



**ACTION
AGAINST
HUNGER**



GLOBAL PERFORMANCE REPORT 2018

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Cover image © Action Against Hunger

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FOREWORD

Global hunger has continued to rise over the past three years, with 821 million people now hungry and nearly 50 million children at risk of dying from hunger. Hunger levels have returned to where they were a decade ago, driven primarily by conflict, climate change and variability, and economic slowdowns.¹

With this context in mind, Action Against Hunger's vision of a world without hunger remains as important today as ever before. Our organisation continues to expand its programmes to meet increasing needs: last year, we reached a record-high number of people. In 2018, our programmes supported more than 21.2 million people (one million more than in 2017) and provided lifesaving treatment to nearly double the number of acutely malnourished people.

For 40 years, Action Against Hunger has been a leader on the frontline, innovating to improve how we treat and prevent malnutrition and scaling up proven approaches. We conducted 25 research projects in 2018, exploring ways to utilise mobile technology in diagnosing acute malnutrition, broadening our reach through trained community health workers and volunteers, testing new protocols for treating malnutrition, and more.

Our interventions focus on delivering aid in hard-to-reach communities where the need is the greatest, and we can measure their impact. For example, we saw decreasing child mortality rates in high-burden areas in South Sudan, Mali and Nigeria where our teams work. Although we have faced access and insecurity challenges, we quickly and effectively responded to 37 emergencies in 26 countries in 2018. Our in-country teams led the way on emergency response, providing crucial, local experience and expertise.

The Global Performance Report 2018 measures our progress against the International Strategic Plan 2016-20.

On behalf of our nearly 8,000 staff around the world, I am proud to introduce Action Against Hunger's Global Performance Report for 2018. Despite the challenges we face, we will never give up, until the world is free from hunger.

¹ The State of Food Security and Nutrition in the World 2018: <http://www.fao.org/state-of-food-security-nutrition/en/>



Raymond Debbane

Chair, Action Against
Hunger International
Board of Directors

IN 2018, ACTION AGAINST HUNGER...



WAS FINANCIALLY SUPPORTED BY

> 1M
PEOPLE



EMPLOYED
7,646
PEOPLE GLOBALLY



1,694
STAFF MEMBERS
RECEIVED SECURITY
TRAINING



RAISED
€424.5M
REVENUE



DISTRIBUTED
€42.4M
CASH



MANAGED
A GLOBAL SUPPLY
CHAIN VOLUME OF
€151.1M



CONDUCTED
25
RESEARCH PROJECTS



RESPONDED TO
37
EMERGENCIES



REPORTED
5
VERY SERIOUS
SECURITY INCIDENTS



NUTRITION

 **6.1 MILLION**

people supported by our nutrition programmes

 **747**

nutrition assessment and surveillance reports

 **260**

mobile and satellite teams for nutrition treatment

 **729,918**

admissions to CMAM programmes supported by Action Against Hunger

 **84%**

average CMAM cure rate in high burden countries

HEALTH

 **39,191**

health and nutrition education training sessions

 **2.6 MILLION**

people supported by our health programmes

 **2,269**

health centres

 **232**

health and nutrition projects

MENTAL HEALTH AND CARE PRACTICES

 **127**

care practices projects

 **5,968**

people received a mental health and care practice kit

 **45**

mental health projects

 **86.8%**

of individuals who benefited from IYCF received preventative support

DISASTER RISK REDUCTION AND MANAGEMENT

 **39**

DRR and DRM projects

+ 53,238

people supported by our health system preparedness work

 **140,603**

people supported by our DRR and DRM programmes

 **51,047**

people received DRR and DRM training

WATER, SANITATION AND HYGIENE

 **8.9 MILLION**

people supported by our WASH programmes

 **2.6 MILLION**

hygiene kits distributed

 **32,363**

water points improved

 **6.5 MILLION**

cubic meters of water delivered

 **43.6%**

of Action Against Hunger projects have a WASH component

FOOD SECURITY AND LIVELIHOODS

 **2.7 MILLION**

people supported by our FSL programmes

 **341,794**

people received unrestricted cash

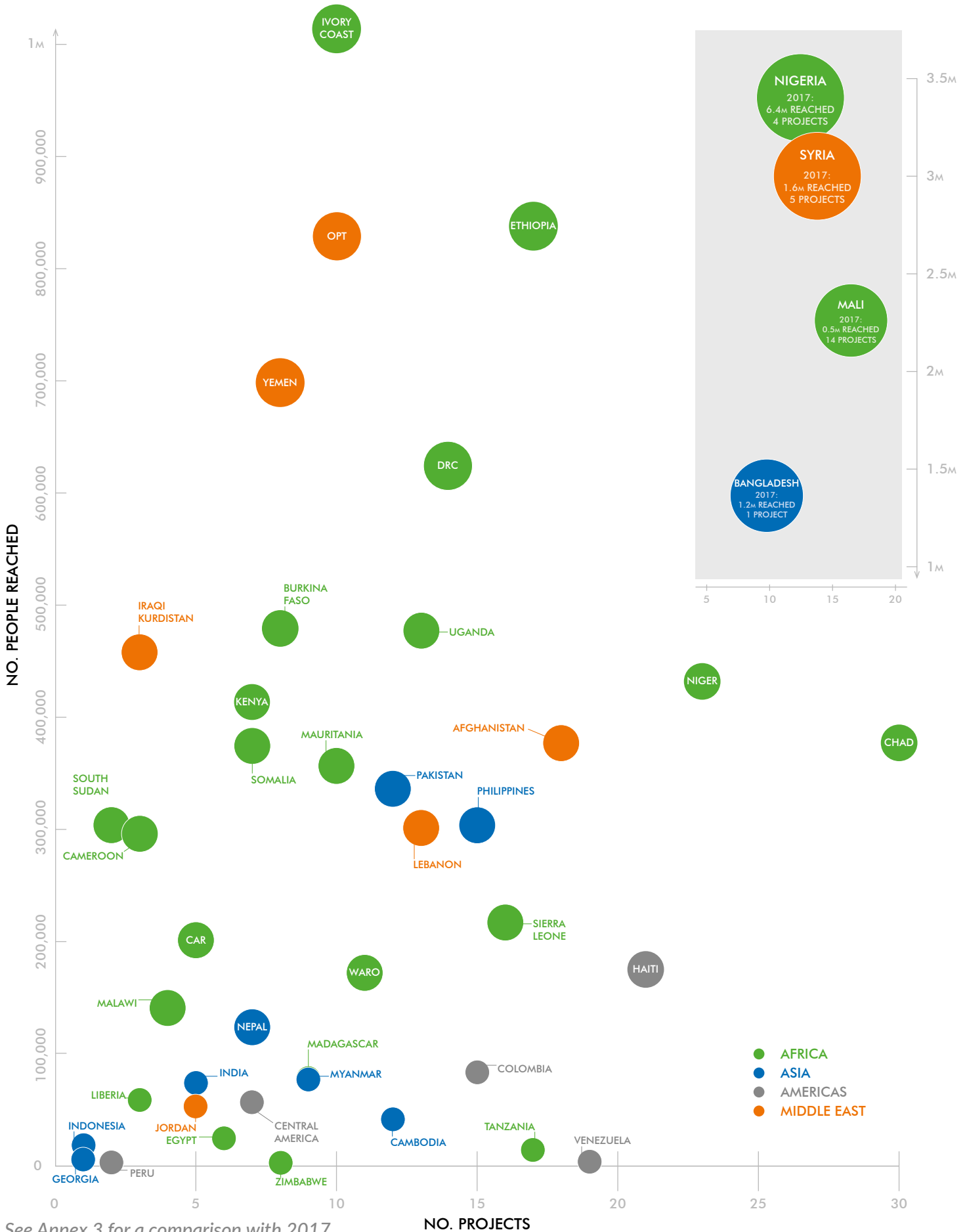
 **140**

food security and livelihoods projects

 **28,776**

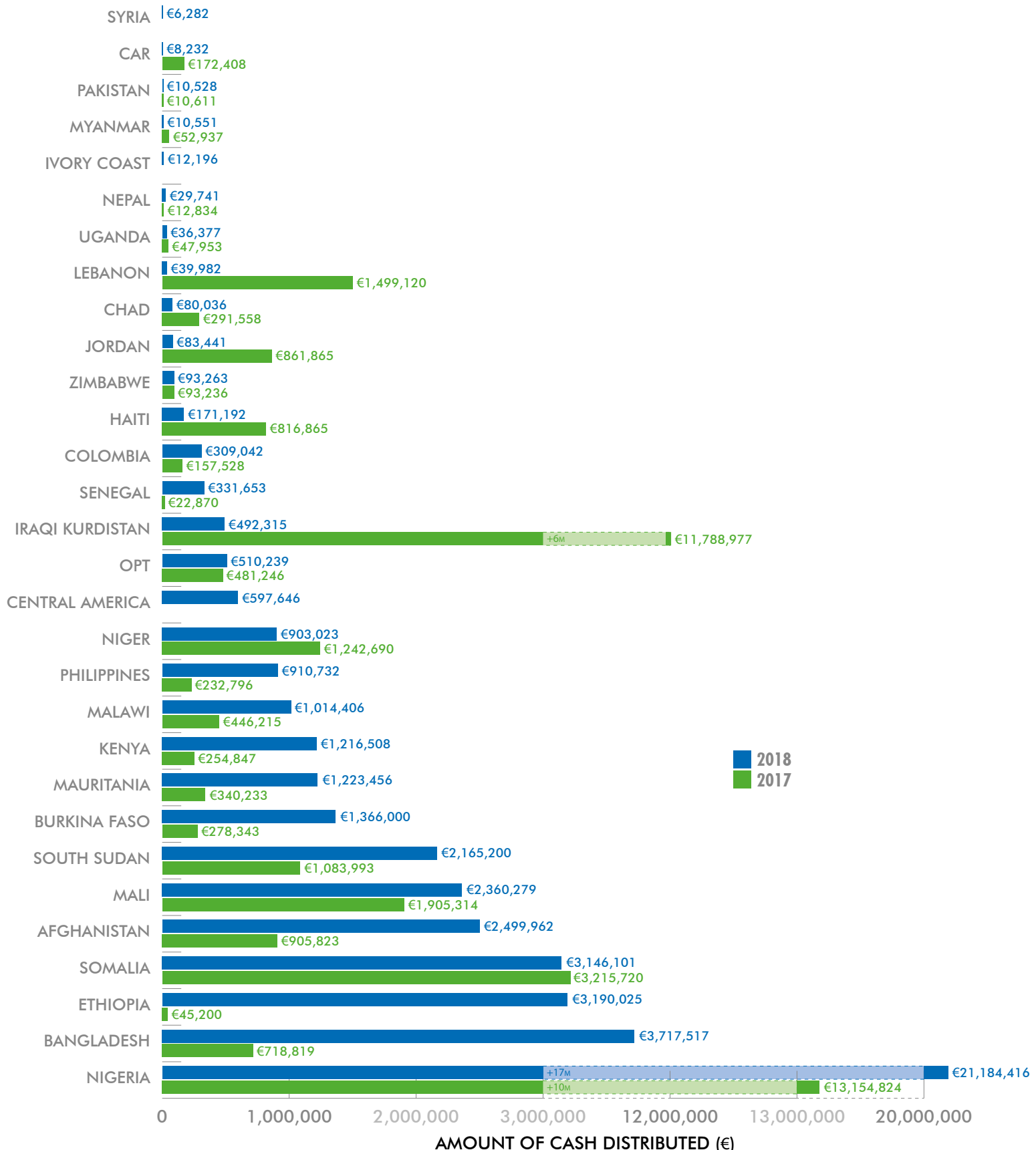
tonnes of food assistance delivered

ACTION AGAINST HUNGER REACHED OVER 21 MILLION PEOPLE IN 2018

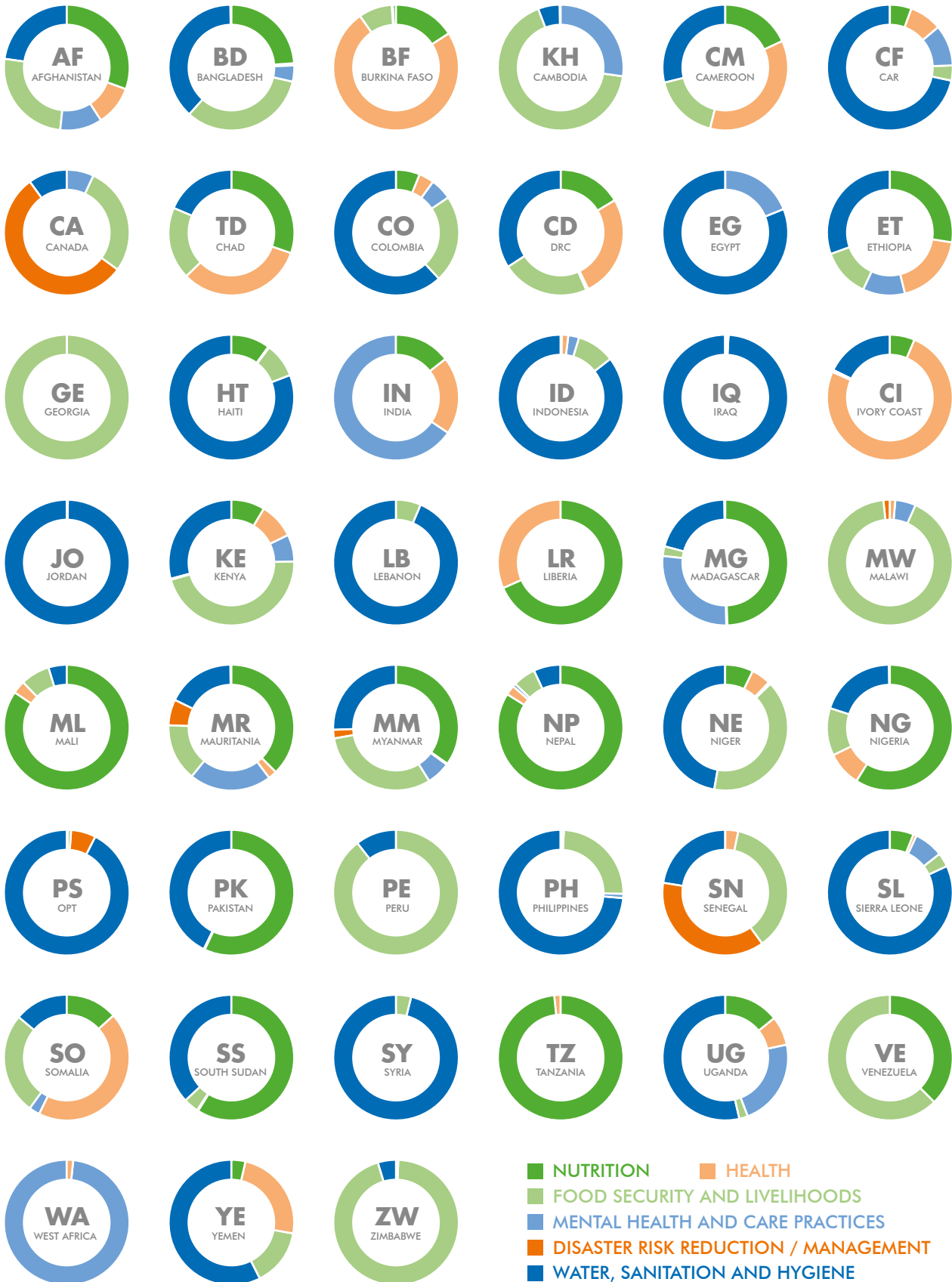


See Annex 3 for a comparison with 2017

ACTION AGAINST HUNGER DISTRIBUTED €47.7 MILLION IN 2018 THROUGH CASH-BASED INTERVENTIONS



DISTRIBUTION OF SECTORS IN WHICH ACTION AGAINST HUNGER WORKED, BY COUNTRY



INTRODUCTION

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

GLOBAL GOAL 2: NO HUNGER

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

GLOBAL GOAL 5: GENDER EQUALITY

Achieve gender equality and empower all women and girls.

GLOBAL GOAL 3: GOOD HEALTH

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

GLOBAL GOAL 6: CLEAN WATER AND SANITATION

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

Our aims are framed by Action Against Hunger's theory of change. This is an overarching guide for achieving a world free from hunger. The theory of change outlines the following four approaches:

1. TECHNICAL EXPERTISE AND INNOVATION

- A To be a leader in technical expertise and innovation, constantly looking for improved ways to tackle global hunger.
- B To remain flexible and innovative to be able to adapt our programmes to ensure the greatest impact in the communities we work in.
- C To contribute to global research and policy settings on the causes and effects of undernutrition.

