



**ACTION  
AGAINST  
HUNGER**



**GLOBAL  
PERFORMANCE  
REPORT 2017**

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June 2018

Cover image: Two Rohingya boys settle at Balukhali Camp, Cox's Bazar, Bangladesh  
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# FOREWORD

## OUR CORE PRINCIPLES

Action Against Hunger International's Charter affirms six core principles that we pledge to uphold in carrying out our work.

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### INDEPENDENCE

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### NEUTRALITY

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### NON-DISCRIMINATION

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### FREE AND DIRECT ACCESS TO PEOPLE IN NEED

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### PROFESSIONALISM

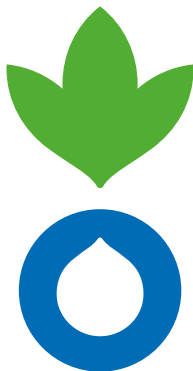
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### TRANSPARENCY

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Global hunger is on the rise again, affecting 815 million people in 2016, or 11 percent of the global population<sup>1</sup>. Famine gripped parts of South Sudan in 2017 and threatened northeast Nigeria, as well as Somalia and Yemen. Conflict and violence were major drivers of increased levels of hunger; women and girls were frequent targets of sexual violence and gender-based violence. At the same time, in areas affected by conflict, barriers to humanitarian access and targeted attacks on aid workers made it difficult for humanitarian organisations to reach and assist vulnerable populations affected by hunger.

In this complex and challenging landscape, it has never been more important to address the drivers of hunger, and to change the way hunger is viewed and addressed. This means we must advocate for effective action to reduce hunger and acute malnutrition, through interventions and approaches that integrate the treatment of acute malnutrition into health services in the countries with the highest prevalence of acute malnutrition. We also advocate for ensuring principled humanitarian action. A strong example is our global advocacy on Yemen, which involved our engagement with United Nations Security Council members and organising a civil society conference in London.

I am very pleased to see yet another excellent global performance report from Action Against Hunger. This year, we reflected on the importance of monitoring, evaluation, accountability and learning (MEAL). We prioritised a series of trainings on our theory of change, as well as on value for money and data management; we are planning more of these for 2018. We also initiated a self-assessment of our performance against the Core Humanitarian Standard, which we will expand in 2018. We consider this our key common reference framework for providing high quality, accountable humanitarian assistance.

<sup>1</sup> The State of Food Security and Nutrition in the World Report 2017: <https://www.wfp.org/content/2017-state-food-security-and-nutrition-world-sofi-report>.

We have increased the size of our MEAL teams, who are the key drivers to implement all those improvements and in generating and using reliable programme data that can measure our impact. In the midst of our expanding MEAL work, we are also prioritising sharing our learning and MEAL expertise externally with more partners, including the Disasters Emergency Committee in the United Kingdom, the Standby Partnership (a consortium of over 50 humanitarian organisations and UN agencies), and the United Nations Refugee Agency in Jordan. Going forward, we will implement a more coherent approach to MEAL across the Action Against Hunger Network and scale up our use of technology to monitor and evaluate impact.

Through 2017, we continued to implement a policy of zero tolerance regarding any form of abuse of power, sexual exploitation, and unethical behaviour affecting our beneficiaries, staff, or partners. This longstanding commitment is stated in our [charter of principles](#), which are served by specific policies, including our Code of Conduct and our Child Protection Policy. We are committed to doing everything in our power to safeguard our staff and beneficiaries. We encourage staff to come forward if they have any concerns and, if an allegation is made, we will take immediate and necessary action.

The evidence from this report tracking progress against Action Against Hunger's International Strategic Plan 2016-2020 is encouraging. Positive gains have been made since 2016, and there are several examples within our areas of operation where our target for 2020 was met in 2017. In Tombouctou, Mali, for example, we are reporting a 46 per cent reduction in severe acute malnutrition. However, strong progress in some places is offset by a deterioration or stagnant performance in other locations. As we move forward, Action Against Hunger will strive to maintain and exceed the important progress we have achieved, and to redouble our efforts in places where reducing hunger has proved more challenging.

Our accomplishments in 2017 would not have been possible without the extraordinary commitment of our staff across the world. They are at the core of everything Action Against Hunger does. They are our greatest asset, and we are extremely fortunate to have so many committed and talented people working for us. I would like to thank everyone who contributed to our efforts to improve the lives of so many people affected by hunger in the past year.

It is an honour to introduce Action Against Hunger's Global Performance Report for 2017. Much challenging work still lies ahead. We won't give up until the world is free from hunger.



Raymond Debbane

Chair, Action Against  
Hunger International  
Board of Directors



**WHERE WE WORK**



# IN 2017, ACTION AGAINST HUNGER...



WAS FINANCIALLY SUPPORTED BY

**1.1M**  
PEOPLE



EMPLOYED  
**7,709**  
PEOPLE GLOBALLY



RAISED

**€412M**  
REVENUE

DISTRIBUTED

**€42.4M**  
CASH

MANAGED  
A GLOBAL  
SUPPLY CHAIN  
VOLUME OF

**€175.7M**



CONDUCTED

**52**

RESEARCH  
PROJECTS



RESPONDED  
TO

**39**

EMERGENCIES



REPORTED

**13**

VERY SERIOUS  
SECURITY INCIDENTS

## ACTION AGAINST HUNGER DELIVERED **578** PROJECTS IN 2017 19% INCREASE SINCE 2016

29%

### NUTRITION & HEALTH



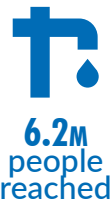
**559,492**  **240,743**  
people treated for severe acute malnutrition | people treated for moderate acute malnutrition

**5 MILLION**  
people received reproductive, maternal, new-born and child health services

**33,583**  
health and nutrition education training sessions held

24%

### WATER, SANITATION & HYGIENE



**329,105**  
hygiene kits distributed

**12,831**  
water points improved

**2 MILLION**  
cubic meters of water delivered

22%

### FOOD SECURITY & LIVELIHOODS



**545,724**  
people received unrestricted cash

**170,311**  
livelihoods kits delivered

**148,669**  
metric tons of food assistance delivered

12%

### MENTAL HEALTH & CARE PRACTICES



**1,425,154**  
people received support for infant and young child feeding

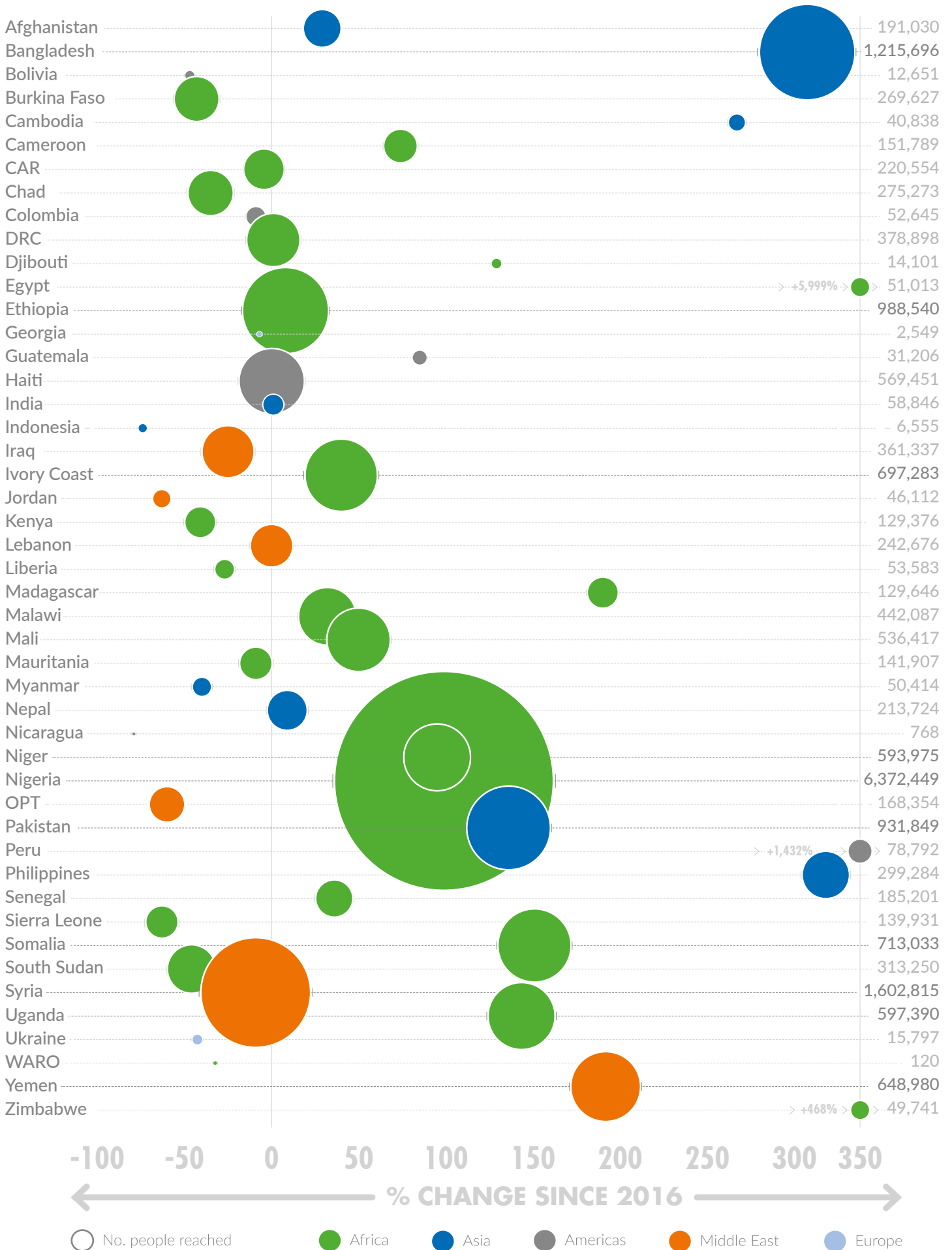
**275,675**  
people received mental health support

 **5% FOOD ASSISTANCE**

 **4% DISASTER RISK REDUCTION** 122,370 people reached

 **3% OTHER**

## ACTION AGAINST HUNGER REACHED OVER 20 MILLION PEOPLE IN 2017





# EXECUTIVE SUMMARY

**Action Against Hunger continues to be at the forefront of bringing about positive and lasting change in the lives of those affected by hunger.** Last year, we reached a record 20.2 million people in nearly 50 countries through interventions in nutrition and health; water, sanitation and hygiene; food security and livelihoods; mental health and care practices; and disaster risk management<sup>2</sup>. The majority of these people were in Africa (66 per cent), followed by the Middle East (15.1 per cent) and Asia (14.8 per cent).

Following the declaration of looming famine in Nigeria, Somalia, South Sudan and Yemen, Action Against Hunger was quick to respond; alongside the scale-up of our existing operations, we deployed our emergency pool to Nigeria, Somalia and Yemen, and have been delivering lifesaving interventions across all four countries. We provided assistance to eight million people in the four countries last year, helping to avert famine.

In total, Action Against Hunger launched swift, life-saving responses to 39 emergencies around the world. Carima Cali Comadug, 26, was among hundreds of thousands forced to flee when violence erupted in Marawi, the Philippines. She described her experience to Action Against Hunger: “Our lives were entirely changed by that single event. Before, 50 pesos was just a small amount for us. Now, there’s so much value to it because it’s all you’ve got. We lost everything”. Action Against Hunger was on the ground within 48 hours of the start of the conflict and responded with projects in nutrition and health; food security and livelihoods; shelter; and water, sanitation and hygiene. Action Against Hunger was the only international NGO to deliver assistance in some areas of Marawi, despite some security concerns.

Action Against Hunger supported 4.5 million people through nutrition programmes last year; 56 per cent of whom were female and 41 per cent of whom were under the age of five. Life-saving treatment provided to severely malnourished children increased again to reach half a million in 2017. One in three people supported by Action Against Hunger received assistance for water, sanitation and hygiene. We promoted the use of cash transfers to give people a choice on how they meet their needs, implementing cash-based responses in 34 countries, including cash assistance to over 4,000 families in Mosul, Iraq.

We scaled up our mental health activities, but know there is much still to do to develop our understanding of the most effective ways to respond to mental health and hunger. During 2017, our mental health specialists in Cox’s Bazar, Bangladesh responded to a significant influx of Rohingya people from Myanmar, many of whom had acute psychosocial needs due to trauma and stress. In total, we reached over 200,000 people in Bangladesh last year with mental health support.

We deepened our engagement with rapid response mechanisms to enable us to respond more effectively to localised, under-reported humanitarian crises. In Bangladesh, Action Against Hunger is helping to set up the first national Start Fund that places funding and decision making into the hands of local and national NGOs to respond to humanitarian emergencies in Bangladesh within 72 hours.

We conducted a logistics perceptions survey for the first time and 72 per cent of our staff reported they were strongly satisfied or satisfied with the logistics services provided by Action Against

<sup>2</sup> Action Against Hunger has detailed guidance for country and regional offices to count people reached. Notwithstanding this, we are aware there may be some double counting. The large reported growth in people we reached in 2017 (14.7 million in the previous year) is consistent with the higher income we recorded in that year.

Hunger. The findings also showed more work is required to further integrate logistics as a programmatic function. In response to emergencies such as the one in Marawi, our logistics systems ensure that items that are vital for survival arrive and are distributed to vulnerable populations in a timely and efficient manner.

Our total income in 2017 surpassed all previous records, rising to €412 million. This included an exceptional rise in in-kind support for our humanitarian response in Nigeria. More resources enabled Action Against Hunger to reach over 20 million people last year. Ninety per cent of our expenditure in the year was dedicated to programme activities.

Action Against Hunger is committed to searching for more effective solutions to address hunger and we continue to grow our research portfolio, with 52 projects ongoing in 2017. In Kenya and South Sudan, we are testing a more effective way of treating acute malnutrition, while in Ghana we researched the application of Moringa leaves as a handwashing product in water and soap scarce contexts.

Our advocacy work included the development of an advocacy toolkit on the

Sustainable Development Goals related to nutrition and we supported Chad, Madagascar and Niger to integrate and prioritise nutrition in national plans. We contributed to evidence-based advocacy in Sierra Leone by tracking the government's expenditure on nutrition interventions.

No organisation can effectively tackle the complicated issues associated with hunger alone. In Nepal, we successfully handed over nutrition interventions in three districts to the local government. In Zimbabwe, we partnered with the University of Zimbabwe to research the effectiveness of airtight storage technology to reduce the contamination of maize, and in Guatemala, we continued to work with private companies to put in place disaster contingency plans. During 2017, we were excited to develop fundraising partnerships outside of the food industry, raising £1.1 million for a Healthy Mums, Healthy Kids appeal through matched funding from the UK government.

These are just a few examples of the incredible work of our staff and partners throughout the world last year. We hope you enjoy exploring the rest of our achievements in these areas as you read this report.



After participating in Action Against Hunger's recycling programme in Irbid, Jordan, Salwa Nugrosh and her sister bought a sewing machine, which enables them to earn extra income.

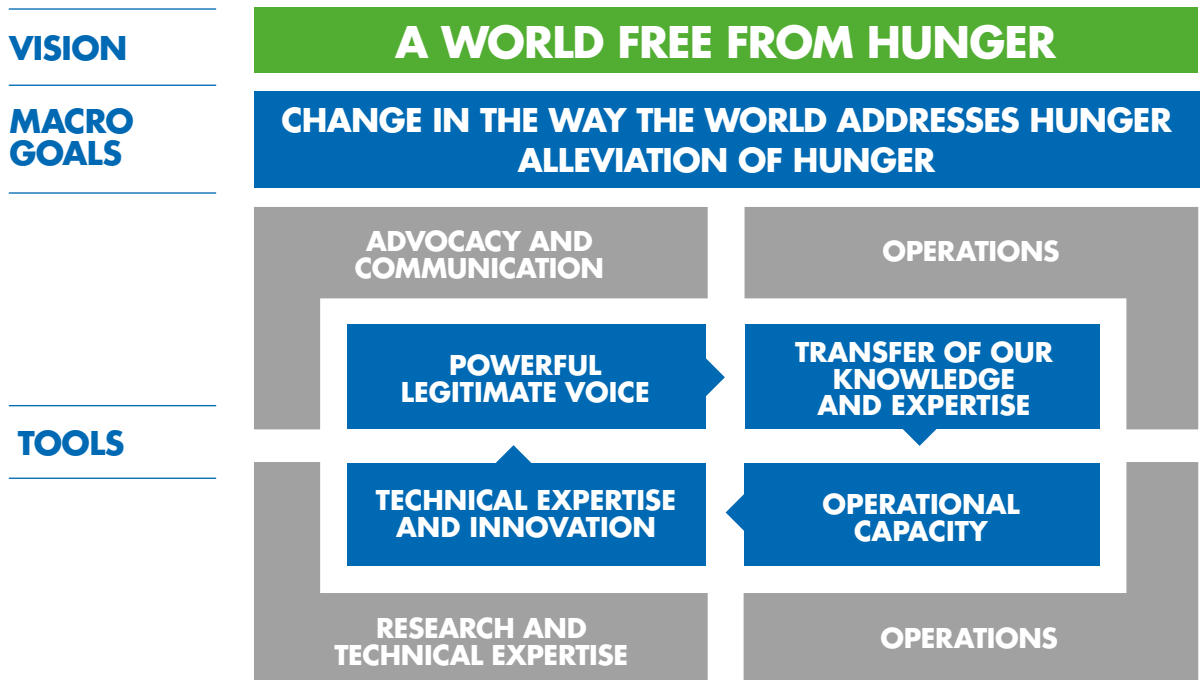
# INTRODUCTION

Action Against Hunger’s vision of a world free from hunger compels us to take decisive action to combat malnutrition worldwide, and to work with the global community to contribute to the achievement of the 2030 Agenda for Sustainable Development.

Our International Strategic Plan 2016-2020<sup>3</sup> provides a strategic framework for our operations throughout the Action Against Hunger Network until 2020, and has three major aims: 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 to the Sustainable Development Goals, including the goals on zero hunger; good health and well-being; gender equality; and clean water and sanitation.

Our aims are framed by the Network’s theory of change, the overarching guide for how we contribute to a world without hunger. The theory of change outlines four cross-cutting approaches which we believe are at the forefront of making change in the lives of those affected by hunger:

- TECHNICAL EXPERTISE AND INNOVATION
- OPERATIONAL CAPACITY
- POWERFUL AND LEGITIMATE VOICE
- TRANSFER OF OUR KNOWLEDGE AND EXPERTISE



3 You can read the [International Strategic Plan 2016-2020](#) online.

## IN FOCUS

### 2018 MID-TERM REVIEW OF OUR INTERNATIONAL STRATEGIC PLAN 2016-2020

Because 2018 marks the mid-point of the Action Against Hunger International Strategic Plan 2016-2020, we are conducting a mid-term review to examine: the process through which the Strategy was developed and rolled out; how it is being implemented across the Action Against Hunger Network; and how we are progressing towards achieving key strategic indicators within the Strategy.

In the first half of 2018, we undertook data collection through a global-level survey targeting all our country and regional offices and headquarters, and visits to ten countries (six of these were high burden countries, and four were not)<sup>4</sup>.

The information collected will complement the data from this report, analysed against six evaluation benchmarks (efficiency, effectiveness, relevancy, partnership, accountability, and innovation), and the results framed by the four cross-cutting approaches in our theory of change.



The effectiveness of our actions will be determined by our impact. In order to measure this impact, we have defined five goals with associated targets:

- 1 Reduction of mortality in children under five years old
- 2 Reduction in prevalence of chronic and acute undernutrition
- 3 Increase in coverage of programmes to treat severe acute malnutrition
- 4 Unmet needs within the scope of Action Against Hunger areas of expertise will be covered during emergencies
- 5 Programme countries' and the international community's strategies on undernutrition are improved by our provision of reliable evidence and expertise.

We recognise that we cannot assess progress against all of these goals in all countries. As such, ten countries have been selected as focus countries: **Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan**. These ten high burden countries were chosen on the basis of need, specifically the high burden of global and severe acute malnutrition. Within these countries, selected geographical areas have been chosen where Action Against Hunger works.

This year's Global Performance Report (previously called the Annual Progress Report) highlights some of the progress against our International Strategic Plan. We assess our performance towards achieving our goals in each of the ten high burden countries, by comparing the data we have with the baseline established in our annual report last year<sup>5</sup>. We track progress against more indicators from our International Strategic Plan this year and we look at our work from new angles through case studies.

4 High burden countries: Burkina Faso; Chad; Mali; Mauritania; Niger; and Nigeria. Other Action Against Hunger countries: Cambodia; Guatemala; Nepal; the Philippines.

5 The data presented captures what has been reported by Action Against Hunger country and regional offices and headquarters. The data on impact-level indicators over time should be considered indicative trends rather than conclusive findings.

# 1 REDUCTION OF CHILD MORTALITY



## 9.9M

**PEOPLE REACHED**  
WITH NUTRITION AND  
HEALTH SUPPORT

2016: 5.1M



## 5M

**PEOPLE REACHED**  
WITH REPRODUCTIVE,  
MATERNAL, NEW-BORN  
AND CHILD HEALTH  
SERVICES

2016: 3.4M



## 3

**LOCATIONS**  
WITHIN HIGH BURDEN  
COUNTRIES THAT MET  
IN 2017 THE UNDER-  
FIVE CHILD MORTALITY  
TARGET FOR 2020

**Child mortality remains a global challenge:** 5.6 million children under five years old died in 2016. This is the equivalent of 15,000 under-five deaths per day<sup>i</sup>. Acute malnutrition is the most life threatening consequence of hunger and a leading cause of child mortality. Children with severe acute malnutrition, the most serious form of hunger, are nine times more likely to die than their healthy peers. Action Against Hunger's target is to reduce mortality in children under five years old by 20 per cent by 2020 in selected geographical areas in ten high burden countries<sup>ii</sup>.

**The factors leading to malnutrition are diverse and often interconnected. Action Against Hunger adopts a multi-sectoral approach in order to prevent premature mortality in children under five.** During 2017, one-third of Action Against Hunger's projects worldwide were multi-sectoral. In line with our technical expertise, we prioritise the sectors of nutrition and health; water, sanitation and hygiene (see Chapter 2); food security and livelihoods; mental health and care practices; and disaster risk reduction.

