



**INTERNATIONAL
ANNUAL
REPORT
2017**





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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.

INDEPENDENCE

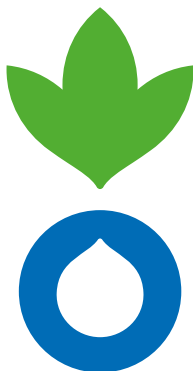
NEUTRALITY

NON-DISCRIMINATION

FREE AND DIRECT ACCESS TO PEOPLE IN NEED

PROFESSIONALISM

TRANSPARENCY



Action Against Hunger is continuously developing and evolving in response to humanitarian and undernutrition crises across the globe. We have put together a new International Strategic Plan to guide us through new goals and provide an improved strategic framework for our work across our global organisation. The 2016-2020 strategy strengthens our work with partners and our approaches to policy and programme implementation. The new strategy is articulated around our ambition to contribute to three major aims: mitigate the consequences of hunger; address the causes of hunger; and change the way hunger is viewed and addressed. To measure our impact, we have selected 5 goals:

GOALS

- 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 Undernutrition
- 4.** Unmet needs within the scope of Action Against Hunger areas of expertise will be covered during emergencies
- 5.** Programme countries' and international community's strategies on undernutrition are improved by our provision of reliable evidence and expertise

We will work together with the international, national and local communities in order to achieve substantial change towards the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). We will take further action to promote gender equality across our operations, contributing to SDG 5: Achieve gender equality and empower all women and girls. Since 2013, we have been working towards an organisational shift that would help us achieve sustainable equality programming . Starting next year, the Annual Progress Report will include specific indicators to measure progress against the commitment we have made in our Gender Policy.

**WE WILL WORK
TOGETHER WITH
OUR PARTNERS
AROUND THE
WORLD TO MOVE
CLOSER TO OUR
VISION OF A WORLD
FREE FROM HUNGER**



WHERE WE WORK

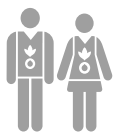


IN 2017, ACTION AGAINST HUNGER...



WAS FINANCIALLY SUPPORTED BY

1.1M
PEOPLE



EMPLOYED
7,869
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

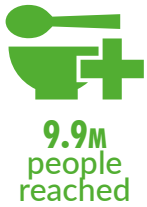



REPORTED
13
VERY SERIOUS
SECURITY INCIDENTS

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

29%

NUTRITION & HEALTH



559,492 
people
treated for
severe acute
malnutrition

240,743
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

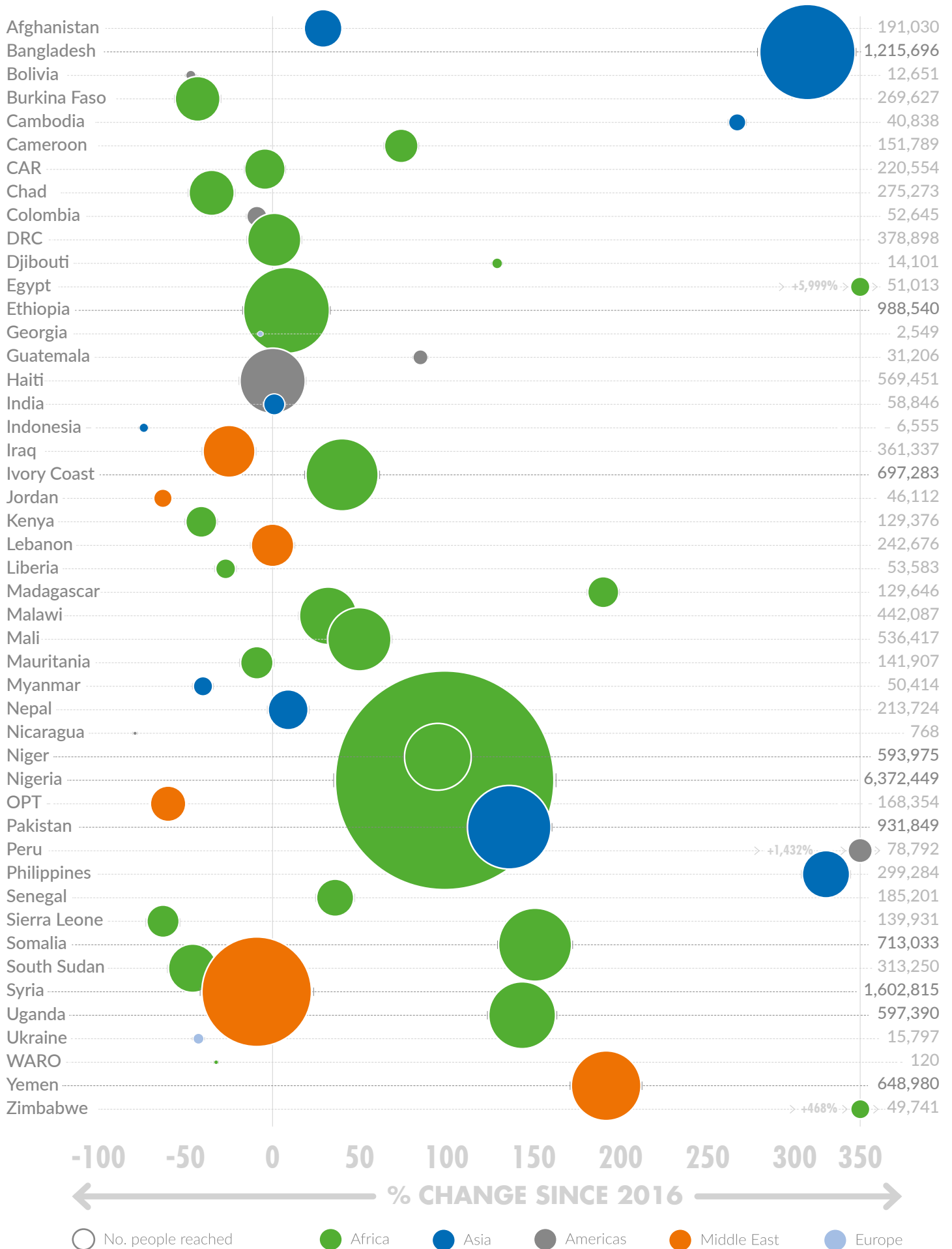
275,675
people received
mental health support

 **5% FOOD ASSISTANCE**

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

 **3% OTHER**

ACTION AGAINST HUNGER REACHED OVER 20 MILLION PEOPLE IN 2017



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 2016-2020¹ 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**

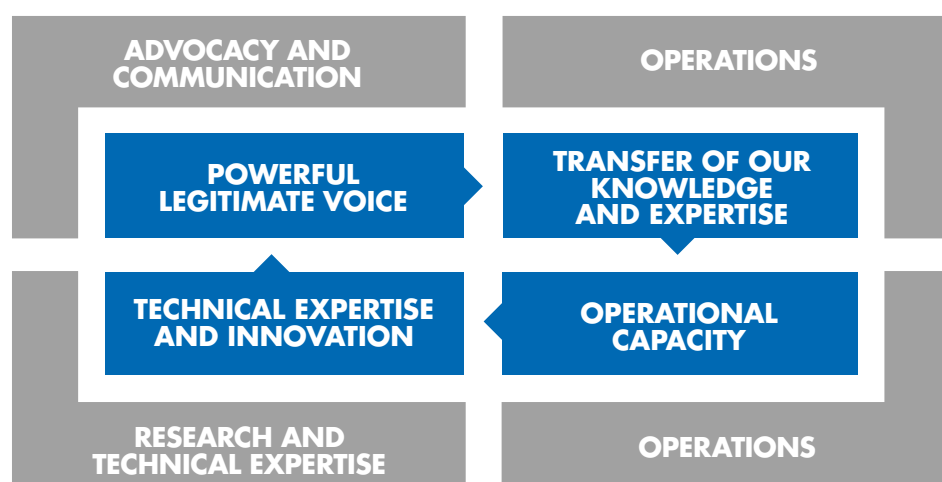
VISION

A WORLD FREE FROM HUNGER

MACRO GOALS

**CHANGE IN THE WAY THE WORLD ADDRESSES HUNGER
ALLEVIATION OF HUNGER**

TOOLS



¹ You can read the [International Strategic Plan 2016-2020](#) online.

AFRICA

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BURKINA FASO

**169
STAFF**



**BASES:
FADA
PAMA
BOGANDÉ
DIAPAGA**



**OPERATING
SINCE
2008**



**REACHED
269,627
PEOPLE**

Burkina Faso is facing major challenges: access to jobs, education and health care; and the extensive exposure of the population to climate change such as flooding, drought and locust plagues. The country is witnessing strong demographic growth, yet despite recent improvements, mother and child health indicators are still insufficient. Under-nutrition is endemic, with acute malnutrition standing at 8.6 per cent in 2017, down from 11.3 per cent in 2009. The rains came early in 2017 signifying a high level of food vulnerability for 2018. 2,631,631 people are food insecure.

Our field teams established nine projects in 2017, three of them research projects. We are committed to mitigating the consequences of nutrition insecurity by improving health systems. To increase the resilience of the population, our teams promoted income-generating activities, diversified livelihoods, implemented economic recovery projects, and put programmes in place that provide access to clean water and food. We also organised disaster preparedness and climate change adaptation activities to protect rural populations.

CAMEROON

Given its geographic location and economic stability, Cameroon represents a land of exile for refugees from neighbouring countries. Political strife in the Central African Republic as well as the violence linked to the rise of Boko Haram in the Lake Chad region have both resulted in an influx of refugees and internally displaced persons. In 2017, the Far North region was sheltering more than 2.4 million refugees and displaced persons and 250,000 refugees from the Central African Republic have sought shelter in the east of the country. More generally, 3.9 million people are faced with food insecurity in Cameroon, primarily in the Far North, North, Adamaoua and East regions.