2. OPERATIONAL CAPACITY

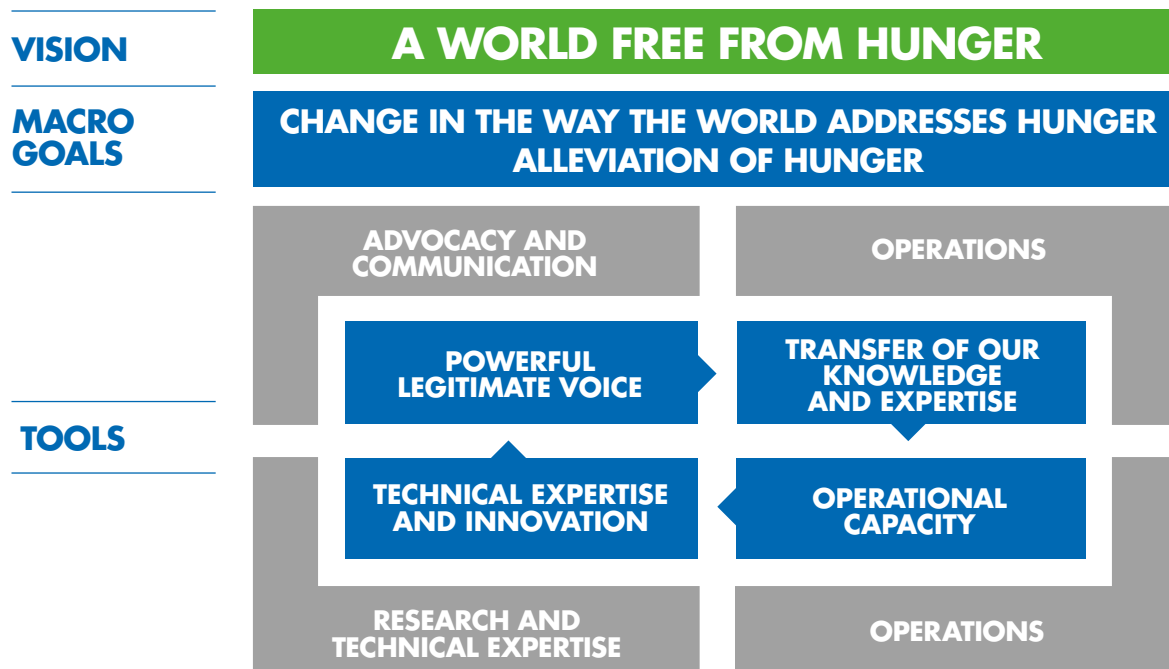
- A To put technical expertise and innovation into practice through operational capacity.
- B To focus on the ability to implement high quality and impactful programmes.
- C To take innovative ideas and proven approaches to a scale appropriate to needs.

3. POWERFUL AND LEGITIMATE VOICE

- A To have a powerful and legitimate voice based on our technical expertise and operational capacity.
- B To engage at the highest levels in the countries we operate, in addition to on the international stage.
- C To promote solutions to hunger and to ensure that the most vulnerable are heard.

4. TRANSFER OF KNOWLEDGE AND EXPERTISE

- A To transfer in a sustainable and appropriate way the knowledge and expertise gained from implementing programmes in a variety of communities.
- B To learn from the communities Action Against Hunger work in and transfer their knowledge into programmes.
- C To strengthen societies in which we work to the maximum extent in order to tackle hunger as long as it perpetuates.



Underpinning our theory of change are six concrete strategic goals with specific targets:

- 1** Reduce mortality in children under five years old by 20 per cent,
- 2** Reduce prevalence of chronic and acute malnutrition by 20 per cent,
- 3** Increase coverage of programmes to treat severe acute malnutrition by 60 per cent,
- 4** Respond to at least 80 per cent of unmet needs in emergencies,
- 5** Improved evidence and expertise to support programme countries' and international community strategies,
- 6** More effective organisation.

We recognise that we cannot assess progress against all of these goals in all countries. As a result, our Global Performance Reports focus on ten countries with a high burden of global and severe acute malnutrition. The ten high burden countries are Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan. Within these countries, we have sampled districts where Action Against Hunger works.

IN FOCUS

2018 MID-TERM REVIEW (MTR) OF THE INTERNATIONAL STRATEGIC PLAN 2016-20

Last year a mid-term review of our International Strategic Plan 2016-20 was conducted. The priority recommendations of this report are summarised below.

- 1 Address causes and consequences of hunger in a more balanced way, which would achieve the ISP mandate while also further refining MEAL requirements for both dimensions. At present, treating consequences of hunger represents the vast majority of our programmes.
- 2 Recognise the role of cross-cutting themes such as gender, resilience and inclusive governance and how they underpin hunger in its multiple aspects. If we wish to transition to an organisation able to deliver sustainable change, it is importance to develop organisational and country strategies that can embed impact areas on the long-term causal drivers of hunger.
- 3 Rely on far fewer indicators for future strategies: data collection for such a large range of metrics is time-consuming and does not yield any concrete return in terms of learning. Providing a suggested list of indicators from which in-country teams can choose might help to alleviate this and would also allow for more flexibility in selecting indicators relevant to the context.
- 4 Consider internal funding for country or multi-country cost-effectiveness studies. Institutional donors are not solely interested on evidence of impact but also on cost of impact. Therefore, it would be strategic for Action Against Hunger to recurrently invest its own resources in running these studies in areas where we have operated for long periods. It is increasingly essential to be able to link costs with results, especially as we move closer to claims on transformative change.
- 5 Reduce the inconsistency and overload of strategies at the country level. Along with the ISP, regional/HQ and country-level strategies do not necessarily speak with each other in a consistent manner. It is advisable to reduce the variance of objectives between global, HQ and regional strategies to ease country teams in finding alignment with their field realities.
- 6 Develop long-term partnerships. It is important to consider what kind of arrangements with local organisations can be formalised outside the scope of a project. Framework agreements with local partners can accelerate their ability to manage complex grants and to lead on long-term interventions.
- 7 Recognise that digital transformation is an objective that requires improvement and investments in data quality, especially as we aim at predicting impact-level change on a multi-country scale. If we consider the number of variables that affect hunger, the way in which relevant data points are collected becomes strategically important when designing or scaling up interventions with long-lasting effects.
- 8 Bring MEAL and research closer together to fully demonstrate our impact in a triangulated and inclusive way, from a theoretical and programmatic perspective.

EXECUTIVE SUMMARY

In 2018, Action Against Hunger brought positive and lasting change to the lives of those affected by hunger. Achieving nutrition security for everybody requires us to expand our reach. Last year, Action Against Hunger supported over 21 million people, an increase of approximately five per cent on 2017.²

Action Against Hunger reduces child mortality. Our International Strategic Plan 2016-2020 commits us to lowering the under-five mortality rate by 20 per cent by 2020 in the ten high burden countries. As of 2018, six out of eight sampled districts have already achieved this goal. Action Against Hunger has contributed to reducing the child mortality rate by 20 per cent in Borno and Yobo in Nigeria and Bamako, Kayes, Kita, Tombouctou in Mali since 2016.

We dedicate a substantial proportion of our network's resources to the ten high burden countries. In 2018, over two out of five individuals supported by Action Against Hunger live in either Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan or South Sudan.

The number of people supported by Action Against Hunger nutrition projects has increased by a third between 2017 and 2018. This figure includes 718,918 admissions to Community-based Management of Acute Malnutrition (CMAM) programmes. Last year 6,147,177 individuals benefited from our nutrition work, compared to 4,505,161 in 2017. Our health programmes supported a further 2.5 million people in 2018.

Action Against Hunger is increasingly focusing on cash-based interventions rather than food distribution. In 2018, the value of cash distributed increased by 12.5 per cent, to a total of €47,720,071. The tonnage of food distributions, on the other

hand, fell by 80.6 per cent to 28,776 tonnes (this was largely because of a reduction of in-kind donations to the Nigeria country office in 2018, which had previously spiked in 2017). Meanwhile, our water, sanitation and hygiene (WASH) programmes have expanded to support 8,909,932 people, an increase of 42 per cent. Approximately one out of three individuals (33.2 per cent or 2,957,958 out of 8,909,932) who receive Action Against Hunger WASH assistance live in Syria.

Our work tackles the burden of chronic and acute malnutrition. Our International Strategic Plan 2016-2020 tasks us with reducing severe acute malnutrition (SAM) by 20 per cent in the high burden countries. In 2018, this target was achieved in six out of the 11 sampled districts. Action Against Hunger's work has contributed towards a 20 per cent reduction in SAM in Aweil East (South Sudan), Borno (Nigeria) and Bamako, Kayes, Kita and Tombouctou (Mali).

In 2018, Action Against Hunger moved towards its goal of achieving 60 per cent coverage of SAM treatment programmes by 2020. In 2018, four out of the six surveys indicated that coverage was greater than 50 per cent. This is an improvement on reported coverage estimates in 2017, during which only two out of seven estimates exceeded 50 per cent.

Last year we responded to 37 emergencies. The Action Against Hunger Spain Emergency Pool and Action Against Hunger France Emergency Readiness and Response Unit were deployed 16 times to 11 countries: Chad, the Democratic Republic of Congo, Ethiopia, Guatemala, India, Iraq, Jordan, the Philippines, Venezuela, Yemen and Zimbabwe. Nearly 60 per cent of our emergency responses were in Africa, with the highest number in Ethiopia and the Democratic Republic of Congo. During emergencies, Action Against

² Action Against Hunger has detailed guidance for country and regional offices to count people reached. Notwithstanding this, we are aware there may be some double counting.

Hunger works in partnership with local organisations. Our partnership with Africa Ahead, for example, responded to the cholera outbreak in Zimbabwe in September 2018.

Action Against Hunger values the safety and security of our staff. There were 286 security incidents last year, amounting to a small increase on 2017 when there were 284 incidents. In January 2018, a new set of network-level safety and security principles and standards were developed through a new Security and Safety Management Policy. The total number of staff trained was 1,694 in 2018 up from 449 in 2017. In Nigeria last year, there were 362 staff trained in security (this was more than 2016's global total).

Our logistics teams managed a global supply chain valued at €151.1 million in 2018. The 'Link' information systems tool has continued to be developed and rolled out in countries of operation. This innovative solution to manage our supply chain is being used by 1,200 field staff in 32 country and regional offices. Approximately 150,000 procurement requests, 20,000 orders and 60,000 logistics documents have already been uploaded to 'Link'. This innovative solution to manage our supply chain is being used by 1,200 field staff in 32 country and regional offices. We are also working to share this tool with MedAir and Humanity and Inclusion.

Action Against Hunger invests in research and innovation on undernutrition. The total value of Action Against Hunger's ongoing, multi-year research portfolio is €12.9 million. In 2018, we conducted 25 research projects and 85 per cent of our research had a nutrition component. One out of three of our research projects has a research uptake strategy. This report profiles the MALINEA project (which investigates the relationship between moderate acute malnutrition (MAM) treatment and gut health) and Action Against Hunger's work on SAM photo diagnosis.

We are making progress to meet our annual income goals. Our International Strategic Plan 2016-2020 has the goal of generating a total annual income of €500 million by 2020. In 2018, our overall

revenue was €424.5 million. This figure exceeded our income in all other years and surpassed the 2017 level by €11.7 million. The United States remained our largest bilateral donor in 2018 and became, after EU institutions, our second largest donor overall. Last year revenue provided by the United States government amounted to €79.1 million. This is a 78 per cent more than in 2017 and represents an increase of €34.5 million.

Action Against Hunger has successfully grown its income from private sources. In 2018, Action Against Hunger developed fundraising activities in ten countries, increasing our income from private sources to €82 million, 90 per cent of which was unrestricted. Action Against Hunger had one million individual financial supporters. More than 4,500 companies, foundations, restaurants and schools have donated, showing their trust in Action Against Hunger.

Our advocacy activities change the way hunger and malnutrition are viewed and addressed. The priorities in 2018 were focused on three areas: policies to mitigate the risk of famine in conflict affected countries; to improve the reach and efficacy of humanitarian action; and the integration and prioritisation of nutrition in national government policy and international aid policy. Our advocacy efforts contributed towards the adoption of Security Council resolution 2417, which recognises the links between conflict and hunger and condemns starvation as a weapon of war.

Action Against Hunger values working with partners; we cannot achieve a world free from hunger by ourselves. In 2018, we continued to develop partnerships to maximise the impact we make and to create a worldwide movement for change. Approximately half of all country offices (49 per cent) had a local partnerships strategy during this year, and there were 101 reported consortia memberships across the network. 40 per cent of our partnerships are with local or national governments and 35 per cent of partnerships build capacity. This report provides a case study of how Action Against Hunger has used the Network for Empowered Aid Response (NEAR) Localisation Performance Measurement Framework (LPMF).

1 REDUCTION OF CHILD MORTALITY



6.1M

PEOPLE SUPPORTED
BY ACTION AGAINST HUNGER
NUTRITION PROGRAMMES

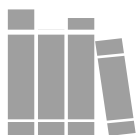
2017: 4.5M



39,191

**HEALTH AND
NUTRITION EDUCATION
SESSIONS**

2017: 33,583



747

**NUTRITION
ASSESSMENT
AND
SURVEILLANCE
REPORTS**

2017: 556

The reduction of child mortality is the first Action Against Hunger goal. As part of our International Strategic Plan 2016-2020, we are committed to reducing the under-five mortality rate by 20 percent by 2020 in selected districts of the ten high burden countries. An estimated 5.5 million children under five years old die every year.³ Malnutrition is a leading cause of child mortality. Approximately 45 per cent of deaths of children under five are related to undernutrition.⁴

In 2018, Action Against Hunger's nutrition programmes supported 6,147,177 people. This constitutes an increase of over a third on 2017, when we reached 4,505,161 people with our nutrition work. Growth in the number of people who benefitted from Action Against Hunger nutrition projects was driven by Bangladesh (up 251,105 from 2017), South Sudan (up 119,369 from 2017) and Mauritania (up 129,011 from 2017). Across the network, the largest contributor was Nigeria, which gave nutrition-related support to 2,065,290 people. In 2018, the majority (58.8 per cent) of individuals who received nutrition assistance were women and girls.

Since the introduction of our International Strategic Plan in 2016, we have scaled up our nutrition work to benefit 12,205,016 individuals. The number of nutrition assessment and surveillance reports has increased by over a third since last year: this figure rose from 556 in 2017 to 747 in 2018. The number of mobile and satellite teams for nutrition treatment has also expanded. In 2017, there were 234 of these units across the network. By 2018, there were 260.

3 United Nations Inter-Agency Group for Child Mortality Estimation (2018), *Levels and Trends in Child Mortality: Report 2018*.

4 Bhutta, Z.A., et al. (2013), 'Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?', *The Lancet Maternal and Child Health Series* 382 (9890), pp.452-477.

IN FOCUS: HIGH BURDEN COUNTRIES

As part of our commitment to reducing the under-five mortality rate, a substantial proportion of our network's resources are dedicated to high burden countries. Over four out of ten (42.3 per cent or 8,798,240 out of 21,266,279) people supported by Action Against Hunger live in a high burden country. In addition, one out of four (25.6 per cent or 121/473) Action Against Hunger projects are based in the ten countries.

Action Against Hunger's activities targeting nutrition and health in the high burden countries are extensive. Our nutrition programmes supported 4,898,137 individuals in these ten countries last year. This amounts to 42.4 per cent (2,603,473 out of 6,147,177) of the people supported in this area across the network. In addition, 1,060,294 people in the high burden countries benefited from Action Against Hunger health projects. This means that 40.7 per cent of individuals (1,060,294 out of 2,603,473) supported by our health work live in these ten countries.

Our focus on the high burden countries has coincided with a reduction in child mortality in six out of the eight sampled districts. The under-five mortality rate has declined between 2018 and 2017 in Aweil East in South Sudan, Borno in Nigeria and Bamako, Gao, Kayes, Kita in Mali. The improvement in Borno is particularly noteworthy given that Nigeria as a whole has experienced a small upward trend in the under-five mortality rate during this period.⁵ The reduction of child mortality in Aweil East reflects trends throughout South Sudan. By 2017, several states in the country had declared famine. By 2018, this crisis was averted and the district became more food secure. The two districts where the under-five mortality rate has increased compared to previous the year are Yobe in Nigeria and Tombouctou in Mali.

A majority (six out of eight) of the selected districts in high burden countries have already reached the 2020 target. This includes Borno and Yobe in Nigeria and Bamako, Kayes, Kita and Tombouctou in Mali. The 2020 target for Aweil East is an under-five mortality rate of 0.14, but in 2018 this rate is 0.72. (Goa in Mali was close to its target this year and missed it by only one percentage point.)

5 National Population Commission (2019), Demographic and Health Survey 2018: Key Indicators Report, pp. 23.



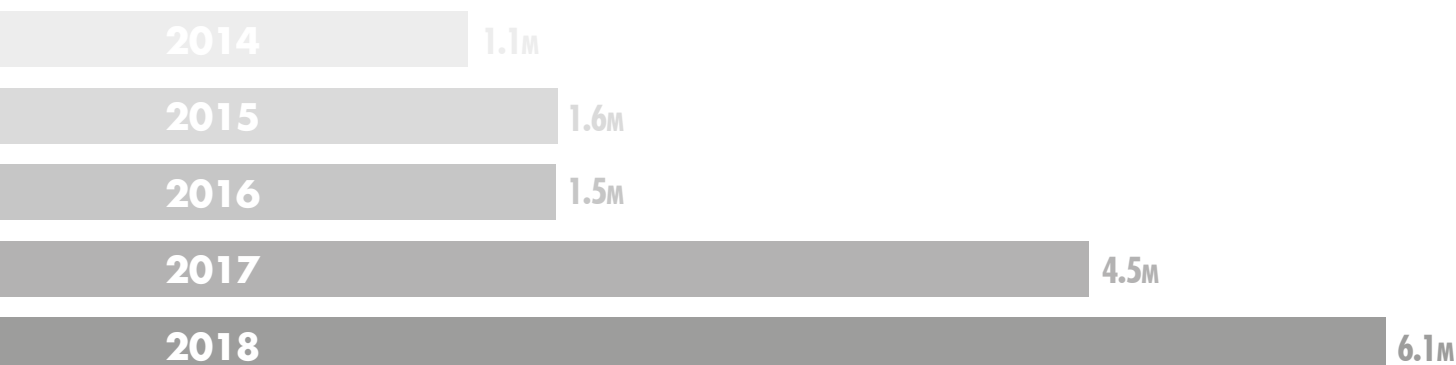


Figure 1.1: Number of people supported by nutrition programmes (2014-18)

ACTION AGAINST HUNGER INDIA

MALNUTRITION IN A NON-HUMANITARIAN CONTEXT

Reducing child mortality during humanitarian crises is an established area of Action Against Hunger's work. Action Against Hunger India, however, was created to confront hunger outside of an emergency context.