**We supported a total of 4.5 million people through our nutrition programmes in 35 countries, 56 per cent of whom were female, and 41 per cent of whom were under the age of five<sup>iii</sup>.** This represents a three-fold rise from the 1.5 million people we reached in 2016. A key driver of the growth was the large reported increase in the number of people who received nutrition assistance in Nigeria. 2.2 million people benefited from our nutrition programmes in Nigeria last year (from 56,000 in 2016), including 442,000 children under the age of five. There were notable increases in the number of people we reached with nutrition support in Uganda (408,000), Pakistan (271,000) and Somalia (136,000). Fifteen countries reached 50,000 people or more with nutrition assistance last year.

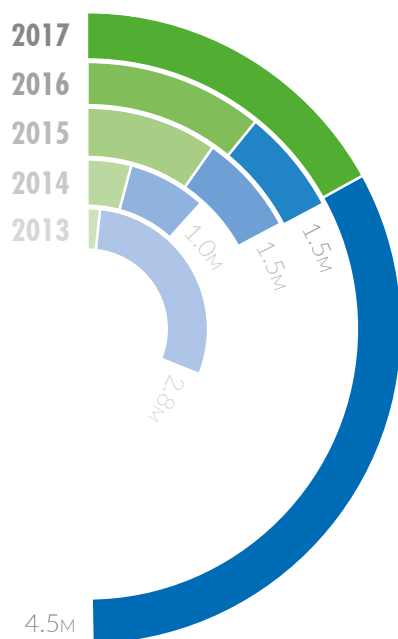


Figure 1: Number of people reached by Action Against Hunger through nutrition interventions, 2013-2017

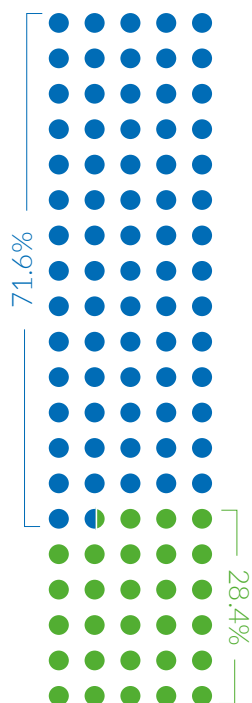


Figure 2: Proportion of people supported by Action Against Hunger through health programmes, 2017

- High burden countries
- Rest of Action Against Hunger

Across the Action Against Hunger Network, we provided nutrition supplementation to 427,000 pregnant and lactating women to improve infant health and the health of mothers. The biggest expansion in reach was achieved by Pakistan, where nutrition supplementation was given to 132,000 pregnant and lactating women, up from 40,000 in 2016.

We treated half a million (486,000) children under five years old for severe acute malnutrition. Somalia and the Central African Republic were among 26 countries that reached more children than in the previous year with life-saving treatment during 2017. Our nutrition activities also comprise supplementary feeding programmes to treat moderate acute malnutrition and prevent the development of severe acute malnutrition. We supported 233,000 children under five through these feeding programmes last year.

Since the introduction of our International Strategic Plan in 2016, our health programmes have benefited 9 million people. Through 2017, we delivered health interventions to 5.4 million people, 72 per cent of which were in high burden countries. Action Against Hunger positions health as a key determinant of nutrition and under-five child mortality, and we believe the health of adolescent girls and women is strongly related to their future children’s health and nutritional status. In our revised nutrition and health strategy, we have maintained a specific focus on nutrition while ensuring that basic health interventions are made available and delivered at health centers.

Seven of our ten high burden countries reported reaching a higher number of people with health assistance compared to 2016. In Nigeria, we provided health activities to one million more people last year and introduced “Mama Kits” in the northeast of the country as we scaled up our health programmes – see the case study on page 15. Of the 5.4 million people we supported in health, 93 per cent received reproductive, maternal, new-born and child health services, which cover primary healthcare consultations and health system strengthening activities.



**MALI**  
239,417



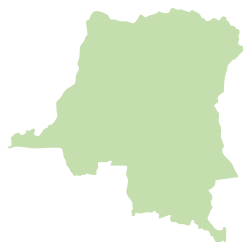
**NIGERIA**  
125,839



**PAKISTAN**  
118,726



**NIGER**  
93,305



**DEMOCRATIC  
REPUBLIC  
OF THE CONGO**  
60,088

A total of 1.5 million people benefited from our activities on mental health and care practices within a protective environment, including children and their caregivers. This is higher than the combined totals reported for 2015 (466,000) and 2016 (930,000). High burden countries accounted for 57 per cent of people supported. Care practices contributed to improved child survival outcomes and include child development programmes supporting psychosocial progression and preventative infant and young child feeding programmes. Three countries reached more people through our preventative infant and young child feeding programmes than the rest: Mali (239,417), Nigeria (125,839) and Pakistan (118,726). The top five were all high burden countries.

Twelve countries reported reaching 122,000 people with disaster risk reduction and management activities. Children, especially those under the age of five, are particularly vulnerable to disasters as these exacerbate the most common causes of childhood mortality. Our disaster risk reduction programmes contribute to minimising the risks children face in emergency settings, through activities ranging from community contingency planning and training to building resilience and health system preparedness. Last year, four countries reached 10,000 people or more with disaster risk reduction interventions.

Figure 3: Top five Action Against Hunger countries reaching the most people through preventative infant and young child feeding programmes, 2017



## IN FOCUS

### “MAMA KITS” FOR INTEGRATED MATERNAL, NEONATAL, AND CHILD HEALTH SERVICES IN NIGERIA

For the last two years, Action Against Hunger has been scaling up health programmes in northeast Nigeria to include maternal, neonatal, and child health services. In many health facilities nationwide, essential hygiene items and clothing are not provided to caregivers during or after delivery. This can place newborns at greater risk of exposure to harsh weather and infectious disease, contributing to higher child mortality.

In 2017, Action Against Hunger introduced “Mama Kits” as part of an antenatal care package. As of January 2018, nearly 3,500 women had received a kit. With items provided in-kind by the United Nations Population Fund, the package was designed to promote safe and hygienic delivery and healthy new-born care practices. The “Mama Kit” includes a one-meter piece of cotton cloth (baby wrapper), laundry soap, a pair of gloves, cotton wool, gauze, cord ligature, and a meter of polythene sheet to be used on the delivery table.

The “Mama Kit” was observed in a performance evaluation to have several tangible benefits in the emergency context of northeast Nigeria. First, the items complemented well the clinical antenatal care consultations offered to pregnant women, enabling safer delivery and giving caregivers appropriate tools for infant care. Second, health workers believe the care package increased the uptake of antenatal care services. The number of women receiving at least four antenatal care consultations in Action Against Hunger-supported facilities in Borno and Yobe states increased from 1,764 between April and September 2017, to 4,796 by January 2018, once facilities had introduced the “Mama Kits”. Health workers further claim that the kits decreased maternal deaths in the target communities, although more research is needed to investigate this perception.

The dissemination of care packages such as the “Mama Kits” during antenatal care visits has been a good practice to complement maternal, neonatal, and child health services in an emergency context. It is also an innovative means to provide an integrated water, sanitation and hygiene, and health package to support Action Against Hunger’s goal of reducing child mortality linked to nutrition insecurity.



Action Against Hunger is committed to establishing an evidence base on child mortality within selected programmatic areas in our ten high burden countries<sup>6</sup>. This enables an assessment of progress against our target to reduce under-five child mortality by 20 per cent by 2020 and provides reliable evidence that underpins our programming. Baseline information was reported in our last annual progress publication in 2016, following the launch of our International Strategic Plan. The next section explores the under-five child mortality data that is now available.

Three geographical areas in two high burden countries report an improvement in under-five child mortality; all meeting our 2020 target in 2017. This is out of eight geographical areas that have had a SMART<sup>7</sup> or nutrition surveillance survey conducted for estimates of under-five child mortality

since our 2016 annual report. Two of the three areas are Bamako and Tombouctu (Mali), where there has been an estimated reduction in under-five child mortality by 29 per cent and 81 per cent respectively. In both places, Action Against Hunger's target to reduce under-five child mortality by 20 per cent by 2020 was met at the time the most recent survey was conducted. However, three areas in Mali (Gao, Kayes and Kita) recorded increases in mortality; in Kayes and Kita by more than 150 per cent. Action Against Hunger is determined to see under-five child mortality reduce and relevant targets met in all our selected geographical areas in Mali.

In Nigeria, where we have seen a sharp increase in the number of people reached, Yobe reports an improvement in under-five child mortality. Nutrition surveillance by UNICEF indicated a fall in estimated mortality from 2.06 to 0.86 per 10,000 children per day. This is offset by the latest estimate for Borno where the same source established a small rise in under-five child mortality.

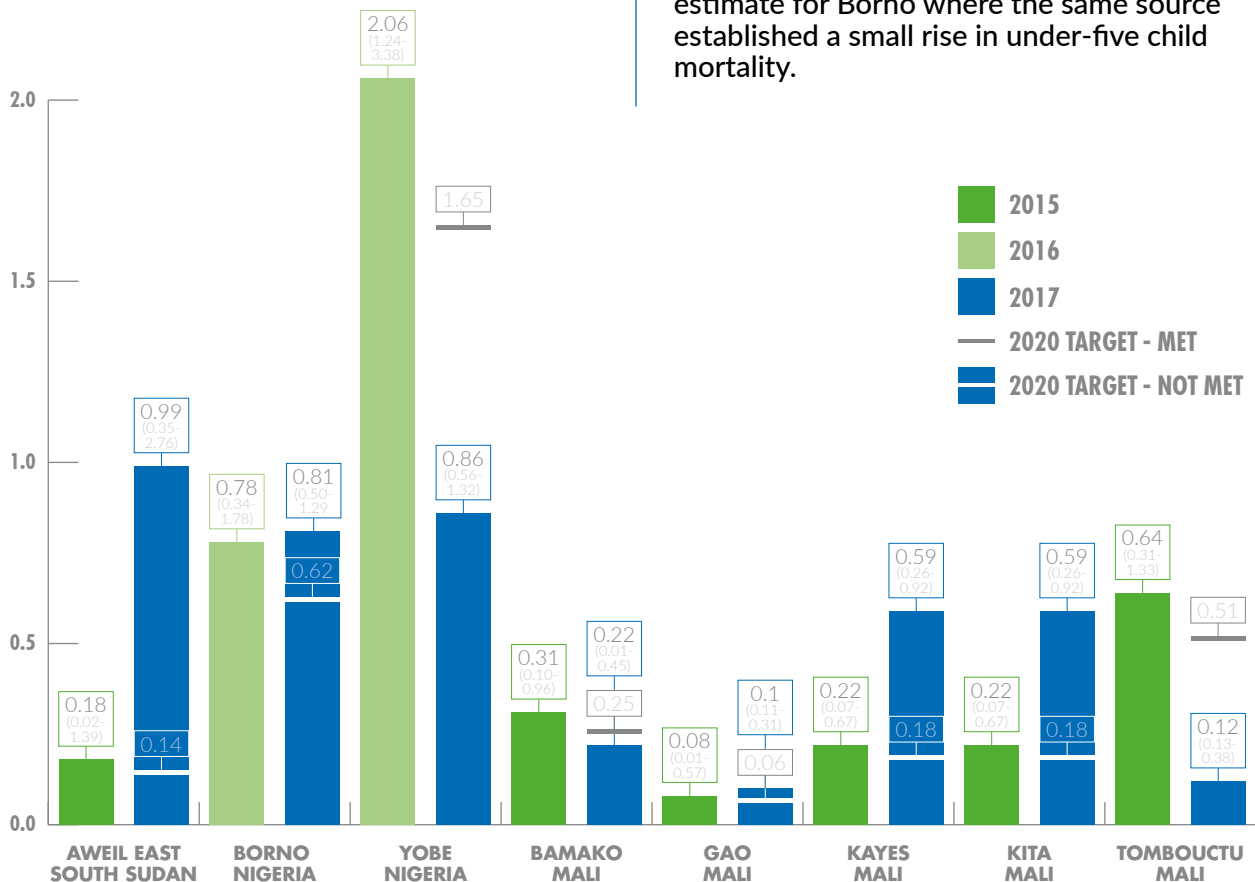


Figure 4: Under-five mortality rate, for selected Action Against Hunger intervention areas<sup>iv</sup>

6 Determining impact based on child mortality is often challenging due to a scarcity of data as many countries lack the systems required to report accurately on child mortality.  
 7 Standardised Monitoring and Assessment of Relief and Transition – see Chapter 2 for more information.

## 2 REDUCTION IN PREVALENCE OF ACUTE AND CHRONIC UNDERNUTRITION



### 32%

REDUCTION IN  
**GLOBAL ACUTE  
MALNUTRITION**  
BORNO, NIGERIA  
FROM 13% TO 8.9%



### 46%

REDUCTION IN  
**SEVERE ACUTE  
MALNUTRITION**  
TOMBOUCTU, MALI  
FROM 3.9% TO 2.1%



### 25%

REDUCTION IN  
**CHRONIC  
MALNUTRITION**  
FADA N'GOURMA,  
BURKINA FASO  
FROM 38.2% TO 28.8%

One of Action Against Hunger's core strengths is addressing the underlying causes of acute and chronic malnutrition<sup>8</sup>. Our interventions vary between countries as we adapt to the most pressing needs and realities on the ground. In Action Against Hunger's International Strategic Plan, we have set ourselves the target to reduce acute and chronic undernutrition by 20 per cent in selected regions within ten high burden countries by 2020<sup>v</sup>.

Twelve country and regional offices conducted a Link-NCA<sup>9</sup> in 2017, three more than last year. This includes six high burden countries: Chad, Mali, Mauritania, Niger, Nigeria and Pakistan. The Link-NCA is a participatory method that Action Against Hunger has been developing since 2010 for identifying context-specific and community-defined causes of malnutrition and the most feasible ways to address them.

Nutrition Casual Analysis reflects Action Against Hunger's commitment to implement programmes that are based on a comprehensive, contextual situation and response analysis, involving all sectors that are relevant for reducing acute and chronic malnutrition. In Yobe (Nigeria), the Link-NCA last year showed that malnutrition is linked to weak breastfeeding practices. A Link-NCA in Mayahi (Niger) indicated that poor access to safe drinking water coupled with inadequate hygiene and sanitation practices were a driver of malnutrition among children. Wide-ranging recommendations included increasing awareness among villagers of the importance of animal excreta disposal.

<sup>8</sup> Acute malnutrition includes severe acute malnutrition (the most dangerous form of malnutrition which if left untreated can result in death) and moderate acute malnutrition (a serious but less critical type of malnutrition which affects a greater number of children than severe acute malnutrition). Global acute malnutrition is the sum of the prevalence of severe acute malnutrition and moderate acute malnutrition. Chronic malnutrition, or stunting, usually occurs over a longer period of time and is the consequence of an unbalanced diet lacking fundamental nutrients.

<sup>9</sup> Link-Nutrition Casual Analysis. Studies are available here: <http://linknca.org/?lng=en>.

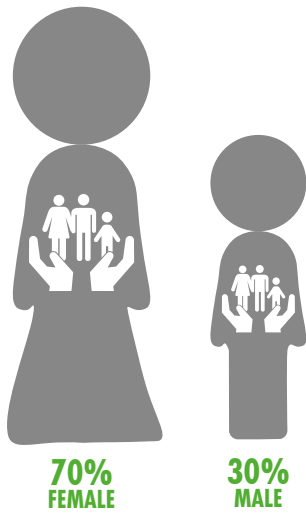


Figure 5: Proportion of people receiving mental health and care practices support from Action Against Hunger, by gender, 2017

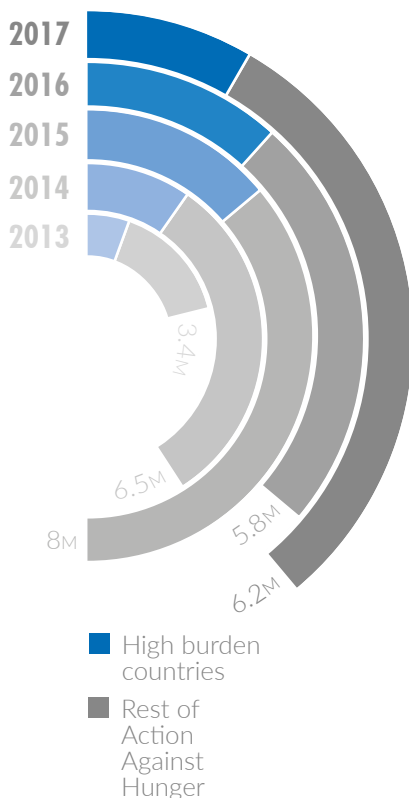


Figure 6: Number of people reached by Action Against Hunger through water, sanitation and hygiene programmes, 2013-2017

During 2017, one-third of Action Against Hunger's projects worldwide were multi-sectoral, reflecting the integrated, multi-sectoral approach we take to reducing acute and chronic malnutrition. Last year, more than 40 country and regional offices implemented at least one multi-sectoral project. Unchanged from 2016, the three main sectors of intervention were nutrition and health; water, sanitation and hygiene; and food security and livelihoods (29 per cent, 24 per cent and 22 per cent respectively in 2017 compared to 28 per cent, 25 per cent and 17 per cent in 2016) – see graphic on page 5.

We provided nutrition and health support to 9.9 million people last year, of which 69 per cent were in high burden countries (see Chapter 1). Thirty two countries reached a total of 1.5 million people with one or more mental health and care practices programme. Of these people, 70 per cent were female and 275,000 received mental health support.

The SMART<sup>10</sup> methodology was adopted in over half (59 per cent) of Action Against Hunger's country and regional offices that implemented nutrition projects in 2017<sup>11</sup>. The SMART methodology is used to assess the nutritional status of children under-five, and the mortality rate of the population. We refer to these surveys when reporting in the next section on progress towards reduced global acute malnutrition and severe acute malnutrition in our areas of intervention<sup>12</sup>.

One in three people (31 per cent) supported by Action Against Hunger were recipients of water, sanitation and hygiene programmes. Access to safe drinking water, proper sanitation facilities and information on good hygiene practices are key to reducing prevalence of acute and chronic malnutrition, which can be related to the environment in which people live. In total, we provided support to 6.2 million people, an eight per cent rise from 2016. Sixteen countries reported reaching 100,000 people or more. Since the introduction of our International Strategic Plan in 2016, 12 million people have benefited from our water, sanitation and hygiene programmes, one-quarter (27 per cent) in the ten high burden countries. Of the 6.2 million people reached last year, 53 per cent were female (3.3 million), with female to male ratios ranging from 3.0 in Myanmar to 0.7 in Indonesia.

10 Standardised Monitoring and Assessment of Relief and Transitions.

11 Out of these 22, six conducted a Link-NCA: Ethiopia, Haiti, India, Niger, Nigeria and Senegal.

12 For more information, see the SMART methodology website: <http://smartmethodology.org/about-smart/>.

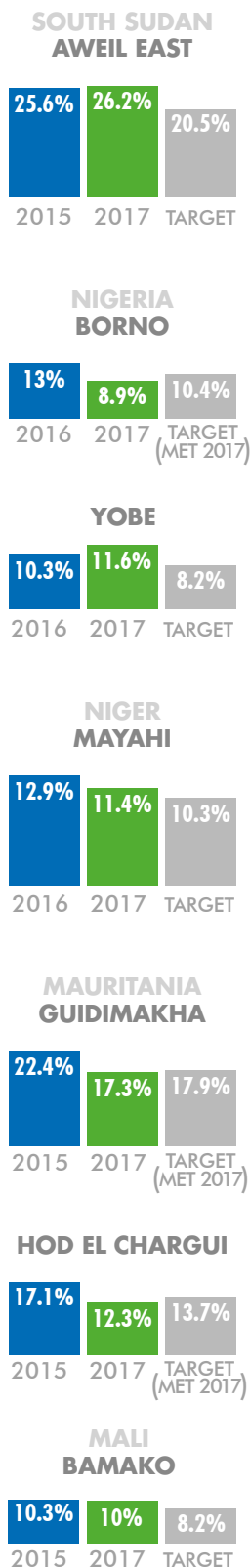


Figure 7: Prevalence of global acute malnutrition among children under five, for selected intervention areas (continued on next page)<sup>vi</sup>

There was a reported decline in the overall number of water points that were improved, from 50,700 in 2016 to 12,800 last year. Much of the reduction is due to the completion of our emergency response in Ecuador following an earthquake in 2016. In the area of hygiene, Action Against Hunger distributed over 300,000 hygiene kits in more than 35 countries. We delivered over two million cubic meters of water in emergency contexts, the equivalent of 5,500 cubic meters per day.

Our food security and livelihoods projects reached 2.3 million people over 43 countries. An estimated 52 per cent of people were female and 48 per cent were male. Our food security and livelihoods interventions contribute to lower acute and chronic malnutrition by tackling the root causes of hunger. Through our responses, we aim to enhance access to sustainable sources of food and income for vulnerable communities.

Action Against Hunger distributed a reported €42.4 million through cash transfer programming in 34 countries. This accounted for over 12 per cent of our total programme expenditure last year. The provision of cash over goods or services enables people to choose how they meet their needs in a dignified manner. Of the countries with the largest cash transfer programmes during 2017, four were high burden countries; Nigeria spent the most through cash programmes with €13.2 million, followed by Mali (4th; €1.9 million), Niger (7th; €1.2 million) and South Sudan (8th; €1.1 million)<sup>vii</sup>.

Disaster risk reduction is important to prevent exposure to conditions that make acute and chronic malnutrition more likely. These activities accounted for 4 per cent of all projects, reaching 122,000 people.

Two-thirds of selected geographical areas in our ten high burden countries reported an improvement in global acute malnutrition relative to the baseline established in our annual progress report last year<sup>13</sup>. The largest reductions in global acute malnutrition were reported in Mauritania, where SMART surveys indicated an average decrease of five per cent in global acute malnutrition prevalence among children under five in Guidimakha and Hod El Chargui.

13 A total of 11 of our selected geographical areas have recently been included by a SMART survey – or in the case of Niger a Link-NCA and for Nigeria a UNICEF nutrition and food security surveillance – which enables an assessment on progress to reduce global acute malnutrition.