We have ended our emergency programmes with Central African refugees and host communities in the east of the country, with the long-term goal of setting up projects to empower these populations and strengthen their livelihoods. The Maroua base in the Far North, opened in 2016, is now supporting all health centres in Tokombere and Goulfey districts in order to improve the health system and primary health care. Support activities for water, sanitation and hygiene have also helped improve access to clean water and reduced water-borne illnesses. A rapid response project was started in Mayo Sava and Mayo Tsanaga departments to undertake multi-sector assessments of new population displacements and respond to their basic needs as well as essential water, hygiene, sanitation needs.



**125
STAFF**



**BASES:
YAOUNDÉ
BATOURI
MAROUA
KOUSSE**



**OPERATING
SINCE
2014**



**REACHED
151,789
PEOPLE**

CENTRAL AFRICAN REPUBLIC



**260
STAFF**



**BASES:
BANGUI
BOSSANGO
BOUAR
SIBUT**



**OPERATING
SINCE
2006**



**REACHED
220,554
PEOPLE**

Calm has been restored to Bangui, enabling the local economy to resume. Armed groups have, however, unfortunately flourished, violence has intensified and they have taken control of the south-east of the country. The resulting insecurity has restricted humanitarian access and the Central African Republic remains the most dangerous country in the world for aid workers.

There are rising humanitarian needs and half the country's population now depends on humanitarian aid for their survival. The number of internally displaced persons increased by 50 per cent in 2017 making a full quarter of the population now displaced. In addition, 500,000 Central Africans have fled to neighbouring countries.

Our strategy for 2017 focused both on an emergency and on a recovery component. The emergency component comprises a rapid response project in the north-west of the country, where we are conducting multisector assessments in case of humanitarian warning, responding to water, hygiene and sanitation needs and providing essential household shelter kits. This component is complemented by a nutritional emergencies response team and two mobile drilling teams.

The recovery component comprises projects aimed at managing severe acute malnutrition and building the capacity of health staff. Latrines have been constructed as part of our WASH intervention. In terms of mental health and care practices, we are offering psychological support to those identified as suffering psychological distress. In food security, our agricultural recovery strategy is being implemented through support to sesame and groundnut producers, with a particular focus on seed multiplication.

CHAD



The humanitarian situation in Chad comprises several factors: high infant mortality rate, population movements, food insecurity, health (cholera and hepatitis E) and security crises. The country is also affected by the regional conflict that is gripping the Lake Chad basin and is suffering the effects of conflict in Libya and the Central African Republic. There has been a huge increase in the number of people displaced, both internally and externally. According to the 2017 National Nutrition Survey, global acute malnutrition stands at 18.1 per cent, of which 3.4 per cent is of the severe form. Those most affected are the internally displaced, refugees, the indigenous population in host regions and the returning population.

We continued our health and nutrition programmes for children under five and pregnant and lactating women in Grand Kanem in 2017, the women also benefited from psychosocial support in the nutritional units. Food security and water and sanitation programmes are also ongoing. In the Lake Chad region, our teams conducted assessments of the situation facing the displaced populations and provided water, sanitation and hygiene assistance. An emergency water, sanitation and hygiene response was organised to combat the cholera epidemic in the Salamat region of eastern Chad. On advocacy, work focused on reducing mother-and-child mortality. Finally, in cooperation with OCHA, humanitarian advocacy work was developed in 2017 in support of the application of humanitarian principles, improved accountability for humanitarian actors and crosscutting beneficiary protection.



**292
STAFF**



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



**OPERATING
SINCE
1982**



**REACHED
274,160
PEOPLE**

COTE D'IVOIRE



**23
STAFF**



**BASES:
ABIDJAN
(DISTRICTS
D'ABIDJAN ET
DES
MONTAGNES)**



**OPERATING
SINCE
2002**



**REACHED
697,283
PEOPLE**

After a decade of political and military crisis, Côte d'Ivoire has set itself the goal of becoming an emerging market by the year 2020. The country is also preparing for forthcoming presidential elections. In the meantime, 2017 was marked by social demands and uprisings and, like all countries in the sub-region, has suffered the effects of terrorism, particularly in Grand Bassam in March 2016. In addition, despite improved economic growth, poverty – a largely rural phenomenon – remains significant and only serves to emphasise the divisions in society.

In 2017, we continued our programmes to develop institutional and community-based structures by supporting twelve community-based healthcare centres (ESCom) in Abidjan. In terms of nutrition and health, we have continued to provide free healthcare to vulnerable groups. We have also continued to promote essential family practices within communities. As regards water, sanitation and hygiene, our teams have identified the most vulnerable families in Abidjan and Montagnes districts in order to connect them to the water supply network. The team also provided technical support to the government to implement the national multisector nutrition plan and to produce national health and nutrition strategy documents.

DEMOCRATIC REPUBLIC OF CONGO

The humanitarian crisis in the Democratic Republic of Congo (DRC) worsened and spread in 2017, particularly to the Kasai region. More than 13.1 million people, including 7.7 million children, are in need of humanitarian assistance and protection. 7.7 million people are suffering from serious food insecurity, with more than 2 million cases of severe acute malnutrition reported.

With 4.1 million internally displaced persons in 2017, the DRC is now the African country most affected by population movements. In addition to this is the 526,000 refugees who have sought refuge on Congolese territory. The main factors in the crisis are: an escalation in violence, extreme poverty, lack of access to healthcare, poor provision of water, sanitation and hygiene, and an economic crisis. Humanitarian access is restricted due to high security risk, the lack of infrastructure and insufficient funding.

We responded to ten nutritional crises in 2017, with emergency actions in different provinces of the DRC. Our activities in North and South Kivu helped combat the cholera epidemic. In North Kivu, we assisted displaced populations with emergency distributions, improved hygiene and sanitation, and provided support for the treatment of severe acute malnutrition. In Kasai, we mobilised all our expertise to respond to a sudden multisectoral crisis. We distributed food and essential household items, and implemented nutrition, primary health and mental health actions and care practices.

We obtained three-year funding to combat the causes of under-nutrition in Central Kasai with a multisectoral intervention in food security, water, sanitation and hygiene, nutrition and care practices. Finally, advocacy activities were conducted in cooperation with other NGOs.



**205
STAFF**



**BASES:
KINSHASA
KASAI
KASAI CENTRAL
NORD-KIVU
SUD-KIVU
TSHOPO
KWANGO
KWILU
HAUT LOMAMI**



**OPERATING
SINCE
1996**



**REACHED
378,898
PEOPLE**

DJIBOUTI




**15
STAFF**



**BASES:
DIKHIL
OBOCK
TADJOURAH
DJIBOUTI VILLE
(BALBALA)**



**OPERATING
SINCE
2011**



**REACHED
14,101
PEOPLE**

The humanitarian situation in Djibouti is worrying: nearly one-third of the population was in need of humanitarian aid in 2017, with around 155,000 people suffering from food insecurity, a global acute malnutrition rate of 17.8 per cent and some 15 per cent of the population without proper access to water, healthcare or sanitation. Extreme poverty and unemployment is endemic, affecting nearly 23 per cent of people and more than 70 per cent of the working-age population respectively.

The government imposed an embargo on INGOs and UN agencies at the end of 2016/beginning of 2017, thus paralysing interventions in healthcare. Due to lack of funding, three of our projects were terminated. Despite this, our teams have worked with local partners and maintained an efficient emergency response to improve food security through integrated water, sanitation and hygiene projects, and in food security and livelihoods. This has included developing operational research, community utility works, distributing 773 tonnes of ready-to-use therapeutic foods, the supervision of health centres, testing and referral of cases of under-nutrition, training and awareness raising on health, nutrition and good hygiene practices, and rehabilitation and construction of latrines. A report on mother-and-child psychosocial practices and resources was also produced.

EGYPT



Action Against Hunger in Egypt has been aimed at the improvement of the socioeconomic situation of the most vulnerable communities, especially children, youth, women and men in rural and urban areas through livelihoods, health and water sectors.

Despite a combination of factors related to inflation, unemployment, food and fuel price hikes, which are significantly affecting the most vulnerable

Egyptian families, Egypt civil society, governmental actors and an array of development agencies remain fiercely motivated on Egypt path for sustainable growth, to meet its 2030 strategy and engage in the new SDGs.

As a result Action Against Hunger reached 51,000 individuals in Luxor and Greater Cairo through interventions aimed at i) strengthening the Egyptian civil society which in turn provides basic social services to serve the Egyptian citizens in the areas of health, nutrition, vocational training, income generation, solid waste management and agriculture; ii) offering technical assistance to grassroot organizations in proposal design, project cycle management so that they become the owners of the development of their communities in collaboration with their government development plans; iii) co-implementing actions with Egyptian NGOs, the Ministry of Health and respective Governorates on health facilities service improvement, training of health personnel, maternal and child care services, awareness sessions on good health, nutrition care practices towards the health community; iv) co-implementing a water action with the Cairo Holding Water and Waste Water Company aimed at increasing the water quantity, quality and awareness of water for its prime users, the population.



**14
STAFF**



**BASES:
LUXOR
GREATER CAIRO**



**OPERATING
SINCE
2015**



**REACHED
51,013
PEOPLE**

ETHIOPIA



**850
STAFF**



**BASES:
WAGHIMRA
GAMBELA
ASSOSSA
SOMALI
HARARGUE
BORENA**



**OPERATING
SINCE
1985**



**REACHED
988,540
PEOPLE**

Insufficient rains in 2017 exacerbated by the La Niña phenomenon resulted in drought in the south-east of Ethiopia, added to this was the cholera epidemic that broke out in the country. In early 2016, it was estimated that 10.2 million people were in need of emergency food aid and 2.1 million children and pregnant women were suffering from under-nutrition, of which 400,000 were suffering from severe acute malnutrition. The number of people in food insecurity, however, had reduced by half by early 2017. Owing to instability in bordering countries, particularly South Sudan, Ethiopia remains Africa's leading host country for refugees. In December 2017, the total number of asylum seekers and refugees exceeded 892,555. 2017 also gave rise to significant internal population displacements along the border between the Somali and Oromya regions.

In 2017, our teams continued to improve assistance to refugees in the camps and at entry points on the borders, conducting activities to prevent, detect and treat under-nutrition, as well as providing nutritional and psychosocial support for pregnant and lactating women. In response to the nutrition emergency, we supported government efforts to fight under-nutrition in children under five and nursing mothers. Finally, our teams continued programmes to restore livelihoods to vulnerable populations and to improve the resilience of pastoral and agro-pastoral populations facing drought, including risk prevention activities.