To achieve this goal, Action Against Hunger India focuses on advocacy, community empowerment, government capacity building and public health system strengthening. Programmes from Action Against Hunger India are built around the following four pillars:

- **Treatment:** Providing home-based support to children suffering from moderate acute malnutrition (MAM) and referring children with severe acute malnutrition (SAM) to government-managed Nutrition Rehabilitation Centres (NRC)
- **Prevention:** Educating mothers and the wider community on the causes and consequences of malnutrition
- **Sustainability:** Providing technical support to governments on treatment protocols and knowledge sharing
- **System strengthening:** Training frontline government workers on early malnutrition identification and treatment

India is a heterogeneous country with diverse development needs. Therefore, Action Against Hunger India programmes have a wide remit focusing not only on nutrition but also on health and community wellbeing. To that end, every Action Against Hunger India programme is centred on the first 1000 days of life: from the conception of a child to their second birthday.

The only exception to the unique approach in India is the community-based management of acute malnutrition (CMAM) in the urban slums of Mumbai. In this city, Action Against Hunger maintains outpatient treatment facilities for children with SAM.

Action Against Hunger India also works to ensure through advocacy activities that malnutrition is a national priority. Raising public awareness, building a public movement for change as well as educating the media and policy makers are therefore core components of Action Against Hunger's work in India.



Figure 1.2: Number of mobile and satellite teams for nutrition treatment (2016-18)

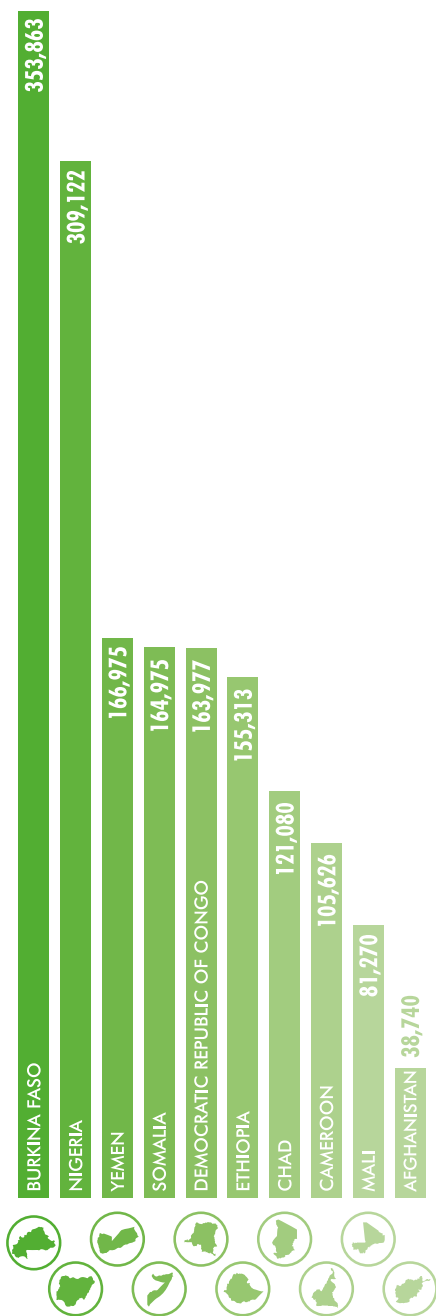


Figure 1.3: Number of people supported by health programmes across ten selected country offices (2018)

CASE STUDY

WE CAN'T DO THIS ALONE: WORKING IN PARTNERSHIP WITH THE NO WASTED LIVES COALITION TO ACHIEVE THE SAM2020 AGENDA

The SAM2020 Agenda (available at <https://knowledgeagainsthunger.org/>) is a critical part of Action Against Hunger's strategy on SAM. It was developed in 2015 and continues to be a central part of our efforts at Action Against Hunger. The agenda focuses on six critical changes necessary for scaling up the management of SAM by 2020. It provides a diagnosis of the key challenges in each of these areas to date and the specific solutions needed to turn things around over the five years from 2015 to 2020, including:

- Redefining SAM as a public health priority and not simply an emergency problem;
- Increasing global and national resource mobilisation for SAM;
- Improving the effectiveness, and cost-effectiveness, of SAM management;
- Increasing the availability and accessibility of SAM management services;
- Improving the capacity of health staff to manage SAM;
- Improving the quality, availability and utilisation of SAM information.

Shortly after launching the SAM2020 Agenda, Action Against Hunger recognised that these solutions require a collective effort at global, regional and national levels. Responding to the need for joint efforts, Action Against Hunger

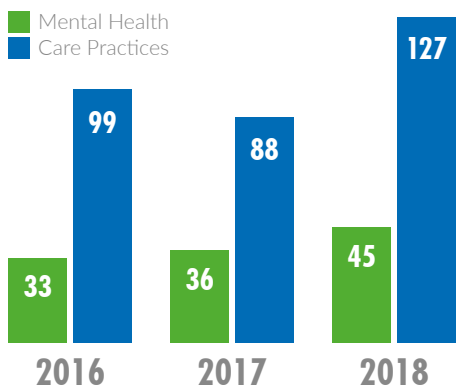


Figure 1.4: Number of mental health and care practice projects (2016-18)

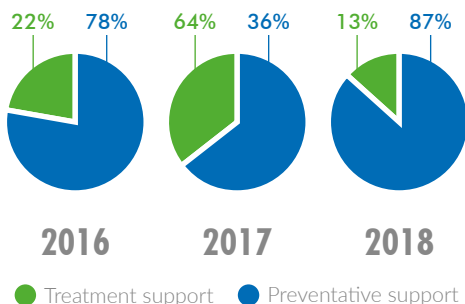


Figure 1.5: Proportion of individuals who received preventative and treatment Infant and Young Child Feeding (IYCF) support (2016-18)

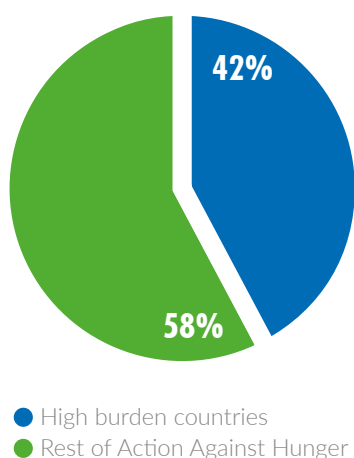


Figure 1.6: Proportion of people supported by Action Against Hunger who live in high burden countries (2018)

played a critical role as a founding member of No Wasted Lives, a growing coalition of partners that came together to catalyse action for acute malnutrition. No Wasted Lives is a critical coordination platform to do more than what Action Against Hunger can do alone. To achieve the goals of our SAM2020 Agenda, Action Against Hunger and No Wasted Lives partners work together in research, technical advice, advocacy and regional work with national governments.

In the Global Performance Report for 2017, we gave an update on the core areas of work that Action Against Hunger and No Wasted Lives were progressing together. Here is an update on our key achievements in 2018:

WE CONTINUED TO GROW A GLOBAL HUB FOR INFORMATION AND RESOURCES ON ACUTE MALNUTRITION

After its launch in 2017, the State of Acute Malnutrition (www.acutemalnutrition.org) continued to grow in 2018 with critical updates to expand usability, the addition of over 1,000 resources on acute malnutrition to the library, 20 new and ongoing research studies, and the latest data from UNICEF. The site had over 6,700 users from over 100 countries in 2018 and the team is now planning new and exciting updates for 2019 including interactive data visualisations to expand usability of the available data at country, regional, and global levels.

WE BUILT OUR PORTFOLIO OF INNOVATIVE RESEARCH TO MAKE PROGRAMMES MORE EFFECTIVE AND COST-EFFICIENT

Building on our efforts in 2017 to produce the global Research Agenda for Acute Malnutrition (available at www.nowastedlives.org/researchagenda), No Wasted Lives and the Council of Research & Technical Advice on Acute Malnutrition (CORTASAM) received over 70 expressions of interest for new research aligned with the priority areas identified, including nine from Action Against Hunger offices around the world. The growing portfolio of research supported by these efforts can be found at www.nowastedlives.org/research and more information on the research projects led by Action Against Hunger can be found in Chapter 7 of this report and Action Against Hunger’s Research Report for 2018.

SIX OUT OF EIGHT SAMPLED DISTRICTS IN HIGH BURDEN COUNTRIES HAVE ACHIEVED THE 2020 UNDER-FIVE MORTALITY RATE TARGET

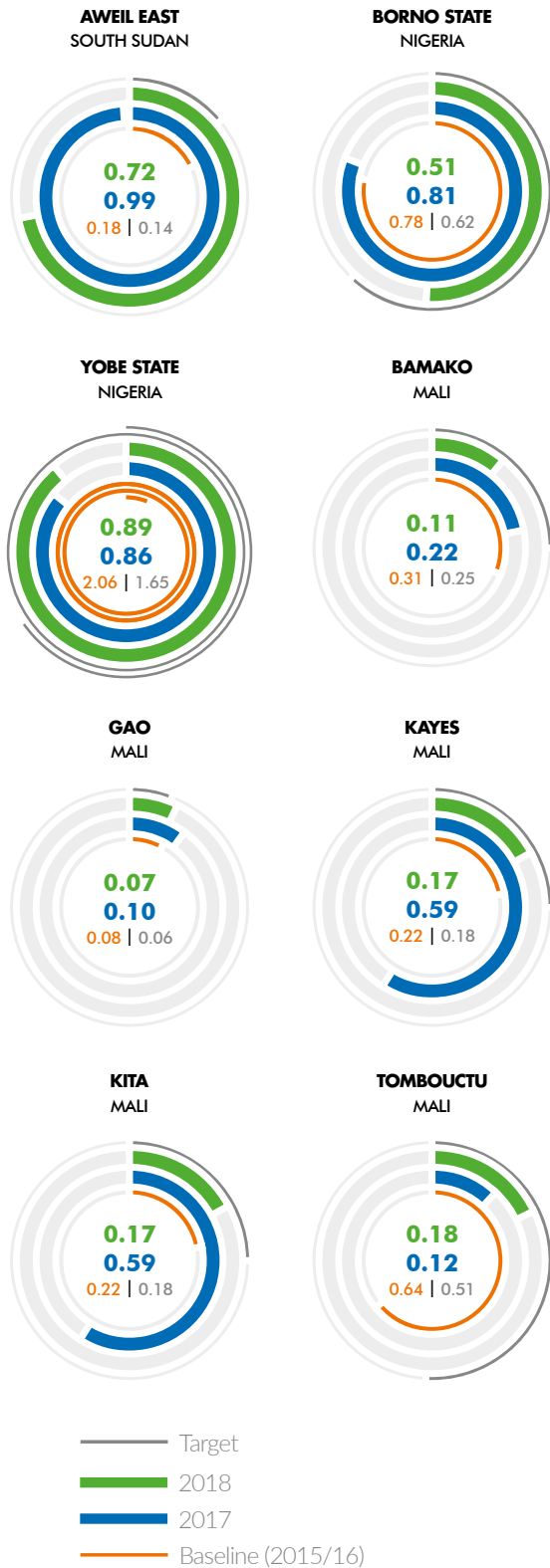


Figure 1.7: Under-five mortality in the sampled districts our high burden countries

WE STARTED THINKING AHEAD TO OPTIMISE UPTAKE AND USE OF THE EMERGING FINDINGS

With exciting new evidence emerging from our research in 2018 and more to come in 2019, it is critical that we drive the uptake and use of the findings and lessons from our research. The leading research projects at Action Against Hunger that support No Wasted Lives have developed research uptake strategies to ensure that the evidence generated is not just disseminated but taken up and used for both policies and programmes. The incorporation of this evidence into our own efforts at Action Against Hunger is an important part of this.



2 REDUCTION IN PREVALENCE OF ACUTE AND CHRONIC MALNUTRITION



€47.7M

DISTRIBUTED
THROUGH CASH-BASED
INTERVENTIONS

2017: €42.4M



8.9M

PEOPLE
SUPPORTED BY OUR
WASH PROGRAMMES

2017: 6.3M

32,363

IMPROVED
WATER POINTS

2017: 12,831



2.7M

PEOPLE
SUPPORTED BY OUR
FSL PROGRAMMES

2017: 2.3M

Action Against Hunger takes a dual approach to reducing the prevalence of acute and chronic malnutrition⁶: we are there when crisis strikes, and we also address the underlying causes of hunger. Acute malnutrition affected 49 million children under the age of five in 2018, and another 149 million children suffered from chronic malnutrition. In our International Strategic Plan 2016-2020, we have set ourselves the target to reduce acute and chronic malnutrition by 20 per cent in the sampled regions of the ten high burden countries by 2020.

The modalities used by Action Against Hunger to reduce acute and chronic malnutrition are changing. We are increasingly focusing on cash-based interventions. An additional €5,301,846 in cash was distributed in 2018 compared to 2017, constituting a 12.5 per cent increase and bringing the total distributed through cash-based interventions up to €47,720,071. Since the introduction of our International Strategic Plan in 2016, €144,635,422 has been distributed in cash globally. The growth in cash distribution across the network is a result of substantial increases in countries such as Nigeria (up €8,029,592 on 2017), Ethiopia (up €3,144,825 on 2017) and Bangladesh (up €2,998,698 on 2017). Nigeria, Bangladesh, Ethiopia and Somalia distributed the most cash assistance in 2018 (€21,184,416, €3,190,025 and €3,146,101 respectively). There has been a simultaneous reduction in the total amount of food aid distributed

⁶ Acute malnutrition (or “wasting”) includes severe acute malnutrition (the most dangerous form of malnutrition, which can result in death if untreated) and moderate acute malnutrition (a serious but less critical type of malnutrition, which affects a greater number of children than severe acute malnutrition). Global acute malnutrition is the sum of the prevalence of severe acute malnutrition and moderate acute malnutrition. Chronic malnutrition (or “stunting”) usually occurs over a longer period of time and is the consequence of an unbalanced diet lacking fundamental nutrients.

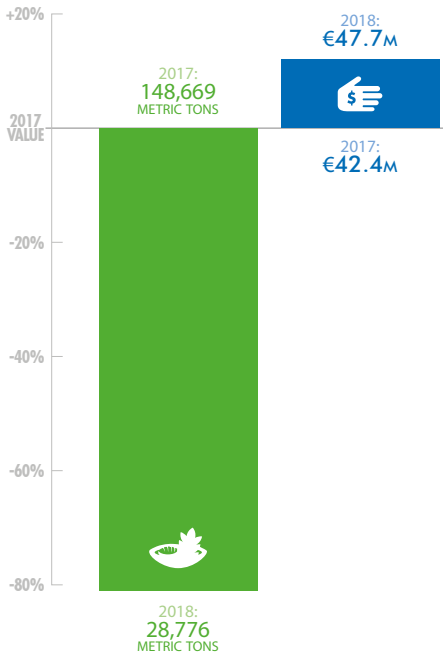


Figure 2.1: Cash-based interventions and food aid distribution (2017 and 2018)

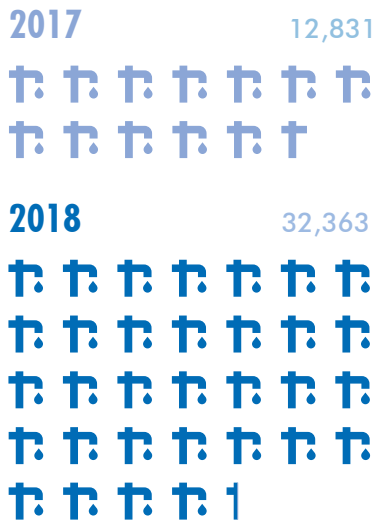


Figure 2.2: Improved water points (2017-2018)

by Action Against Hunger. In 2018, the amount of food aid distributed reduced by 80.6 per cent from 148,669 metric tons to only 28,776 tonnes.

Action Against Hunger recognises that there is a strong link between the prevalence of malnutrition and water, sanitation and hygiene (WASH). Our WASH programmes supported 8,909,932 people in 2018, an increase of 42 per cent compared to the previous year. 32,363 water points were also improved last year, an increase of 19,532 (or 152.2 per cent) compared to 2017. This growth in WASH activities has been driven by countries such as Pakistan (+97.6 per cent), Kenya (+97.5 per cent), Occupied Palestinian Territories (+80.8 per cent) and Indonesia (+73.4 per cent). A case study (on page 24) explores this development from the point of view of the Wadah Air Timor (WAT) social enterprise in Nusa Tenggara Timor province in Indonesia. Approximately a third (33.2 per cent or 2,957,958 out of 8,909,932) of people who receive Action Against Hunger WASH assistance live in Syria.

WASH activities constitute a substantial proportion of our work. Nearly half of all Action Against Hunger projects in 2018 (43.6 per cent or 206/472) included a WASH component. Furthermore, approximately four in ten people (41.9 per cent or 8,909,932 out of 21,266,279) who benefited from an Action Against Hunger programme in 2018 received WASH support. Since the introduction of the International Strategic Plan in 2016, our WASH programmes have supported 21,000,361 individuals.

In 2018, our food security and livelihoods (FSL) programmes reached 2,728,961 people. This is an increase of 401,837 people or 17.2 per cent from 2017. We also delivered FSL training to 136,057 people. Our response to the Rohingya refugee crisis is largely responsible for this trend. In 2018, 477,694 people in Bangladesh were supported in FSL. This amounts to an approximate fivefold increase on 2017, when Action Against Hunger supported 82,218 individuals with FSL interventions in Bangladesh.