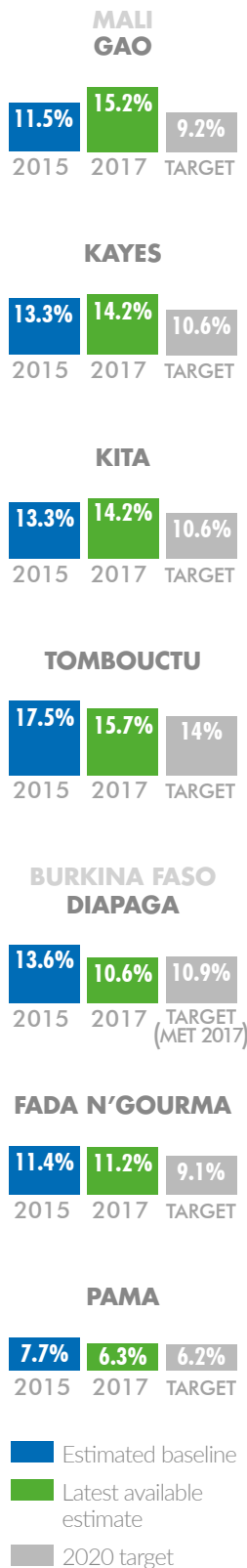


Figure 7: Prevalence of global acute malnutrition among children under five, for selected intervention areas (continued from previous page)<sup>viii</sup>

Four geographical areas across three countries report that the target for global acute malnutrition prevalence for 2020 was met in 2017, based on latest estimates<sup>14</sup>. These locations were Guidimakha and Hod El Chargui (Mauritania), Borno (Nigeria), and Diapaga (Burkina Faso). In Diapaga, estimated prevalence fell by three percentage points from 13.6 per cent in 2015 to 10.6 per cent in 2017. Examples of activities we implemented in Diapaga include support to strengthen health centres and conduct an audit of death rates, guidance for parents on measuring mid-upper arm circumference for early detection of malnutrition<sup>15</sup>, and training of community-based health officers for better monitoring and referral of children.



Five selected geographical areas in our ten high burden countries reported an improvement in severe acute malnutrition – in all cases showing a reduction in prevalence by at least 20 per cent. These locations are Gao and Tombouctou (Mali), Mayahi (Niger)<sup>ix</sup>, Yobe (Nigeria), and Aweil East (South Sudan). Aweil East in South Sudan recorded the largest decrease in estimated prevalence. This fell by 3.1 percentage points (43 per cent), from 7.2 per cent to 4.1 per cent according to SMART surveys conducted in 2015 and 2017<sup>16</sup>. Action Against Hunger has maintained a long-standing presence in Aweil East and ran multi-sectoral programmes in livelihoods, nutrition, and water, sanitation and hygiene during 2017. In Tombouctou, we continue to scale up our operations having opened a base there in 2015. In Mayahi, Action Against Hunger has supported screening of malnutrition through community health volunteers, mothers and caregivers. We have also provided capacity building, supervision and coaching to staff in health centres to support management of acute malnutrition.

14 As mentioned earlier, the relevant target is a reduction by 20 per cent in global acute malnutrition compared to the established baseline.

15 Mid-upper arm circumference is the circumference of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow. It is a useful tool for a fast assessment of nutritional status.

16 The 2017 survey took place during the lean season (June) as opposed to the 2015 survey in November. We might expect the decline to be higher if the surveys were conducted during the same seasons.

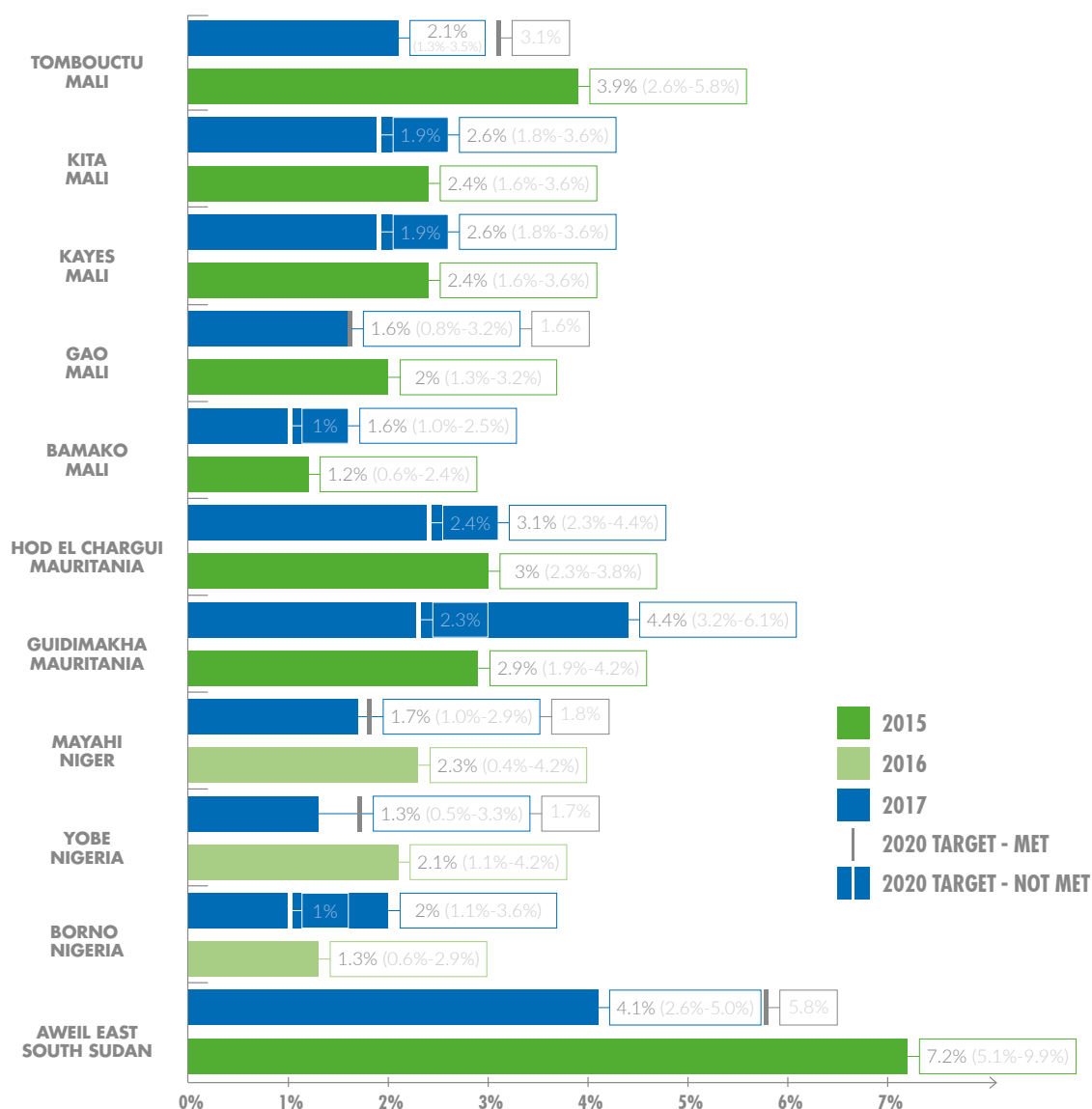


Figure 8: Prevalence of severe acute malnutrition among children under five, for selected intervention areas<sup>x</sup>

Action Against Hunger continued to collect evidence on chronic malnutrition during 2017 for an assessment of progress in high burden countries against relevant targets for 2020. Regular reporting on improvement of chronic malnutrition is not always possible as this form of malnutrition occurs over a longer period of time than acute malnutrition. We report estimates for chronic malnutrition prevalence in seven of our ten high burden countries in Figure 9. For Burkina Faso only, we are able to compare latest available estimates on chronic malnutrition with a baseline. In the future, however, with a growing evidence base, the organisation will be in a better position to assess progress against chronic malnutrition targets in more high burden countries.

All three geographical areas in Burkina Faso reported a reduction in chronic malnutrition, averaging 3.9 per cent. The largest fall in estimated prevalence among children under five was in Fada N'gourma (9.4 percentage points) with Action Against Hunger's target for 2020 met in 2017 by almost two percentage points. A SMART survey in 2017 established an estimated chronic malnutrition prevalence rate of 28.8 per cent in Fada N'gourma compared to 38.2 per cent from a SMART survey in 2015. Early childhood interventions are very effective in preventing chronic malnutrition. Action Against Hunger's activities in Fada N'gourma have included promoting the consumption of vitamin-rich food for children aged 6-23 months and scaling up Infant and Young Child Feeding practices. These all can contribute to a reduction in chronic malnutrition.

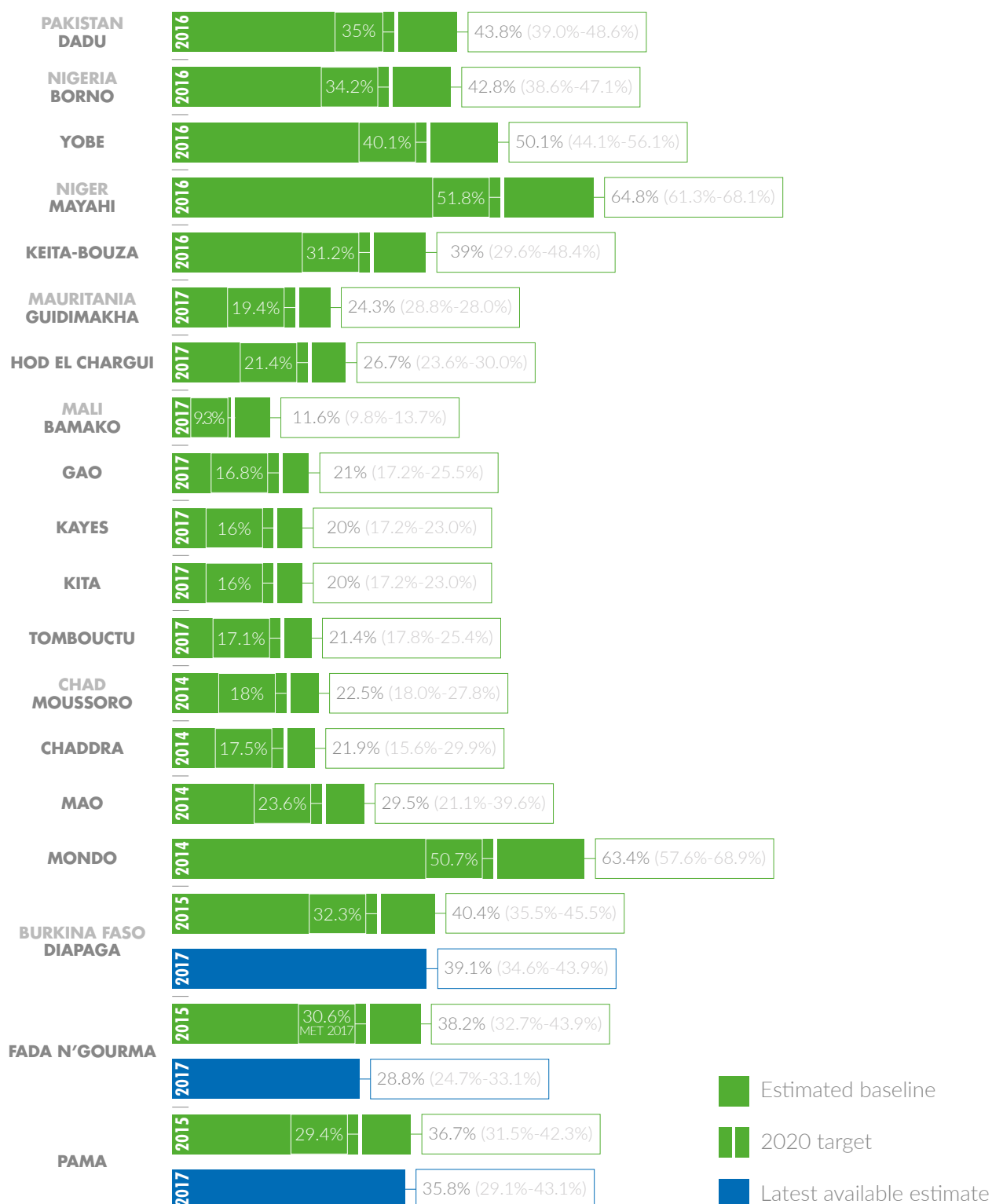


Figure 9: Prevalence of chronic malnutrition among children under five, for selected intervention areas<sup>xi</sup>



# 3 SCALING UP TREATMENT OF SEVERE ACUTE UNDERNUTRITION



## 376,280

**TOTAL CMAM  
ADMISSIONS  
REPORTED**

2016: 295,114



## 78%-96%

**RANGE OF CURE RATES**  
FOR THERAPEUTIC FEEDING  
PROGRAMMES, HIGH BURDEN  
COUNTRIES



## 3

**LOCATIONS**  
WITHIN HIGH BURDEN  
COUNTRIES REPORT  
HIGHER COVERAGE



## 10%

**HIGHEST REPORTED  
INCREASE IN  
COVERAGE**  
TOMBOUCTU, MALI

Action Against Hunger is committed to scaling up treatment of severe acute malnutrition. We have established a track record of implementing and scaling up Community-based Management of acute malnutrition (CMAM), working with families to detect and treat children within their communities using Ready To Use Therapeutic Foods. If properly combined with an in-patient health facility-based approach for malnourished children with medical complications and implemented on a large scale, this community-based model is extremely effective in addressing the consequences of hunger and malnutrition.

We expanded our CMAM programmes for a fourth consecutive year, as it was reported they reached 80,000 more children in 2017<sup>xii</sup>. In total, more than 376,000 children were admitted to CMAM programmes supported by Action Against Hunger<sup>17</sup>; a one-quarter rise (28 per cent) from 2016. Our ten high burden countries<sup>xiii</sup> accounted for two-thirds (67 per cent) of total CMAM admissions. This is a lower proportion than in 2016 (85 per cent), with countries not classified as high burden reporting larger CMAM programmes, including Kenya and Somalia. Among high burden countries, the largest reported increase in CMAM admissions was in South Sudan (a 23,000 rise), where Action Against Hunger initiated operations and nutrition activities in a new area in Paguir, Jonglei State.

CMAM treatment services supported by us have reached over 650,000 children globally since the introduction of our International Strategic Plan in 2016, averaging 335,000 per year. Despite steady increases in the number of children treated for severe acute malnutrition each year, including those by Action Against Hunger, in 2015 only 20 per cent of children with severe acute malnutrition were admitted for treatment globally<sup>xiv</sup>. No Wasted Lives, a global coalition of partners including Action Against Hunger, aims to double the proportion of children receiving treatment for severe acute malnutrition.

<sup>17</sup> CMAM admissions refer to new admissions, relapse and re-admissions cases.

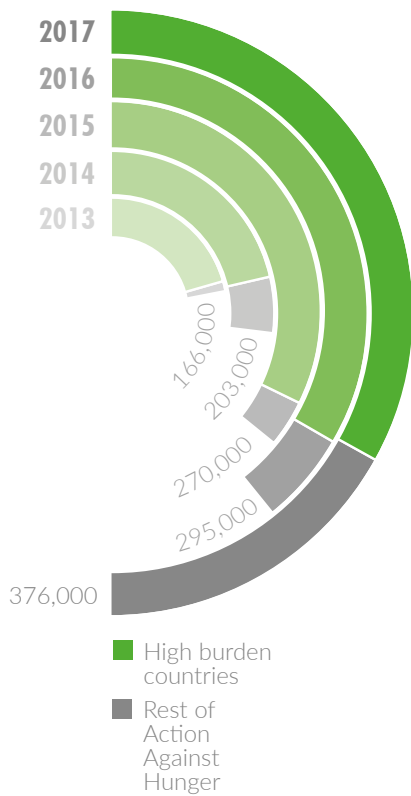


Figure 10: Number of people reached through CMAM programmes supported by Action Against Hunger, 2013-2017<sup>xv</sup>

by 2020. Our work at Action Against Hunger plays a vital role towards achieving this ambitious goal. See case study on page 27 on No Wasted Lives and the coalition’s website: [www.nowastedlives.org](http://www.nowastedlives.org).

The CMAM programmes we supported continued to exceed international Sphere minimum standards<sup>18</sup>. Cure rates for treatment of severe acute malnutrition averaged 89 per cent<sup>xvi</sup>. The percentage of children cured through completing community-based treatment ranged from 78 per cent in Myanmar to 96 per cent in Chad. We achieved cure rates above 90 per cent in a variety of contexts, including in Niger, Nigeria and Pakistan.

Reported mortality rates in Therapeutic Feeding Programmes remained low, at one per cent or below in our ten high burden countries. The defaulter rate (percentage of cases exiting the programme before reaching discharge criteria) reached double digits in Mauritania (12 per cent), closely trailed by Myanmar (9 per cent). Since defaulting reduces the impact of our CMAM programmes, we will continue to implement measures to maximise retention from admission to cure, such as community-based interventions.

18 The Sphere Project sets minimum standards for humanitarian response. Key standards for acute undernutrition management are >75% cure, <10% mortality and <15% default rates.

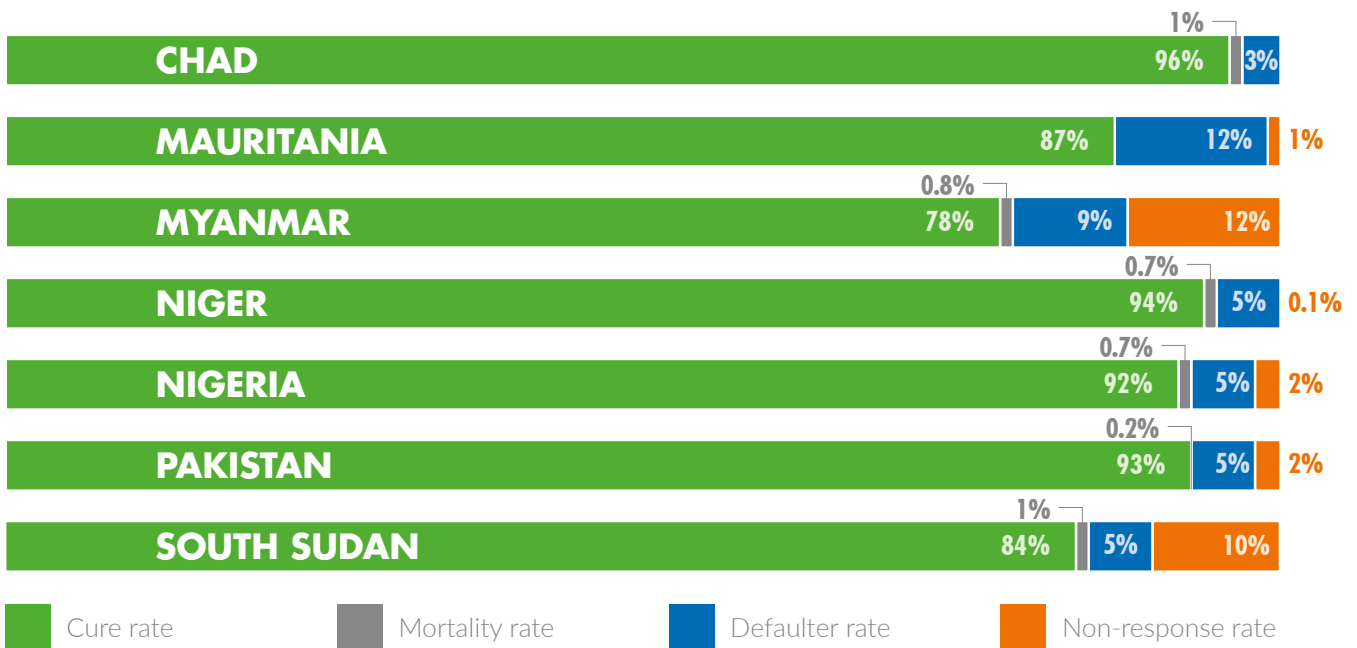


Figure 11: Average cure, mortality, defaulter and non-response rates for selected CMAM programmes supported by Action Against Hunger, 2017<sup>xviii</sup>

## COVERAGE SURVEYS CONDUCTED AND SUPPORTED BY ACTION AGAINST HUNGER

The coverage estimate calculates the percentage of severe acute malnutrition and / or moderate acute malnutrition cases in a district accessing a Community-based Management of acute malnutrition (CMAM) programme. It is one of the most useful and reliable indicators for measuring the performance of CMAM programmes. The effectiveness of CMAM programmes and the coverage it achieves are strongly linked. An effective CMAM programme will tend to achieve good coverage and a programme with good coverage is expected to be an effective programme. There are two main types of surveys to determine the coverage estimate of Action Against Hunger projects:

- **SQUEAC** (Semi-Quantitative Evaluation of Access and Coverage): this method is a comprehensive, iterative tool to analyse the barriers and boosters to coverage and give an estimate of coverage. It also provides recommendations for improving access and coverage; and
- **SLEAC** (Simplified LQAS (Lot Quality Assurance Sampling) Evaluation of Access and Coverage): this methodology is designed to give rapid information on the spatial representation of coverage. It was developed for measuring coverage at the regional level.

Action Against Hunger undertakes and supports the implementation of regional and national coverage surveys, including capacity building. For example, in 2017, we supported UNICEF Ethiopia to develop a contextualised set of national coverage guidelines and assessment tools and trained coverage experts from the Ministries of Health and Agriculture. We also led on a SLEAC survey across two districts in southern Madagascar and gave training to staff from the Ministry of Health.