KENYA

Kenya is a middle-income country, but its prosperity and growth have been uneven. Communities in arid and semi-arid regions face immense challenges, including drought, hunger, malnutrition, and poverty. Last year, erratic and below-average rainfall contributed to limited harvests, smaller crop yields, loss of livestock, high food prices, and water shortages. Isiolo, West Pokot, and Samburu Counties faced critical food insecurity. 301,000 children were acutely malnourished.

In 2017, we strengthened health systems, infrastructure, and local capacity to implement lifesaving activities and nutrition services. With partners, we improved food security through unconditional cash transfers and food vouchers. We improved health and nutrition through integrated community health outreach, and provided access to safe water, sanitation, and hygiene education. With the county government in West Pokot, we improved nutrition and health among children under five and strengthened access to safe water, sanitation, and improved hygiene.

We support county governments in reducing the risk of drought through early warning systems, data analysis, and identification of local means to address hunger and malnutrition. We worked with the National Drought Management Authority to increase community capacity to identify and manage risks by developing disaster risk management plans and linking them to county-level plans.

In Isiolo, we reached 36,000 children under five, pregnant women, and breastfeeding mothers with blanket supplementary feeding to prevent hunger and malnutrition. We provided 3,000 households with food assistance through cash transfers and supported 15,000 beneficiaries with health and nutrition services. In Samburu, we implemented an emergency and capacity building project for health and nutrition interventions.



**51
STAFF**



**BASES:
NAIROBI ISI-
OLO
KAPENGURIA
BUNGOMA**



**OPERATING
SINCE
2002**



**REACHED
129,376
PEOPLE**

LIBERIA



**22
STAFF**



**BASES:
MONROVIA
BOMI**



**OPERATING
SINCE
1990**



**REACHED
53,583
PEOPLE**

Liberia remains one of the poorest countries in the world. 83.8 per cent of its population lives below the poverty line (\$1.25 per day) and 94 per cent of workers are poor (living on less than \$2 per day). Because of the country's low agricultural production and poor household incomes, Liberia has suffered from chronic food insecurity since the civil war. Healthcare systems are also struggling to recover and the Ebola epidemic proved that the system was still too weak. Chronic malnutrition at 32 per cent is among the highest in the world. Finally, a decline in funding has reduced NGO resources, slowing down the country's recovery.

Action Against Hunger completed its post-Ebola reconstruction work in 2017 (economic and agricultural recovery projects and psychosocial support), having supported 5,000 beneficiaries. In nutrition, the mission assisted teams from the Ministry of Health in the screening and treatment of acute malnutrition, treating 3,635 severely malnourished children under the age of five. We have also continued our investigative project into biomedical research, optimised diagnosis and follow-up of severe acute malnutrition. Finally, in water, sanitation and hygiene, new latrines and additional water points have been rehabilitated, particularly in schools and health centres. To ensure these facilities are maintained, water, sanitation and hygiene committees have been established and training provided.

MADAGASCAR

Madagascar is one of the poorest countries in the world: nearly 80 per cent of the population lives on less than \$2 per day. The last political crisis in 2009 to 2013 has had very negative impacts on the economy and health systems.

Between 1980 and 2010, the country suffered 35 cyclones and floods, five periods of severe drought, five earthquakes and six epidemics. This vulnerability has been intensified by increased migration to large cities, deteriorating road infrastructure and very poor security conditions. Some villages have exceeded the emergency threshold for global acute malnutrition (10 per cent) established by WHO and, nationally, the country has one of the highest rates of chronic malnutrition in the world at 47 per cent.

The health system strengthening project set up in 2015 is continuing and health care support activities are underway. Since November 2010, we have been implementing an urban prevention and treatment project to moderate under-nutrition in the capital among vulnerable families from disadvantaged neighbourhoods. In addition, to mitigate the situation of nutritional insecurity declared in 2016, emergency programmes have been launched in the south, focused on treating acute under-nutrition and ensuring access to drinking water. Action Against Hunger, a major actor in emergency responses, intervened in 2017 following Cyclone Enawo in the north, and in the Bubonic plague epidemic that hit the country at the end of the year. In 2018, our teams plan to strengthen our action through a resilience-based approach.



**134
STAFF**



**BASES:
ANTANANA-
RIVO
BONGOLAVA
ITASY
BETIOKY
TULÉAR**



**OPERATING
SINCE
2011**



**REACHED
129,646
PEOPLE**

MALAWI



**36
STAFF**



**BASES:
ABIDJAN
(DISTRICTS
D'ABIDJAN ET
DES
MONTAGNES)**



**OPERATING
SINCE
2016**



**REACHED
442,087
PEOPLE**

The 2017 Global Climate Risk Index lists Malawi as the third most affected country in terms of climate-related losses. Because of drought, flooding and subsequent crop damage, some 6.7 million people are now suffering severe food insecurity.

Following a good harvest in 2016/17, there has been an 84 per cent decline in the population affected compared to the previous year. Despite this improvement, however, the Malawi Vulnerability Assessment Committee (MVAC) estimates that 1.04 million people (7 per cent of the population) will not be able to meet their food needs in 2017/18.

During 2017, our in-country teams provided support to more than 300,000 people through emergency interventions for those affected by drought and to support the prevention and treatment of malnutrition.

MALI

Security in the north of the country continued to deteriorate throughout 2017 due to the breakdown in the Bamako Peace Agreement and the resumption of hostilities between the signatory parties. At the same time, there has been an increase in criminal activity in a region in which weapons are multiplying and livelihoods have become scarcer.

Outside the conflict zones, the chronic vulnerability so characteristic of the Sahel persists, and the effects of climate change can clearly be observed. Food and nutrition insecurity are causing the forced displacement of people, 4.1 million people will need food assistance in 2018, almost half of them in Koulikoro, Sikasso and Ségou regions.

One of the major challenges facing us in 2018 will be to continue our resilience and development actions while maintaining an emergency response where necessary, in a highly complex situation involving a rise in number of armed actors.



**305
STAFF**



**BASES:
GAO
KAYES
BAMAKO, KITA
TOMBOUCTOU**



**OPERATING
SINCE
1996**



**REACHED
536,417
PEOPLE**

MAURITANIA



**236
STAFF**



**BASES:
SELIBABY
BASSIKOUNOU
NOUAKCHOT**



**OPERATING
SINCE
2007**



**REACHED
141,907
PEOPLE**

Poor rains in 2017 have resulted in an acute shortage of food in some regions of Mauritania. Harvests and grassland are critically scarce. Wells and water sources have dried up, forcing herders to migrate several months earlier than usual. This could lead to increased malnutrition in the pastoral regions and cause conflicts with communities where herds seek pasture.

Drought indicators, rainfall deficits and unequal rainfall distribution are now at the same levels as during the food crisis of 2011-2012 when a number of countries in the Sahel were affected. The number of people needing assistance is at levels unseen since 2012. According to the August 2017 National Malnutrition Survey (SMART), almost the whole country is at a critical level of acute malnutrition.

We are working both in development actions in the south of the country to reduce structural vulnerabilities and in the prevention and treatment of malnutrition in the south and east. We have also continued to work in the Mberra refugee camp on the border with Mali, delivering water and sanitation programmes.

NIGER

Although the 2017 harvest was a relatively good one, Niger continues to suffer from extremely high rates of malnutrition throughout the territory and remains the poorest country in the region. The conflict with Boko Haram in the Diffa region continues to deteriorate, with uncertainty as to how it will develop. Additionally, the conflict in northern Mali is having an effect on the country's south-western regions (north of Tahoua and Tillabery), which is likely to result in deteriorating security and living conditions in the area.

Our teams have continued to expand our response to the crisis caused by the conflict with Boko Haram in the Diffa region, ensuring that basic health, nutrition and food security needs are covered for a large part of the affected population. The difficulties in accessing this region, given increasing incursions by Boko Haram since the middle of the year and the restrictions imposed by the authorities, make it difficult to deliver humanitarian aid to isolated populations.



**310
STAFF**



**BASES:
TAHOUA
MARADI
DIFFA
NIAMEY**



**OPERATING
SINCE
1997**



**REACHED
593,975
PEOPLE**

NIGERIA



**556
STAFF**



BASES:
JIGAWA STATE:
DUSTE
BORNO STATE:
MAIDUGURI
MONGUNO
DAMASAK
YOBE STATE:
DAMATURU
POTISKUM
BADE



**OPERATING
SINCE
2010**



**REACHED
6,372,449
PEOPLE**

Conflict in Northeast Nigeria has caused a deepening humanitarian crisis, devastating civilians. 7.7 million need assistance and 1.6 million are internally displaced. Many face hunger, and an estimated three million could suffer critical food insecurity during the next lean season. Children under five in Nigeria experience high malnutrition rates: 43.6% are stunted, 10.8% are wasted.

Civilians have limited access to assistance, and food remains a major need in displacement settlements. Prolonged absence of food security, livelihoods, healthcare, education, clean water, and sanitation and hygiene facilities exacerbate risks. Protection concerns include arbitrary detention, forced conscription, domestic violence, forced and early marriages, trafficking, and sexual exploitation and abuse.

An estimated 900,000 people remain out of reach for humanitarians, but some areas became accessible in 2017. We prioritized aid for the most vulnerable, commencing operations in six areas within Yobe and Borno and expanding programs in Maiduguri and Monguno to assist newly displaced people and respond to a cholera outbreak.

In Jigawa, our development programs help children grow up healthy and strong. In 2017, the Working to Improve Nutrition in Northern Nigeria program to prevent and treat malnutrition was successfully concluded after six years. Through the primary health system, the project delivered nutrition-focused interventions to over two million children and caregivers.

SENEGAL

Northern Senegal is facing a humanitarian crisis caused by poor rainfall in 2017 and low grassland yields. The lean period arrived early in March, hitting the most vulnerable families. In some departments in the north of the country, including Kanel, Matam, Podor and Ranérou, the situation is already precarious.