Figure 2.3: People supported by WASH programmes (2016-2018)



Figure 2.4: People supported by FSL programmes (2015-18)

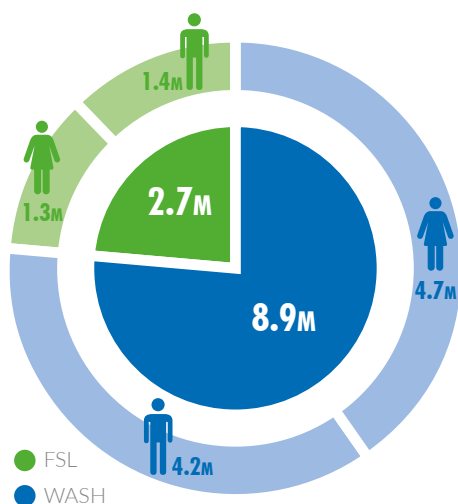


Figure 2.5: Gender breakdown of people supported by WASH and FSL programmes

Link-Nutrition Causal Analyses (LinkNCA) were conducted by eight Action Against Hunger country offices in 2018. LinkNCA is a participatory method developed by Action Against Hunger to identify context-specific and community-defined causes of malnutrition and the most feasible ways to address them. The methodology was used in Cameroon, Ethiopia, Jordan, Madagascar, Niger, the Philippines, Tanzania and Zimbabwe in 2018. This year a meta-analysis of gender across 27 LinkNCA studies was completed. It concluded that the heavy workload of women is a key determinant of malnutrition. The case study (on page 23) details our efforts to promote gender equality in Rajasthan, India. Furthermore, 27 of our country offices undertook nutrition surveys using the SMART methodology in 2018. This methodology is used to assess the nutritional status of children under five and the mortality rate of the population.

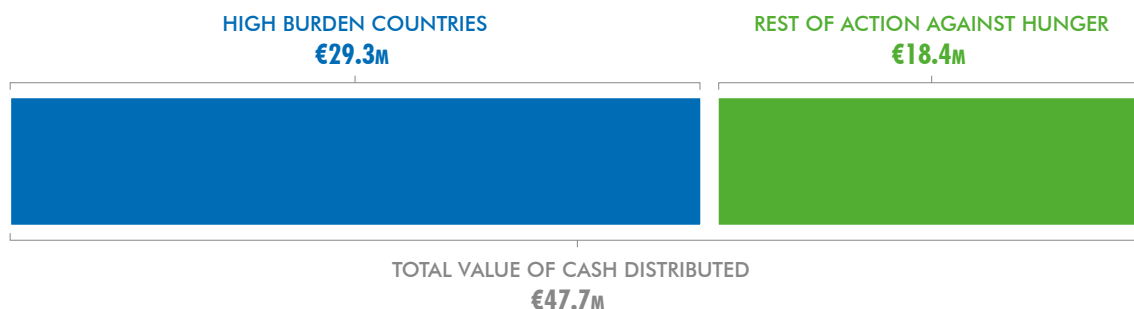


Figure 2.6: Value of cash distributed (including vouchers), high burden countries compared to the rest of Action Against Hunger



IN FOCUS: HIGH BURDEN COUNTRIES

Reducing the prevalence of acute and chronic malnutrition requires targeting resources to the high burden countries. Action Against Hunger distributed €29,303,219 of cash in these ten countries last year. Nearly two thirds (61.4 per cent or €29,303,219/€47,720,071) of cash distributed by our network is received by individuals living in a high burden country. In addition, approximately one out of five people supported by Action Against Hunger's WASH activities in 2018 lived in high burden countries (18.2 per cent or 1,623,359 out of 8,909,932). Moreover, four out of every ten individuals supported by our FSL work (40.4 per cent or 1,103,809 out of 2,728,961) are residents of the ten countries.

In 2018, eight out of the 14 surveyed districts in the ten high burden countries reported an improvement in global acute malnutrition (GAM) compared to the previous year. These were Gao, Kayes, Kita and Tombouctou (Mali), Yobe (Nigeria), Aweil East (South Sudan), and Diapaga and Fada N'gourma (Burkina Faso). Kayes and Kita in Mali and Fada N'gourma in Burkina Faso had the highest reduction in GAM compared to 2017. Improvements in Aweil East were driven by changes such as increases in the number of nutrition sites and improvements to the coverage of our programmes through mass screenings and sensitisation campaigns.

Six of the 14 districts reported an increase in GAM rates compared to 2017. These included Pama (Burkina Faso), Borno (Nigeria), Mayahi (Niger), Guidimakha (Mauritania), Hod El Charghi (Mauritania) and Bamako (Mali). External studies confirm that a high proportion of children in Borno in particular remain undernourished: 17 per cent of under-fives are wasted in the state compared to a seven per cent national average for Nigeria⁷. Higher GAM rates in 2018 in Bamako can be explained by the fact that this region became more exposed to the effects of conflict and hosted more internally displaced people.

By 2018, five out of the 14 surveyed districts had achieved the target of reducing GAM by 20 per cent. These regions include Diapaga and Fada N'gourma (Burkina Faso) as well as Kayes, Kita and Tombouctou (Mali). While Pama in Burkina Faso, Borno in Nigeria and Guidimakha in Mauritania had previously reached the 2020 target, recent increases in the GAM level in these districts mean that this is no longer the case.

Seven out of 11 of the surveyed districts in 2018 reported a decrease in severe acute malnutrition (SAM) compared to the previous year. These areas include Borno, Guidimakha and Hod El Charghi (Mauritania) and Bamako Kayes, Kita and Tombouctou (Mali). The percentage of children with SAM in Mayahi (Niger) has doubled between 2017 and 2018 (from 1.7 to 3.7 per cent). While the SAM rate declined in this district from 2016 to 2017, the 2018 proportion is higher than the 2016 baseline. Similarly, the severe acute malnutrition rates have significantly increased in Gao (Mali). This region was subject to floods and a measles epidemic in 2018. It is likely that these factors led to a spike in under-five mortalities.

Overall, six out of the 11 sampled districts have achieved the 20 per cent reduction target of SAM. They are Aweil East (South Sudan), Borno (Nigeria) and Bamako, Kayes, Kita and Tombouctou (Mali).

7 National Population Commission (2019), Demographic and Health Survey 2018: Key Indicators Report, p. 37

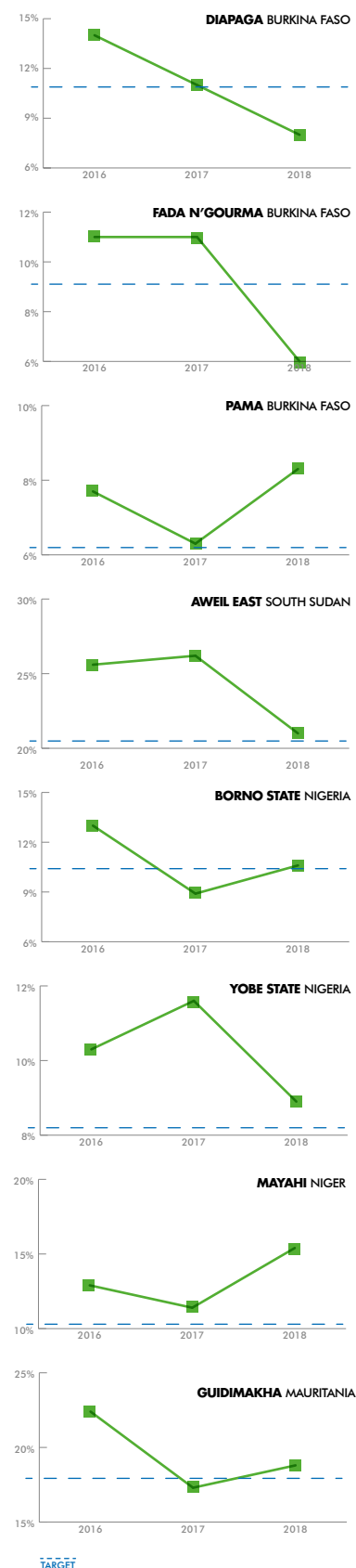
PUTTING GENDER EQUALITY INTO ACTION IN INDIA: INVOLVING MEN IN NUTRITION

Gender inequality is a significant determinant of who has access to food and the resources to grow or buy it. In rural communities in India, men are usually the household heads and hold the decision-making power. Being a man is often seen as incompatible with care work, especially care of children, with men often compelled to conform to strict standards of masculinity. These are deeply rooted in rigid social norms and creating change is a slow process. One of the biggest challenges is the significant distance from villages to the nearest health facilities, especially the malnutrition treatment centres. Women are often forbidden from visiting these centres unaccompanied or from staying away from their family for extended periods of time to seek treatment.

Taking into consideration these local gender dynamics, Action Against Hunger started a project in 2014 in the state of Rajasthan, with the aim of engaging men in the fight against malnutrition. In the afternoons, men now sit in a group and discuss critical themes relating to nutrition. These discussion groups are designed to be a forum for men to express themselves. The aim is to improve male awareness of gender roles and ultimately enable men to challenge traditional social norms in their communities.

The project has been successful and was scaled up from 50 to 250 villages. The successes were observed through positive feedback collected from women, but also through the improved nutritional state of the communities. Critically, men learned how to identify malnutrition in children as well. The project also resulted in positive impacts on health indicators, such as an increase in antenatal check-ups, safer childbirths, an improved detection rate of malnutrition and more referrals to appropriate health services. It also had several positive social impacts including decreased workload and increased rest time for women during and after pregnancy, increased control of women over their own health and that of their children, and better consideration of different dietary needs for pregnant and lactating women. Seeing these advantages, men are becoming increasingly willing to use and share their newly acquired knowledge with other men and fathers, creating a momentum in support of new gender roles.

Figure 2.7 (right and overleaf): Prevalence of global acute malnutrition (GAM) among children under five, sampled districts of high burden countries (2016-18)



WASH IN INDONESIA

THE WADAH AIR TIMOR (WAT) SOCIAL ENTERPRISE

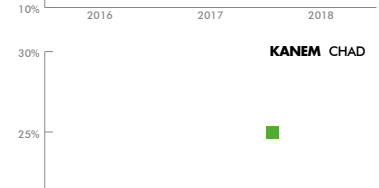
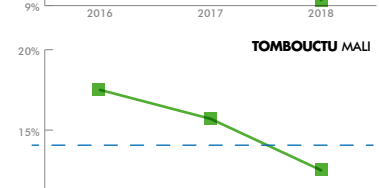
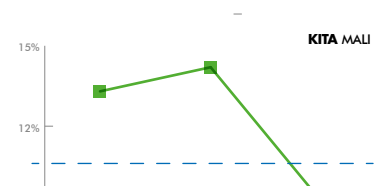
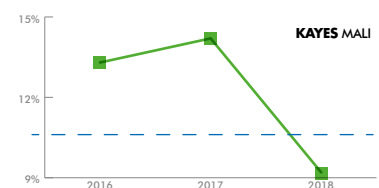
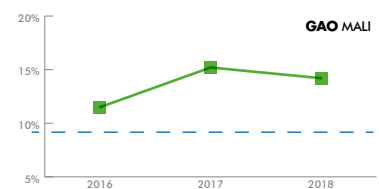
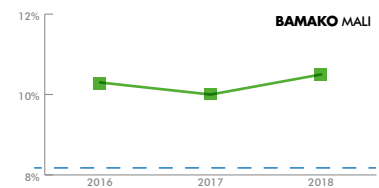
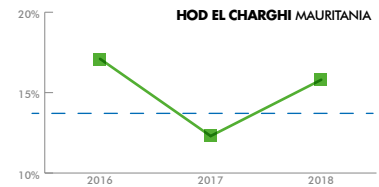
WASH is strongly linked to the prevalence of acute malnutrition: water availability determines food security and hygiene practices shape health outcomes. Recognising these relationships, in 2015 Action Against Hunger Indonesia introduced a water network project, funded by the Water Agency, in Nusa Tenggara Timor province. Before the launch of the project, water scarcity had left many households with only a small amount of water or low water pressure. This led to village conflicts and was unfair to families living further away from water points.

In 2018, the project supported 10,638 people. Replacing the previous practice of communal stands, the project used individual household water connections. With eight additional villages connected to the water network, the system is now functioning in 15 villages.

In order to ensure water availability in a sustainable way and to empower the local community, Action Against Hunger Indonesia assisted with the establishment of a social business called *Wadah Air Timor* (WAT) to manage the project. The objective of WAT is to maintain and develop the water system by implementing water and irrigation services or projects. The WAT allows its staff, who were previously employed by Action Against Hunger, to gain independence while maintaining WASH expertise in the area. In 2018, Action Against Hunger supported the work of WAT by providing financial and administrative capacity, procurement and logistic systems, as well as cash flow management, while the project cost was covered by a village fund allocated by the Indonesian government.

The establishment of WAT allowed for the introduction of innovative design features, including a new system of payments. By replacing the flat rate payment system with payment of variable fees based on actual water use, the project has provided improved access to water. The new governance also addresses the issues of water waste and lack of fee collection through a mobile phone payment application.

Besides the availability of first-rate technical expertise, successful engagement of local communities has been a key contributor to the achievements of the project, as the WAT needs to be able to be contracted by the village authorities. The implementation of the project was thus preceded by a year of community consultation in order to best understand and adapt to local needs.



TARGET

A Village Water Committee was set up in each village to manage the network and communicate local water development needs to the WAT. The committee members are democratically elected by the villagers and receive payment for their work, with their salaries financed by a proportion of the water fees. The remainder of the fees pay for the costs of maintaining and developing the system. WAT profits are also used for research and development.

Capacity building was an integral part of the project. Water committees were trained on how to manage and maintain the water supply independently. The project also educated three to four technicians in each village, who are able to manage any occurring problems of the system with minimal delay.

The operation of WAT stimulates the local economy by purchasing or renting materials from local stores and businesses. Economic activity between villages has also increased, with some villages making profits by selling abundant water and further expanding the water networks. The WAT and the water committees also create new employment opportunities. In 2018, each committee created between four and eight jobs, depending on the size of the network, while the WAT employed eight staff and seven casual workers.

The water network developed by the project has improved the nutritional status of Nusa Tenggara Timor's (NNT) population. Firstly, the water supply has enhanced agricultural production and enabled the targeted villages to become more food secure. Households with an individual water connection no longer have to rely on purchasing expensive vegetables from external markets or other villages. Secondly, water availability has instigated better hygiene practices and, as a result, illnesses that cause malnutrition are less common. Hand washing is also more widespread and the project has supplied schools with enough water for pupils to be able to shower daily. As a result of these changes, surveys conducted by health centres presented a significant reduction in the incidence of diarrhoea.

6 OUT OF 11 SAMPLED DISTRICTS IN HIGH BURDEN COUNTRIES HAVE REDUCED SAM BY 20%

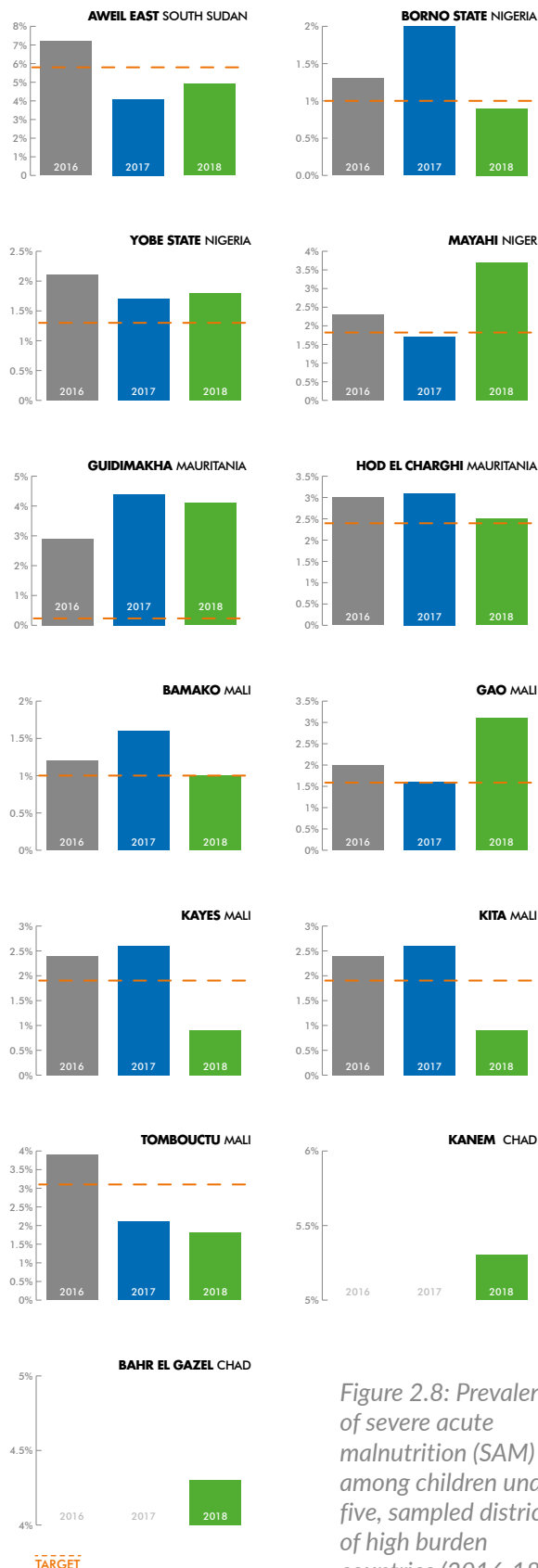


Figure 2.8: Prevalence of severe acute malnutrition (SAM) among children under five, sampled districts of high burden countries (2016-18)

3 SCALING UP TREATMENT OF SEVERE ACUTE MALNUTRITION



728,918

**TOTAL CMAM
ADMISSIONS
REPORTED**

2017: 376,280



84%

**AVERAGE CMAM
CURE RATE
IN HIGH BURDEN COUNTRIES**

2017: 89%



6

**COVERAGE SURVEYS
IN 4 OF THE HIGH BURDEN
COUNTRIES
4 OF WHICH INDICATED
COVERAGE GREATER THAN 50%**

In 2018, Action Against Hunger supported ministries of health with the management of acute malnutrition in children under five and in pregnant and lactating women in the majority of our countries of operation. Community-based Management of Acute Malnutrition (CMAM) programmes remain the favoured delivery model for tackling acute malnutrition both for our programmes and for the international nutrition community. We have pioneered CMAM since its creation and have been called upon to advise on the reinforcement and roll-out of national CMAM programmes.

We continued to lead research and pilot studies to improve the effectiveness of treatment and the accessibility and availability of services. These contributed to the SAM2020 Agenda (described in more detail on page 16) and included pilot studies in countries such as Mauritania and Niger (see case study on page 30). The Research Review 2018 (<https://knowledgeagainsthunger.org/>) also describes some of these studies in more detail.