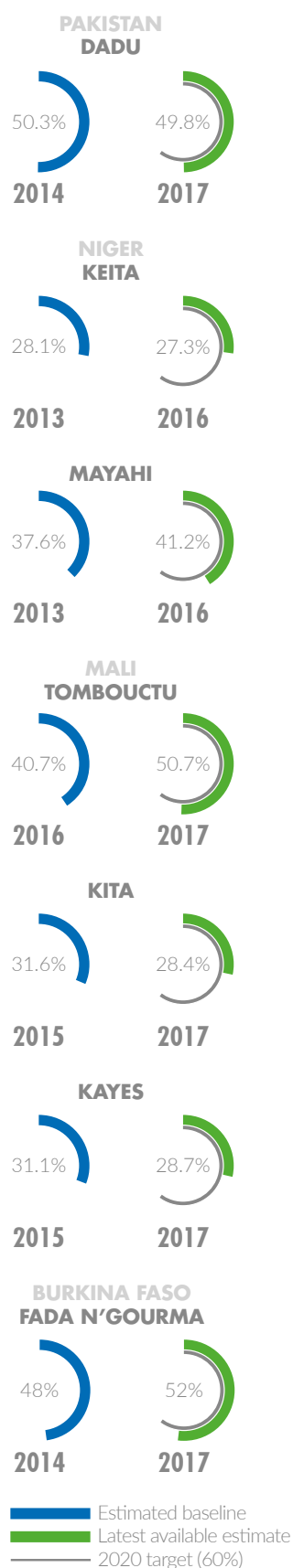


Figure 12: Changes in coverage for selected Action Against Hunger CMAM programmes<sup>xvii</sup>

In three of our ten high burden countries, coverage surveys in Action Against Hunger's CMAM programmes observed a rise in coverage estimates compared to previous assessments<sup>19, xviii</sup>. Coverage surveys (conducted using the SQUEAC<sup>20</sup> or SLEAC<sup>21</sup> methodologies – see In-Focus box above) estimate the percentage of severe acute malnutrition and / or moderate acute malnutrition cases in a district accessing a CMAM programme. An increase was reported for the health districts of Fada N'gourma (Burkina Faso), Tombouctou (Mali), and Mayahi (Niger). Tombouctou recorded the highest percentage point increase in coverage (10 percentage points) from a coverage estimate of 41 per cent for February 2016 to 51 per cent for February 2017. The coverage survey report found that a number of positive factors influenced the increased coverage estimate. These included good awareness of the programme by communities as a result of the sensitisations implemented by the programme team and the involvement of men in identifying and referring malnourished children to treatment.

In 2017, coverage surveys in three of the ten high burden countries found that coverage has passed (or was close to) the Sphere standard for coverage in rural areas (50 per cent)<sup>22</sup>. This includes Tombouctou in Mali, which registered an impressive increase in coverage by ten percentage points over a one-year period. However, coverage surveys were not completed in all high burden countries in 2017 and the results are only representative of the districts where surveys took place. Furthermore, coverage in other districts decreased compared to baseline estimates and even better performing programmes still fall short of the organisation's 2020 target of 60 per cent coverage for the CMAM programmes we support. Increasing coverage takes time, however, and Action Against Hunger's teams rely on the uptake of communities to reach a greater proportion of the eligible population. With continued support for community outreach activities alongside high quality programming in health centres and scale-up of evidence-based innovative programmes, Action Against Hunger will make further progress towards reaching this target in the CMAM programmes it supports.

19 Some of the selected geographic areas we work in experienced a reduction in coverage, as we mention later.

20 Semi-Quantitative Evaluation of Access and Coverage.

21 Simplified LQAS (Lot Quality Assurance Sampling) Evaluation of Access and Coverage.

22 Two coverage surveys were conducted in December 2016.

## IN FOCUS

### NO WASTED LIVES: PUTTING THE PREVENTION AND TREATMENT OF ACUTE MALNUTRITION BACK ON THE MAINSTREAM HEALTH AGENDA

No Wasted Lives is a global coalition of organisations working around the world to double the proportion of children treated for acute malnutrition by 2020. As one of the founding partners, the work of Action Against Hunger plays a critical role in driving the momentum to achieve this ambitious goal.

Action Against Hunger's severe acute malnutrition 2020 Agenda outlines the critical actions needed to have a long-term, sustainable, and significant impact on undernutrition. No Wasted Lives offers a valuable opportunity and platform needed to actively improve coordination across critical stakeholders working on acute malnutrition. Through three pillars of work: 1) technical, 2) global and regional advocacy, and 3) fundraising through a donor forum, the coalition is working to drive evidence into action and mobilise the resources to accelerate a child survival revolution.

#### HERE IS AN UPDATE ON OUR PROGRESS IN 2017...

##### We shaped a global research agenda to drive coordinated evidence generation for acute malnutrition

As the Secretariat for No Wasted Lives, Action Against Hunger and the Council of Research and Technical Advice on acute malnutrition facilitated a global research prioritisation exercise for acute malnutrition in 2017. Action Against Hunger was the single largest organisational participant in this survey, reflecting the importance that the organisation places on evidence generation to improve our programmes and practices. The findings of the survey resulted in the prioritisation of seven research areas with

the highest potential impact towards the effective management of acute malnutrition. The results were compiled into the Research Agenda for acute malnutrition with the aim to guide the efforts of the sector in filling critical evidence gaps by 2020<sup>23</sup>.

##### We led innovative research on acute malnutrition to generate evidence to influence programmes at scale

Action Against Hunger is involved in a portfolio of exciting and innovative research that fills the gaps identified by the Research Agenda. Our research is designed as an integral part of our programmes and with the explicit aim to generate new evidence that will inform our programmes at scale. This is with the aim to drive impact, reaching more children than we could before, with safe and effective treatment. For more information on our research work visit Chapter 7 and Action Against Hunger's Research Report for 2017.

##### We launched a global centralised platform for data and resources on acute malnutrition

Aiming to highlight the progress that has been made and best practices across acute malnutrition programming, the Coalition supported the launch of a new website in 2017: the State of acute malnutrition at [www.acutemalnutrition.org](http://www.acutemalnutrition.org). Building on the previous work of key resources like the CMAM Forum and Coverage Monitoring Network, and bringing in new data from UNICEF, this site provides a comprehensive, up-to-date overview of all information available on acute malnutrition, including resources, events, ongoing research and data at the global and country levels.

23 The Research Agenda is available at <https://www.nowastedlives.org/researchagenda>.

**We supported regional and country partners to use the latest evidence for planning and implementation**

Through 2017, No Wasted Lives and Action Against Hunger supported a series of regional activities to identify key bottlenecks to service availability, as well as regions and countries with high unmet need. This included a series of regional workshops in Dakar, Nairobi, and Nepal. Moving forward, the Coalition will be working at country level to ensure that treatment programmes are integrated into national health systems with long-term reduction and treatment coverage targets in place and resources committed to achieve them. Action Against Hunger has

an important role in supporting these regional and country-level discussions.

**We began identifying new donors and mechanisms to fund research and programmes addressing acute malnutrition**

In 2017 the No Wasted Lives team worked with new donors and ongoing partners to secure funding to support research activities, filling the evidence gaps identified in the Research Agenda, and to support delivery of programmes at scale. While we ultimately aim to reduce the cost of treatment for acute malnutrition through research and innovation, ensuring new and sustainable sources of funding to support the expansion of programmes will be critical to achieve our ambitious goal.



*A community health worker with mums and mums to be in Matam, Senegal.*

## 4 EMERGENCIES



**39**  
EMERGENCIES  
2016: 27



**23**  
COUNTRIES  
2016: 17



**185**  
DAYS  
AVERAGE  
DURATION  
2016: 175

Supporting people affected by emergencies has always been at the core of Action Against Hunger's activities. As part of the International Strategic Plan 2016-2020, we have committed to ensuring that 'unmet needs within the scope of Action Against Hunger's areas of expertise will be covered during emergencies', and have three emergency targets under this goal, which are:

- 1** At least 80 per cent of rapid and slow onset emergencies will have a positioning and programming strategy
- 2** At least 80 per cent of rapid and slow onset emergencies are appropriately responded to within 48 hours
- 3** 100 per cent of emergencies where unmet needs are identified and are beyond Action Against Hunger's support capacity, will have developed an advocacy strategy aimed at improving the coverage of needs

As the number of people in need increases in direct correlation with the number of humanitarian crises worldwide, so too does the number of emergencies we react to. In 2017, we responded to 39 emergencies, through 47 distinct responses<sup>24</sup>.

**Action Against Hunger responded to 26 human-made disasters.** The majority of our emergency response (56 per cent) is in settings where crises are a result of conflict (both acute and protracted) and complex emergencies (defined here as conflict exacerbated by other factors such as famine).

<sup>24</sup> A single emergency can have multiple responses. For example, after Hurricane Matthew in Haiti, the initial response involved scaling up of our country office through recruitment while, at a later date, the surge pool was deployed to support further. This has been classified as two responses, to one emergency. It is not uncommon for responses within an emergency to overlap, therefore the way in which distinct responses are classified can vary.

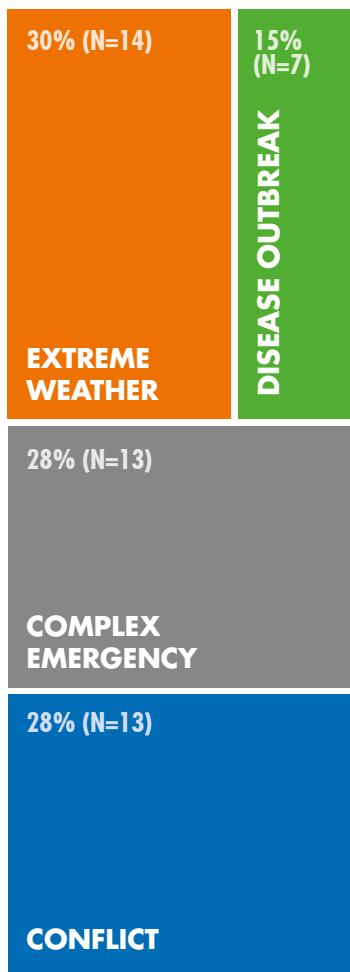


Figure 13: Proportion of emergency responses categorised by type of emergency, 2017

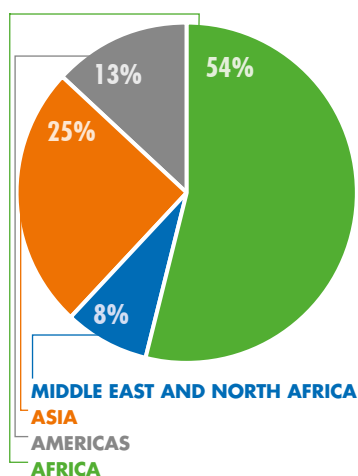


Figure 14: Proportion of emergency responses per geographical region, 2017

Last year the effects of the El Niño/La Niña phenomenon of 2014-2016 continued to be felt across the globe, with a declaration of looming famine being announced in Nigeria, Somalia, South Sudan and Yemen (see case study on page 34). The displacement of populations in Afghanistan, Nigeria, South Sudan, the Philippines and Venezuela formed one of the priority reasons for scaling up our operations. One of the most significant of these displacements was that of Rohingya people from Myanmar into Bangladesh; as of January 2018 Action Against Hunger had supported over 615,000 people<sup>xix</sup> with more than three million hot meals, alongside other nutrition, water, sanitation and hygiene, and mental health and psychosocial support activities.

**Action Against Hunger responded to 21 natural disasters.** Of these 14 were extreme weather events including flooding in the Central African Republic, Mali, Nepal and Peru, mudslides in Colombia and Sierra Leone, storms (such as cyclones, hurricanes and typhoons) in Bangladesh, Haiti, Madagascar and the Philippines, and drought in Colombia and Ethiopia. The remaining seven responses were for disease outbreaks, of which six were to combat outbreaks of acute watery diarrhoea/cholera in Africa and the MENA region (Middle East and North Africa).

**The geographical scope of our emergency response has increased.** We responded to emergencies in 23 countries, which represents half of the countries we work in. Of these countries, over 50 per cent were in Africa (Figure 14). Action Against Hunger initiated between one and three emergency responses in each country, except in the case of the Democratic Republic of the Congo, where we initiated six distinct responses (see map on page 33).

**The emergency surge pool was deployed 13 times, to nine countries.** These were Bangladesh, the Democratic Republic of the Congo, Haiti, Iraq, Nigeria, Peru, Philippines, Somalia and Yemen. There was no difference in the frequency with which the pool was deployed when comparing natural and human-made emergencies (six and seven deployments respectively).

Page 31: An Action Against Hunger staff member talks to a pregnant woman in Govandi, India with the Fight Hunger Foundation.





## **ACTION AGAINST HUNGER'S EMERGENCY RESPONSE MECHANISM**

In order to ensure we are responding to emergencies quickly and effectively, Action Against Hunger has in place an Emergency Response Mechanism, consisting of two dedicated 'emergency pools' of surge staff, emergency stockpiles, and dedicated funding, all of which can be mobilised quickly in the event of a crisis. Action Against Hunger prioritises emergencies using the Emergency Ranking Matrix Criteria, based on the following:

**Criteria to rate Action Against Hunger's country offices' capacity to deploy emergency response:**

- Profile of the country offices
- Known or unknown area
- Capacity of the country offices
- Country office experience responding to emergencies
- Funding opportunities

**Criteria to rate the gravity of the emergency:**

- Type of disaster / caseload (per cent of the population affected, mortality)
- Level of destruction / need
- Capacity of government / humanitarian actors
- Access to the affected area / security
- Availability of supplies



Figure 15: Five longest running emergency responses, 2017

The average length of an emergency response is 185 days<sup>xx</sup>. However, this varies significantly depending on the type of emergency; natural disasters have an average response of 111 days while human-made disasters last on average 245 days (see Figure 16 for average duration of response per emergency type). In fact, the five longest running responses across the organisation (all of which are ongoing as of the end of 2017) are in response to human-made disasters. Between the months of March and May, 19 responses were initiated, making this the busiest time of year for Action Against Hunger surge teams.

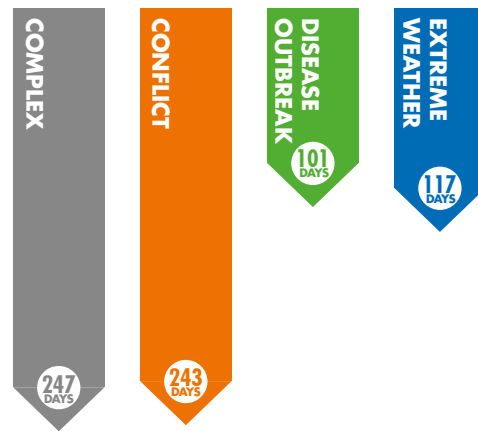


Figure 16: Average duration of emergency response by type, 2017

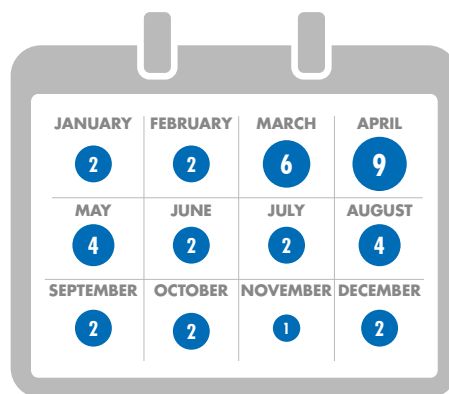
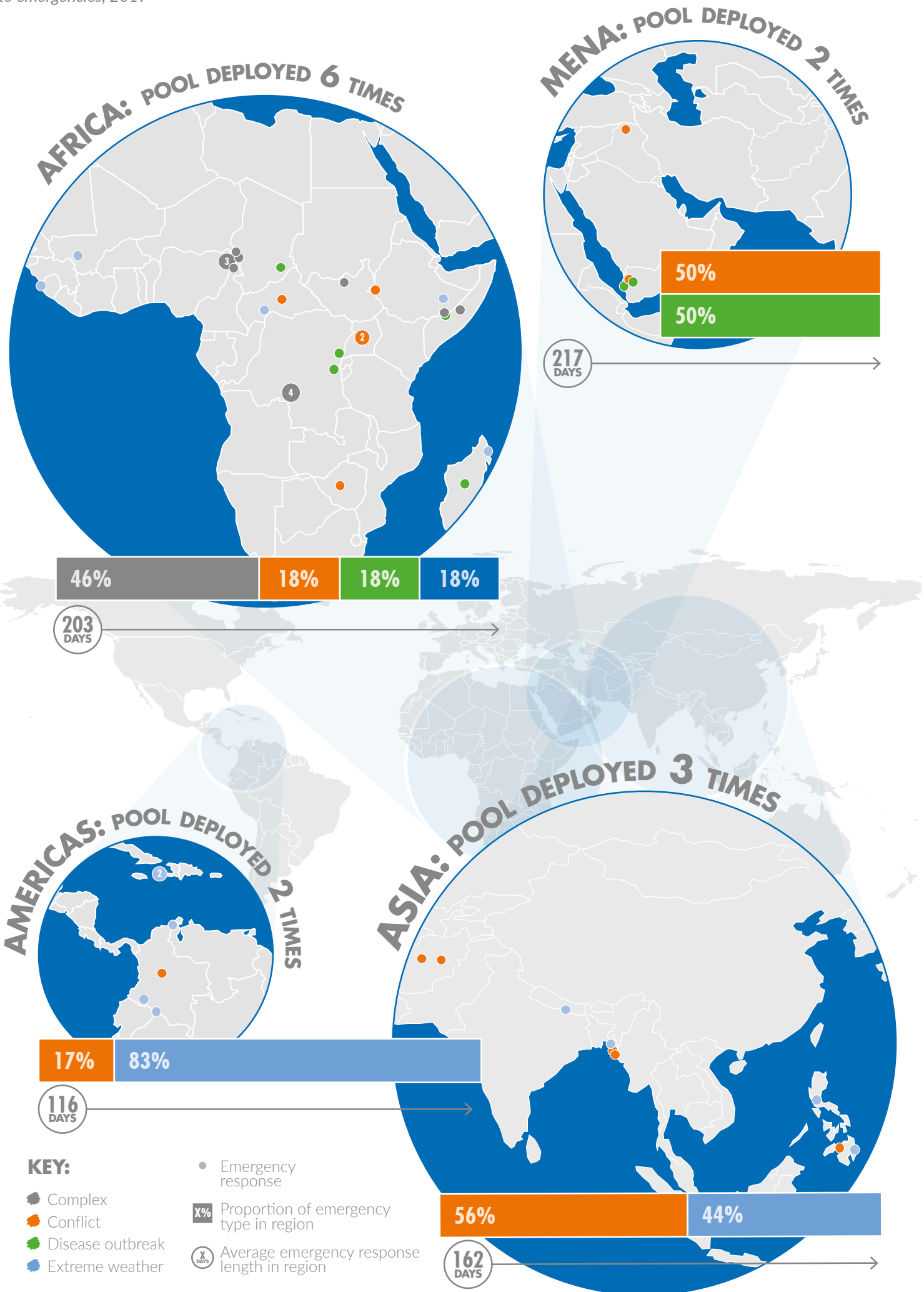


Figure 17: Frequency of emergency responses initiated per month, 2017

Figure 18: Countries where Action Against Hunger responded to emergencies, 2017



## CASE STUDY

### THE DECLARATION OF LOOMING FAMINE: COMBATting EXTREME HUNGER IN COMPLEX ENVIRONMENTS

On February 22nd 2017, the UN Secretary General announced that there was a credible risk of famine in Nigeria, Somalia, South Sudan and Yemen - the first time such a declaration had been made since the 2011 crisis in the Horn of Africa. Action Against Hunger was quick to respond; alongside the scale-up of our existing missions, we deployed the emergency pool to Nigeria, Somalia and Yemen, and have been providing lifesaving interventions across all four countries.

In northern Nigeria, the 2016 declaration of a state of emergency in Borno State (in response to critical levels of malnutrition and an elevated risk of famine in conflict zones) marked the start of a huge scale up in operations through the second half of 2016 and all of 2017, including the launch and scale up of emergency interventions in newly accessible areas in Borno: Monguno, Magumeri, Kukawa, and Nganzai. Action Against Hunger more than doubled the number of people helped last year, including 442,000 children under five years old, through the distribution of over 37,000 tonnes of food, treatment of malnutrition, provision of primary and reproductive health care services, and rehabilitation of infrastructure for improved water and sanitation access.

In Somalia, four consecutive seasons of failed rains wiped out crops and livestock, leaving communities without food or income. This, compounded by conflict, disease outbreaks and other factors, resulted in the displacement of people across the country. Action Against Hunger responded through the treatment of over 52,000 children for acute malnutrition, over €3 million in cash transfers to support vulnerable households, and the establishment of cholera treatment centers (including the recruitment and training of technical staff and community health workers, and provision of medical supplies

and necessary hygiene items). In total, over 700,000 people were supported last year.

In South Sudan, Action Against Hunger is meeting urgent humanitarian needs with lifesaving emergency food and nutrition programmes, as well as support for livelihoods and water and sanitation interventions. In total more than 300,000 people were reached; of these 58,600 with nutrition treatment and prevention interventions (including 18,900 people under our therapeutic feeding programme), and 149,100 with water, sanitation and hygiene. We deliver life-saving humanitarian assistance to parts of the country where needs are most urgent, including the counties of Ayod and Pagiur in Jonglei, where no other humanitarian actors are present. In Pagiur alone, three new outpatient treatment sites have been opened. We have also opened eight new sites across Northern Bahr el Ghazal and Warrap.

In Yemen, operations have been severely restricted by a multitude of factors, including the continued deterioration of the conflict and security context, and the resulting blockade which prevents humanitarian assistance from reaching those in country. Additionally, in December 2017, the country office was forced to suspend its activities in the Hodeida district temporarily, because of the escalating conflict and violence (see Chapter 5). Despite these difficulties, we continue to respond to the urgent humanitarian needs of the population. Action Against Hunger's humanitarian programmes reached 300,000 people in 2017 (of which close to 30,000 were suspected cholera cases) through the delivery of life-saving healthcare and emergency nutrition services to children under the age of five, food assistance and programmes to support livelihoods, and interventions to prevent and treat cholera and improve people's access to clean water and sanitation.

**“HUMANITARIAN EFFORTS HAVE KEPT PEOPLE FROM CATASTROPHE AND ALLEVIATED SUFFERING, BUT HUMANITARIAN AID CANNOT END THE CONFLICT IN SOUTH SUDAN. WITHOUT A POLITICAL SOLUTION, HUNGER WILL WORSEN AND PERSIST, DESPITE OUR EFFORTS.”**  
**- HAJIR MAALIM, ACTION AGAINST HUNGER EAST AFRICA REGIONAL DIRECTOR**

#### What's next?

Though famine was averted in 2017, Action Against Hunger still prioritises preventing and combatting extreme hunger in all four countries. Through advocacy work at the national and global level (see Chapter 9), Action Against Hunger continues to call for the respect of International Humanitarian Law, and an end to the conflict which so often leads to states of extreme food insecurity, as well as investing in preparedness and resilience, and tackling the underlying drivers of risk and vulnerability. In just one example of success in this area, a series of briefings between Action Against Hunger and the United Nations Security Council on the issue of hunger and conflict resulted in the UN Security Council agreeing to a Presidential Statement on the issue.