It is estimated that almost 550,000 people are suffering from food insecurity and, although the nutrition surveys conducted at the end of 2017 show some improvements, these are still patchy. A total of 814,000 people require humanitarian assistance.

In a year in which a major food crisis was expected in the north of the country, our teams worked to integrate treatment of malnutrition into the national health systems in the most vulnerable regions in the north of the country, and implemented multisector development actions.



**84
STAFF**



BASES:
MATAM
PODOR
LOUGA
DAKAR



**OPERATING
SINCE
2012**



**REACHED
185,201
PEOPLE**

SIERRA LEONE



**169
STAFF**



**BASES:
FREETOW
MOYAMA**



**OPERATING
SINCE
1991**



**REACHED
139,931
PEOPLE**

Sierra Leone remains highly vulnerable, with the Ebola crisis having further weakened the country. This crisis, and rampant inflation in 2017, have had an impact on the country's food security. Chronic malnutrition remains a problem with 31.3 per cent of the population suffering from stunting and 30 per cent of urban residents are overweight. A lack of access to basic services is also a problem: 28 per cent have no access to clean water, and 80 per cent are without access to latrines. In August 2017, flooding and a mudslide hit the capital, causing at least 500 deaths, with 800 more missing.

The decline in funding is making it difficult to maintain our operations and the Kambia base has now closed. In the wake of the flooding in August 2017, our teams deployed to Freetown to provide emergency water, sanitation and hygiene interventions. They also conducted hygiene promotion, built solar energy water supply systems and latrines, and implemented disaster risk reduction activities. In nutrition and health, the team raised awareness of good practices in communities and treated under-nutrition in 70 healthcare centres and 30 treatment centres. We also rehabilitated water facilities, provided medical supplies and strengthened the capacity of health workers. Food security projects and health and hygiene promotion activities were successfully implemented. Finally, we continued to combat under-nutrition through advocacy work on health and nutrition policies.

SOMALIA



In 2017, Somalia was declared to be in a state of pre-famine. The country is experiencing prolonged, severe drought and conflict from armed groups, both driving a widespread, dangerous food crisis.

2.2 million Somalis experienced crisis levels of hunger in 2017, and 496,000 people were one step away from famine. 1.5 million people have been displaced in the last two years. Nearly half the population lacks access to safe drinking water, and malnutrition rates for children under five years are high.⁷

Action Against Hunger in Somalia screened and treated 189,751 children and pregnant and breastfeeding women for acute malnutrition in 2017. Our teams provided critical information to 55,972 caregivers of malnourished children on optimal infant and young child feeding practices.

Our programs helped 112,540 vulnerable people access food and essential basic services during the severe drought through cash transfer programs, transferring more than \$4 million to beneficiaries. 104,293 children under five, pregnant women, and breastfeeding mothers benefitted from primary health care consultations to improve their health and wellbeing.

Action Against Hunger supported communities with critical water, sanitation, and hygiene programs. We rehabilitated 38 water points, built 292 latrines, trucked 40,590 cubic meters of clean water to communities in need, and distributed 10,641 hygiene kits, benefitting 204,691 people, most of whom were women. During outbreaks of Acute Watery Diarrhoea and cholera, we provided 3,081 people with lifesaving interventions.



**296
STAFF**



**BASES:
MOGADISHU
GAROWE
HUDDUR
EL BARDE
WAJID
YEED/
RAB-DHUURE**



**OPERATING
SINCE
1992**



**REACHED
713,033
PEOPLE**

SOUTH SUDAN



**314
STAFF**



**BASES:
MALUALKON,
NORTHERN
BAHR EL
GAZAL
(AWEIL EAST)
ALEK
(WARRAP
GOGRIAL)
OLD FANGAK
(FANGAK
JONGLEI)
PAGUIR
(FANGAK
JONGLEI) –
SUB-BASE OF
OLD FANGAK
JUBA
(MAIN COUNTRY
OFFICE)**



**OPERATING
SINCE
1985
(BEFORE
INDEPENDENCE)**



**REACHED
313,250
PEOPLE**

Insecurity and conflict, exacerbated by lack of political solutions, continue to disrupt livelihoods in South Sudan. Fighting has forced two million refugees to flee to neighboring countries and displaced 1.9 million people internally. Gender-based violence is rampant, and the economy continues to worsen. The lean season began early in 2017, increasing food insecurity and threatening the most vulnerable. Bureaucratic impediments, looting, and attacks on aid workers hindered assistance and program delivery.

In February 2017, famine was declared in parts of Unity State. 45.2 percent of the country faced acute food insecurity at crisis levels or worse. A surge in assistance successfully averted famine, but the hunger emergency worsened. Acute malnutrition increased across South Sudan, reaching critical levels in several areas. Action Against Hunger conducted mid-year surveys indicating critical nutrition emergencies in Aweil East, Northern Bahr el Ghazal, Warrap, and Fangak.

In 2017, we provided lifesaving malnutrition treatment to 58,637 children under five. We empowered mothers to improve care and feeding practices for infants and children and to prevent malnutrition. Our food-for-assets programme delivered food assistance to 55,660 people. We improved access to clean water and sanitation for 140,000 people.

Our specialized multi-sector emergency teams deployed four times to areas where there is no coverage, screening children and treating 4,500 acutely malnourished children. We conducted eight rigorous nutrition assessments, helping quantify malnutrition prevalence in key areas.

We conducted research exploring a combined protocol for acute malnutrition that we believe will provide practical and scientific evidence of better ways to address malnutrition.

UGANDA



**177
STAFF**



**BASES:
KAMPALA
YUMBE
KIRYANDONGO
ADJUMANI
KAABONG**



**OPERATING
SINCE
1995**



**REACHED
597,390
PEOPLE**

By the end of 2017, Uganda was hosting more than 1.3 million refugees, primarily from South Sudan and Democratic Republic of Congo. The Ugandan government has maintained its commitment to supporting refugees, allowing them to settle and live outside a camp structure, allocating them land, and allowing for their freedom of movement. Nevertheless, the sheer number of refugees who have fled into Uganda has strained the country's services and resources. In settlements in the northern region, the prevalence of acute malnutrition is higher than in others. Anaemia is present among refugees across settlements. The need for safe water, access to sanitation and latrines, and maintenance of existing water points and sanitation facilities is critical. Furthermore, refugees who have been living in Uganda for three or more years lack opportunities for sustainable economic independence and self-reliance.

Action Against Hunger worked in refugee settlements to address direct and underlying causes of malnutrition. We ensured access to safe water and sanitation to prevent waterborne diseases that can cause malnutrition. We improved food security among refugees across the country and host communities in the Northern region.

In 2017, we significantly scaled up our programs to meet increasing needs. Our teams focused on strengthening the connections between long-term development and emergency assistance. We explored and pursued innovative ways to improve our programming, such as digital voucher systems to implement water and sanitation and food security projects.

ZIMBABWE

The drought caused by El Niño in 2016/17 affected Zimbabwe, seriously harming food security, access to water and the population's nutritional status. A state of emergency was declared in February 2016, and an estimated 2.8 million people were affected by food insecurity in the first quarter. Chronic malnutrition among children under five now stands at 32 per cent. At the start of 2017, the country was affected by La Niña, resulting in flooding in some areas, a deterioration in communities' livelihoods and destruction of their property.

In 2017, we set up integrated nutrition and water, sanitation and hygiene programmes to support those affected by drought following El Niño. This included access to clean water and hygiene promotion, treatment for acute malnutrition, and health worker training. A further objective was to improve the population's food and nutrition security via distribution of food coupons and protecting their livelihoods. In addition, our research project "Cultivate Africa", the aim of which is to reduce the contamination of corn kernels by aflatoxin as well as people's exposure to it, highlighted improved good practice in harvest management, and the improved efficacy of hermetic technology to counter aflatoxin in maize.



**16
STAFF**



**BASES:
GUTU
MBERENGWA
SHAMVA
MAKONI**



**OPERATING
SINCE
2002**



**REACHED
49,741
PEOPLE**

FOCUS ON THE REGIONS

REGIONAL OFFICES

EAST AFRICA

Action Against Hunger has led on a number of large-scale emergency operations in East Africa since the 1980s, and continues to play a leading role in building the resilience of local communities to multiple shocks through innovative programmes, especially in fragile contexts.

The Regional Office supports Action Against Hunger's operations in East Africa and the Greater Horn of Africa by providing coherent, efficient and adapted support to the country offices. It also ensures better engagement with regional stakeholders to allow for enhanced exchange of knowledge and expertise with regional and country partners.

Our East Africa Regional Office allows us to gain better understanding and responsiveness to the political, social and economic complexities of the operating environment. It also ensures that decision-making is made closer to the frontlines.

The regional team, based in Nairobi, Kenya, under the leadership of the Regional Director, is composed of technical and operational specialists essential for running world-class humanitarian, resilience and development programmes in East Africa. They lead on adopting new ways of working and leverage opportunities at regional level to enhance capacity for delivery at the community level.

WEST AFRICA

Action Against Hunger has been working in West Africa since 1983 and currently has eleven operational country offices as well as the regional office. In 2016, 6,051,642 people across the region were reached through our range of 145 programmes.

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

To deliver both and achieve a sustainable impact, Action Against Hunger's approach in West Africa is to tackle systematic peaks of nutritional vulnerability and structural vulnerability to undernutrition, while building capacity to respond to emergencies and advocating for community and government ownership and commitment.



MIDDLE EAST

Despite extensive diplomatic efforts exerted throughout 2017, the Middle East remains afflicted by multiple protracted crises. The number of newly displaced people generally decreased, however the region still struggles to handle the needs of approximately 11.5 million internally displaced people - 6.5 million in Syria alone - and around 6 million, mainly Syrian, refugees.