Admissions to CMAM programmes increased significantly during 2018. During 2017, there were 376,280 CMAM admissions; in 2018, this number rose to 718,918. The increase can be attributed to a change in the way CMAM admissions were counted in 2018⁸ and to scale-ups of CMAM programmes in certain regions. There were notable increases in activities in Bangladesh (in response to the substantial Rohingya influx in 2017-2018 in the district of Cox's Bazar), in Ethiopia (in response to the needs of internally displaced people (IDPs) displaced due to internal conflict) and in Nigeria (a continued scale-up in response to the conflict in north-west Nigeria).

High burden countries accounted for 47 per cent

⁸ For 2018, CMAM admissions by country were calculated by combining 'total beneficiaries of SAM management' with 'total beneficiaries of curative nutritional supplementation' (assumed to be MAM management) rather than using just the 'number of admissions to CMAM projects' which was the case in the 2017 GPR.

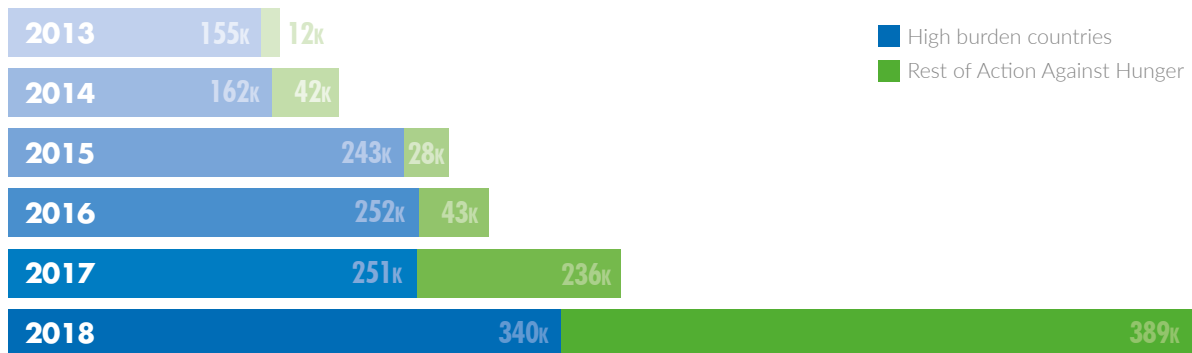


Figure 3.1: Number of people supported by CMAM programmes (2013-2017)

Note: As reporting on CMAM admissions by our country teams is optional, the actual number of people reached may be higher.

of CMAM admissions in 2018 compared to 67 per cent of admissions in 2017. This was primarily due to the large increases in admissions in Bangladesh and Ethiopia, which are not included in Action Against Hunger's high burden countries categorisation.

With the exception of Myanmar, programme cure rates in all of the high burden countries exceeded Sphere standards (75 per cent)⁹. The reported cure rate in Myanmar was 51 per cent. This caused a slight reduction in the average cure rate of the high burden countries compared to the average cure rate reported in 2017. Across the seven countries, the average (unweighted) cure rate was 84 per cent in 2018 (89 per cent in 2017). The low cure rate in Myanmar can be attributed to a particularly high defaulter rate (44 per cent) which is likely to have been a result of the poor security situation in Northern Rakhine State over the course of 2018.

The CMAM programme in Mauritania reported a default rate of 17 per cent in 2018. This is likely to have been due to the long distances that carers have to travel from their homes to health centres to receive the next ration of therapeutic food in Guidimakha in Mauritania. This

is a common cause of defaulting in rural communities. The integrated Community Case Management (iCCM) pilot study being implemented in the region will hopefully help to address high default rates (read more about this on page 30).

The third of Action Against Hunger's strategic goals is to increase the coverage of Action Against Hunger's SAM treatment programmes to 60 per cent by 2020. CMAM programme coverage can be estimated using coverage survey methodologies including SQUEAC¹⁰ and SLEAC¹¹ assessments. During 2018, six coverage surveys were completed using the SQUEAC methodology in four out of the ten high burden countries (Mali, Niger, Mauritania and South Sudan). All of the coverage surveys were completed in rural districts as either baseline or endline surveys to measure the impact of pilot studies or trials to improve the reach and uptake of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) treatment programmes.

- Three surveys were conducted in Mali as endline surveys to measure the impact of an iCCM trial in three districts.
- Surveys were conducted in two

⁹ SAM treatment programme performance data was reported by 7 out of 10 high burden countries (the Democratic Republic of the Congo, Mali and Burkina Faso did not report programme performance data for this indicator).

¹⁰ Semi-Quantitative Evaluation of Access and Coverage

¹¹ Simplified LQAS (Lot Quality Assurance Sampling) Evaluation of Access and Coverage



IN FOCUS

MOTHERS USING MUAC TO IDENTIFY ACUTE MALNUTRITION: IMPROVING SELF-REFERRAL IN RAJASTHAN

In early 2014, Action Against Hunger India (previously known as Fight Hunger Foundation) began its work in Kishanganj, Baran district in the south-eastern corner of Rajasthan. At that time, both community health workers and caregivers were unaware of the usefulness of the mid-upper arm circumference (MUAC) measurement as a screening tool to identify acute malnutrition. Moreover, referral rates for malnourished children were low as home visits by frontline health and nutrition workers were rare.

In response to these challenges, mother support groups were formed in 2018. The aim of the groups was to strengthen maternal confidence and care practices. In total, 139 women participated in the peer support network across seven villages. One focus of the groups was to enable the mothers to monitor the MUAC of their own children.

Malnutrition screening conducted by women in this pilot was found to be as accurate as the anthropometric measures taken by community health professionals. This was the case even though there was a high degree of innumeracy and illiteracy among the women who participated in the programme. Mothers in the pilot were also more likely to refer their children to healthcare services. Community health workers confirmed that 100 per cent of reports from mothers of children with moderate acute malnutrition or severe acute malnutrition were accurate.

In the Baran district, it is now said that MUAC also stands for “Mother’s Unique Affection and Care”. There are plans to scale up and replicate the pilot in other parts of India. As part of this expansion, other caregivers – community leaders, adolescents, fathers, grandparents – will also be trained in how to measure the MUAC. This caregiver model of malnutrition identification is low-cost and sustainable. It has the potential to improve referral rates across the country.

districts in Mauritania and Niger to estimate baseline coverage for iCCM trials.

- A survey was completed in Aweil East in South Sudan to measure the impact of a combined SAM and MAM treatment pilot study which was taking place in the district.

Four out of the six surveys indicated that coverage was greater than 50 per cent. This is an improvement on reported coverage estimates in the 2017 Global Performance Report where, of the seven coverage estimates reported, only two districts reported coverage estimates in excess of 50 per cent. All six coverage estimates from 2018 showed

an improvement compared to baseline estimates. The baseline and 2018 estimates are shown in figure 3.3. The improved coverage estimates of 2018 are indicative of the success of the iCCM trials in Mali and the positive impact of transferring treatment of SAM from health centres to community health workers (presented in detail in the case study on page 30).

However, the average coverage estimate of the six coverage estimates from 2018 is 49 per cent. Therefore, work remains to be done to improve access to and uptake of SAM treatment programmes if the third goal of the ISP 2016-2020 is to be reached by the end of 2020.

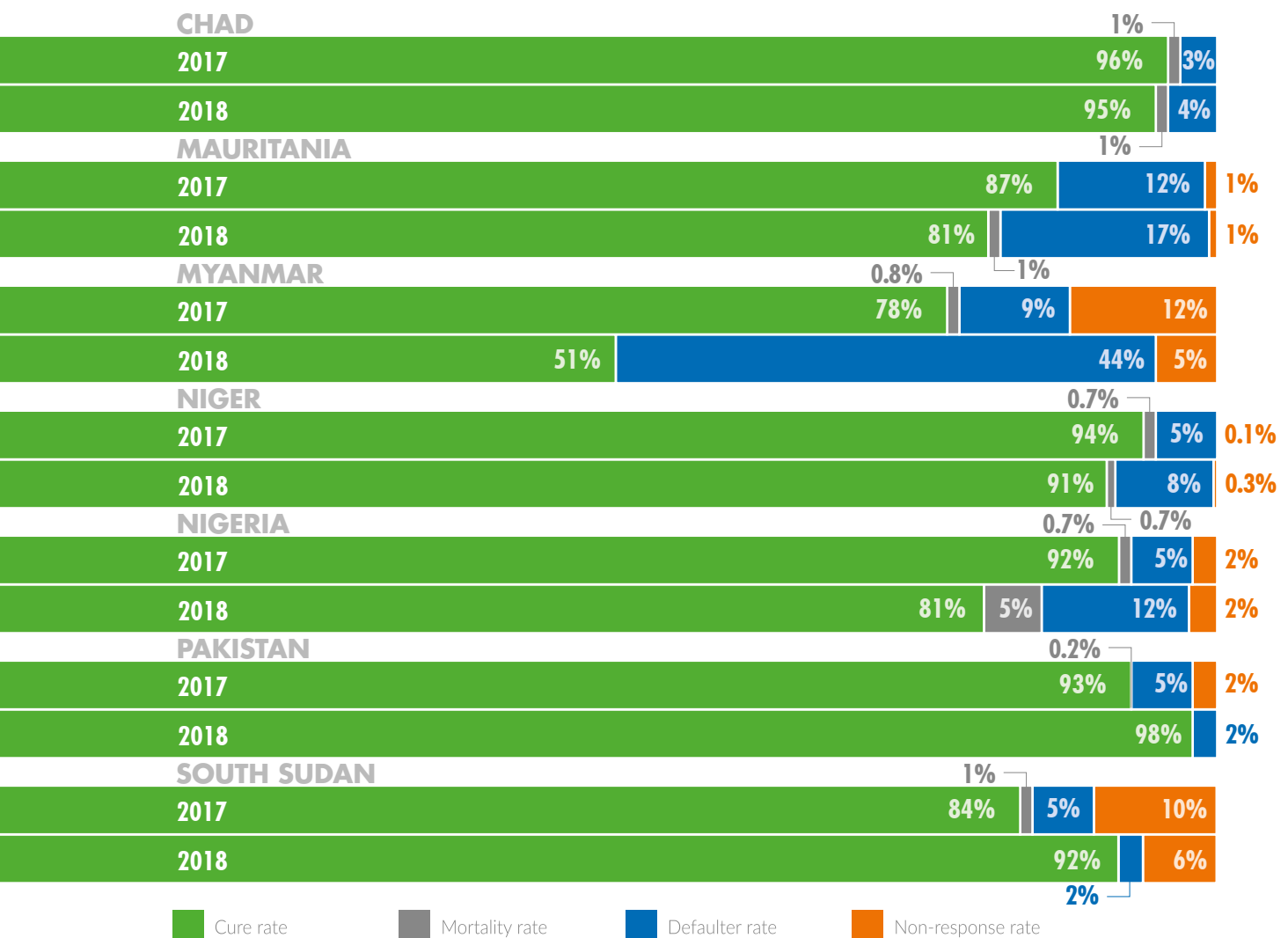


Figure 3.2: Average cure, mortality, defaulter and non-response rates for selected CMAM programmes (2017-18)
 Note: Rates correspond to Therapeutic Feeding Programmes, which provide treatment to people affected by severe acute malnutrition. The seven high burden countries that reported data for 2017 are included. The non-response rate (i.e. the percentage of cases which are discharged from the programme as they do not respond to treatment) is calculated as the residual of the sum of the rates reported for cure, mortality and defaulter. In some instances, it may include cases which have been transferred to other programmes.

IN FOCUS

EXPANDING THE RESPONSIBILITIES OF COMMUNITY HEALTH WORKERS IN WEST AFRICA

West Africa is subject to seasonal hunger gaps, as well as frequent and recurrent emergencies. Acute malnutrition is the most life-threatening consequence of hunger and a leading cause of child mortality. Accessibility of treatment remains a challenge particularly in the Sahel, where less than 50 per cent of acutely malnourished children has access to quality treatment¹². Economic and geographical factors are the leading barriers to access that carers are facing, and are the main causes of low coverage in the region.

The Integrated Community Case Management (iCCM) platform involves training community health workers to provide selected preventive and curative services at a community level.

In the current Community-based Management of Acute Malnutrition (CMAM) approach, community health workers are responsible for screening and referring SAM and MAM cases in the community. However children can only be admitted and treated by trained personnel in health facilities.

A pilot study carried out in Mali between 2014 and 2016 found that SAM treatment delivered by community health workers (as opposed to professionals in health facilities) reported cure rates of 92.4

¹² See Action Against Hunger's West Africa Strategy.

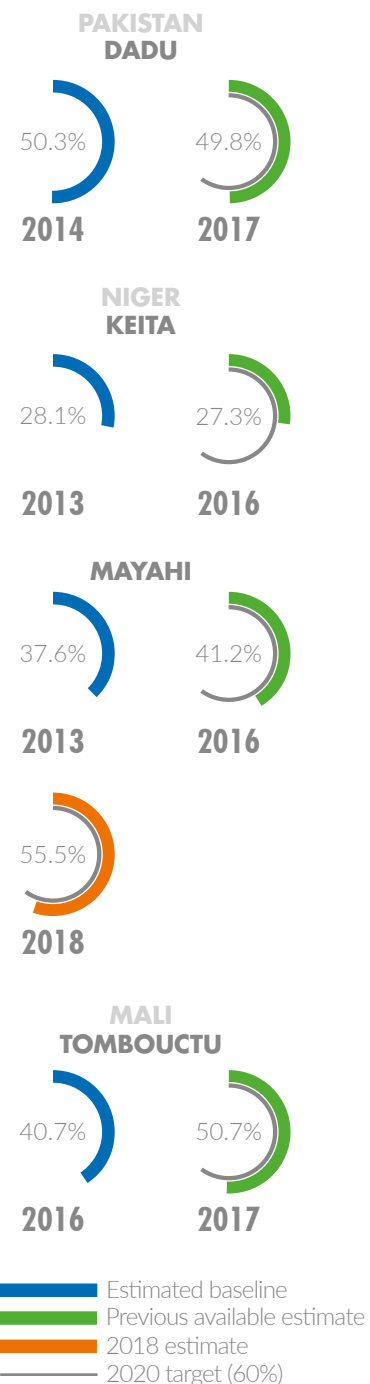


Figure 3.3 (right and overleaf): Changes in coverage for selected CMAM programmes

Note: The latest available coverage estimates are from the following SQUEAC and SLEAC surveys as follows: Fada N'gourma (SQUEAC, Feb/Mar 2017), Kayes (SQUEAC, July 2017), Kita (SQUEAC, June/July 2017), Tombouctou (SQUEAC, Feb 2017), Mayahi (SLEAC, Dec 2016), Keita (SLEAC, Dec 2016), Dadu (SQUEAC, Jan 2017). Only selected geographical areas within our ten high burden countries that report new coverage data relative to a baseline since our 2016 annual report are included. We present the coverage estimation in bold, along with values that correspond to a 95 per cent confidence interval below. The vertical green dotted line refers to our International Strategic Plan target for our programmes supporting treatment of severe acute malnutrition to reach a coverage of 60 per cent by 2020.

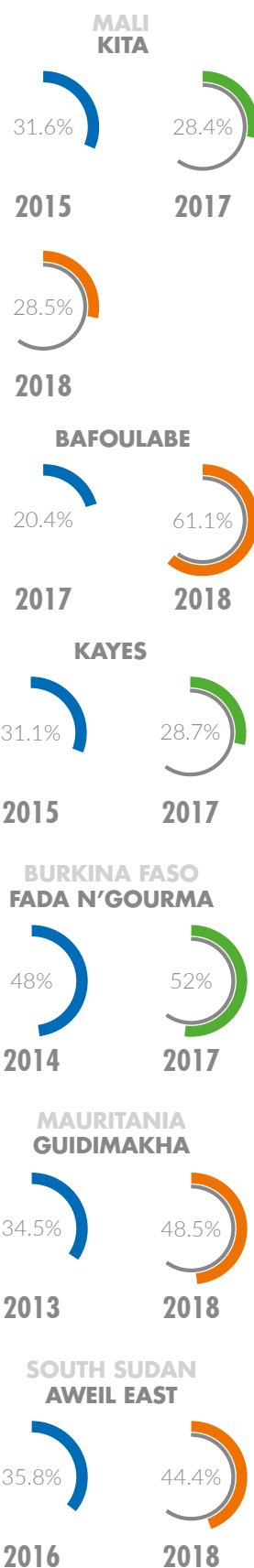
per cent. This coincided with an increase of coverage of more than 100 per cent. Households also spent half the time and three times less money to access treatment in the pilot compared to traditional clinic-based services.

Maradi in southern Niger and Guidimakha in southern Mauritania are regions which are characterised by severe food insecurity and a relatively high prevalence of SAM. Estimated at less than 50 per cent in both regions, the coverage of existing facility-based malnutrition treatment is low and stagnant. It was found that long distances to the health facilities and the work burden of women were the main barriers preventing carers from accessing treatment in the regions.

Building on the success of the Mali study and with funding from OFDA, during 2018 and 2019 Action Against Hunger West Africa Regional Office (WARO) and Action Against Hunger Spain implemented an additional pilot study in Niger and Mauritania using a similar model of service delivery to the Mali pilot study. The study, which is still ongoing, was developed with the national nutrition departments of both Ministries of Health, and the Institute National de Recherche et Santé Publique (INRSP) in Mauritania and Centre de recherche médical et sanitaire (CERMES) in Niger. Preliminary results in Niger show an increase of the coverage of SAM treatment in the area where community health workers delivered SAM treatment along with high quality of care. Analysis in Mauritania is ongoing. During the same period, a second study was carried out in Mali to validate the community health worker model of intervention.

Several proposals have been submitted to different donors to expand the pilots across the Sahel. Strong partnerships also continue to be built with ministries of health and other institutions responsible for community health workers in West Africa.