A young girl from the village of Al Hali, Yemen after a new water tank was installed by Action Against Hunger.

# 5 SECURITY



**284**  
SECURITY  
INCIDENTS  
2016: 273



**TRANSPORT**  
TOP TYPE OF  
SECURITY INCIDENT  
2016: TRANSPORT



**3**  
COUNTRIES  
WITH HIGHEST SECURITY  
CLASSIFICATION  
2016: 1



**449**  
STAFF  
RECEIVED SECURITY TRAINING  
2016: 324

The security and safety of our staff around the world remains the top priority of Action Against Hunger. We work in the places where the world's most vulnerable populations live, many of which are fragile and affected by conflict. Action Against Hunger advocates for the protection of aid workers and vulnerable populations, as well as full and secure humanitarian access. We have two security indicators in our International Strategic Plan 2016-2020:

- 1 Number and nature of security incidents per country
- 2 Level of insecurity per country of intervention

In 2017, Action Against Hunger experienced 284 security incidents affecting its staff. While this is an increase on the 273 incidents reported in 2016, in the majority of countries (26) there were fewer or the same number of security incidents in 2017. India, Mauritania, Nicaragua, Tanzania and Turkey reported no incident of any kind. As the number of Action Against Hunger staff globally remained stable last year, there was a slight increase in the ratio of security incidents per staff member to 1:28, from 1:29 in 2016. The occupied Palestinian territory (from two to 26) and South Sudan (from 12 to 35) recorded the highest increases in incidents. In the case of the occupied Palestinian territory, this increase corresponds to eviction orders and administrative constraints, which are being reported for the first time through our security incident reporting mechanism<sup>25</sup>.

Transport accidents continued to be the most common type of incident. They were reported in 30 countries and accounted for one in five of all security incidents (18 per cent), even though there were fewer overall in 2017 than in 2016 (52 and 74 respectively). The two countries with the highest number of transport incidents were Yemen, with five, and Ethiopia with four.

<sup>25</sup> These incidents do not highlight a real security concern, but represent an operational challenge for Action Against Hunger and has been constant since we started our operations in the area.



*An Action Against Hunger employee distributes food at Balukhali Camp, Cox's Bazar, Bangladesh*

**External abuse of power targeting our staff was another significant type of security incident** as their occurrence almost doubled to 42, versus 22 in 2016. External abuse of power covers: requests from security forces to be transported in Action Against Hunger vehicles; prevention by authorities to access an area; administrative constraints for our interventions; attempts of bribery; and extensive pressure to get people registered in programmes. The rise was largely due to an increase in such incidents in the occupied Palestinian territory, where eviction orders issued by authorities are recorded as external abuse of power incidents<sup>26</sup>.

**A total of 13 security incidents were reported to have the highest level of seriousness.**

Afghanistan registered the biggest number, where psychosocial support was mobilised five times for all affected staff.

**South Sudan (35) and Ethiopia (31) registered the highest number of security incidents**, followed by the occupied Palestinian territory (26), the latter due to the reasons mentioned above. Afghanistan, the Central African Republic and Lebanon reported 15 incidents each. It is notable that none of these six countries were rated “extreme”, given that they contributed to almost half (48 per cent) of all security incidents. Three-quarters (76 per cent) of security incidents took place in “very high” or “high” security contexts. In Yemen, 14 incidents were reported and we were forced to suspend our activities in the Hodeida district temporarily, because of escalating conflict.

<sup>26</sup> In 2016, reporting of abuse of power did not distinguish between external and internal abuse of power. There were three reported instances of internal abuse of power by our staff for 2017. For the purposes of a year-on-year comparison, we make the assumption all abuse of power incidents for 2016 were external.

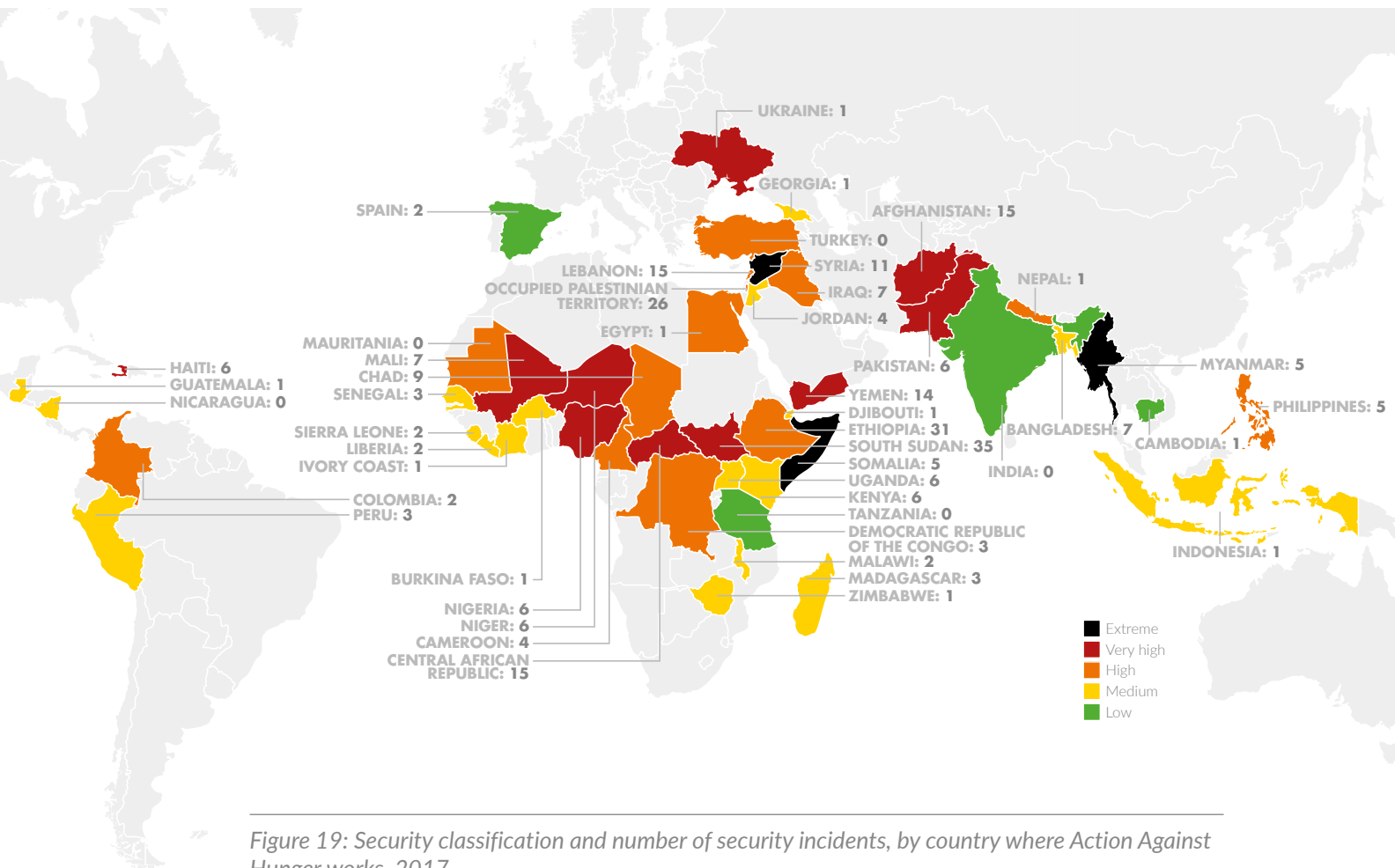


Figure 19: Security classification and number of security incidents, by country where Action Against Hunger works, 2017

Two additional countries where Action Against Hunger works have an “extreme” security context classification compared to last year. In addition to Somalia, Myanmar and Syria now register that classification. Our staff were affected by the violence in Rakhine State, Myanmar, and some were displaced to Bangladesh. In Syria, conflict and access restrictions have affected our interventions and movements in the country and neighbouring countries where we operate (Lebanon and Jordan). Half of countries (23) have a “high” or “very high” rating and 18 operate with a “medium” classification. Cambodia, India, Spain and Tanzania observe a “low” classification, the lowest rating possible.

Action Against Hunger puts in place rigorous measures to ensure our staff are protected. We began work on a new International Network Security Policy to strengthen security management, which will be finalised in 2018. This policy outlines our commitments in security

management and describes mechanisms for security management across our countries of operation. We also adopted new security standards in 2017 to be met according to the specific security conditions in-country, with an emphasis on training standards. 64 Action Against Hunger bases had a security plan validated across 21 countries.

Security training to staff increased for a second consecutive year. Approximately 450 employees benefited from this type of training<sup>27</sup>, compared to 203 and 324 staff in 2015 and 2016 respectively. Examples of training include preparedness for the general election in Kenya and guidance on crisis management protocols in Nigeria. We continued to develop and roll out our Security Incident Reporting Online (SIRO) 2.0 system, which stores and provides automated analysis of security information. This has improved information sharing and coordination between our headquarters and country offices.

27 This includes on site/online training only. In previous years, our definition of training was broader and included sensitisation activities.



# 6 LOGISTICS AND INFORMATION SYSTEMS



**€175.7M**

**GLOBAL SUPPLY CHAIN VOLUME**

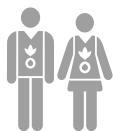
2016: €112.1M



**54%**

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

2016: 47%



**72%**

**OF ACTION AGAINST HUNGER STAFF STRONGLY SATISFIED OR SATISFIED WITH LOGISTICS SERVICES PROVIDED BY ORGANISATION**

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 expanded by more than 50 per cent last year. We managed a global supply chain with a volume of €175.7 million, through 47 country offices and two regional offices, as well as nine logistics centres. This was a €63.6 million or 57 per cent rise from 2016. In that year, total supply chain expenditure was recorded at €112.1 million. A large proportion of the reported growth in supply chain spending is caused by an increase of in-kind assistance, which rose by over 250 per cent (from €15 million to €56.8 million). As a proportion of Action Against Hunger's total programme expenditure globally, the logistics supply chain increased from 47 per cent in 2016 to 54 per cent last year.

Our volume of spending in the supply chain has increased uninterrupted for the past five years. Since 2013, the organisation's supply chain expenditure has grown by an average of 21 per cent per year, with our logistics systems supporting Action Against Hunger to reach a record 20.2 million people last year, including responses to 39 emergencies (see Chapter 4).

The scale of growth in supply chain expenditure is mainly due to a significant increase in our emergency operations in Nigeria. A 721 per cent increase in the supply chain volume was reported, from €6.9 million in 2016 to €57 million last year. Our logistics teams oversaw delivery of in-kind assistance worth €37.5 million in Nigeria – mostly consisting of food commodities – during a year when parts of the country were declared at risk of famine. Without considering Nigeria, the supply chain increase was 13 per cent across the organisation. More than a third of country and regional offices (35 per cent) expanded their supply chain expenditure by over 50 per cent last year; Somalia (247 per cent),

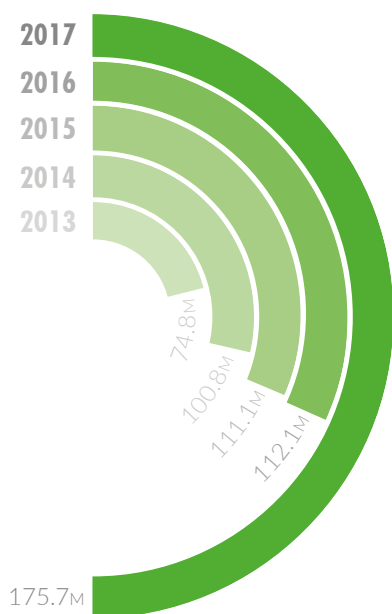


Figure 20: Total supply chain volume managed by Action Against Hunger (€), 2013-2017

Bangladesh (226 per cent) and Peru (172 per cent) recorded the largest increases after Nigeria.

We conducted a logistics perceptions survey for the first time, and 72 per cent of our staff reported strongly satisfied or satisfied with the logistics services provided by the organisation. The results indicate that our staff valued key logistics services such as fleet management (75 per cent) and supply chain management (71 per cent). Overall satisfaction was highest for information and knowledge about logistics services provided (80 per cent); clear communication channels (79 per cent); and facility and security management (both 78 per cent). Satisfaction was lowest in cases of logistics involvement in health system strengthening (30 per cent), proposal writing (39 per cent), partnerships (43 per cent), and monitoring (46 per cent). The findings show further work is still required to integrate logistics as a programmatic function within the organisation.

The average completion rate of Action Against Hunger's Logistics Assessment Tool was 74 per cent<sup>xxi</sup>. The Tool provides an assessment of the implementation of standardised logistics processes and tools, using 19 indicators<sup>28</sup> that give guidance to our logistics teams on current performance. The average completion rate was six percentage points more than in 2016, as the number of countries which report a rate of 80 per cent or above doubled from seven to 14. A 100 per cent score for energy use in Colombia and eco-practice in Ukraine contributed to a 92 per cent completion rate in both countries. Three countries registered lower than 60 per cent: Uganda (51 per cent), Iraq and Mali (both 58 per cent).

One third (38 per cent) of country offices reported using vehicle trackers last year. Costs associated with the use of vehicles and motorbikes constitute around ten per cent of total spending in the supply chain. Action Against Hunger has been progressively deploying trackers to save costs by monitoring vehicle movements in

real time. On average, 42 per cent of vehicles are tracked in countries adopting tracking devices. Only four countries track all their vehicles (Georgia, Guatemala, Senegal and Sierra Leone).

Through 2017, Action Against Hunger continued to roll out Link in our countries of operation and we finalised a second module on purchasing supplies. Link is a supply chain management software that we introduced in 2016 as a new system for managing our supply chain. It is being used by nearly 1,000 staff in 31 country and regional offices. Over 65,000 procurement requests have been managed through it so far. A third module on stock management is under development and is expected to be completed in 2018.

We developed a dashboard for logistics, which covers 18 of our country and regional offices. 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.

<sup>28</sup> 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.

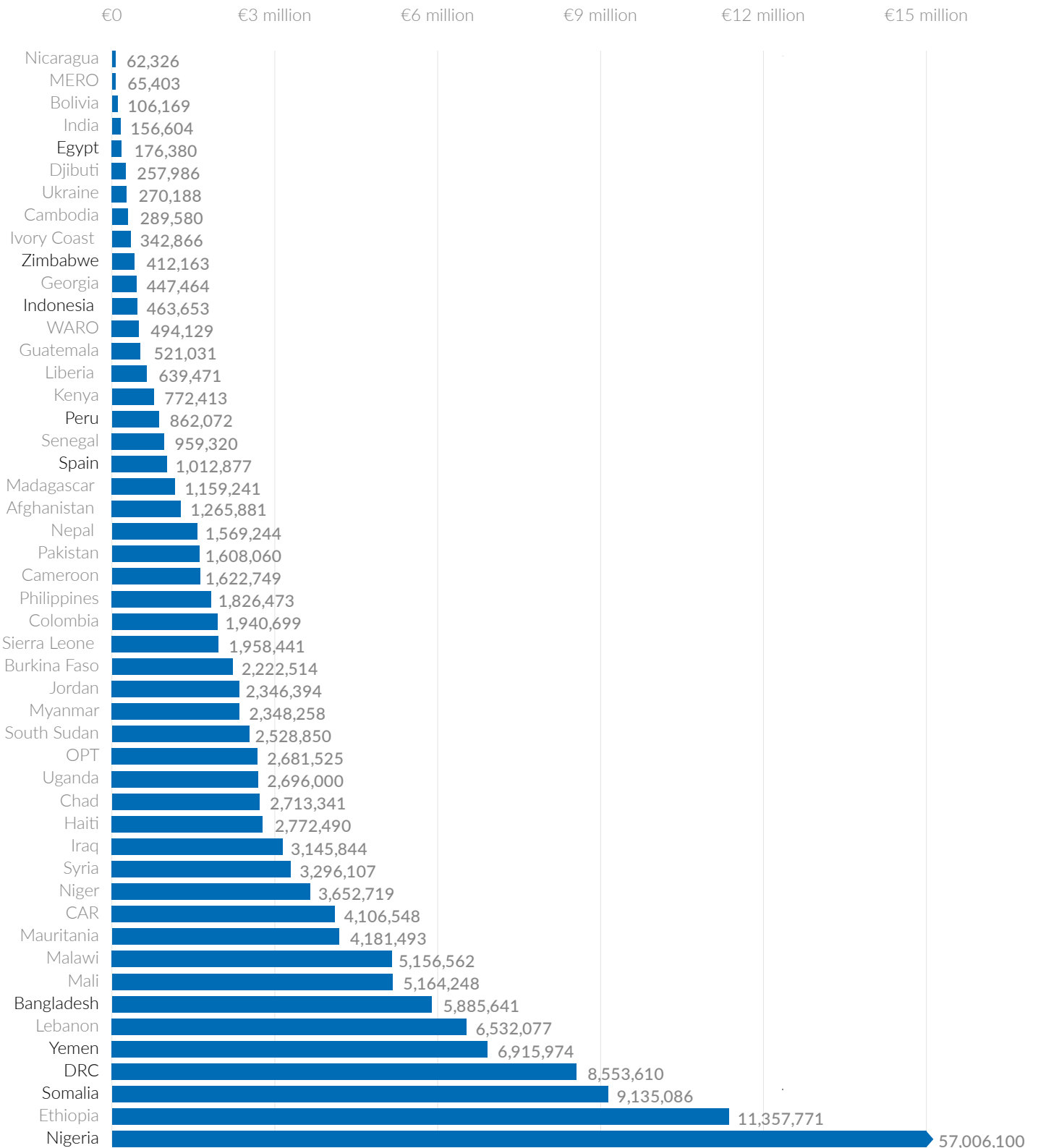


Figure 21: Supply chain volume managed by Action Against Hunger country and regional offices (€), 2017

Note: Names highlighted in black indicate country office is among the top ten for percentage increase in supply chain expenditure in 2017.

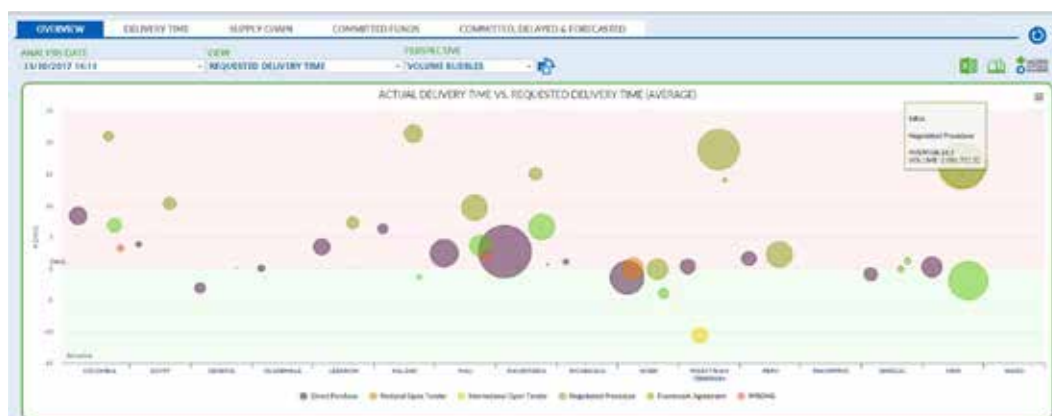


Figure 22: A screenshot of the logistics dashboard developed by Action Against Hunger in 2017

## IN FOCUS

### ACTION AGAINST HUNGER'S STUDY ON SUPPLY CHAIN EXPENDITURE AND INVESTMENT IN PREPAREDNESS

In November 2017, Action Against Hunger completed a study in collaboration with Kuehne Logistics University and HELP<sup>29</sup> *Logistics: Supply Chain Expenditure & Preparedness Investment Opportunities in the Humanitarian Context*<sup>30</sup>. By examining Action Against Hunger's costs in six major relief operations<sup>31</sup> over the past decade, it calculated that supply chain expenses accounted for an average of 69 per cent of the total emergency response cost.

The study provided evidence in support of investment in supply chain preparedness, which is sensitive to the scale of emergency operation and impact of investments made. It found that one euro

invested in preparedness before the disasters in Haiti and Nepal could have saved at least seven euros in the emergency response.

Another recommendation was that supply chain investments should take a holistic view, where possible. Isolated funding to specific areas can be less effective than funding which addresses multiple interconnected issues; for example, investment to support supplier management and relationships with local suppliers. Action Against Hunger is reviewing its emergency response strategy and setup in light of the results of the study.

29 The Humanitarian and Emergency Logistics Project.

30 <https://www.actioncontrelafaim.org/publication/supply-chain-expenditure-preparedness-investment-opportunities-in-the-humanitarian-context/>.

31 The tsunami in Indonesia (2005), conflict in Central African Republic (2009-2015), earthquake in Haiti (2010), cholera in Haiti (2010), Ebola in Liberia and Sierra Leone (2013), and earthquake in Nepal (2015).

An Action Against Hunger member of staff was elected to occupy one of three NGO seats on the Global Logistics Cluster Strategic Advisory Group, along with representatives from Plan International and Medair. Established in 2016, the Advisory

Group is a relatively new governance entity providing strategic logistics support to the humanitarian community at a global level. Through our participation, we share our expertise as a global player in humanitarian logistics.



© Action Against Hunger

*Corn soya blend is distributed in Borno State, Nigeria*

## DEVELOPING OUR INFORMATION MANAGEMENT SYSTEMS

Through 2017, we continued to develop our organisation-wide intranet: **No Hunger Forum**. With enhanced features for document management, the Forum is the main platform for staff to share and access internal information and organisational learning. More than 6,000 accounts are now open and in use and No Hunger Forum is deployed in all country and regional offices. We uploaded more content onto the Forum and added new functionalities, including the introduction of collaboration spaces. Going forward, further refinements will be made based on usage and feedback from staff.

**Action Against Hunger teams continued to collaborate and coordinate to improve common information systems and processes.** A common services ICT

agreement was established covering more than half of the countries we work in, supporting ICT and logistics country staff to share resources, provide common services, and optimise technical assistance without duplication.