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



MIDDLE EAST

| | |
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| IRAQ | 28 |
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| OCCUPIED PALESTINIAN TERRITORY | 29 |
| SYRIA | 30 |
| YEMEN | 30 |



IRAQ



**118
STAFF**



**BASES:
ERBIL
DOHUK
NINEWAH,
DIYALA
MOSSOUL**



**OPERATING
SINCE
2013**



**REACHED
361,337
PEOPLE**

After the recapture of Mosul and the territories occupied by Islamic State (IS) in December 2017, the Iraqi government officially announced an end to the war on IS. NGOs are now therefore able to access new areas in the country. Following the failure of the independence referendum for Iraqi Kurdistan, general elections to elect a new President and Parliament – initially planned in the region for 1 November 2017 – were pushed back by eight months. In 2017, population movements took place in multiple directions: 3.2 million returnees but 2.6 million displaced (of which 1.7 million this year).

We have continued to support Syrian refugees, internally displaced people and host communities. Our teams favour a multisector approach, combining all our fields of expertise. In food security and livelihoods our programmes included distribution of rations and food coupons, money transfers, and vocational training. Water, sanitation and hygiene interventions included an emergency response with tanker trucks in Mosul, the installation of water points and networks, sanitation structures and latrines, the distribution of hygiene kits and awareness raising, and support for waste management. For mental health and infant care practices our programmes included emergency psychological support, women's, men's and children's group sessions, individual follow-up, the establishment of baby spaces and training of mental health professionals. Finally, our nutrition and health interventions covered support for health centres and helping to set up community-level management for the treatment of under-nutrition in Hammam al-Alil camp.

JORDAN

The ongoing influx of refugees, especially from Syria, is putting the Jordanian economy and its infrastructure under increased pressure. The number of refugees is now estimated at more than 1.3 million, with 79 per cent living in urban or rural communities and the remaining 21 per cent in camps. 50,000 Syrians also remain stuck at the country's northern border, in the hope of finding refuge in Jordan. The challenge is therefore to provide them with basic livelihoods, and to support host communities in their immediate needs. The Jordanian government has adopted the Jordanian Response Plan 2017-2019 to respond to this crisis, offering a resilience-based approach.

By improving the institutional capacity of local and national partners, our aim is to strengthen the resilience of Syrian refugees and vulnerable Jordanians. Our organisation is now recognised as the major player in the water, sanitation and hygiene sector but we are also contributing our expertise to mental health and child care practices. In addition, we have established "Cash for Work" and waste management programmes.

Two operational zones, Ruwaished and Bern, have now been closed. The first one, Ruwaished town was in the camps with Syrian refugees and was closed following a transfer of skills to the local communities. Bern was on the northeast border with Syria and closed to avoid the organisation being involved in a system that could be deemed a threat to humanitarian principles, particularly the principle of Do No Harm.



**105
STAFF**



**BASES:
IRBID
AZRAQ
RUWAISHED**



**OPERATING
SINCE
2013**



**REACHED
46,112
PEOPLE**

LEBANON



**147
STAFF**



**BASES:
BEIRUT
ZAHLE
TYRE**



**OPERATING
SINCE
2006**



**REACHED
242,676
PEOPLE**

Seven years on since the start of the crisis in Syria and the needs of one and a half million (of these one million registered) Syrian refugees continue to grow. The challenges are greater than ever: refugees are faced with massive socioeconomic difficulties and suffer deep vulnerabilities, in the midst of growing pressure on the host communities and an uncertain future.

Given the impact of the Syrian crisis and the subsequent influx of a staggering number of refugees fleeing the violence, Action Against Hunger rapidly increased our cover – from Bekaa to the entire South region, including important programmes in difficult to reach areas – to deliver emergency aid, food security and nutrition programmes, offering a response to the needs of the affected population.

The 25 per cent increase in the population living in Lebanon has also had a severe impact on the country's fragile structure and local communities' well-being. We are therefore working to ensure that the short-term assistance responds to lasting needs and that the Lebanese population are benefiting from the programmes through local production and purchase, improved competition and enterprise creation.

OCCUPIED PALESTINIAN TERRITORY

2017 marked the 50th anniversary of the Israeli occupation and the 10th anniversary of the Gaza Strip blockade. The lack of any peace and reconciliation on the political horizon, along with the significant decline in donor support in recent years, has resulted in an unsustainable situation in the West Bank and Gaza. The situation remains highly volatile, with the land, air and sea blockade now entering its 11th year, effectively stifling all job opportunities and forcing almost a million Palestinians into food aid dependency.

With three and a half years now passed since the 2014 hostilities that resulted in destruction and loss of life, 2,500 Palestinian refugee families remain displaced and 50,000 homes are still waiting to be repaired.

2017 was marked by numerous restrictions on accessing our work zones and concrete activities but our teams on the ground, in coordination with our local partners, were able to effectively overcome these.



**51
STAFF**



**BASES:
GAZA
HEBRON
JERUSALEM**



**OPERATING
SINCE
2002**



**REACHED
168,354
PEOPLE**

SYRIA



**55
STAFF**



**BASES:
DAMASCUS
HASSAKEH
ALEPPO**



**OPERATING
SINCE
2008**



**REACHED
1,602,815
PEOPLE**

Although talks in Geneva and Astana appeared to herald an end to seven years of war in Syria, 2017 broke the record for population displacements within the country with 7,665 people fleeing the violence every single day. Faced with ever-tighter borders, children, women and men have entered a downward spiral into survival mechanisms as harmful as child labour, children dropping out of school, and gender violence. This also results in a severe test for the population's nutrition security. Around half a million Syrians are trapped in ten besieged locations, with Aleppo, Raqqa and Gouta being the most well known.

Difficult access has been a major challenge because, in addition to the difficult security conditions, the authorities have imposed controls and major limitations on our access to the most vulnerable regions. Despite these barriers, among other things in 2017 we managed to enter Aleppo at the start of the year, and to commence an emergency response in the Al Areesha camps and in zones under Kurdish control such as Hasakeh.

YEMEN

Three years of ongoing conflict and economic decline have exhausted the population's adaptation mechanisms, destroyed infrastructure and seriously disrupted the country's economy. Humanitarian intervention in 2017 was restricted in terms of its access to resources, beneficiaries and in its operational capacity. Yemen is facing a severe security and food crisis, and an estimated 22.2 million people are in need of assistance. An estimated 17.8 million are in a situation of food insecurity and around 16 million are in need of support for water, sanitation and hygiene. In addition, 16.4 million people lack access to health services, resulting in recurrent waves of cholera over the last 15 months. Finally, around 1.8 million children and 1.1 million pregnant and lactating women are severely malnourished, including 400,000 children under the age of five who are suffering from severe acute malnutrition.

Despite difficult access, in 2017 we reached more than 300,000 beneficiaries. We are continuing our nutrition and health programmes, especially support for acute malnutrition in children under five and their mothers; food security and livelihoods programmes through the direct distribution of food or money and/or food coupons; and water, sanitation and hygiene programmes including promotion and distribution of kits, and rehabilitation of water points and latrines. Health worker training has also been delivered. Finally, nearly 30,000 suspected cases of cholera were treated by Action Against Hunger-supported hospitals in an area of conflict near the town of Hodeidah. We are also very active in the Yemen nutrition cluster and in 2017 led a SMART survey in Lahj Governorate.



**321
STAFF**



**BASES:
HAJJAH
HODEIDA AB-
YAN
LAHJ**



**OPERATING
SINCE
2012**



**REACHED
648,980
PEOPLE**



ASIA

| | |
|--------------------|-----------|
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| BANGLADESH | 34 |
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| PAKISTAN | 37 |
| PHILIPPINES | 38 |



AFGHANISTAN




**371
STAFF**



**BASES:
GHOR
HELMAND
KABOUL**



**OPERATING
SINCE
1995**



**REACHED
191,030
PEOPLE**

In 2017, the conflict intensified compared to 2016. Without peace talks and solutions on the horizon, the conflict will go on in 2018. The consequences are severe, resulting in 2,640 dead and 5379 injured, and 471,000 internally displaced. In 2017, 151,000 Afghan refugees returned from Pakistan, 71 per cent less than in 2016. The needs in the country are still great, the psychological impact on children and adults is major, as well as the need for shelter, food security and livelihoods. Overall, 3.3 millions of people now need emergency humanitarian assistance, about 10 per cent of the population.

To respond to the crisis we implemented several integrated projects in nutrition and health, water, sanitation and hygiene, food security and livelihoods, and in mental health and care practices. Our emergency response was scaled up and 12 nutritional assessments were led. In Kabul 27,126 people benefited from our activities in nutrition (61 per cent were children under five) and 9,000 benefited from our water, sanitation and hygiene projects. In Ghor, our teams implemented multisectorial projects and integrated approaches in support of the health centres and the communities in order to prevent maternal and child mortality and morbidity. In Helmand, we implemented integrated water, sanitation and hygiene projects, nutrition, mental health and care practices, and in food security and livelihoods.

BANGLADESH



Despite economic indicators constantly progressing, about 31.5 per cent of the population is living under the threshold of poverty. Following massive population movements from the Rakhine State in Myanmar in August 2017, large numbers of Rohingya and members of other ethnic minorities crossed the border with Bangladesh. Currently about one million people have taken shelter in the camps and villages in Cox's Bazar. More than 40 per cent of the children are stunted, and the severe acute malnutrition rates are far above the emergency thresholds of WHO.

The country is also one of the most vulnerable to climatic disasters. In May 2017, heavy rains and landslides caused by typhoon Mora affected more than nine million people.

In 2017, we responded to three major emergencies: the Rohingya crisis, typhoon Mora, and heavy floods in the northwest regions. In partnership with several local and international organisations, we organised the prevention and treatment of acute malnutrition, as well as the support to vulnerable people in formal and informal camps, by direct interventions in nutrition and health, mental health and care practices, and water, sanitation and hygiene. In the region, we are also working outside of the camps.

In parallel, our teams continued the activities of disaster risk reduction, strengthening the resilience of communities and authorities to face disasters, and supporting the authorities in the fight against acute undernutrition.



**511
STAFF**



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



**OPERATING
SINCE
2007**



**REACHED
1,215,696
PEOPLE**

CAMBODIA



**33
STAFF**



**BASES:
PHNOM PENH
PREAH VIHEAR
KAMPONG
THOM
CHHUK**



**OPERATING
SINCE
2013**



**REACHED
40,838
PEOPLE**

In Cambodia, the impressive economic growth of the last decade had little impact on the most vulnerable households, who face significant deterioration of their livelihoods due to deforestation and climate change. The nutrition situation in Cambodia is alarming, and has not improved over the last ten years: 32.4% of children under five are stunted, and 9.6% are wasted. To help villagers in rural remote areas overcome this spiral, Action Against Hunger scaled up out activities in the country over the past year.