With the successful results of these pilot studies, it is becoming increasingly clear that the treatment of SAM in the community is an effective way to increase the coverage of treatment and ensure total recovery of acutely malnourished children under five in the region.



4 EMERGENCIES



37
EMERGENCIES
2017: 47



26
COUNTRIES
2017: 23



16
EMERGENCY
POOL
DEPLOYMENTS

Crisis lies at the core of Action Against Hunger's work. The duration of humanitarian crises and the number of people directly affected is steadily increasing. Today, more than 134 million people around the world are in humanitarian need. In these contexts, it is of vital importance to provide food, shelter, access to water and sanitation, and primary care to those affected in a minimal time to reduce the risk of general deterioration of health status and avoidable losses of human life. Action Against Hunger strives to ensure flexible, mobile, rapid and targeted response capabilities to meet the humanitarian needs of the affected populations.

As part of our International Strategic Plan 2016-2020, we are committed to ensuring that 'unmet needs within the scope of Action Against Hunger's areas of expertise will be covered during emergencies'. Specifically, we have three emergency targets:

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

In 2018, Action Against Hunger responded to 37 emergencies. Five of these responses had been initiated prior to 2018, including the response to the cholera outbreak in the Democratic Republic of Congo, the typhoon in the Philippines and the responses to the announcement of looming famines in Yemen, Nigeria, Somalia and South Sudan.

Half of the emergencies we responded to in 2018 were human made, resulting directly from conflict or exacerbated through conflict or instability (defined here as "complex"). Next to our responses to looming famine listed above, we provided emergency support for conflict-affected populations in Africa and the Middle East as well as in the Americas. In Syria, for example, Action Against Hunger provided support for 7,500 people and 1,500 households with their agricultural production and livestock to

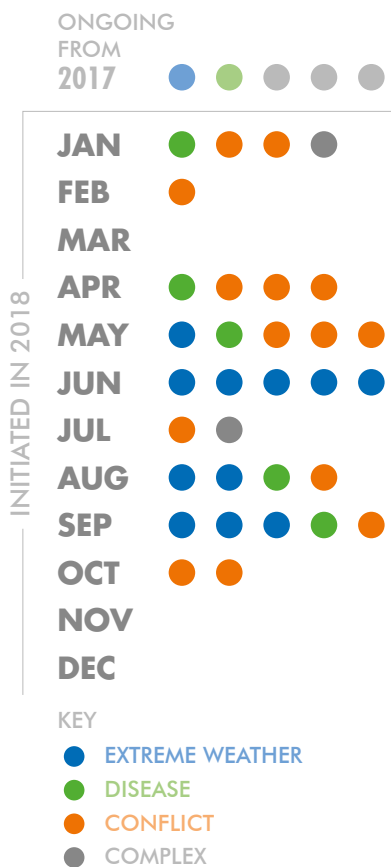


Figure 4.1: Number of emergency responses initiated per month, categorised by type of emergency, 2018

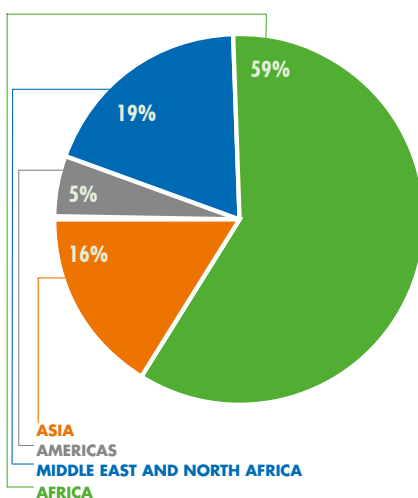


Figure 4.2: Proportion of emergency responses per geographical region, 2018

enable them to restart their livelihoods. In Chad, we opened a new office to effectively respond to the influx of more than 27,000 new Central African refugees in the Logone Orientale. Other conflict affected countries we supported include Bangladesh, Cameroon, the Central African Republic, the Democratic Republic of Congo, Ethiopia, Iraq and Lebanon (for more information, see figure 4.3 for a map of our emergency responses in 2018).

In addition to our support for conflict-affected people, we responded to 18 natural disasters in 2018. Six of these were in response to disease outbreaks (including Ebola virus disease and cholera) while extreme weather such as droughts, floods, earthquakes and typhoons constituted the remaining 12 emergencies. The volcano eruption in Guatemala, for example, affected over 1.7 million people, causing 110 deaths and leaving 12,575 people displaced. Action Against Hunger's response to this crisis focused on water and hygiene as well as nutrition in the shelters and relocation areas. For more information on our work with partners during our response to cholera in Zimbabwe, see the case study on page 34.

The geographical scope of our emergency responses has slightly increased from last year. In 2018, Action Against Hunger responded to emergencies in 26 countries throughout Africa, Asia, the Middle East and the Americas. The majority of our responses were in Africa (59 per cent), with the highest number of responses in Ethiopia and the Democratic Republic of Congo. We initiated three distinct responses in Ethiopia between May and September, supporting those affected by conflict as well as responding to the drought in the Somali region. In the Democratic Republic of Congo, we initiated four distinct responses over the course of a whole year, responding to one cholera and two Ebola virus disease outbreaks and providing support to returnees from Angola in the Kasai region.

The Action Against Hunger Spain Emergency Pool, and Action Against Hunger France Emergency Readiness and Response Unit¹³ were deployed 16 times to 11 countries, including Chad, the Democratic Republic of Congo, Ethiopia, India, Iraq, Jordan, Yemen, Zimbabwe, Guatemala, Philippines and Venezuela. Though the majority of emergency responses are carried out by in-country teams, at times additional capacity is required. In cooperation with the in-country teams and adapting to the ongoing activities in the country, surge staff support the quick and effective response to emergencies as well as preparedness activities.

¹³ Formerly known as the 'Emergency Pool'; for more information see the case study later in this chapter

CASE STUDY

ACTION AGAINST HUNGER IN PARTNERSHIP WITH AFRICA AHEAD: OUR EMERGENCY RESPONSE TO CHOLERA IN ZIMBABWE

Partnerships with local civil society and local government actors are a critical part of Action Against Hunger's work. We promote and encourage relationships with organisations whose strengths complement our own and where our combined efforts achieve greater coordination and impact. A good example of our cooperation with local organisations when responding to emergencies is our partnership with Africa Ahead to respond to the cholera outbreak in Zimbabwe in September 2018.

Cholera is endemic in Zimbabwe and outbreaks are regular, but these have mostly been under control since 2008. The disease usually breaks out in rural areas, but in September 2018 the outbreak occurred in the capital city where millions of inhabitants have contact with one another every day. On 6 September, several hundred people were rushed to health centres with diarrhoeal symptoms.

Because we have a limited in-country footprint by design, Action Against Hunger decided to respond in collaboration with our partner Africa Ahead. After a quick assessment and actor mapping in the city, we decided to start activities within the central business district by offering awareness campaigns on preventing cholera in the main bus stations where thousands of people commute daily. We noted that most efforts were concentrated at the epicentre of the crisis (in Budiriro and Glenview suburbs located at 15 km south-west of Harare). We noted with concern that unhygienic practices were not addressed within the central business district where all residents of the city converge for various business and social purposes. A visit to four bus termini showed us a huge overflow of rubbish bins, high levels of scattered litter on the ground and the absence of handwashing

facilities. The situation had a high potential of perpetuating the spread of cholera. The provision of handwashing facilities and cholera hygiene messages would go a long way in mitigating further cholera spread.

One of the main challenges was the deployment of activities in such a short time. Action Against Hunger was busy finishing other programmes at the time of the outbreak, as was Africa Ahead. Nevertheless, both managed to contract with City of Harare to get free fresh water for handwashing facilities. It was a huge success to have the Action Against Hunger team deployed on the ground in a matter of days, and with Africa Ahead's good reserve of employees ready to work, the partnership was extremely constructive. This emphasises the value and importance of local partnerships in emergency responses.

We are therefore placing a strategic focus this year on strengthening local partnerships and developing a more localised emergency response model. As a first step, we plan to conduct an evaluation of our recent response to Cyclone Idai that hit Mozambique on March 14th, where we implemented an emergency WASH programme in cooperation with two local partners, Kulima and Aquassistance. This evaluation will analyse the partnership component based on the experiences of both Action Against Hunger and the local partners. The aim is to gain further insights and draw key learnings that will inform how Action Against Hunger can operate effectively in emergencies by supporting and providing additional value to its local partners. Learnings and recommendations will be published on global webpages, such as the Action Against Hunger Knowledge Hub, and will be shared with the global network through a workshop.

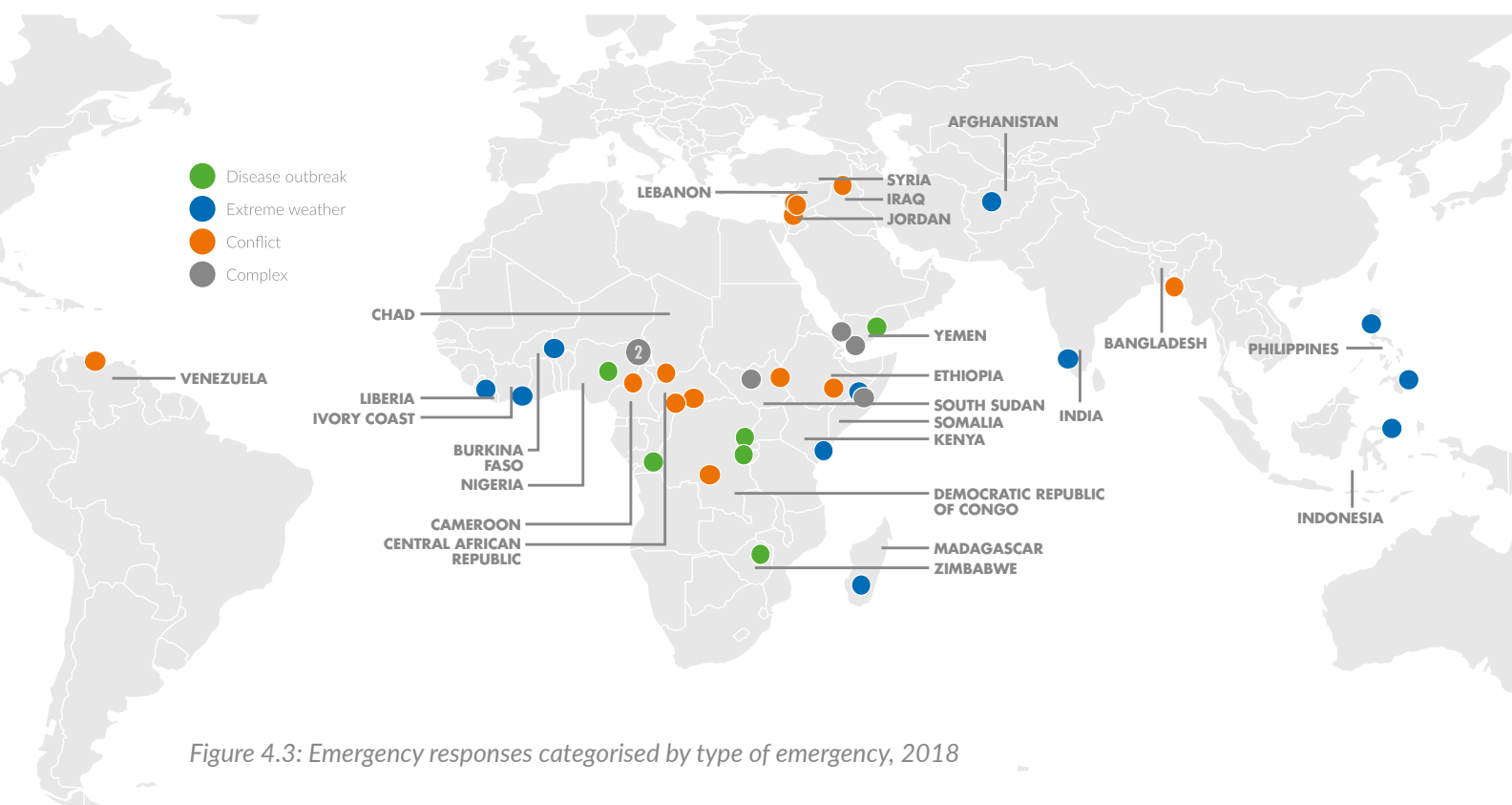


Figure 4.3: Emergency responses categorised by type of emergency, 2018

ACTION AGAINST HUNGER'S EMERGENCY READINESS AND RESPONSE UNIT

The aim for Action Against Hunger is to be operationally ready where we anticipate needs will exist. However, being ready does not happen accidentally – it is the result of deliberate analysis, planning and actions. In 2018, Action Against Hunger's Emergency Pool was re-designed and re-branded as the Emergency Readiness and Response Unit (ERRU), aiming to enhance our ability to consistently and effectively respond to humanitarian needs in a timely manner. Key to achieving this is a strategic focus on being proactive in emergency management. The scope of emergency management is far greater than response, which is only one of several linked components within the emergency cycle. The ERRU, understood as a 'service unit', delivers resources in four distinct areas: Readiness, Information and Communications, Response and Direction.

Readiness involves having country missions prepared, forward-leaning, and ready to respond to emergencies. Readiness also involves, on a global scale, a continuous process of establishing, maintaining, and strengthening multi-channel approaches in developing greater capacities in human, material, financial and service assets that can be deployed to meet the needs of our beneficiaries.

With the ambition to localise institutional preparation at the country level (against the traditional institutional preparation which consists of strengthening the capacity of the headquarters to respond to shocks), this approach also fits directly into the need for localisation of aid. ERRU services offer to develop the Emergency Response Plan in each country and to establish an Emergency Response Goal that Action Against Hunger's country offices strive for. The Emergency Response Plan will consist of the identification of threats as well as at-risk populations and will define annually the relevant Readiness Activities to be implemented. Due to the episodic nature of the risks as well as the rapid changes in the contexts, the Emergency Response Plan will not last for more than 12 months. A Preparedness Coordinator will therefore carry out an annual planning support visit.

By having our country teams better prepared strategically and being ready with partners tactically, we will be able to meet our strategic objectives while helping the highest number of beneficiaries in the most effective manner.

5 SECURITY



286
SECURITY
INCIDENTS
2017: 284



5
HIGHEST-LEVEL
SECURITY INCIDENTS
2017: 13



2
COUNTRIES
WITH HIGHEST SECURITY
CLASSIFICATION
2017: 3



1,694
STAFF
RECEIVED SECURITY TRAINING
2017: 449

Action Against Hunger operates in a number of challenging contexts including war zones, natural disaster-prone areas and regions under the control or influence of terrorist groups. We work in places where the world's most vulnerable people live. The mitigation of security incidents that have potential to harm Action Against Hunger staff is a priority for the network. This is why we have two security related indicators in our International Strategic Plan 2016-2020:

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

In 2018, Action Against Hunger experienced 286 security incidents affecting its staff, a small increase from 284 in 2017. As was the case in 2017, seven countries accounted for over half of the security incidences experienced in 2018. We saw a decrease in the number of security incidents in 17 countries while there was an increase in security incidents in 15 countries. The most notable increases in security incidents in 2018 occurred in Afghanistan (from 37 to 15) and Lebanon (from 31 to 15). These were also the two countries with the highest number of incidents. The two countries with the greatest increase in security incidents in 2017 (South Sudan and Occupied Palestinian Territories) both saw significant reductions in the number of incidences occurring in 2018. The most notable decrease in security incidents occurred in South Sudan¹⁴ (from 12 to 35) and Ethiopia (from 18 to 31).

A total of five security incidents were reported to have the highest level of seriousness, down from 13 incidents in 2017. Likewise, the number of security incidents recorded as a category four fell from 43 to 33 from 2018 to 2017. This indicates that while we reported a similar number of incidents in 2018 as 2017, the general seriousness reduced, further highlighting the impact of improved reporting of minor incidents. Changes to the Afghanistan context have contributed towards this trend. Even though the number of security incidents in the country increased, the degree of seriousness of

¹⁴ The decrease in South Sudan was due to a change in reporting, whereby the office only captured incidents that were contextually useful to capture.

those incidents was less severe. Compared to 2017, Afghanistan had three fewer category five and two fewer category four incidents. Uganda, on the other hand, recorded two additional category five incidents despite recording none in 2017. Both of these incidents involved traffic accidents, a result of poor road surfaces and a challenging driving culture.

Traffic accidents were the most common security incident faced by Action Against Hunger staff in 2018. This was consistent with 2017 and 2016, although there was a substantial increase in traffic accidents from 2017 (from 52 to 70 incidents). The improved reporting processes adopted by missions could reflect part of this increase. The two countries with the largest number of traffic accidents were Nigeria and Ethiopia with nine each, having only had two and four accidents respectively in 2017.

Theft and burglary of organisational property was the second most common security threat, with 27 incidents of this category recorded in 2018. Over half of these incidents occurred across five countries. In 2018, the Central African Republic was the mission with the most incidents of theft and burglary. The third most common security incident was abuse of power. External abuse of power covers requests from security forces to be transported in Action Against Hunger vehicles, prevention by authorities to access an area, administrative constraints for our interventions, attempts at bribery, and extensive pressure to get people registered in programmes. 65 per cent of the total number of abuse of external power incidents occurred in Occupied Palestinian Territory.