**We made progress on our information systems capability** in other ways. As examples, we developed our Security Incident Reporting Online (SIRO) 2.0 system (see Chapter 5), expanded use of the Kit for Autonomous Cash Transfer in Humanitarian Emergencies (KACHE) to 13 projects in four countries, introduced eTrak software to track goods through the supply chain in emergency interventions, and completed digitalisation needs assessments in preparation for new digital systems in 2018.

# 7 RESEARCH, INNOVATION AND LEARNING



**52**

**RESEARCH  
PROJECTS**

2016: 31



**26**

**COUNTRIES**

2016: 21



**48**

**PARTNERS**

2016: 42



**€12.1m**

**VALUE  
OF ONGOING, MULTI-  
YEAR RESEARCH  
PORTFOLIO**

Action Against Hunger considers research, innovation and learning to be essential to realising our vision of a world free of hunger and malnutrition. Our research is intrinsically linked to our operational programmes and we are committed to test, innovate, and learn in order to generate the evidence we need to influence our approach at scale. Our Research Strategy 2016-2020 has three pillars:

- 1 Prevention of undernutrition
- 2 Treatment of undernutrition
- 3 Effectiveness of emergency response

The three case studies in this chapter highlight our work across these three research pillars.

There was a growth in research activities in 2017, with more than 50 research projects reported ongoing, compared to 31 during 2016. Our research specifically targeted 26 countries, accounting for about half of the countries in which Action Against Hunger is operational, including nine of the organisation's ten high burden countries<sup>32</sup>. Research activities spanned Africa, Asia and Central America, and the majority of projects focused on Africa (69 per cent).

In line with Action Against Hunger's expertise, nutrition was the most commonly researched area, with a total of 21 research projects dedicated to nutrition and health. Our research topics varied from piloting a combined protocol for severe acute malnutrition and moderate acute malnutrition treatment in South Sudan (see case study on page 48) to studying a counselling system led by youth to improve maternal and child health in Guatemala.

<sup>32</sup> Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Mauritania, Niger, Nigeria, Pakistan and South Sudan. Some of our research projects were also global extending beyond specific contexts.



Figure 23: Number of Action Against Hunger research projects, by sector, 2017  
 Note: Two research projects are categorised as 'other'.

Unchanged from last year, one quarter of research projects were multi-sectoral. This included our Ouadi'Nut research project in Chad, which assesses the effectiveness of adding a household water, sanitation and hygiene component to the standard outpatient treatment of severe acute malnutrition. During 2017, there was a rise in the proportion of research projects on food security and livelihoods, from 6.5 per cent in 2016 to 9.6 per cent last year.

## OUR RESEARCH AIMS TO ADDRESS CRITICAL GAPS IN EVIDENCE AND CONTRIBUTE TO TANGIBLE IMPROVEMENTS IN POLICY AND PRACTICE

The value of Action Against Hunger's ongoing, multi-year research portfolio stood at €12.1 million in 2017, as sound investment during the year accompanied the rise in reported research. The median value of our research projects was €81,000, in contrast to €46,400 in 2016<sup>33</sup>, and we observed a range in project value – from €10,000 to €2 million – reflecting the need to fit our research to specific contexts and questions. Examples of our

larger research projects include MAM'OUT (€2 million) and MANGO (€1.5 million) in Burkina Faso.

Action Against Hunger collaborated with over 45 partners for research as the organisation continued to promote partnerships to conduct research. Our partners came from academic, research, non-governmental, multilateral, private and public institutions. While the majority (60 per cent) were international partners, research partnerships in countries where Action Against Hunger has a presence continue to be important. Partnerships with the International Centre for Diarrhoeal Disease Research in Bangladesh (icddr,b) and the University of Bangui in the Central African Republic are two examples from 2017. 'Academic/research' institutions were reported as the primary partner type for over half (57 per cent) of our research funding portfolio, an increase from last year (34 per cent).

<sup>33</sup> Median values have been calculated on the basis of the funding reported for ongoing research projects for 2016 and 2017. There was a higher completion rate for reporting on this indicator in 2017.



**19%**  
**OF PROJECTS**  
**HAVE A DEVELOPED**  
**AND FUNDED RESEARCH**  
**UPTAKE STRATEGY**

**Only one in five research projects had developed a Research Uptake Strategy and secured funds to implement it.**

A higher proportion of projects (60 per cent) reported that a Research Update Strategy had been developed, but in many cases funding to roll out the strategy had not been secured. While this shows Action Against Hunger's commitment to generating evidence that contributes to changes in policy and practice, more needs to be done to reach our 2020 target of 90 per cent of research projects having an uptake strategy developed, funded and implemented.

**Our publications more than doubled.** We published 65 times in comparison to 31 during 2016. These publications ranged across peer-reviewed articles and literature available online and in print with the aim to share our research methods and findings in a timely manner. The organisation had a further 13 publications pending at the end of December 2017. Most of our publications stemmed from our research – see Annex 2 and 3 for a list of our research projects and publications for 2017.

**We supported more than 20 graduate degrees through our research,** demonstrating our commitment to build capacity in the research sector and give

future leaders a chance to gain valuable operational research experience.

**Action Against Hunger published its inaugural Research Report in 2017,** exploring our work in more detail. The report highlights how our research activities have expanded in recent years, and provides in-depth examples of the work that we do and the impact it has had.

**Action Against Hunger strives to be at the forefront of innovation and learning.** We are continually learning and adapting our programmes with innovative and impactful solutions underpinned by our research. Examples of innovation within our 2017 research portfolio include a project funded by the Humanitarian Innovation Fund, where we researched the application of Moringa leaves as a handwashing product in water- and soap-scarce contexts in Ghana. We also piloted the use of autonomous sensors, wireless data collection and cloud services for improved water governance and more effective monitoring of water, sanitation and hygiene facilities. See the case study on page 49 for more information on our Disasters and Emergencies Preparedness Programme, a dedicated innovation programme in the Philippines.



**65**  
**PUBLICATIONS**  
**18 PEER REVIEWED**



## CASE STUDY

### RESEARCH ON PREVENTING THE DEVELOPMENT OF AFLATOXIN IN MAIZE: A MULTI-SECTORAL APPROACH TO TACKLE HUNGER AND MALNUTRITION

In Zimbabwe, recent testing of harvested maize, the main staple food in the country, has revealed significant levels of aflatoxin contaminants, produced by fungi when the harvested corn is either not properly dried or kept in inadequate storage conditions. Consumption of the contaminant can affect human health, and in young children can cause stunting, poor cognitive development, and greater susceptibility to infectious diseases.

The research project "*Reducing maize-based aflatoxin contamination and exposure in Zimbabwe*" aimed to investigate the effectiveness of airtight storage technology to reduce fungal growth, and therefore contamination in grain, and identify correlations between this contamination, and stunting and wasting in children. The study was carried out as a three arm randomised controlled trial in Makoni and Shamva districts in Zimbabwe by the University of Zimbabwe and Action Against Hunger. It was part of Cultivate Africa's Future, Phase One, a four-year, CA\$15 million research partnership designed to support applied research to combat hunger in sub-Saharan Africa.

Implemented from 2014 to 2017, the study included 480 maize farming households with pregnant women and

children under five years of age (0–24 months). Randomly assigned, one group used metal silos, another group used airtight grain bags and a control group used the conventional storage practices. Researchers assessed the extent of aflatoxin contamination in grain using the three types of storage on a quarterly basis for two seasons. Maize and legume samples as well as samples of biological liquids (breastmilk, urine and blood samples), anthropometric variables (weight and height), demographic variables and morbidity data (diarrhoea incidence) were collected and analysed.

The results of the project showed that airtight technology was more effective than conventional storage facilities at preventing the development of aflatoxin in stored maize. The nutritional status of children in the study was correlated with the contaminant, indicating a positive correlation between the occurrence of aflatoxin, and wasting and stunting in children. Following the results of this project, Action Against Hunger has launched a 12-month project to scale up the use of the hermetic storage technologies among smallholder farmers in Zimbabwe. The project starts in January 2018.

### RESEARCH IN TREATMENT OF UNDERNUTRITION: TESTING AN APPROACH TO TREAT SEVERE AND MODERATE MALNUTRITION AS ONE CONDITION

Though a continuum condition, the different severities of acute malnutrition – moderate acute malnutrition and severe acute malnutrition – are still being treated with different approaches and products. This results in two parallel treatment protocols and two separate procurement chains. These both have their own challenges (e.g. length of stay, discharge criteria, availability and cost of treatment products). To find a more effective and holistic way of treating acute malnutrition, Action Against Hunger and the International Rescue Committee launched the Combined Protocol for acute malnutrition Study (ComPAS) research project, with funding from USAID's Office of Foreign Disaster Assistance and Children's Investment Fund Foundation.

After reviewing and analysing patient records from feeding programmes across several contexts, the project proposed a combined protocol for treatment of severe acute malnutrition and moderate acute malnutrition in children 6-59 months. In February 2016, ComPAS began to test this new protocol against the standard treatment through the design and implementation of two randomised control trials in Kenya and South Sudan. These trials, which will run through 2018, will demonstrate if and how the combined protocol compares across key treatment metrics, including: rates of recovery, default, death and non-response; weight gain; and length of stay. In addition, the project will also capture critical cost-related elements of treatment, ensuring that the comparative cost-effectiveness of the combined protocol can be assessed alongside its potential to improve treatment coverage, quality, and continuity of care.

Ultimately, we hope that application of the combined treatment protocol will facilitate earlier access to treatment services by children who have moderate acute malnutrition before they develop severe acute malnutrition, thereby reducing the number of severe acute malnutrition cases, the overall length of stay required for recovery, and the cost per child treated. While we await final results from each of these trials (expected by the end of 2018), Action Against Hunger has begun sensitising humanitarian stakeholders towards this combined protocol, encouraging them to share their own learning as they deploy it within and across contexts, to eventually facilitate its application at-scale.



## CASE STUDY

### RESEARCH IN EFFECTIVENESS OF HUMANITARIAN RESPONSE: TOWARDS PREPAREDNESS IN THE PHILIPPINES - TUKLAS INNOVATION LABS

Research in humanitarian and emergency contexts is important to develop and test innovative and effective approaches to improve emergency preparedness. The Start Network, comprised of 42 leading humanitarian organisations, including Action Against Hunger, runs four Disasters and Emergencies Preparedness Programme Innovation Labs across Bangladesh, Jordan, Kenya, and the Philippines. A two-year, £10m programme funded by UKAID, the Innovation Labs identify ideas to nurture, test and scale, with the aim to address the barriers to improved emergency preparedness in disaster prone communities.

In the Philippines, a country in the top ten most affected by natural disasters, Action Against Hunger runs the regional Innovation Lab in Mindanao. Ten proposals will be taken forward in each lab (40 in total across the Start Network), prototypes will be developed, and innovations that have already been tested and proven in the field will be adapted for use in other communities. Successful innovation teams also benefit from a monthly face-to-face check-up as part of mentoring and coaching sessions. Examples of the innovations being tested and scaled up in Mindanao include:

- the DisP(on)ER Bag, an emergency bag that can be used for multiple purposes, such as a floating raft and/or tent,

- a Bamboo River Embankment, a bamboo dike embankment to mitigate the impact of frequent flooding and soil erosion, and
- 'Formulating Innovative Resiliency Solutions for Tbolis of Datal Ligaw', a value-centred, culturally sensitive Disaster Risk Reduction Programme and manual.

Using human-centred design, putting beneficiaries at the heart of the design process and involving all stakeholders from the start – including government, academia, the private sector, social enterprise and NGOs – is a core element of the Innovation Labs. This allows for the transformation of data into actionable ideas and increases the speed and effectiveness of creating new solutions to some of the biggest challenges in disaster preparedness, response, prevention and recovery. The final solutions, already tested and accepted by local populations, will be included as a part of the package of emergency response in the future, increasing the chance of successful interventions for emergency preparedness and humanitarian response.

For more information and findings as they become available, visit <https://startnetwork.org/depp-innovation-labs>.

*Page 48: Agao goes with her daughter to an Action Against Hunger outpatient treatment center in Yargot, South Sudan. She gets the last rations of PumpyNut before the child is discharged from the programme.*

## 8 FINANCE



**€412M**

**TOTAL ANNUAL INCOME**

2016: €307.6M



**€321.5M**

**RESTRICTED PUBLIC FUNDS**

2016: €228.6M



**€79.4M**

**PRIVATE SOURCES**

2016: €73.9M



**€11.1M**

**OTHER REVENUE**

2016: €5.1M

Action Against Hunger's International Strategic Plan 2016-2020 targets total annual income of €500 million by 2020. With more resources spent in the most cost efficient manner, our interventions to reduce hunger and malnutrition will have even greater scale and impact. A key element of our strategy is to grow income from private sources by 2020 to €130 million (around one-quarter of total income), through partnerships with the private sector and engaging the general public in new and innovative ways (see Chapter 11). Our 2020 target to raise €370 million in institutional funding will require us to build on the excellent track record we have of working with national and multilateral governmental donors and civil society organisations around the world.

Action Against Hunger's revenue has now grown uninterrupted for the past five years. Total income has nearly doubled since 2013, from €210.6 million in 2013 to €412 million last year. The increase in revenue in 2017 (34 per cent) was larger than the average observed over the 2013-2017 period (16 per cent).

Our total income in 2017 surpassed all previous records, rising to €412 million last year from €307.6 million in 2016 – an increase of over a third. Our financial supporters gave €104.4 million more than in the previous year. This included an exceptional rise in in-kind support from €11.2 million to €58.4 million. The majority of this increase was assistance from the World Food Programme to our humanitarian response in Nigeria.

There were increases in both public and private funds raised in 2017, with expansion in income from public sources of 41 per cent and growth in private support of eight per cent. Unrestricted income comprised 86 per cent of private funding (€68.6 million). This continues to be an important revenue stream for financial independence, as we can use these resources in an efficient and agile way in areas where we believe there will be most impact<sup>34</sup>.

<sup>34</sup> In the case of restricted income, this must be used only for the purpose specified by the donor.

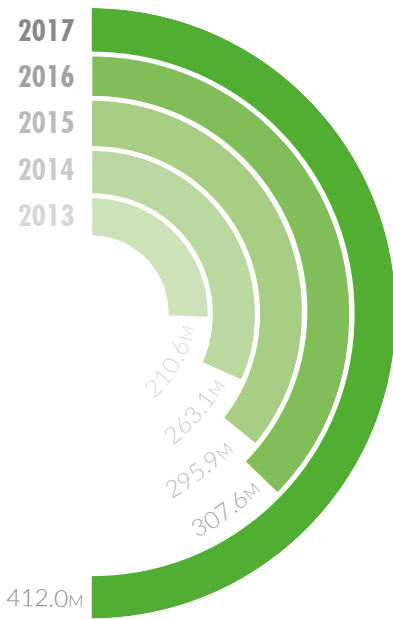


Figure 24: Action Against Hunger's total revenue (€), 2013-2017



Figure 25: Action Against Hunger's public and private income, 2016 and 2017, € millions

Action Against Hunger's largest institutional donors are multilateral agencies, namely the United Nations and EU institutions – restricted income from them increased by 83 per cent and 19 per cent respectively in 2017. The growth observed for the United Nations was due to a sharp rise in in-kind support from the World Food Programme, as mentioned earlier. The United States remains our largest bilateral donor and gave 19 per cent more in 2017 than the previous year (the equivalent of €44.1 million). Revenue from the Canadian government in 2017 almost doubled in the year (from €6.8 million to €13.4 million) and the French government increased funding by 79 per cent (from €4.5 million to €8 million).

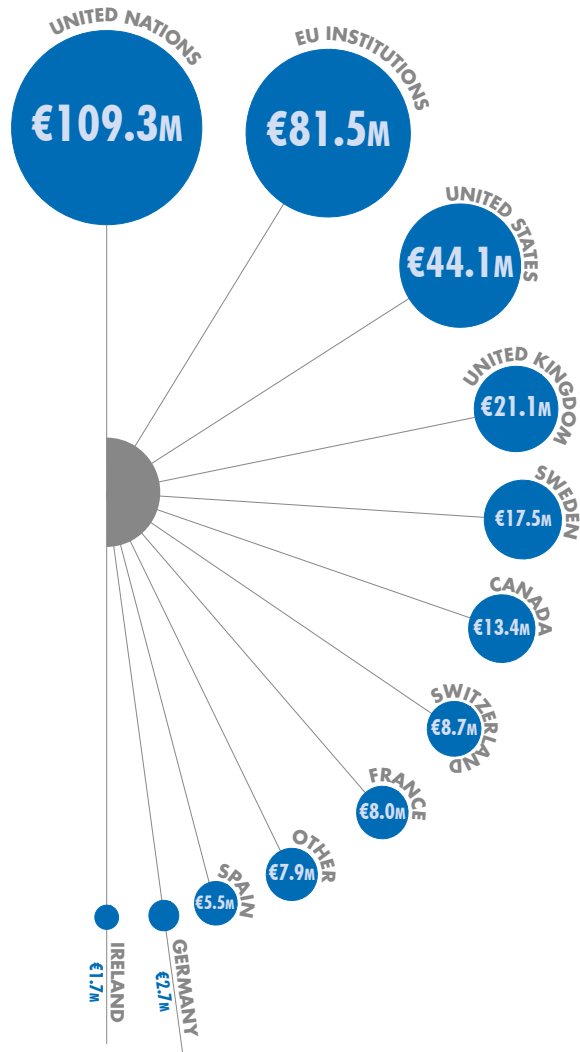


Figure 26: Action Against Hunger's public restricted income, by source of funds, 2017

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

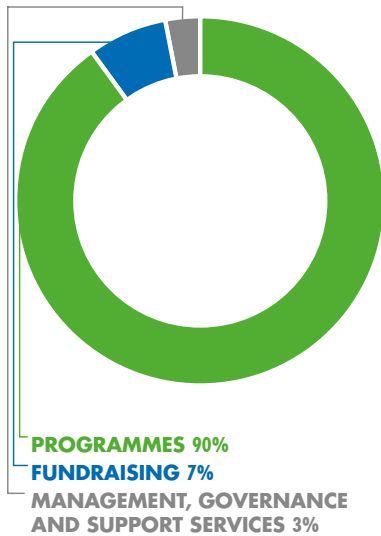


Figure 27: Breakdown of Action Against Hunger's expenditure, 2017

Higher revenue in 2017 enabled Action Against Hunger to expand its operations significantly and reach a record 20.2 million people. We recorded a total expenditure of €405.7 million compared to €310.7 million during 2016, an increase of €94.9 million (31 per cent).

For every one euro we spent across the Action Against Hunger Network, 90 cents were dedicated to programmatic activities, a one-cent increase on 2016. Fundraising (-1.7 percentage points) and management, governance and support services (-0.8 percentage points) comprised slightly less of the overall expenditure.

**ALL FINANCIAL INFORMATION REPORTED IS PRELIMINARY, AS RESULTS FROM FINAL AUDITS ARE YET TO BECOME FULLY AVAILABLE.**



A farmer in Kahn Yunis, Gaza, who benefited from Action Against Hunger's project of agricultural inputs and technical support.

## 9 ADVOCACY



### SCALING UP GOVERNMENT ACTION TO END HUNGER & MALNUTRITION



### DEFENDING PRINCIPLED HUMANITARIAN ACTION



### STRENGTHENING ADVOCACY CAPACITY

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 supported the integration and prioritisation of nutrition in government plans and policies.**

**Niger's Economic and Social Development Plan, 2017-2021:** We worked with authorities to integrate a nutrition security focus into Niger's Economic and Social Development Plan. The initial draft of the Plan did not include a nutrition security focus, but through public and private advocacy efforts, our office in Niger, along with civil society representatives, managed to reverse this. We produced a positioning paper to inform discussions on the content of the Plan, lobbied key target institutions, and provided technical guidance as a member of several committees. The resulting Plan includes a section on

activities that strengthen nutrition-sensitive interventions across sectors, and improving the nutrition status of the population.

**Tracking government expenditure on nutrition in Sierra Leone to support evidence-based advocacy:** Action Against Hunger tracked the Sierra Leone Government's budget allocations and actual expenditure for nutrition-specific and nutrition-sensitive interventions<sup>35</sup>, in collaboration with the Scaling Up Nutrition Secretariat. The study found that expenditure on nutrition by the Sierra

35 Nutrition-sensitive spending was defined as activities that indirectly targeted undernutrition by addressing its underlying causes. Nutrition-specific activities directly targeted undernutrition as their primary objective – either through improved dietary intake or by management of a nutrition related disease.

Leone Government decreased slightly from Le215.5 billion in 2015 to Le215.2 billion in 2016, two-thirds (64 per cent) spent by the Ministry of Education Science and Technology for nutrition-sensitive interventions.

**Water, sanitation and hygiene and nutrition integration:** We analysed the cross-integration of water, sanitation and hygiene within nutrition policies and nutrition in water, sanitation and hygiene policies in ten countries<sup>xxii</sup>, working with WaterAid and Sanitation and Hygiene Applied Research for Equity<sup>xxiii</sup>. The analysis found that nutrition plans generally include water, sanitation and hygiene but few through a specific dedicated objective and concrete targets; and that water, sanitation and hygiene plans do not mention nutrition. The findings and resulting recommendations (such as to establish effective cross-ministerial coordination mechanisms championed at the highest level by Heads of State, and involving civil society) were presented at international events of both sectors.

Our advocacy staff have used the report in Chad and Madagascar where water, sanitation and hygiene has been included in national nutrition plans<sup>xxiv</sup>. We have also contributed to global partnerships of both sectors, where the Scaling Up Nutrition Civil Society Network and Sanitation and Water for All have signed a collaboration

### We defended principled humanitarian action.

**Respect for international humanitarian law in Yemen:** We advocated for principled humanitarian action to improve the situation of vulnerable populations in Yemen as part of our broader advocacy work on the four pre-famine contexts in Nigeria, Somalia, South Sudan and Yemen in 2017 (see Chapter 4 for our emergency response).

**We issued statements and public calls for action, held conferences and shared information on the humanitarian situation.** We coordinated advocacy activities with humanitarian organisations in Yemen and were active on the international scene, organising a civil society conference on Yemen in London. The conference closed with calls to action on reinvigorating the peace process, easing restrictions on the

agreement to promote water, sanitation and hygiene and nutrition integration at global and country levels.