Based on the findings of our 2016 analysis, we launched a multisectoral pilot project in one district of Preah Vihear region in 2017. By acting simultaneously on five different levels -- Nutrition, Capacity Building, Water, Sanitation, and Hygiene, Food Security, and Gender -- at a small scale, we aim to demonstrate a new model in the fight against undernutrition in Cambodia, with the ambition to eventually scale to regional or national levels. This project, alongside with others implemented throughout the year, allowed us to develop complementary approaches, such as social marketing strategies, adapted to fit Cambodia and its people.

Action Against Hunger staff works closely with the population to assist them in developing household and community assets, such as ponds or rice banks, while training them on nutrition, hygiene, and food security issues, to strengthen communities' resilience and autonomy.

INDIA

With one of the fastest growing economies, India is now the one of the top five of the world's largest economies, and is showing continuous improvement with a high life expectancy, literacy rate, and health conditions. On the other hand, she still has a long way to go as shown in her ranking at 62nd among 133 countries in the Inclusive Development Index.

Among the country's 1.2 billion inhabitants the conditions for those living in poorer regions are comparable to those of some of the world's poorest countries. The uptake of key practices, such as early initiation of breastfeeding, exclusive breastfeeding, and complete immunisation, are well below acceptable. 60 million children under 5 suffer from stunting, comprising 36 percent of the world's total under 5 sufferers, which is mainly caused by undernutrition.

The incessant work of development organisations has led to a positive stance by the central government with the new National Nutrition Mission. It marks the cognisance of state towards the need of concrete steps to be undertaken to tackle undernutrition in India. NNM brings in the better integration of different approaches towards better nutrition in the country's future.

In 2017 we continued our work with our operational partner the Fight Hunger Foundation with programmes in Rajasthan, Madhya Pradesh and Maharashtra. We signed a long term MOU with Rajasthan Government for technical assistance to address under nutrition in the region, and also scaled up our programme. In Burhanpur in Madhya Pradesh our Health and Nutrition programme was completed and handed over to the Madhya Pradesh Government, and in Maharashtra we signed a 5-year MoU with the Government to work in four high-burden regions.



**140
STAFF**



**BASES:
NEW DELHI
RAJASTHAN
MADHYA
PRADESH
MUMBAI
MAHARASHTRA**



**OPERATING
SINCE
2010**



**REACHED
58,846
PEOPLE**

INDONESIA



**15
STAFF**



**BASES:
JAKARTA
PROVINCE NUSA
TENGGARA
TIMUR**



**OPERATING
SINCE
1998**



**REACHED
6,555
PEOPLE**

In spite of a very strong economic upturn over the last few years, poverty, unemployment, corruption, and the lack of facilities are still present in Indonesia. With respect to health and nutrition, the indicators – state of health of the population and sanitary facilities, access to medical services, quality of care – are very worrying. The global severe malnutrition rate stands at 21.2 per cent and that of severe acute malnutrition at 3.9 per cent, which is over the emergency levels defined by the World Health Organisation. Moreover, in a country where there is extreme inequality, and exposure to natural disasters, the climatic threats have a greater effect on the vulnerable communities.

In 2017, we continued collaborating with the Indonesian Ministry for Health as lead on a community-based management of acute malnutrition. Screening, admission, and treatment of severe acute malnutrition was an integral part of the project. In light of the water situation to the east and in the regions affected by El Niño, our team out in the field have continued their operational programmes on water, sanitation and hygiene, opting for an access to water per household approach, rather than per village, and promoting ram water pumps. Lastly, a multisectoral project implemented with local partners came to an end in December 2017, after the food security and livelihoods of the rural groups of two villages had been strengthened.

In Kupang District, Action Against Hunger implemented a project targeting 49 health centres. This project includes training and support to strengthen the capacities of the health system in the fight against malnutrition.

MYANMAR

The humanitarian situation in Myanmar, made worse by chronic poverty, is complex: exposure to natural disasters leaving more than 300,000 displaced due to floods, food insecurity, armed conflicts, inter-community clashes and massive displacements. Around 863,000 people, out of which 241,000 are displaced, need humanitarian aid. After the escalation of violence in the state of Rakhine, more than 650,000 Rohingya have left for Bangladesh since August 2017. In the states of Kachin and Shan, around 106,000 people are still in camps. The chronic malnutrition rate remains very high at more than 30 per cent, in particular in the regions of Chin, Rakhine, and Shan where it is at 50 per cent.

Our operational strategy is threefold. To treat and prevent acute malnutrition in infants under five years old and pregnant and lactating women in the states of Rakhine and Kayah coupled with actions involving water, sanitation, and hygiene, and mental health and infant-care practices. To reduce the impact of the natural disasters on the very exposed coastal communities of the state of Rakhine. And to give vulnerable people, pregnant and lactating women, infants under five, refugees or displaced people better access to basic services with the help of advocacy work. As a member of several multi-partner consortiums, we are promoting the independence of international NGOs, defending humanitarian principles, reconciliation of humanitarian and development rationale, as well as the implementation of common advocacy actions at a national and international level on the situation in Myanmar.



**391
STAFF**



**BASES:
ETAT DE KAYAH
YANGON
ETAT DE RAKHINE**



**OPERATING
SINCE
1994**



**REACHED
50,414
PEOPLE**

NEPAL




**39
STAFF**



**BASES:
KATMANDOU
SAPTARI
MAKWANPUR
RASUWA
NUWAKOT
RAUTAHAT
NAWALPARASI**



**OPERATING
SINCE
2011**



**REACHED
213,724
PEOPLE**

Nepal is the most exposed country in the world to natural disasters due to its geography. The location of the country and the vulnerability of its population to natural disasters are worsened by the climatic change on a worldwide level. Field surveys have identified alarming rates of malnutrition.

Our response to the earthquake of 2015, involving a multisectoral operational programme in shelter, sanitation and hygiene and psychosocial support extended into 2017. Two other programmes were introduced: a humanitarian aid programme for people affected by the flooding in Rautahat and a multisectoral programme aimed at strengthening the food security and nutritional situation of the vulnerable families in Nawalparasi. A field survey was also carried out in Saptari. In 2017, 138,454 people benefited from our activities led in partnership with seven civil society partners, as well as with the district authorities. Our strategy was to strengthen the operational capacities of our local partners and transfer the necessary competence to them. This also required a strong advocacy towards large-scale nutritional operational programmes in the country.

PAKISTAN



Undernutrition is still a major concern in Pakistan and we continue our work to mitigate the consequences of hunger as well as address the causes of hunger. In 2017 we focused on ensuring treatment for children with severe acute malnutrition in close partnership with the relevant local health departments. We completed the multi-year European Union funded programme Women and Infant/Child Improved Nutrition in Sindh, which included extensive nutrition coverage across Dadu district through outpatient therapeutic programme sites. Following the closure of this programme we establish and operate outpatient therapeutic programme sites in Daud, Matiari, Khairpir, and Ghotki district with support from SIDA and UNICEF. In the same districts we also supported operations of four stabilisation centres, which are hosted within the Government's district headquarter hospital.

To address the causes of hunger we have focused on preventing disease such as worms and diarrhoea, food security interventions and promoting safe hygiene and sanitation practices. This has included direct activities to encourage behaviour change targeting women as mother, children and wider community members. We have supported agriculture activities such as vaccination campaigns for livestock, established kitchen gardens to promote diverse household consumption, provided food vouchers and support for social safety net cash injection to improve livelihoods security. Further to this and given the impact of disaster on communities, we supported disaster planning within relevant Government line departments of agriculture, fisheries, livestock, local government and health at the province and national level. Our activities are where possible supported by research programmes funded by DFID and the Innocent Foundation to change and improve the way hunger is addressed.



**284
STAFF**



**BASES:
ISLAMABAD,
DADU, GHOTKI,
KHAIRPUR,
MATIARI**



**OPERATING
SINCE
2005**



**REACHED
931,849
PEOPLE**

PHILIPPINES



**116
STAFF**



**BASES:
MANILA
TANDAG
MASBATE
ZAMBOANGA
ILIGAN
COTABATO**



**OPERATING
SINCE
2000**



**REACHED
299,284
PEOPLE**

2017 saw one of the greatest refugee crises ever in Mindanao, the result of armed clashes between groups linked to Islamic State and the Philippine Army in Marawi. More than 350,000 people were forced to abandon their homes in search of safety. As one of the countries most exposed to natural disasters, in 2017 Filipinos also suffered flooding in Mindanao, earthquakes in Surigao, Batangas and Leyte, plus tropical storm Vinta. These disasters have exacerbated the situation of the poorest and most vulnerable households.

Our teams provided emergency assistance following the clashes in Marawi, a town that is now half destroyed and with significant humanitarian needs in relation to the return of its inhabitants. We also opened up a new base from which to implement further water, sanitation and hygiene, food security, and disaster risk reduction projects.

FOCUS ON OUR AREAS OF EXPERTISE

DISASTER RISK MANAGEMENT

NUTRITION RESILIENCE

High undernutrition rates and important disaster risks are common in humanitarian areas of operation. Undernutrition causes, either structural or shock related, are complex and require in-depth, context-based analysis. To foster this necessary analysis joining nutrition and resilience,

Action Against Hunger Cambodia mission has piloted an analysis package built around the notion of nutrition resilience. A Nutrition Causal Analysis (NCA) and a Participatory Resilience Analysis and Measurement (PRAM) have been conducted simultaneously in an Action Against Hunger intervention area. As a result, the NCA identified 14 major and important causes of malnutrition and the PRAM identified 15 weak capacities for resilience. Each of these elements were analysed in detail. Based on those results, Action Against Hunger was able to prioritise a nutrition resilience activity package with a clear rationale.

