LOBBIED FOR POLICY TO MITIGATE THE RISK OF FAMINE IN CONFLICTED-AFFECTED COUNTRIES.

Advocating for the Adoption of Security Council Resolution 2417: Action Against Hunger played a key role in developing and advocating for Security Council Resolution 2417. This resolution recognises the links between conflict and hunger, condemns starvation as a weapon of war, and calls for enhanced early warning, greater compliance with International Humanitarian Law and humanitarian access. The UNSC members unanimously adopted Resolution 2417 after more than two years of sustained advocacy with UN agencies, member states and UNSC members. In support of advocacy towards adoption of UNSC Resolution 2417, we organised a Parliamentary event in London in February 2018 with speeches from the Minister and Shadow Ministers for International Development, alongside Action Against Hunger's Horn and East Africa Regional Director, Hajir Maalim. Action Against Hunger also produced a report on these countries including policy recommendations on conflict and hunger, with contributions and endorsements from the wider NGO sector. This was shared with UK parliamentarians and later adapted for dissemination to UN Security Council members.

WE DEFENDED PRINCIPLED HUMANITARIAN ACTION.

We briefed French parliamentarians and the member countries of the Sahel Alliance. The network scaled up its mobilisation efforts on the Sahel throughout 2018. In this region, intensified food insecurity, limited access to basic services, the politicisation of aid, migration, and counterterrorism issues all have the potential to increase the risk of malnutrition. Action Against Hunger educated stakeholders in Europe and West Africa on the Sahel context. We organised a conference on the Sahel at the French National Assembly. Finally, Action Against Hunger co-authored a joint report with Oxfam and Save the Children (available at <https://data2.unhcr.org/en/documents/download/67165>) which was the outcome of a summit organised between the G5 Sahel (Mauritania, Mali, Burkina Faso, Niger, Chad) and the Sahel Alliance.

WE WORKED TO IMPROVE THE REACH AND EFFICACY OF HUMANITARIAN ACTION.

We engaged with national and local governments to enable increased humanitarian access in Syria. Ensuring vulnerable populations have access to aid has been a major challenge in Syria. In addition to difficult security conditions, authorities have imposed controls and limited access to the most vulnerable regions. This year, Action Against Hunger has facilitated a dialogue with the Syrian government and negotiated access to Damascus to carry out humanitarian work. Action Against Hunger also engaged with the Kurdish Self Administration and has successfully negotiated humanitarian access in the Al-Hasakah Governorate.

Humanitarian-sensitive peacebuilding in Mali: Action Against Hunger has played a key role in the UN-led peacebuilding in north Mali. We have worked with other humanitarian and development NGOs to facilitate more symmetry and coordination between the peace interventions and the humanitarian interventions in the regions of Gao and Tombouctou.

Cash-based interventions and humanitarian exceptions to sanctions in Syria: Action Against Hunger worked to authorise cash-based interventions in areas controlled by the Government of Syria, and humanitarian exceptions to sanctions and COTER regulations. This was achieved through bilateral dialogue with the targets and indirect dialogue with allied states and organisations. Action Against Hunger also embarked on collective action, such as an advocacy tour undertaken through several European states, and our decisive participation in the Syrian International Relief Forum (SIRF) and Lebanon International Humanitarian Forum (LIHF).

We advocated to the UK Government to allow British aid workers to work in conflict zones: Action Against Hunger was part of a Bond-led collective NGO lobbying effort to ensure that British humanitarian workers can work in conflict-affected countries without facing the threat of criminal charges upon their return. In 2018, the UK Government passed amendments to draft counterterrorism legislation that allows aid workers to work in designated areas within conflict zones, with no legal repercussions when they return to the UK.

WE SUPPORTED THE INTEGRATION AND PRIORITISATION OF NUTRITION IN NATIONAL GOVERNMENT POLICY AND INTERNATIONAL AID POLICY.