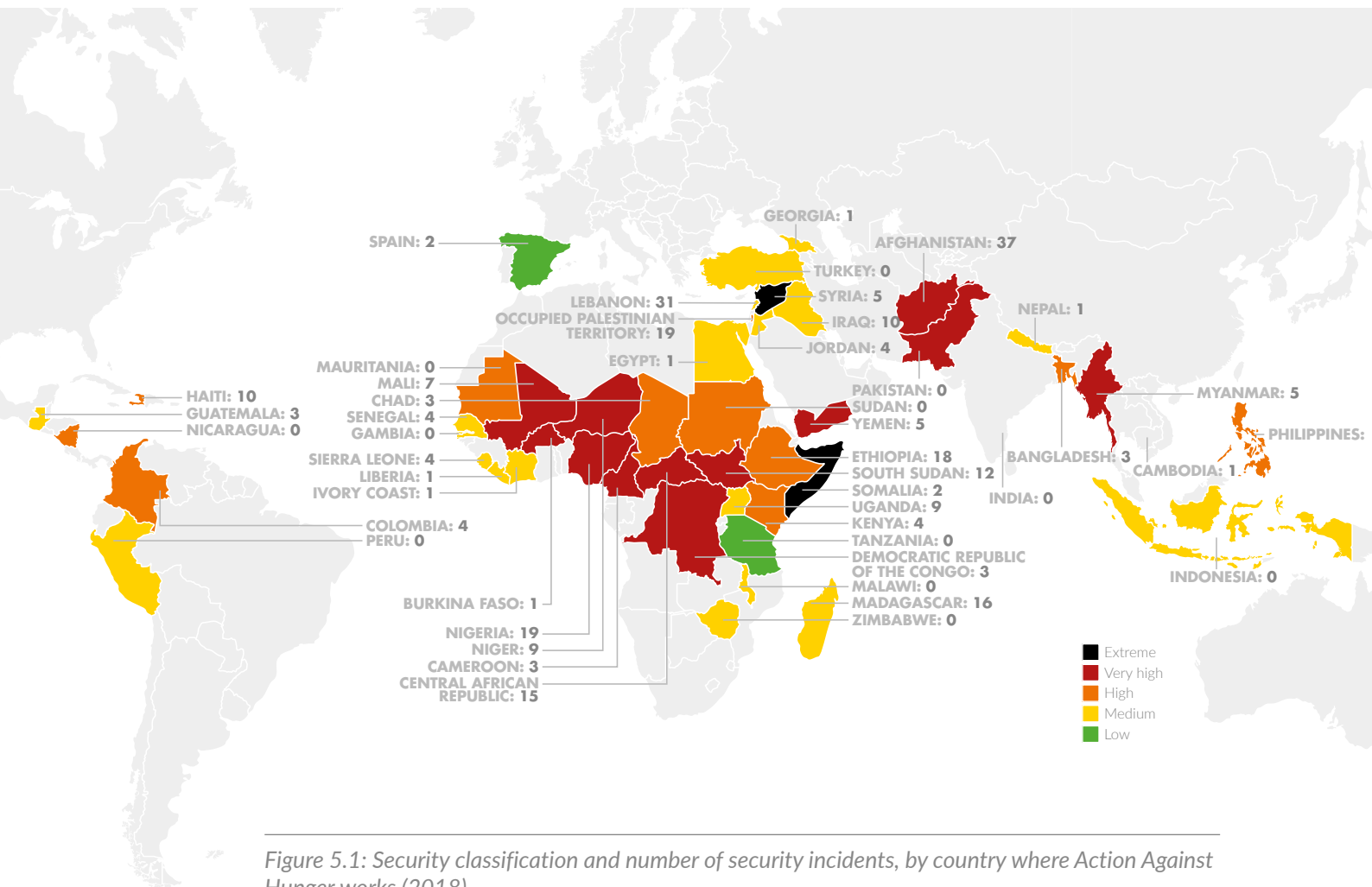


Figure 5.1: Security classification and number of security incidents, by country where Action Against Hunger works (2018)

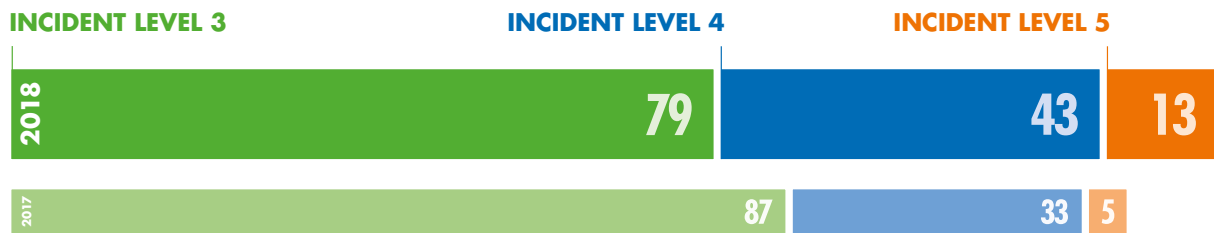


Figure 5.2: Number of security incidents at seriousness levels 3, 4 and 5 (2017-2018)

The year 2018 was a significant one for security at Action Against Hunger. In January 2018, a new set of network-level safety and security principles and standards were developed through a new Security and Safety Management Policy. Through this document, ten principles are outlined that guide the network's strategy for preventing and reacting to safety and security incidents, as well as ensuring a streamlined approach across all country offices. Changes to reporting through the alteration and increased usage of a Security Incident Reporting Online (SIRO) system has had a significant effect on the quality of reporting in 2018. Additionally, slight changes to the roles of members and country offices have improved the efficiency of reporting.

Action Against Hunger aims to provide security training to staff who travel to countries where there is a security risk. Trainings includes methods for both prevention and response to security incidences, as well as first aid training. Overall, the number of Action Against Hunger staff who attended a security training increased significantly from 2017 to 2018. The total number of staff trained was 1,694 in 2018 up from 449 in 2017.

This scale-up was a result of changes to security management policy and security principles. In Nigeria alone, we trained 362 staff on security; this was more than the global number of staff trained in 2016. With this scale up in provision of training, Action Against Hunger has now trained 3,504 current and former staff worldwide on security and first aid.

Each country where Action Against Hunger operates is given a security classification ranging from low to extreme. In 2018, two countries were classified as extreme: Somalia and Syria. Both contain areas dominated by conflict, restricting travel and acting as an ever-present threat to staff. Both of these countries were also classified as extreme in 2017. Myanmar was the third country classified as extreme in 2017, but was classified as red in 2018.¹⁵ This was due to the stabilisation of the Rohingya crisis that affected operations in 2017. Additionally, 22 countries were classified as high (11) or very high (11). The number of countries with a low security classification decreased from four to one. Spain remained green while Cambodia was classified as yellow in 2018.

¹⁵ Countries are given a security level on the following spectrum: black, red, orange, yellow, green – where black is most extreme and green is least extreme.

6 LOGISTICS AND INFORMATION SYSTEMS



€151.1m

GLOBAL SUPPLY CHAIN VOLUME

2017: €175.7m



48%

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

2017: 54%



70%

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

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

Action Against Hunger's global logistics supply chain decreased by 14 per cent last year. We managed a global supply chain with a volume of €151.1 million, through 50¹⁶ country offices and three regional offices, as well as seven logistics centres (in Accra, Barcelona, Dubai, Lyon, Nairobi, Panama, and Paris). This was approximately €24.6 million or a 14 per cent decrease from 2017. In that year, total supply chain expenditure was recorded at €175.1 million. A large proportion of the reported decrease in supply chain spending is due to a reduction of in-kind donations to the Nigeria country office in 2018, which had previously spiked in 2017. As a proportion of Action Against Hunger's total programme expenditure globally, the logistics supply chain decreased by six percentage points from 2017 to 2018.

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

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

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

¹⁶ Differences in total number of country offices and total number of countries with supply chain expenditure due to three country offices that closed operations at the end of 2017 or mid-2018 (such as Bolivia, Djibouti and Ukraine).

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

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

The average completion rate of Action Against Hunger's Logistics Assessment Tool (LAT) was 69 per cent.¹⁷ The tool provides an assessment of the implementation of standardised logistics processes and tools, using 19 indicators¹⁸ that give guidance to our logistics teams on current performance. The average completion rate was five percentage points less than in 2017, nevertheless seven countries reported a rate of 80 per cent or above, similar to 2016.

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

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

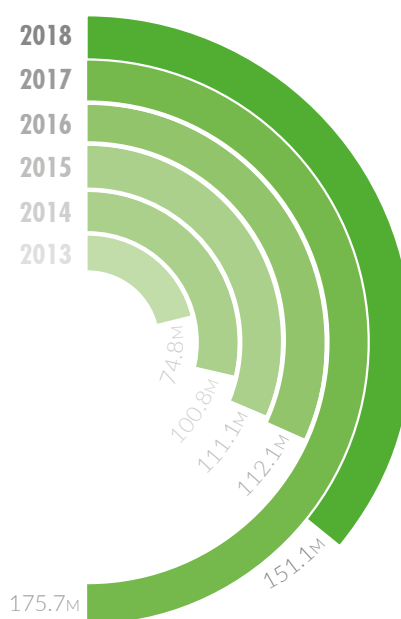


Figure 6.1: Total supply chain volume managed by Action Against Hunger (€), 2013-2018

increasing steadily. So far about 150,000 procurement requests, 20,000 orders and 60,000 documents have been logged on the programme. Additional features have been delivered to close the purchase procedure (such as reception, shipping and delivery). Lastly, two partnerships with Humanity & Inclusion and Medair have been launched to use the LINK solution with a view to sharing costs and resources. More details of the LINK are provided in the case study on page 42.

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

¹⁷ As reported by 26 country and regional offices.

¹⁸ The Logistics Assessment Tool comprises 11 main indicators and eight transversal indicators, including indicators on project cycle management, procurement, energy, audit and financial risk control.

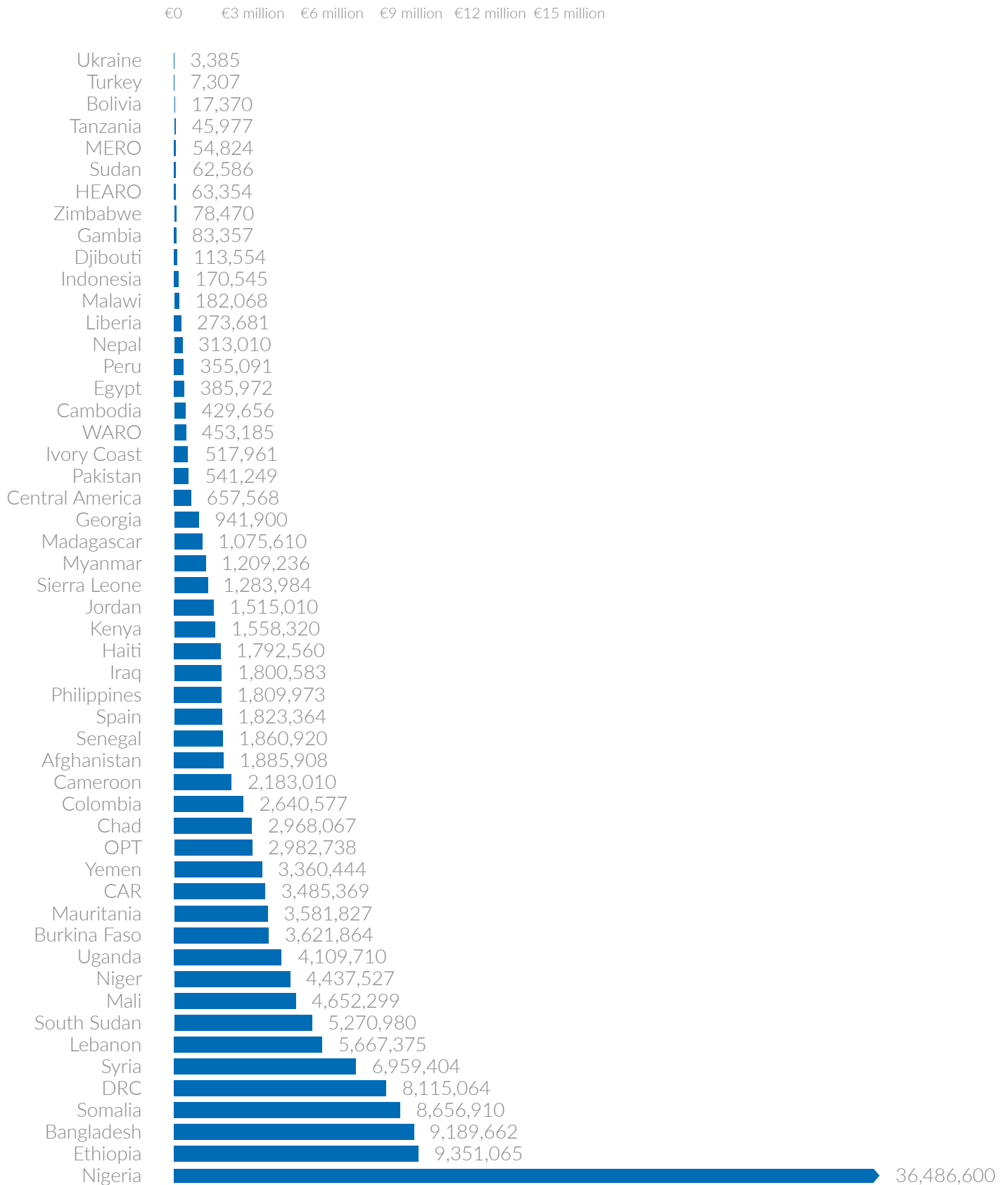


Figure 6.2: Supply chain volume managed by Action Against Hunger country and regional offices (€), 2018

IN FOCUS

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

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

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

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

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



EXPANDING OUR PARTNERSHIP WITH THE AIRBUS FOUNDATION

In 2018, we have expanded our partnership with the Airbus Foundation. The Foundation is the vehicle for corporate philanthropy of the Airbus Group, a global aerospace company providing products and services in the segments of aircraft, helicopter, defence, security and space. Airbus Foundation and Action Against Hunger have a history of working together in the field of logistics. In the past, the Foundation has helped us respond to disaster more efficiently by offering relief flights to transport humanitarian aid.

In September 2018, the collaboration with the Foundation was extended beyond the scope of the logistics partnerships of previous years. The signing of this formal cooperation gives Action Against

Hunger access not to only aircraft and helicopter flights and support, but also to communications services, mobile solutions and satellite imagery.

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



7 RESEARCH, INNOVATION AND LEARNING



25

**RESEARCH
PROJECTS**

2017: 52



25

COUNTRIES

2017: 26



49

PARTNERS

2017: 48



€12.9m

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

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

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

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

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

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

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

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



32%
OF PROJECTS
HAVE A FULLY DEVELOPED
AND FUNDED RESEARCH
UPTAKE STRATEGY
(ISP TARGET: 90%)

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

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

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

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

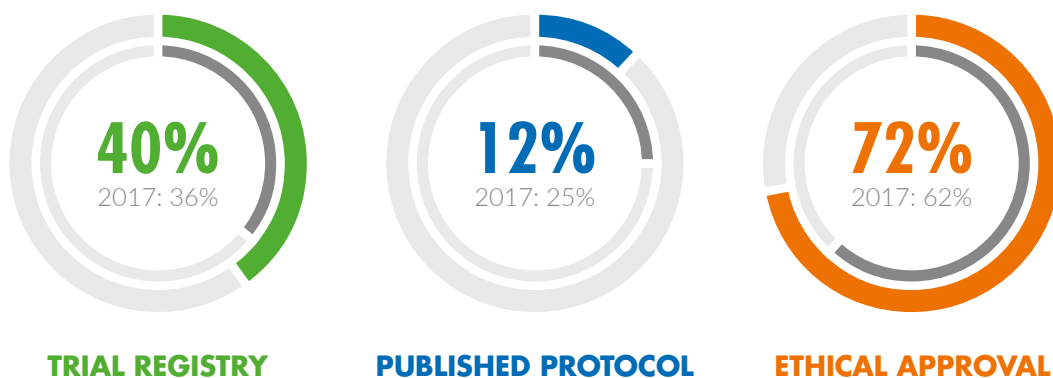


Figure 7.1: Proportion of research projects with a trial registry, published protocol and ethical approval

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

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

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



39
PUBLICATIONS

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

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

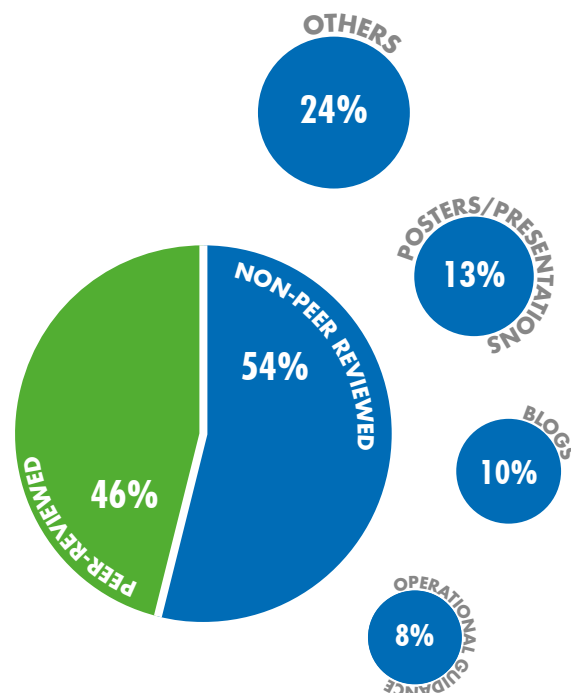


Figure 7.2:
Proportion
of research
publications
disaggregated by
category



CASE STUDY

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

The MALINEA¹⁹ research project aims to test the effectiveness of three nutrition packages, each designed to support the gut microbiota and overall gut health, for the treatment of moderate acute malnutrition in young children aged six to 24 months, and the impact of these nutrition packages on cognitive and psychomotor development outcomes. The three nutrition packages, or intervention arms, are:

- Arm 1 (standard package): malted milk PEC-MAM²⁰ flour for three months and the anti-parasitic Albendazol – according to the national protocol
- Arm 2 (standard package plus antibiotic): standard package plus the antibiotic azithromycin for three days
- Arm 3 (standard package plus prebiotic): standard package plus the prebiotic inulin or FOS²¹ mixed with flour