The results of these analyses were then presented and discussed with each village supported by an Action Against Hunger intervention during a Participatory Community Action Planning (PCAP) process. Nutrition resilience community action plans were hence obtained to guide Action Against Hunger intervention but also to help community leaders approach other governmental or social initiatives.



LATIN AMERICA & THE CARIBBEAN

| | |
|------------------|-----------|
| BOLIVIA | 42 |
| COLOMBIA | 42 |
| GUATEMALA | 43 |
| HAITI | 43 |
| NICARAGUA | 44 |
| PERU | 44 |



BOLIVIA



**1
STAFF**



**BASES:
SANTA CRUZ
BENI**



**OPERATING
SINCE
2000**



**REACHED
12,651
PEOPLE**

In the last decade, the growth and maintenance of the Bolivian economy has helped to reduce poverty from 59 per cent to 39 per cent. Despite the fact that social indicators have improved, significant inequalities persist by geographical area, ethnic condition, gender and socio-economic stratum.

In rural areas, where most of the indigenous population lives and representing more than half of the Bolivian population, poverty is related to the lack of essential assets. Less favoured areas where the population with fewer resources are generally peasant farmers owners of small plots, without access to basic infrastructure. In 2017, we conclude our operations in the country.

COLOMBIA

The peacebuilding process in Colombia is dragging and the violence and displacements continue, a result of old and new armed groups in the context of a reconfiguration of powers and dynamics within the communities.

Despite this, the resources available to meet humanitarian needs have declined and funds for peacebuilding have not yet been finalised.

During 2017, we incorporated a peacebuilding approach into our work and also responded quickly and efficiently to the emergency in Mocoa, where a landslide destroyed large parts of the town, and in La Guajira where we are continuing to work on the nutritional crisis. In La Guajira and in Santander, our teams are closely monitoring the humanitarian needs of Venezuelan migrants entering Colombia in search of work.



**57
STAFF**



**BASES:
PUTUMAYO
NARINO
CÓRDOBA
LA GUAJIRA**



**OPERATING
SINCE
1998**



**REACHED
40,838
PEOPLE**

GUATEMALA




**30
STAFF**



**BASES:
CHIQUIMULA
ZACAPA
EL PROGRESO**



**OPERATING
SINCE
1996**



**REACHED
31,206
PEOPLE**

The political situation remains highly fragile in Guatemala. A government crisis in 2017 resulted in the resignation of several ministers. The government's inability to ensure access to basic services (73 per cent of the population have no medical coverage and 53 per cent have insufficient income to cover their nutritional needs) is only exacerbating the situation of the most vulnerable in the face of social inequality and the impact of climate change.

Action Against Hunger is continuing to lead the humanitarian consortium for the food crisis in the Dry Corridor. We are also working to improve the nutrition situation in Chiquimula and we have set up a vulnerabilities monitoring system.

HAITI



More than half of Haiti's total population is chronically food insecure, and 22 percent of children are chronically malnourished. Of the 2.1 million people affected by Hurricane Matthew in October 2016, one million are still in need of humanitarian assistance.

Underlying drivers of this situation include extreme poverty and frequent natural disasters. On the 2017 Climate Risk Index, Haiti is ranked third among the countries most affected by extreme weather events. Action Against Hunger improved the nutritional status of pregnant and lactating women and children by distributing preventive rations and food vouchers, in addition to promoting healthy behaviour change. We also strengthened the technical and material capacity of the Ministry of Health to improve the country's health centres.

We provided beneficiaries with cash transfers, "Cash for Work" activities, food vouchers targeting the acutely food insecure, as well as voucher-based social safety nets. Action Against Hunger teams supported family farming with technical training for farmers and occasional inputs support at critical periods. We also set up Village Savings and Loans Associations and contributed to regional analyses of food and nutrition security data.

In addition to responding to cholera outbreaks, Action Against Hunger promoted access to water, hygiene and sanitation, built and rehabilitated water sources and infrastructures, and promoted good hygiene practices.



**106
STAFF**



**BASES:
NORTH WEST
JEAN RABEL
ARTIBONITE
GONAIVES**



**OPERATING
SINCE
1985**



**REACHED
569,451
PEOPLE**

NICARAGUA



**2
STAFF**



**BASES:
MADRIZ**



**OPERATING
SINCE
1996**



**REACHED
768
PEOPLE**

Most families in the communities we work in depend on agriculture for their main source of income. The vulnerability of their productive resources due to scarce land mostly on dry hillsides together with the effects of climate change mean that harvests are dwindling, affecting both the nutritional status of these families and their possibilities of achieving an income by selling produce.

We are working alongside communities and local authorities to improve the provision and marketing of tourist attractions as an alternative socioeconomic development strategy to subsistence agriculture.

PERU

Child malnutrition is a serious public health issue in Peru, especially anaemia which affects 43 per cent of children under the age of three. This increases to 80 per cent in rural areas. The El Niño phenomenon in 2017 resulted in heavy rains, causing severe flooding and landslides along the northern coast of Peru. The government declared a national state of emergency in the Piura region.

Our in-country teams have continued to work in Puno to reduce risks and improve housing and production although much of our work has focused on the humanitarian response to the flooding in Piura. We are also continuing our nutritional programmes aimed at reducing anaemia and will begin to work on the issue of employability in Lima.



**15
STAFF**



**BASES:
PIURA
PUNO
AYACUCHO**



**OPERATING
SINCE
2007**



**REACHED
78,796
PEOPLE**

FOCUS ON OUR AREAS OF EXPERTISE

TECHNICAL INNOVATION

Following the evidence found in Mali and Pakistan, the treatment of severe acute malnutrition within integrated community case management (ICCM + SAM) project, which aims to increase our intervention coverage in malnutrition treatment programs, has entered the scaling phase in 2017. Currently the project is being implemented in Mali, Niger, Mauritania and Kenya.

The severe acute malnutrition Photo App initiative has finished meeting the objectives of Phase I of the project - demonstrating that morphometry can be an effective tool in the diagnosis of malnutrition and creating a mobile-prototype application that allows the diagnosis of malnutrition using the morphometry technique. A project carried out in alliance with the University of Dakar (UCAD).

Money transfer interventions are increasingly recognised as essential tools to meet the basic needs of the population allowing immediate delivery of food and for the recovery of livelihoods. Since the beginning of 2017, we have increased the number of projects that include cash-transfer interventions from 24 to 50 projects. The interventions include different types of delivery such as: Cash for Work, Cash for Training, Conditional and Non-Conditional Transfers.

The Combined Protocol for Acute Malnutrition Study (ComPAS) aims to simplify and unify the treatment of uncomplicated severe and moderate acute malnutrition for children aged 6-59 months into one protocol in order to improve the global coverage, quality, continuity of care and cost-effectiveness of acute malnutrition treatment in resource-constrained settings.



EUROPE

| | |
|----------------|-----------|
| SPAIN | 48 |
| GEORGIA | 48 |
| TURKEY | 49 |
| UKRAINE | 49 |



SPAIN



**106
STAFF**



**BASES:
SANTIAGO,
OVIEDO,
BARCELONA,
PAMPLONA,
MADRID,
TOLEDO,
CACERES,
MURCIA,
CASTELLÓN,
SEVILLA,
MALAGA**



**OPERATING
SINCE
2013**



**REACHED
3,772
PEOPLE**

Although more than 611,000 jobs were created in 2017, 3.4 million people remain unemployed. In addition to the high unemployment rate is the fact that even amongst those who are in employment many have no guarantees of stability as 90 percent of new contracts in 2017 were temporary.

In 2017 our operations in Spain increased by 60,5 percent compared to 2016, reaching 3,772 people of which 64 percent were women. The VIVES EMPLEA employment program continues to be an innovative program for personal development and employment support. We have implemented 67 projects in which 1,792 people participated, of these 45 percent have managed to enter the labor market. In the line of entrepreneurship, the VIVES EMPRENDE program has contributed to the creation of 104 new businesses and provided support to 34.

In 2017, we initiated technical assistance to the Prison Work Unit which provides training and employment for the incorporation of the capacity of inmates as a core aspect of the work of professionals. The programme is working for the reinsertion of persons deprived of their liberty.

Action Against Hunger has also positioned itself at European level leading the European Innovation Network for Inclusion, and participating in five consortiums of innovative projects for the inclusion of people at risk of exclusion.

GEORGIA

The situation in Abkhazia remains unresolved and has prevented any significant improvements in the region's economic situation, exacerbating tensions between the local population and increasing the likelihood of a new conflict. Abkhazia's dependence on budgetary support from Russia also places the separatist region in a vulnerable situation.

In 2017, we established rural employment and development projects, offering technical assistance to cooperatives through vocational training and technical and financial advice. In Georgia, we worked with the local vulnerable population, minorities and internally displaced people. We are also working on a response to mitigate the effects of a plague that affected both zones, Georgia and Abkhazia, significantly harming rural people's livelihoods.



**33
STAFF**



**BASES:
GALI,
TBILISSI,
SUKHUMI**



**OPERATING
SINCE
1994**



**REACHED
2,549
PEOPLE**

TURKEY



**1
STAFF**



**BASES:
HATAY,
MERSİN,
ADANA,
KAYSERİ,
URFA,
DIYARBAKIR,
BATMAN,
MARDİN,
ISTANBUL**



**OPERATING
SINCE
2011**

Being the seventh year of the Syrian crisis, the Turkish context remains marked by a high number of Syrian refugees present in the territory, reaching more than 3,3 M people. Since the beginning of the crisis the Government has greatly engaged with the response, though the legal framework for International and National NGOs to operate in the response remains challenging, and the operating space is shrinking, in spite of the acute needs, especially focused on Protection, Livelihoods, MHPSS, social cohesion and local network and coordination.

The partnership between Action Against Hunger and Support To Life proves quite solid and effective, with collaboration that focuses on capacity building and institutional relations for a longer term approach, and technical expertise that can maximise the impact of the ongoing projects and their scaling up.