**The UK Department for International Development's Global Nutrition Position Paper:** Action Against Hunger has been closely engaged with the UK Department for International Development (DFID) over the development of their Global Position Paper on Nutrition, published in 2017<sup>xxv</sup>. Our activities included producing a report, *Supercharging Child Survival*<sup>xxvi</sup>, that looks at DFID's efforts to integrate nutrition into its health portfolio and highlights case studies from Kenya, Pakistan and South Sudan. We welcome DFID's Position Paper as it commits to improved integration of nutrition into water, sanitation and hygiene, livelihoods, social protection and health programmes. It also rightly identifies the need to address wasting as well as stunting, low birth weights and the provision of micronutrients.

**Action Against Hunger gave written and oral evidence to the UK's International Development Committee on the East African food crisis.** We shared operational knowledge from East Africa, along with recommendations on how the UK government and international community can build on ongoing efforts to address the causes and effects of the crisis.

flow of goods into and around the country, more and flexible funding, and adherence to international humanitarian law.

**We appealed to global leaders.** Action Against Hunger supported the launch of an urgent appeal to President Macron, President Trump and Prime Minister Theresa May to mark 1,000 days of the conflict. The call to action was widely relayed by the media and the #YemenCantWait campaign. It generated more than 430 signatories from a wide cross-section of society, including political figures, business leaders, NGO and civil society representatives, and faith leaders. We also held meetings on Yemen with foreign affairs ministries, including permanent members of the UN Security Council.



**We strengthened advocacy capacities to influence, both our own capacity and the capacity of the wider movement.**

**Advocacy toolkit on ‘implementing the Sustainable Development Goals at the national level: how to advocate for nutrition-related targets and indicators’:** We developed this toolkit to better integrate the Sustainable Development Goals related to nutrition in national development plans, policies and strategies. It provides an overview of what the Sustainable Development Goals are and why they are important for nutrition, identifies the targets and indicators that are relevant for nutrition and should be integrated in national plans, and gives practical recommendations and ready-to-use advocacy messages. The toolkit is being used by our country teams and has been adapted for use by civil society, including the Scaling Up Nutrition Civil Society Network.

**Advocacy training and development of E-learning advocacy modules:** We rolled out online advocacy modules to staff and partner organisations, which covered the basics of advocacy, advocacy on climate change and hunger, and budget advocacy on nutrition.

We gave advanced advocacy training to our staff on how to produce advocacy strategies and integrate an advocacy approach within all programming phases. A

course in Dakar, Senegal, in February targeted staff from six of our country and regional offices. Support was provided on budget advocacy to our country offices in Sierra Leone, Burkina Faso and Madagascar.

**Technical assistance to partners:** We transferred our advocacy expertise through provision of technical assistance to one of our partners in Turkey, Support To Life. This was funded through the Directorate General for European Civil Protection and Humanitarian Aid Operations under a programme on protection and livelihoods support to Syrian refugees. We provided on-site and remote support to introduce advocacy into the response and develop an overarching advocacy strategy that covers all of Support To Life’s programmes.

**Action Against Hunger Nutrition and Health Advocacy Strategy 2017-2020:** Our strategy was finalised in October 2017 and presents the organisation’s strategic direction on advocacy to push for scaling up treatment and prevention of acute malnutrition. It aims to promote lasting changes to policies and practices by influencing governments, institutions and the private sector.



Young women attend a community session facilitated by Action Against Hunger in Matam, Senegal.

# 10 PARTNERSHIPS



**32%**

**PARTNERSHIPS WITH LOCAL GOVERNMENT**



**CAPACITY BUILDING PRINCIPLE PURPOSE FOR PARTNERSHIPS**

Action Against Hunger promotes and encourages a range of partnerships as an integral way of maximising the impact we have. We believe working together with organisations at local, national, regional and international levels is essential to develop effective solutions to tackle the causes and effects of malnutrition.

Partnerships are formed across all of Action Against Hunger’s intervention sectors. Most country offices reported partnerships in nutrition and health, water, sanitation and hygiene, and food security and livelihoods in more or less equal proportions. In the context of nutrition interventions in particular, collaboration with government entities responsible for health is often critical to ensure the effectiveness and sustainability of our interventions.

Half of partnerships (49 per cent) were reported to be with either local government or national government, compared to 45 per cent in 2016. Partnerships with local government accounted for the highest proportion of total partnerships (32 per cent), followed by partnerships with national or local NGOs (22 per cent). While private sector partners represented only three per cent of partnerships established across the Action Against Hunger Network, their significance varies by country (see case study on Guatemala).

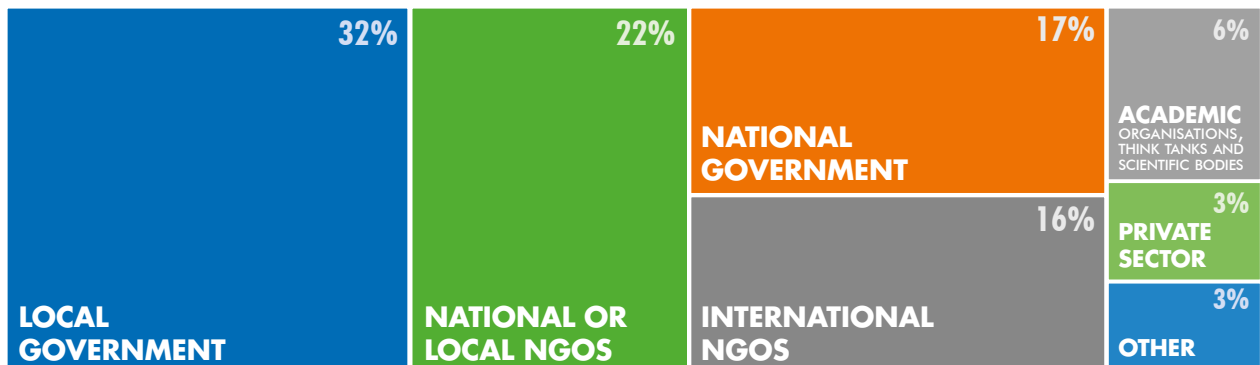


Figure 28: Partnerships reported by Action Against Hunger country offices, by partner type, 2017

## CASE STUDY



© Marvin Castañeda for Action Against Hunger

### PRIVATE PARTNERSHIPS IN GUATEMALA

In the context of our disaster risk reduction work in Guatemala (a country severely affected by natural disasters), partnerships with the private sector are essential in areas such as the department of Escuintla, where land ownership among private companies is high. Within a project on 'Public-private partnerships to reduce the risks from disasters in Guatemala', Action Against Hunger has developed a partnership with a group of companies committed to corporate social responsibility in Guatemala (CentraRSE).

Through this partnership, we shared our expertise and developed together a methodology that enables companies to self-diagnose their capability to prevent, mitigate and launch a response to natural disasters, with support from ECHO. Across Guatemala, our private sector partnership model has ensured over ten companies operating in different sectors have developed disaster contingency plans, and in Escuintla public-private roundtables have been established with the aim of coordinating mitigation measures for flooding.

Capacity building was the principal purpose for partnerships (40 per cent). One in three partnerships focused on improving access to people in need. This was the primary purpose in eight countries, including conflict-affected Nigeria, the Philippines, and Yemen.

Sustainable exit strategies are an important element of capacity building programmes – seven per cent of all partnerships targeted the handover of programmes to local and national partners. In Nepal, for example, the local government is now solely running nutrition interventions in three districts that were previously run in collaboration with Action Against Hunger. This was possible because of the formal training sessions and on-the-job capacity building conducted by Action Against Hunger throughout the project in areas like nutrition in emergencies, and best practice for the monitoring and reporting of nutrition interventions.

In Niger, Action Against Hunger's partnership with the national NGO Demi-E has been mutually beneficial in terms of capacity building, because it has allowed both organisations to access the other's distinct areas of expertise. Demi-E staff have attended training provided by Action Against Hunger on technical areas such as water, sanitation and hygiene, and nutrition, as well as management skills. In turn, Demi-E (which has been closely involved in implementing the National Pastoral Hydrology Strategy in Niger) has offered training to Action Against Hunger staff on animal health and the environment.

Research represented another purpose for partnerships. In Zimbabwe, we partnered with the University of Zimbabwe to research the effectiveness of airtight storage technology to reduce the contamination of maize, the main staple food in the country – see Chapter 7 on Research, Innovation and Learning. Two partnerships for advocacy were reported in Syria.

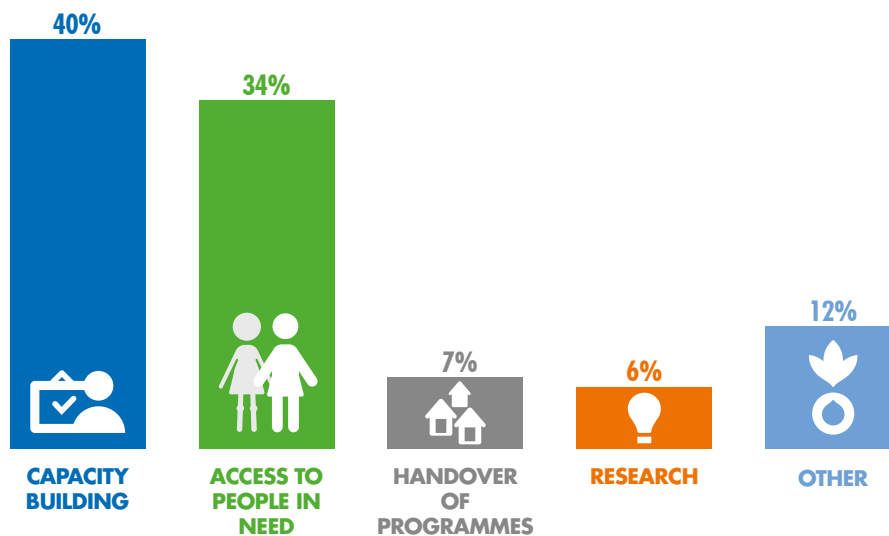


Figure 29: Partnerships by purpose, as reported by Action Against Hunger country offices, 2017

Action Against Hunger country offices reported membership to 99 consortia in 41 countries. In more than half of countries (59 per cent), Action Against Hunger held a position of lead agency within these consortia. Examples include our leadership in 2017 of the Philippine International NGO Network (PINGON), a coordinating

body for humanitarian response composed of international NGOs working in the Philippines. Across the Action Against Hunger Network, we were also active in over 200 humanitarian coordination mechanisms, such as nutrition, water, sanitation and hygiene, and food security and livelihoods clusters.

## CASE STUDY

### WORKING WITH NGOS THROUGH THE START FUND

Action Against Hunger is a member of the Start Network, comprised of 42 international and national NGOs. The Start Network manages the Start Fund, a humanitarian fund which provides rapid financing to under-funded, small to medium scale crises and spikes in chronic humanitarian crises, and to act in anticipation of impending crises.

Out of the ten emergencies Action Against Hunger responded to under the Start Fund in 2017, four were in partnership with Start Network members. These were: Typhoon Nock-Ten in the Philippines, flooding in Peru, anticipation of election-

based violence in Kenya, and Tropical Storm Vinta in the Philippines<sup>36</sup>. We were the lead partner in three out of the four consortia, with the consortium size ranging from two to eight NGOs for the response in Kenya.

We considered factors such as expertise and geographical presence before entering into agreements with the 12 member NGOs across the four emergency responses (a quarter of all Start Network members)<sup>xxvii</sup>. By engaging in consortia to respond to urgent humanitarian needs, we were able to reach more people collectively in a coordinated and complementary manner.



*Hadji Salman Liaooa, a recipient of an Action Against Hunger hygiene kit, non-food item kit and shelter kit is interviewed by an Action Against Hunger staff member in a shelter made using the kit in Masiu, Lanao Del Sur.*

<sup>36</sup> Action Against Hunger also received funding for a Start Fund learning project in the Democratic Republic of the Congo in partnership with Humanity and Inclusion. See Chapter 4 for more information on the emergencies Action Against Hunger responded to during 2017.

## CASE STUDY

### A WORKING DEFINITION OF PARTNERSHIPS ACROSS THE ACTION AGAINST HUNGER NETWORK

Across Action Against Hunger, the parameters for defining partnership vary based on the operational context, and our relationships with governments and local/national NGOs. Understanding the differences in these definitions can help build a picture of partnership throughout the organisation, and our progress towards achieving our strategic goals related to transfer of knowledge and capacity building.

In the Philippines for example, partnerships and knowledge transfer involving local and national actors are an important component of our country strategy. In the country, we have adopted the following working definition of partnerships: instances where Action Against Hunger is working with an agency to realise a common and defined goal, in line with our vision of a world free of hunger. Memoranda of Understandings and consortia agreements represent examples of the ways in which partnerships are formalised.

The set of dimensions (formal and informal) that define the appraisal and selection of local partnerships include the following:

- Understanding of local context, traditions and language
- Access to people in need
- Local ownership and sustainable solutions
- Conflict-mediation skills and application of 'do no harm' principle
- Technical expertise
- Access to local government and community leaders
- Understanding of security context

In Nepal, Action Against Hunger's relationship with partners is clearly defined. The government requires international NGOs to implement all activities through national and local NGOs who are registered in the district of operation. In order to secure the most suitable partner for each project, Action Against Hunger in Nepal publishes a call

for Expressions of Interest periodically, and uses pre-defined selection criteria to score and select partners. Though the considerations are similar to those used in the Philippines, additional dimensions relevant to the Nepali context include:

- Accountability
- Advocacy capacity
- Gender and social inclusion
- Community feedback mechanism
- Stakeholders feedback mechanism

In Chad, a Memorandum of Understanding with national NGOs is counted as a partnership and the objective of a collaboration might apply to one or multiple projects. Some recent interventions have strengthened Chad's partnership approach – an ECHO-funded intervention concluded in 2017 brought Alliance Sahélienne de Recherches Appliquées pour le Développement Durable (ASRADD) and Action Against Hunger together. The project aimed to promote the roles of civil society organisations and local authorities in the analysis, development and implementation of national public policies and advocacy strategies to promote sector-level reforms. Partnership therefore does not only link to direct implementation but is increasingly becoming an objective on its own, to drive systemic change.

A similar process of formalisation with local authorities is also in place in Chad and is typically defined through protocols of collaboration. Since Action Against Hunger works with several health centres in selected regions (e.g. in Kanem and Bahr el Gazel), the regional health delegation in Chad has formalised the relationship with Action Against Hunger as a key partner in order to adopt and upscale adequate practices to manage severe acute malnutrition and moderate acute malnutrition cases.

Going forward, we plan on expanding our working definitions of partnerships to cover our collaboration with donors. Action

# 11 FUNDRAISING AND COMMUNICATIONS



**€79.4M**

**PRIVATE SOURCES**

2016: €73.9M



**1.1M**

**PEOPLE GIVING  
A FINANCIAL  
CONTRIBUTION**

2016: 895,000



Figure 30: Action Against Hunger's private restricted and unrestricted income, 2017

Against Hunger strives to have a powerful and legitimate voice and to be recognised as a global leader working for a world free of hunger. We consider communications and fundraising as important tools to project that strong voice, develop long-lasting partnerships and be at the forefront of delivering change in the lives of people affected by hunger.

In 2017, more than one million supporters provided a financial contribution to Action Against Hunger, a 24 per cent increase on 2016 (or 218,000 more supporters). 87 per cent of Action Against Hunger's private income was from individuals in 2017 and they are a key driver of the rise in our unrestricted private income, which stood at €68.6 million last year (from €64.2 million in 2016). We harness the visibility of major humanitarian crises to channel giving from individuals and to generate the political will required to create long-lasting change.

While individuals comprise most of our supporters, foundations, businesses, restaurants and schools are also integral partners. Globally, Action Against Hunger generated €79.4 million from all private income channels in 2017. Notable fundraising highlights in the year include:

- A \$2 million unrestricted donation from the Bill Gross Foundation in the United States
- \$1.1 million from the private gaming subscription company Humble Bundle in the United States
- £1.1million from the UK's Healthy Mums, Healthy Kids campaign – see case study later in chapter

More than one in three of Action Against Hunger's supporters were schoolchildren who participated in our "Race Against Hunger" fundraising campaign across multiple countries. In total, 457,000 children joined the campaign in 2017, compared to 390,000 in the previous year. Through Race Against Hunger, we engage schools and provide pupils the opportunity to learn about Action Against Hunger's live-saving programmes before they take part in a sponsored run<sup>37</sup>.

<sup>37</sup> The race is tailored to fit the needs of each school and pupil. Other fundraising activities are proposed if it is not possible to conduct a run.

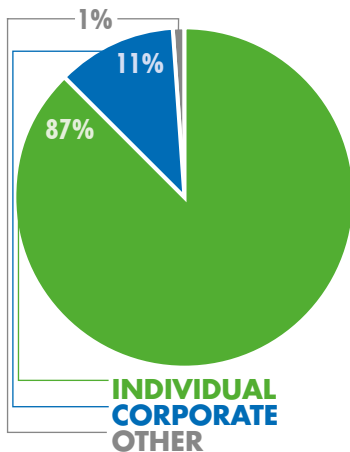


Figure 31: Breakdown of Action Against Hunger's private income, by source of funds, 2017

Action Against Hunger's fundraising capacity continues to grow and expand geographically. We now fundraise in five countries where we have significant operations, namely: Colombia, India, Guatemala, Peru and the Philippines. Offices dedicated primarily to fundraising and communications were established in Germany and Italy in 2014 and are now fully operational. In 2017, these two offices reported revenue of €3.3 million while growing awareness of the Action Against Hunger brand among citizens in those countries.

Our aim is to grow a community of supporters through social media, partnerships, media outreach, content development and storytelling as we pursue our target to raise €130 million through private sources by 2020 to fund interventions that address malnutrition. Due to the focused media attention in February 2017 on the near-famine impacting more than 20 million people in Nigeria, Somalia, South Sudan and Yemen, significant increases in visibility were achieved among top-tier press, including the New York Times, Wall Street Journal, CNN, Newsweek, Reuters, BBC News, Der Tagesspiegel, El Pais, and Liberation.

## CASE STUDY

### ACTION AGAINST HUNGER FRANCE "C'EST BIEN PLUS QUE NOURRIR"

Action Against Hunger is well recognised in France and internationally as an expert in the fight against malnutrition. There is, however, a need to improve understanding of hunger and its causes among the general public. Additionally, the organisation's identity is sometimes associated with negative communication campaigns.

Action Against Hunger therefore launched a repositioning campaign to change the way the French public perceives hunger and its brand. We wanted the new

campaign to be positive, to speak up about the causes of hunger and to show the diversity of our interventions across multiple sectors.

We developed a campaign based on bold messages: "Feeding means healing", "Feeding means making peace", and "Feeding means getting involved". We further established a new brand story: "Action Against Hunger. Much more than food." to reinforce the message on the diversity of the organisation's responses.

**NOURRIR**  
CA VEUT DIRE  
**SOIGNER**

UNE PERSONNE MALADE PEUT RAPIDEMENT SOUFFRIR DE MALNUTRITION. SAVEZ-VOUS QUE LES MALADIES SONT L'UNE DES PRINCIPALES CAUSES DE LA FAIM DANS LE MONDE, FRAGILISANT ENCORE L'ORGANISME DES PLUS FAIBLES ? ALORS NOUS ŒUVRONS DIRECTEMENT AUPRÈS DES POPULATIONS POUR PRÉVENIR ET SOIGNER, AFIN QU'ELLES PUISSENT RETROUVER UNE VIE ET UNE ALIMENTATION NORMALES.



## CASE STUDY

### ACTION AGAINST HUNGER SPAIN “BEHIND THE EMERGENCY”

We all know that working on an emergency is not about dropping bags of rice or blankets from an airplane... but what do people really know?

“Behind the emergency” is a campaign developed with financial assistance from the Spanish Agency for International Development Cooperation that shows the vast array of work that Action Against Hunger carries out during a humanitarian response. A comprehensive multimedia website ([www.detrasdelaemergencia.org](http://www.detrasdelaemergencia.org)) invites the public to enter the backstage of our emergency interventions. It gives the public an opportunity to get to know the people deployed in just 24 hours, the logistics required to bring aid to those in need, how Action Against Hunger

coordinates with other actors to avoid duplication on the ground, why some emergencies can be prevented and why others can last for months or years.

Three journalists from Spanish media partner El País’s Planeta Futuro section were embedded within our emergency teams in Mauritania, Peru and the Philippines for one week to produce digital multimedia features. More than 20 articles, interviews and videos were published on [elpais.com](http://elpais.com) and through social media as a result. The campaign also included a photo exhibition that was shown in train stations of major cities around Spain thanks to a partnership with Adif, the public company in charge of railway infrastructure.





Fundraising for UK Aid Match in Exeter, UK

## CASE STUDY

### ACTION AGAINST HUNGER UK UK AID MATCH APPEAL

Our Healthy Mums, Healthy Kids appeal ran from 2nd September to 2nd December 2017 and was our most successful UK appeal ever, raising £1.1million – 134 per cent of predicted income, and creating 27,673,342 opportunities to view the appeal over the three-month period. The appeal built on existing fundraising mechanisms including Love Food Give Good, our flagship restaurant fundraising initiative (raising over £600,000); high-profile events such as a Fine Wine Auction; mobilising chef ambassadors including Raymond Blanc and Ken Hom; and mobilising our community networks, including students.

Our Love Food Give Food fundraising initiative saw 410 restaurants taking part with restaurant customers donating £1 on their bill, restaurants adding 50p to a dish (including our longstanding partner Carluccio's) and restaurants organising

events.