Niger's National Plan to Fight Extreme Poverty: Following our success working with authorities to integrate a nutrition security focus into Niger's Economic and Social Development Plan in 2017, in 2018 we continued this relationship to aid authorities in creating the National Plan to Fight Extreme Poverty. Action Against Hunger worked with authorities to ensure that nutrition security is a core priority of the policies.

Public Health Policy in Mali: Action Against Hunger has successfully advocated for the inclusion of nutrition as a key priority of Public Health Policy in Mali, as well as successfully advocating for a decentralised public financing of nutrition services in the Ketya region of Mali. This was achieved by working closely with the Government of Mali, and facilitating their communication with donors and civil society.

WE STRENGTHENED ADVOCACY CAPACITIES TO INFLUENCE BOTH OUR OWN CAPACITY AND THE CAPACITY OF THE WIDER MOVEMENT.

Partnerships with civil society in Chad and Madagascar: Building alliances with local civil society organisations is an essential component of Action Against Hunger's advocacy work. As a result of our partnerships in Madagascar, the third national food and nutrition plan now integrates a strong focus on nutrition-sensitive Water, Sanitation and Hygiene (WASH) interventions. This is a holistic approach that integrates nutrition and health, and inclusion of civil society in the monitoring and accountability mechanisms. In Chad, our advocacy training and targeted advocacy strategies led to the prioritisation of WASH, nutrition and health integration in the country's national plans.

US food aid reform: Action Against Hunger advocated both in our own congressional outreach and as part of a community-wide food aid coalition effort to ensure that the farm bill would include international food aid reform that would help to tackle food insecurity. The lobbying was successful and legislation included the proposed reforms, such as maintaining flexibility for the use of cash and/or vouchers in international food aid programming and the removal of the monetisation requirement. Action Against Hunger also advocated throughout the year for the Global Food Security Act to be signed into law. This bill reauthorises the US's flagship food security programme and the US Global Food Security Strategy.

Co-chairing the NGO Sahel Working Group: The UK Department for International Development (DfID) is scaling up its presence in the Sahel region, overseen by a cross-government Sahel Unit. Action Against Hunger has

taken on co-chairing the NGO Sahel Working Group and has been coordinating engagement closely with Action Against Hunger Country Directors, to contribute to informing DfID's approach to resilience building and tackling malnutrition across the region.

Influencing Heads of State at the Paris Peace Forum: We engaged with representatives to promote adequate agricultural policies and livelihoods-sensitive security policies, as well as to demand strict adherence by armed state and non-state actors to International Humanitarian Law. Action Against Hunger developed these advocacy activities as part of the #StopHungerCrime campaign.

Inclusion of humanitarian goals in Spain's V Master Plan for International Development Cooperation: Action Against Hunger developed a bilateral information initiative and led the collective action undertaken by the National Platform of NGOs (CONGDE). This initiative aims to inform and create a common position among political parties and the MFA about the inclusion of humanitarian goals in the V Master Plan for International Development Cooperation. Commitments were made to renew funding mechanisms, decrease the administrative burden and ensure ten per cent of ODA for humanitarian action.

Sustainability Declaration during World Water Forum 2018: Action Against Hunger is a World Water Council Board member and part of its Sustainability Commission. We were able to leverage this privileged position to influence the content of the World Water Forum 2018 Sustainability Declaration.



FOR FOOD.
**AGAINST HUNGER
AND MALNUTRITION.**

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

**FOR CHILDREN THAT GROW
UP STRONG.**
AGAINST LIVES CUT SHORT.

**FOR CROPS THIS YEAR,
AND NEXT.**
**AGAINST DROUGHT
AND DISASTER.**

FOR CHANGING MINDS.
**AGAINST IGNORANCE AND
INDIFFERENCE.**

FOR FREEDOM FROM HUNGER.
FOR EVERYONE. FOR GOOD.

FOR ACTION.
AGAINST HUNGER.