UKRAINE



**6
STAFF**



**BASES:
KIEV,
SEVERO-
DONETSK**



**OPERATING
SINCE
2014**



**REACHED
15,797
PEOPLE**

Nearly four years after the conflict started, no progress has been made towards a practical political solution, food insecurity is deteriorating further as each day passes, and 4million people need humanitarian aid. In 2017, population movement has reached nearly 1million people, the majority being the elderly or people with disabilities. The NGOs are not only up against limited access due to precarious security conditions but also legal constraints, trade embargoes, a limited amount of supplies, and increasingly depleted funding. Furthermore, the psychological impact on the civilians is disastrous with more than 2 million people currently needing medical assistance. Present since 2014, we are withdrawing from Ukraine during the first semester of 2018.

In order to withdraw while ensuring the continuity of our actions, we have implemented our last project through an NGO consortium. In the areas under government control, support to people traumatised by the conflicts was given by psychiatrists and social workers. We have also contributed to meeting the needs of the more vulnerable people to cover their food, medical, and hygiene products. Also in the areas under government control, our teams have assisted in matters concerning water, sanitation, and hygiene products as well as providing technical support and material to communities with damaged water supply networks. Lastly, with the support of other organisations, we have been involved in advocacy activities so that international human rights are respected.

**ACTION AGAINST
HUNGER
INTERNATIONAL**



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 of the Global Performance Report).

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

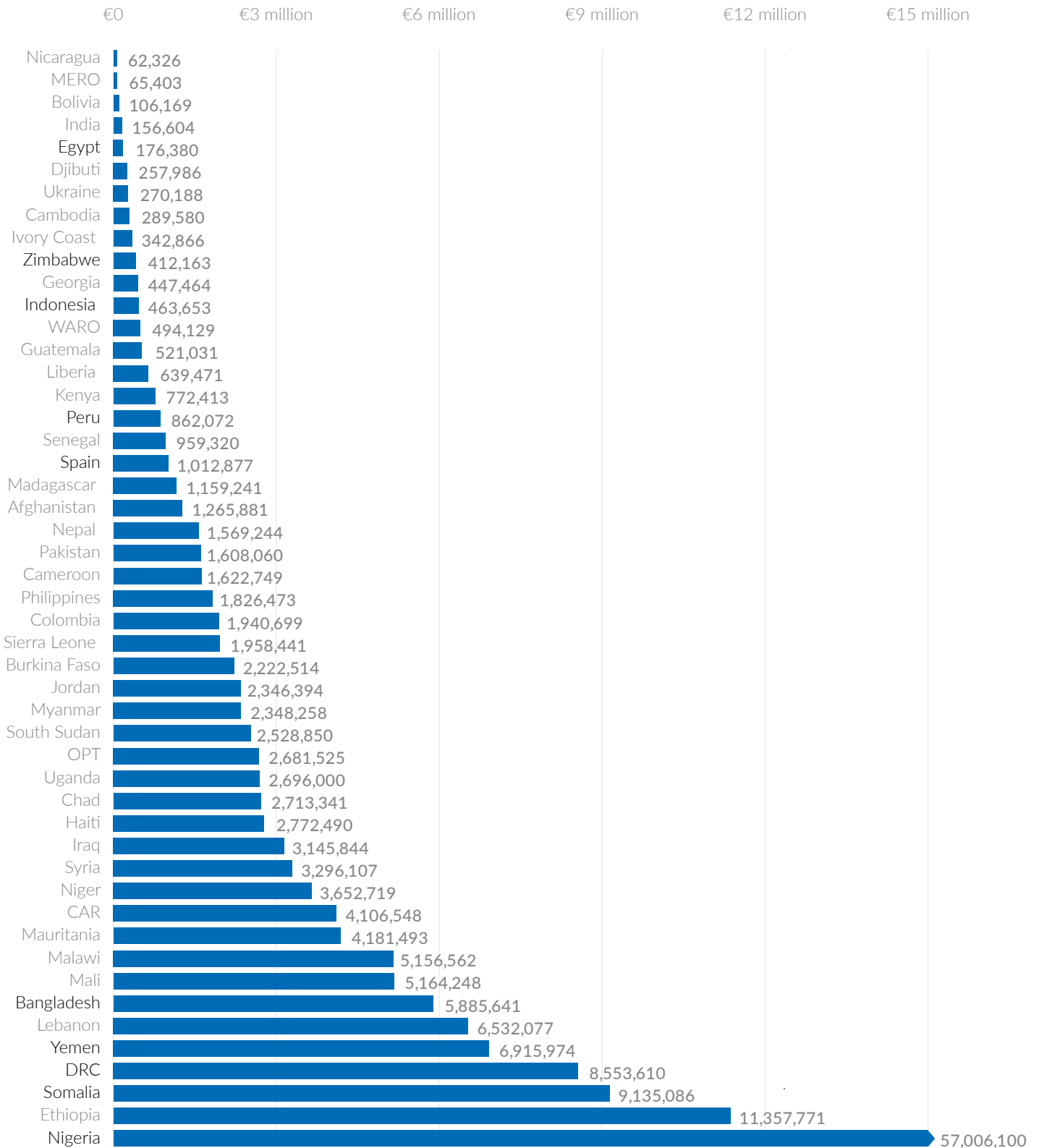


Figure 21: Supply chain volume managed by Action Against Hunger country and regional offices (€), 2017

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

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 countries². 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.

² 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.

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 2016³, 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).

³ 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.

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 of the Global Progress Report). 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 impact⁴.

⁴ In the case of restricted income, this must be used only for the purpose specified by the donor.

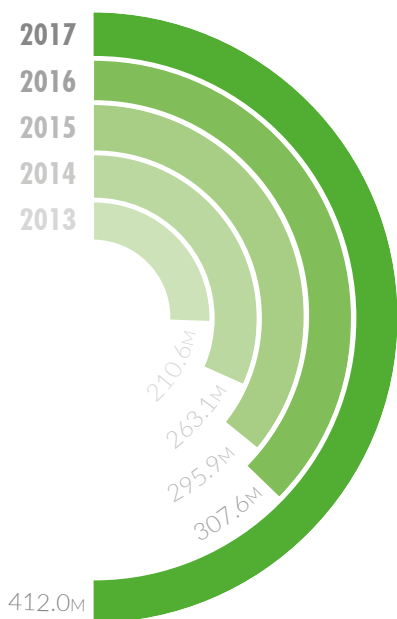


Figure 24: Action Against Hunger's total revenue (€), 2013-2017

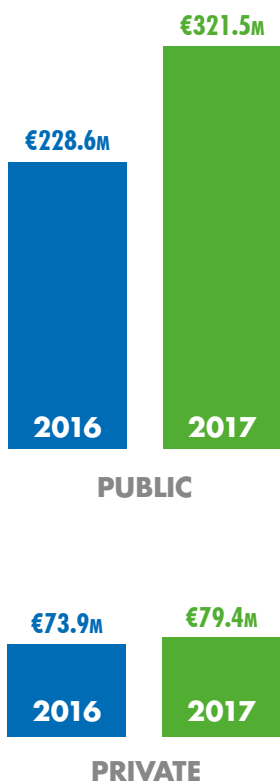


Figure 25: Action Against Hunger's public and private income, 2016 and 2017, € millions

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).

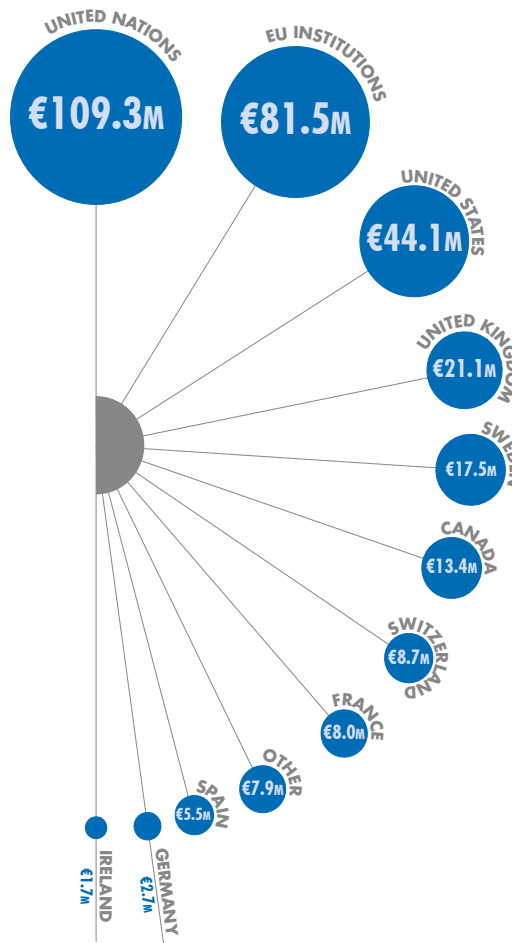


Figure 26: Action Against Hunger's public restricted income, by source of funds, 2017

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

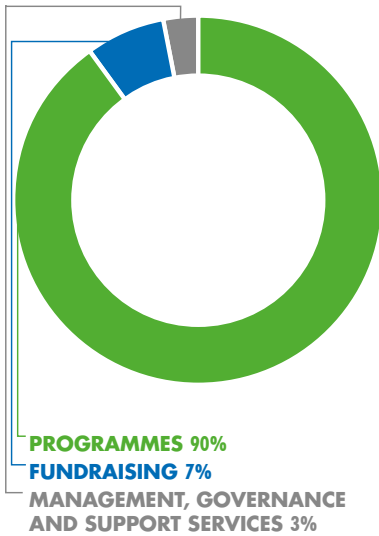


Figure 27: Breakdown of Action Against Hunger's expenditure, 2017

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.



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 interventions⁵, in collaboration with the Scaling Up Nutrition Secretariat. The study found that expenditure on nutrition by the Sierra Leone Government decreased slightly from

5 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.

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

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, working with WaterAid and Sanitation and Hygiene Applied Research for Equity. 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. 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 of the Global Progress Report 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. Our activities included producing a report, Supercharging Child Survival, 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.



FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

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

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

FOR CHANGING MINDS.
AGAINST IGNORANCE AND
INDIFFERENCE.

**FOR FREEDOM FROM HUNGER.
FOR EVERYONE. FOR GOOD.**

FOR ACTION.
AGAINST HUNGER.