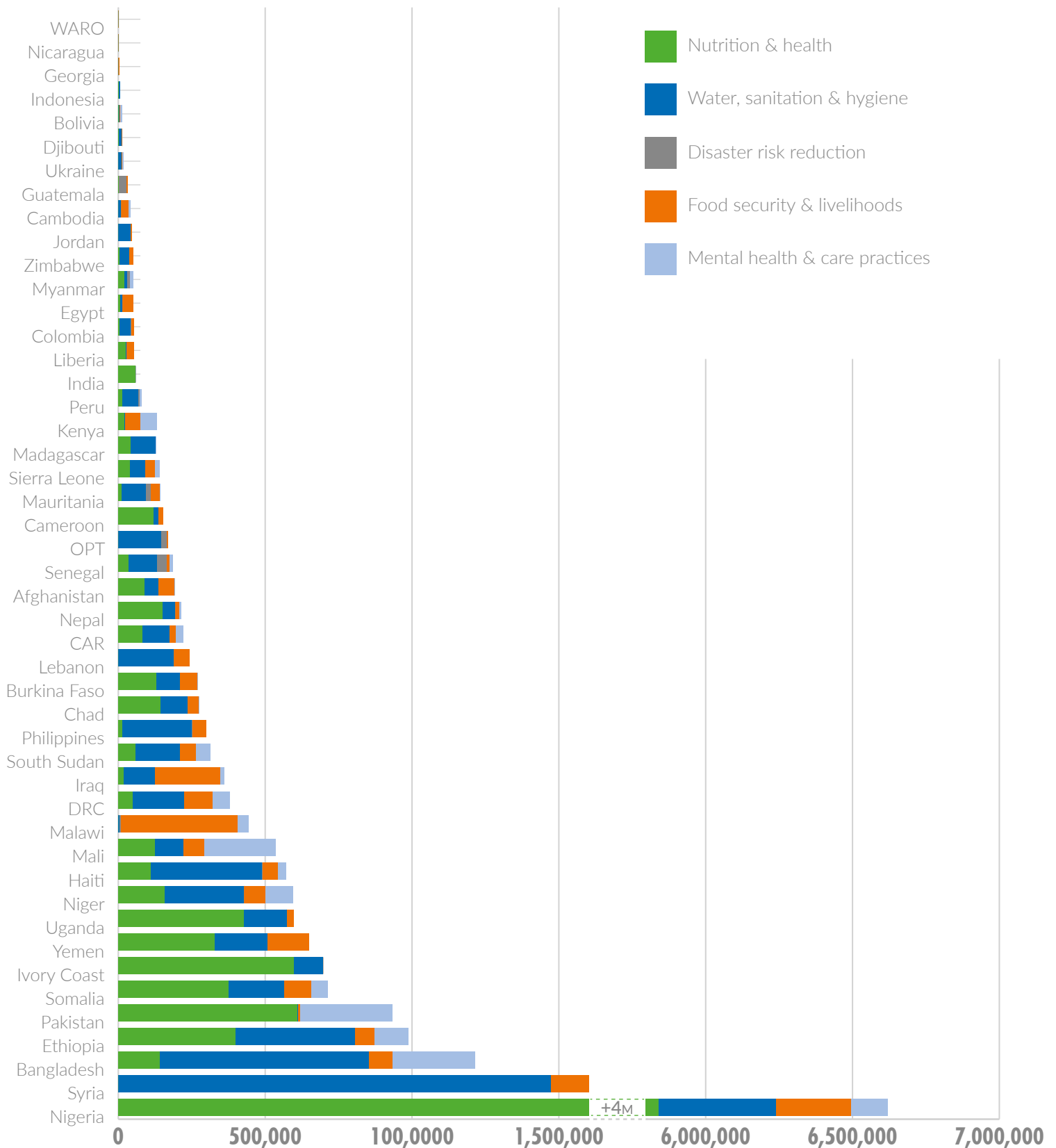
Media highlights included excellent coverage in delicious.magazine with over 1 million opportunities to view through a social competition they ran and a blog published on the Huffington Post website.

In 2017, Action Against Hunger UK was chosen by the UK government to run a UK Aid Match appeal. This meant for every £1 donated to the Healthy Mums, Healthy Kids appeal, the UK government contributed another £1 of UK aid.

The donations matched from the appeal are funding Action Against Hunger's Teenage Nutrition for Change project in Senegal, which aims to reduce malnutrition by improving the nutritional status of teenage girls, mothers and their children in Matam, Senegal.

# ANNEX 1

## NUMBER OF PEOPLE REACHED BY ACTION AGAINST HUNGER, BY COUNTRY AND SECTOR, 2017



# ANNEX 2

## ACTION AGAINST HUNGER'S ONGOING RESEARCH PROJECTS, 2017

### FOOD SECURITY AND LIVELIHOODS

- Analysis of seasonal variations in weight gain of 6-24 month-old children in Tapoa, Burkina Faso (Apr. 2014 – Oct. 2015). *Burkina Faso*.
- Applied research programme on land and water based adaptive farming practices in Bangladesh. *Bangladesh*.
- Health gardens and income generating activities.
- Impact of health gardens versus AGR.
- Observatory of resilience (CLERSE).

### MENTAL HEALTH AND CARE PRACTICES

- Baby Friendly Spaces +. *Ethiopia*.
- Comparative study on the effectiveness of two treatment interventions for trauma. *Central African Republic*.
- Follow-up of severely malnourished children (FUSAM): Effectiveness of a combined nutrition psychosocial intervention on health and development. *Nepal*.
- Mother to child transmission of trauma. *Central African Republic and Chad*.
- Social representations of severe acute malnutrition and health seeking behaviours.

### MULTI-SECTOR

- Benefits of adding a household WASH component to routine outpatient SAM management (Ouadi'Nut). *Chad*.
- Biomedical investigations for optimised diagnosis and monitoring of severe acute malnutrition (Opti'Diag). *Bangladesh, Burkina Faso, Indonesia and*

*Liberia*.

- Cost-effectiveness analysis.
- Cultivate Africa's future (CultiAF). Reducing maize-based aflatoxin contamination and exposure in Zimbabwe. *Zimbabwe*.
- Domiciliary factors of SAM (DDMAS).
- Evaluating the effectiveness of safe drinking water in SAM treatment (PUR). *Pakistan*.
- Impact evaluation of a multi-sectorial programme on undernutrition (Pib study). *Madagascar*.
- Modelling and alternative nutrition protocol generalisable to outpatient (MANGO). *Burkina Faso*.
- Nutritional effect assessment project (NEAP).
- Prevention of maternal depression and child undernutrition.
- Trust. A global collaboration to improve adherence to high ethical standards around the world.
- Uptake supporting REFANI Pakistan and the WASH'Nutrition 2017 guidebook.
- Wash'em. *The Democratic Republic of the Congo and Iraq*.

### NUTRITION AND HEALTH

- Central America - Youth in action: Developing a counselling system/ model led by Chorti Maya youth to improve maternal and child health in communities of the municipality of Jocotan, department of Chiquimula. *Guatemala*.

- Click-MUAC. *Kenya*.
- Development of a standard tool, method and approach to analyse the process of integration and ownership of the management of SAM in health systems in West Africa.
- Estimation of mortality risks associated with the different SAM diagnosis criteria.
- Evaluation of multiannual and season cash transfers to prevent acute malnutrition (MAM'OUT). *Burkina Faso*.
- Integrated community case management Kenya (iCCM). *Kenya*.
- Joint study to identify strategic lines for the implementation of integrated nutrition and family planning projects in Mali (Kita) and Niger (Mayahi). *Mali and Niger*.
- Malnutrition and infant infections in Africa (MALINEA) - MAM treatment. *Central African Republic, Madagascar, Niger and Senegal*.
- Malnutrition and infant infections in Africa (MALINEA) - psychosocial evaluation. *Central African Republic, Madagascar, Niger and Senegal*.
- Modelling early risk indicators to anticipate malnutrition (MERIAM). *Kenya, Niger, Nigeria, Somalia, Uganda*.
- Pilot study treatment of SAM with CHWs in Niger and Mauritania (C-Project Phase 1). *Mauritania and Niger*.
- Research on food assistance for nutritional impact (REFANI). *Niger, Pakistan and Somalia*.
- SAM mobile photo diagnosis. *Senegal*.
- Scaling up the treatment of severe acute malnutrition by community health workers in Mali (C-Project Phase 2). *Mali*.
- Study on assessing the resilience of health systems in the Sahel: Case studies in Mali and Niger. *Mali and Niger*.
- Study on improving frameworks and

coordination mechanisms for the prevention and management of health and nutrition emergencies in the Sahel: Case studies from Niger and Mali. *Mali and Niger*.

- The combined protocol for acute malnutrition study (ComPAS). *South Sudan*.

## WATER, SANITATION AND HYGIENE

- Adaptation of a low-cost home filtration system. *Burkina Faso*.
- Evaluation of an intervention to improve the water quality of the households of children in outpatient care for severe acute malnutrition, Matam, Senegal. *Senegal*.
- Moringa leaves as handwashing product for water and soap scarce contexts. *Ghana*.
- Urban and peri-urban solid waste recyclers: A case from Mongolia. *Mongolia*.
- WASH service improvement: Smart distribution metering and grey water management. *Lebanon*.
- Water filters in Tapoa. *Burkina Faso*.

## OTHER

- Politics of famine. *Nigeria*.
- Use of autonomous sensors, wireless data collection and cloud services for the monitoring of WASH infrastructures and improved water governance. *ICT*.

## LEGEND: ACTION AGAINST HUNGER HEADQUARTER LEADING RESEARCH PROJECT

- France
- Spain
- United States

# ANNEX 3

## LIST OF ACTION AGAINST HUNGER'S PUBLICATIONS, 2017

- A cluster RCT to measure the effectiveness of cash-based interventions on nutrition status in Pakistan (Research for Nutrition conference), B. Fenn, January 2017, ENN Field Exchange
- A research agenda for acute malnutrition, No Wasted Lives and CORTASAM, December 2017, <https://www.nowastedlives.org/documents-research-agenda>
- A statement from the Council of Research & Technical Advice on acute malnutrition, No Wasted Lives and CORTASAM, December 2017, <https://www.nowastedlives.org/documents-cortasam-muac-recommendation>
- Anaemia in Latin America. Review of the problem, Action Against Hunger Spain, October 2017
- Applied research on new production model to cope with waterlogging, Action Against Hunger Bangladesh and France, December 2017, [www.youtube.com/watch?v=M3ki1QXNEuE](http://www.youtube.com/watch?v=M3ki1QXNEuE)
- Assessing impact of cash transfers programmes in reducing child malnutrition in Somalia IDP camps, Brown University and UCL, January 2017, [http://watson.brown.edu/HI2/news/QA\\_Jelle](http://watson.brown.edu/HI2/news/QA_Jelle)
- Beneficiaries' perceptions and reported use of unconditional cash transfers intended to prevent acute malnutrition in children in poor rural communities in Burkina Faso: qualitative results from the MAM'Out randomised controlled trial, A. Tonguet-Papucci et al., May 2017, BMC Public Health
- Challenges and dilemmas in the implementation of ethical principles in humanitarian programmes, G. Luc-Menichelli, March 2017, Humanitarian Alternatives
- Champions network member raises awareness of the link between WASH, health and nutrition, Action Against Hunger France
- Comparative analysis of anthropometric indicators for the diagnosis of child malnutrition, A. Díez Navarro, November 2017, Doctoral thesis
- Cost-effectiveness of the treatment of uncomplicated severe acute malnutrition by community health workers compared to treatment provided at an outpatient facility in rural Mali, E. Rogers, February 2017, Pub Med
- Cost efficiency of cash transfers via mobile phones according to the MAM'Out project (Poster and 1-pager), Action Against Hunger France, October 2017
- Costs and cost efficiency of a mobile cash-transfer to prevent child undernutrition during the lean season in Burkina Faso: A mixed methods analysis from the MAM'Out RCT, C. Puett et al., September 2017, BMC
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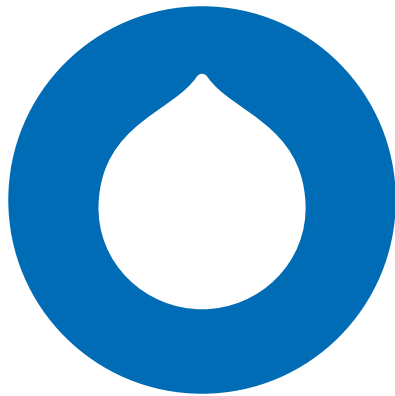
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## ENDNOTES

- i <http://www.who.int/mediacentre/factsheets/fs178/en/>.
- ii As explained in the introduction chapter, these countries are: Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan.
- iii In a handful of cases, country offices disaggregated total people reached into three categories: female, male and children under five. In these instances, we assumed an equal female to male ratio among children. In the rare instance country offices have not reported data for people reached by gender for 2017, we used the gender breakdown reported in 2016.
- iv The under-five child mortality rate is the number of deaths per 10,000 children under-five years of age per day. SMART surveys are the source for the under-five child mortality estimates in all cases apart from Nigeria. The data for Nigeria is from nutrition surveillance surveys. We present the mortality estimation in green and blue boxes, along with values that correspond to a 95 per cent confidence interval.
- v As explained in the introduction chapter, these countries are: Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan.
- vi Blue bars indicate estimated baseline global acute malnutrition rate; the green bars the updated latest available estimates from surveys as follows: Pama, Fada N'gourma and Diapaga (SMART survey, 2017); Tombouctou, Kita, Kayes, Gao and Bamako (SMART survey, Aug/Sept 2017); Hod El Chargui and Guidimakha (SMART survey, Aug 2017); Mayahi (Link-NCA, Dec 2016); Yobe and Borno (UNICEF Nutrition and Food Security Surveillance Rounds, Dec 2017); Aweil East (SMART survey, June 2017); and the grey bars the respective targets for 2020. Only selected geographical areas within our ten high burden countries that report additional global acute malnutrition data relative to a baseline since our 2016 annual report are included. We present the global acute malnutrition estimation, along with values that correspond to a 95 per cent confidence interval below:
- Aweil East (South Sudan) 2015 25.6% (22.5% - 31.3%), 2017 26.2% (20.9% - 32.3%), Target 20.5%;  
 Borno (Nigeria) 2016 13.0% (10.2% - 16.4%), 2017 8.9% (7.1% - 11.1%) Target 10.4%;  
 Yobe (Nigeria) 2016 10.3% (7.3% - 14.2%) 2017 11.6% (10.7% - 19.0%) Target 8.2%;  
 Mayahi (Niger) 2016 12.9% (9.0% - 16.9%) 2017 11.4% (9.4% - 13.8%) Target 10.3%  
 Guidimakha (Mauritania) 2015 22.4% (18.7% - 26.5%), 2017 17.3% (15.0% - 20.0%), Target 17.9%;  
 Hod El Chargui (Mauritania) 2015 17.1% (14.9% - 19.4%), 2017 12.3% (10.4% - 14.4%), Target 13.7%;  
 Bamako (Mali) 2015 10.3% (8.4% - 12.4%), 2017 10.0% (8.3% - 11.9%), Target 8.2%
- vii Four of the top ten countries were in the Middle East: Iraq (2nd; €11.7 million), Lebanon (5th; €1.5 million), Yemen (6th; €1.4 million) and Jordan (10th; €850,000).
- viii Graph data including confidence intervals:
- Gao (Mali) 2015 11.5% (9.3% - 14.2%), 2017 15.2% (12.2% - 18.8%), Target 9.2%;  
 Kayes (Mali) 2015 13.3% (10.9% - 16.1%), 2017 14.2% (12.3% - 16.4%), Target 10.6%;  
 Kita (Mali) 2015 13.3% (10.9% - 16.1%), 2017 14.2% (12.3% - 16.4%), Target 10.6%;  
 Tombouctou (Mali) 2015 17.5% (15.2% - 20.1%), 2017 15.7% (12.7% - 19.4%), Target 14.0%;  
 Diapaga (Burkina Faso) 2015 13.6% (11.0% - 16.8%), 2017 10.6% (8.0% - 14.0%), Target 10.9%;  
 Fada N'gourma (Burkina Faso) 2015 11.4% (8.2% - 15.8%), 2017 11.2% (7.9% - 15.6%), Target 9.1%;  
 Pama (Burkina Faso) 2015 7.7% (5.8% - 10.3%), 2017 6.3% (4.2% - 9.4%), Target 6.2%
- ix For Mayahi, the severe acute malnutrition prevalence estimate for 2016 was at regional level through a SMART survey. In 2017, this was at district level using a Link-NCA survey.
- x Green bars indicate estimated baseline severe acute malnutrition rate. Blue bars indicate the latest available estimates from surveys as follows: Tombouctou, Kita, Kayes, Gao and Bamako (SMART survey, Aug/Sept 2017); Hod El Chargui and Guidimakha (SMART survey, Aug 2017); Mayahi (Link-NCA, Dec 2016); Yobe and Borno (UNICEF Nutrition and Food Security Surveillance Rounds, Dec 2017); Aweil East (SMART survey, June 2017). Floating tabs indicate the respective targets for 2020 and are grey where the target has been met. Only selected geographical areas within our ten high burden countries that report additional severe acute malnutrition data relative to a baseline since our 2016 annual report are included. We present in green and blue boxes the severe acute malnutrition estimation, along with values that correspond to a 95 per cent confidence interval.
- xi Green bars indicate estimated baseline chronic malnutrition prevalence. White tabs indicate the respective targets for 2020. Blue bars (in the case of Burkina Faso) indicate the updated latest available estimates based on a SMART survey in 2017. Only selected geographical areas within our ten high burden countries that report chronic malnutrition data are included. We present in green and blue boxes the estimated prevalence of chronic malnutrition, along with values that correspond to a 95 per cent confidence interval.
- xii Reporting on this indicator by our country teams is not mandatory. As such, reporting can vary year on year. More than two thirds of the reported rise in CMAM admissions in 2017 came from country offices that reported in 2016.
- xiii As explained in the introduction chapter, these countries are: Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan.
- xiv Source: calculated from estimates for global burden in 2015 (UNICEF/WHO/World Bank Group - Joint Child Malnutrition Estimates, 2016 Edition) and admissions in 2015 (UNICEF Global SAM Management Update Tool - Nutridash, 2016).
- xv As reporting on CMAM admissions by our country teams is optional, actual number of people reached may be higher.
- xvi Seven of our 10 high burden countries reported cure, mortality and defaulter rates for 2017 for Therapeutic Feeding Programmes. When reporting these countries as a group, we use unweighted averages of these rates.

- xvii Blue arcs indicate estimated baseline coverage; the green the updated latest available estimate from SQUEAC and SLEAC surveys as follows: Fada N'gourma (SQUEAC, Feb/Mar 2017), Kayes (SQUEAC, July 2017), Kita (SQUEAC, June/July 2017), Tombouctou (SQUEAC, Feb 2017), Mayahi (SLEAC, Dec 2016), Keita (SLEAC, Dec 2016), Dadu (SQUEAC, Jan 2017). Selected geographical areas within our ten high burden countries that report new coverage data relative to a baseline since our 2016 annual report are included. We present within the arcs the coverage estimation, along with values that correspond to a 95 per cent confidence interval below. The thin grey arcs refer to our International Strategic Plan target for our programmes supporting treatment of severe acute malnutrition to reach a coverage of 60 per cent by 2020.
- Graph data including confidence intervals:  
Dadu (Pakistan) 2014 50.3% (40.8% - 59.9%), 2017 49.8% (39.3% - 60.1%);  
Keita (Niger) 2013 28.1% (21.0% - 33.8%), 2016 27.3% (17.5% - 36.0%);  
Mayahi (Niger) 2013 37.6% (22.3% - 52.9%), 2016 41.2% (24.3% - 56.9%);  
Tombouctou (Mali) 2016 40.7% (32.3% - 49.9%), 2017 50.7% (42.5% - 58.7%);  
Kita (Mali) 2015 31.6% (23.9% - 38.1%), 2017 28.4% (19.9% - 39.2%);  
Kayes (Mali) 2015 31.1% (21.8% - 40.5%), 2017 28.7% (20.6% - 38.6%);  
Fada N'gourma (Burkina Faso) 2014 48.0% (37.6% - 58.4%), 2017 52.0% (44.6% - 59.3%)  
CMAM coverage target (60%) 60%
- xviii This comparison is on the basis of the baseline values reported in our 2016 annual progress report, the first since the introduction of our International Strategic Plan, 2016-2020. We have additional coverage data for seven geographical areas across four of our 10 high burden countries since the 2016 progress report. A coverage survey was conducted in Aweil East, South Sudan in February 2018, but findings are yet to be finalised.
- xix Action Against Hunger Emergency Response To Rakhine Refugee Crisis: Factsheet, 24/01/2018.
- xx Number of days in response counted from start date provided by the Emergency pool until end date (inclusive). Where an end date has not been provided because response is ongoing, the end date has been counted as 31/12/2017. It is worth highlighting that due to the nature of protracted crises, the 'start' of an emergency is often difficult to define. These figures should therefore be understood as estimates which have been validated by the respective teams.
- xxi As reported by 36 country and regional offices.
- xxii Cambodia, Chad, Ethiopia, Ghana, Laos, Mali, Namibia, Niger, Nigeria, Zimbabwe.
- xxiii The recipe for success: how policy-makers can integrate water, sanitation and hygiene into actions to end malnutrition, Action Against Hunger: <https://www.actioncontrelafaim.org/publication/la-recette-du-succes/>.
- xxiv For Chad: Inter-sectoral Action Plan for Nutrition and Food, 2017-2021. For Madagascar: National Action Plan for Nutrition, 2017-2021.
- xxv Saving lives, investing in future generations and building prosperity – the UK's Global Nutrition Position Paper: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/652122/nutrition-paper-2017a.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652122/nutrition-paper-2017a.pdf).
- xxvi Supercharging Child Survival, Action Against Hunger: <https://www.actionagainsthunger.org.uk/publication/supercharging-child-survival-how-dfid-can-save-lives-and-boost-health-through>.
- xxvii ACTED; ActionAid; Care International; Christian Aid; Doctors of the World; Dorcas Aid International; Humanity and Inclusion; Norwegian Refugee Council; Relief International; Save the Children; Trocaire; and World Vision. For more information on the Start Fund and responses implemented by Action Against Hunger, please see: <https://startnetwork.org/start-fund>.
- xxviii Rates correspond to Therapeutic Feeding Programmes, which provide treatment to people affected by severe acute malnutrition. The seven high burden countries that reported data for 2017 are included. The non-response rate (i.e. the percentage of cases which are discharged from the programme as they do not respond to treatment) is calculated as the residual of the sum of the rates reported for cure, mortality and defaulter. In some instances, it may include cases which have been transferred to other programmes.





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AGAINST LIVES CUT SHORT.

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

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