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

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

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

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

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

20 Prise en charge de la MAM

21 FructoOligoSaccharides

CASE STUDY

SAM PHOTO DIAGNOSIS PROJECT

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

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

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

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

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

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

8 FINANCE



€424.5M

**TOTAL ANNUAL
INCOME**

2017: €412M



€332.7M

**RESTRICTED
PUBLIC FUNDS**

2017: €322.2M



€82M

PRIVATE SOURCES

2017: €79.4M



€9.7M

OTHER REVENUE

2017: €11.1M

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

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

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

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

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

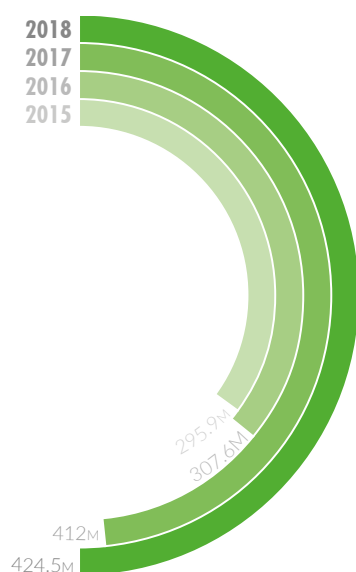


Figure 8.1: Action Against Hunger's total revenue (€) (2015-2018)

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

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

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

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

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

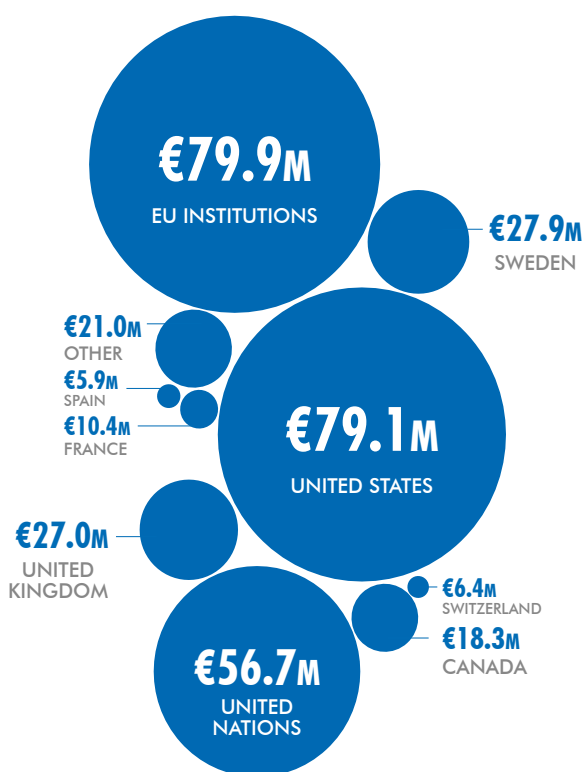


Figure 8.2: Public restricted income (€) by source of funds (2018)

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

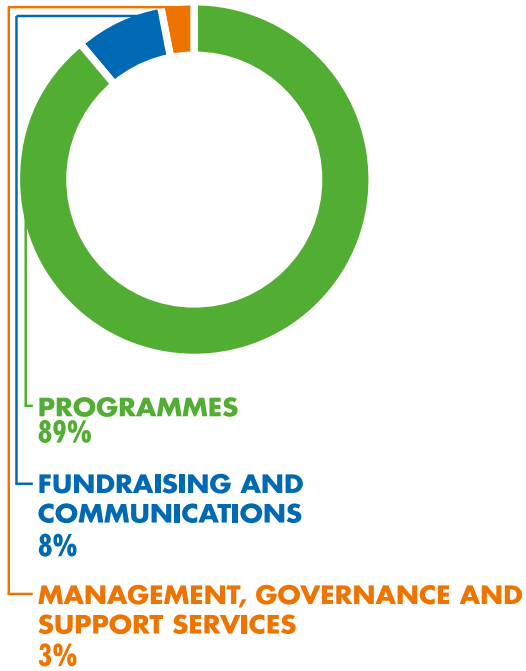


Figure 8.3: Breakdown of Action Against Hunger's expenditure (2018)



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



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

9 ADVOCACY



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



**DEFENDING PRINCIPLED
HUMANITARIAN ACTION**



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

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

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

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

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

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

WE DEFENDED PRINCIPLED HUMANITARIAN ACTION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



10 PARTNERSHIPS



Action Against Hunger values working with partners because we cannot achieve a world free from hunger by ourselves. In 2018, we continued to develop partnerships to maximise the impact we make and to create a worldwide movement for change. Approximately half of all country offices (49 per cent) had a local partnerships strategy during this year.

Almost two thirds of partnerships (62 per cent) were with governments or NGOs (at both national and local levels). Occupied Palestinian Territory and Egypt were the country offices that had the highest number of partnerships with NGOs. In 2018, a specific category for partnerships with UN agencies was added to the reporting, so this year there is a broader spread of partnership categories. One in five partnerships (20 per cent) were formed with local governments, a decrease from 32 per cent in 2017. Partnerships with national governments, ministries and public agencies slightly increased (20 per cent in 2018 compared to 17 per cent in 2017), and many country offices (43 per cent) reported partial or full handover of programme services to the Ministries of Health. There was a small increase in formal partnerships with international NGOs from 2017 to 2018 (18 per cent compared to 16 per cent). Local or national NGOs (22 per cent) and private sector partners (3 per cent) remained almost constant.

This year capacity building was again the principal purpose for partnerships (35 per cent), but it was closely followed by accessing people in need. Occupied Palestinian Territory and Sierra Leone were the country offices with the biggest focus on partnerships for capacity building purposes.

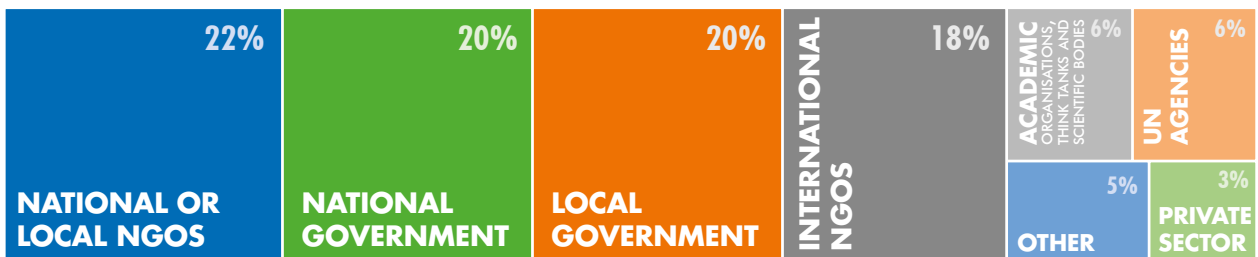


Figure 10.1: Partnerships by partner type

CASE STUDY



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USING THE NEAR LOCALISATION PERFORMANCE MEASUREMENT FRAMEWORK TO EXPLORE AN EXISTING PARTNERSHIP

Support to Life is a Turkish organisation committed to supporting communities affected by disasters and emergencies by partnering with humanitarian NGOs and donors. Since 2011, Action Against Hunger Spain has been working with Support to Life and recently started to explore how this partnership could be modelled and piloted as an example of localisation and partnership which could provide learning for the future.

Action Against Hunger and Support to Life came together for a workshop to further explore and formalise this relationship. The purpose was to ensure a shared vision and mutual understanding of the value of being partners. The Network for Empowered Aid Response (NEAR) Localisation Performance Measurement Framework (LPMF) was used to evaluate whether localisation commitments had been achieved. This tool shaped an action plan and to the development of a partnership-monitoring framework for the next two years. The NEAR LPMF tool also provided a framework to divide roles and responsibilities between the two respective organisations.

The Central America office (Guatemala and Nicaragua) also ranked highly in the number of partnerships for the purpose of capacity building, but had even more partnerships for the purpose of accessing people in need. Access was also a core purpose for partnerships in Pakistan, Jordan, Philippines, and Madagascar.

Often the following aspects are drivers for partnerships across the Action Against Hunger network:

- Enhancing coordination and efficiency between humanitarian organisations in a socioeconomic context that is very vulnerable to recurrent chronic crises (for example, seasonal hunger) and affected by multiple risks (such as regular droughts and displacement).

- Improving access to target populations in areas where Action Against Hunger has no presence but is relevant because of its mandate.
- Increasing capacity building among partners to address complex problems and solutions.
- Increasing knowledge exchange and learning based on partner's experiences and areas of expertise.

Action Against Hunger was a member of 101 consortia in 2018. More than half of Action Against Hunger country offices (59 per cent) were the lead agency in a consortia. In Bangladesh (3), Central America (5) and the Philippines (3) we were the lead agency three or more times.

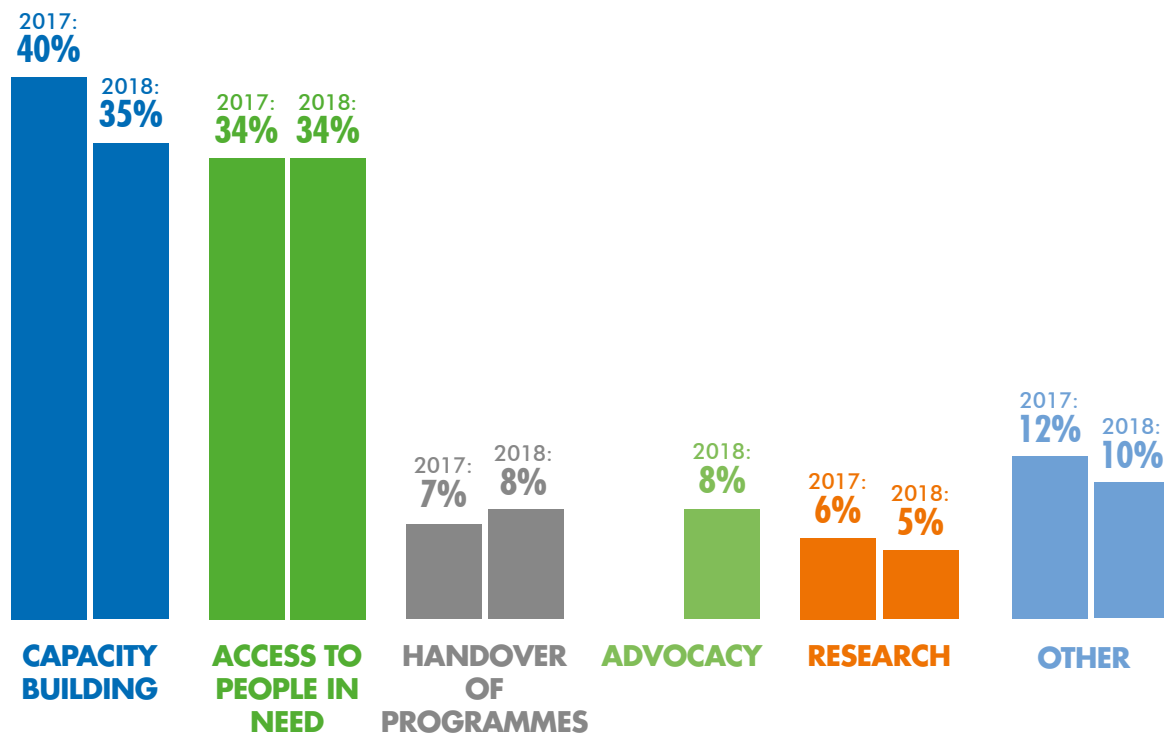


Figure 10.2: Partnerships by purpose

11 FUNDRAISING AND COMMUNICATIONS



€82M

PRIVATE SOURCES

2017: €79M



>1M

**PEOPLE GIVING
A FINANCIAL
CONTRIBUTION**

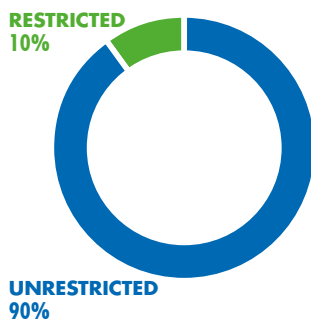


Figure 11.1: Action Against Hunger's private restricted and unrestricted income, 2018

In 2018, Action Against Hunger developed fundraising activities in ten countries, increasing our income from private sources to €82 million. This success was achieved through the loyal support of more than one million people globally, who contributed 70 per cent of private income sources. These individuals donate on a regular basis, representing a social base committed to creating a world without hunger. This foundation of support gives Action Against Hunger the ability to respond quickly to emergencies and address ongoing crises worldwide, since 90 per cent of the income from individual donors is unrestricted.

More than 4,500 companies, foundations, restaurants and schools have placed their trust in Action Against Hunger. Notable highlights in fundraising and communications include:

- Partnerships with business: working with Starbucks in the UK, France, Spain and other European countries to reduce food waste; a first-of-its kind public and private partnership between the Department for International Development (DfID) and This Bar Saves Lives in the United States (see case study below); partnering with Share in Germany and Tiger Copenhagen in Italy.
- Support from almost 2,000 schools and half a million students in eight countries who participated in the 'Race Against Hunger' and raised five million euros.
- More than 1,700 branches joined our Restaurants Against Hunger campaigns, raising a million euros. In this endeavour Action Against Hunger was supported by Michelin Star chefs including Enrico Crippa (Italy), Quique Dacosta (Spain) and Nieves Barragan (UK).
- Just under one million euros of income was generated from the multi-dimensional campaign of branded content developed in Spain for 'A Battle of Giants', with the support of large media partners Telefónica and Prisa, as well as Universal Music and the Royal Theatre in Madrid, reaching an audience close to 17 million. More details of the campaign are provided in the case study section.

One of our main objectives is to educate and raise awareness of worldwide hunger and demonstrate that Action Against Hunger is the 'hunger specialist,' an authority on preventing and treating malnutrition. Our aim is to highlight our organisational impact, our efficiency, and our ability to reach more people, innovate and advocate for better ways to deal with hunger. Our communications activities are essential to drive action on the part of all stakeholders, while growing a community of supporters through social media, partnerships, media outreach, content development and storytelling. In 2018, millions of people were reached through social media, email and media outreach. We increased our media visibility among top-tier press including The New York Times, The Wall Street Journal, CNN, Newsweek, Reuters, BBC News, Der Tagesspiegel, El Pais, Liberation, amongst others.



Figure 11.2: Breakdown of private income by source of funds, 2018

CASE STUDY

LET THEM CHOOSE

In 2018, Action Against Hunger launched the international campaign 'Let Them Choose' against aggressive marketing of breast-milk substitutes in France, Germany and Italy. The joint campaign alongside several International Non-Governmental Organisations aims to ensure that multinational nutrition companies finally adhere to and implement the World Health Organisation's 'Code of marketing of breast-milk substitutes'. Through the involvement of civil society, we have been able to put significant pressure on the six largest manufacturers (Danone, Nestlé, Friesland Campina, Kraft Heinz, Abbott and Reckitt Benckiser) to stop their aggressive marketing practices.

More than 70,000 people have signed the Action Against Hunger petition on various platforms, including change.org. Numerous celebrities supported the campaign. In Germany, the campaign received coverage in media outlets including Spiegel Online and Handelsblatt. Throughout the campaign, the advocacy teams of Action Against Hunger and our partner INGOs have been in close contact with the nutrition companies to ensure that they stop their aggressive marketing practices, which put the lives of 800,000 children at risk every year.

CASE STUDY

A BATTLE OF GIANTS

In July 2018, Action Against Hunger Spain sent 22 smart phones to ten countries in order to document the daily lives of men, women and children as they battle against hunger. Their stories were collated into the documentary, A Battle of Giants. The film was a starting point for an integrated campaign that engaged Movistar + (Telefónica) and media groups (such as Prisa, El País and Cadena SER).

On the night of 5 October 2018, in celebration of World Food Day, more

than 20 celebrities gathered at the Madrid Royal Theatre for a major concert. Their performance was recorded on a CD produced by Universal Music and distributed by El País. Alejandro Sanz, Juanes and Ara Malikian were among the artists performing on Giants Against Hunger.

Overall, the campaign reached 17 million people and raised close to one million euros.





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CASE STUDY

#STOPHUNGERCRIME

On 25 September 2018, Action Against Hunger was invited to the United Nations to defend landmark Resolution 2417, which was introduced to prevent the use of starvation of civilians as a weapon of war and the unlawful denial of humanitarian access. Later in the year, Action Against Hunger launched #StopHungerCrime, a new campaign in France and the UK, condemning the vicious cycle between conflict and hunger and calling for meaningful implementation of the UN resolution.

To highlight that hunger is being used as a weapon of war – through tactics such as blocking access to markets, contaminating water supplies, and destroying crops – we recycled decommissioned bullet casings into cutlery. The aim was to make political

leaders and the public outraged by these violations and inspire them to act.

Influencers such as Olivier Giroud, Christophe Michalak, Raphael Varane, Florent Manaudou, Samuel Umtiti, and Sonia Greyson-Newman denounced the use of hunger as a weapon by posting a photo of the bullet cutlery on social media crossed in the sign of protest as an alternative form of petition. We also urged members of the public to follow their lead and post a photo of their own cutlery to add to the petition. This campaign reached more than 50 million people around the world, 600,000 people shared posts, and there were 500 million social media impressions.

ANNEX 1: RESEARCH PUBLICATIONS LIST

FOOD SECURITY & LIVELIHOODS

Constraints and complexities of information and analysis in humanitarian emergencies: evidence from Nigeria, D. Maxwell et al., Action Against Hunger US & Tufts University, *published on the Feinstein International Center website*, May 2018
<http://bit.ly/2UCKorf>

Documentary on enhancing resilience against waterlogging, Action Against Hunger France & Action Against Hunger Bangladesh, *Youtube*, February 2018
<http://bit.ly/2V3Qlra>

Effects of multiannual, seasonal unconditional cash transfers on food security and dietary diversity in rural Burkina Faso: the Moderate Acute Malnutrition Out (MAM'Out) cluster-randomised controlled trial, F. Hounge et al., Action Against Hunger France, *Public Health Nutrition*, December 2018
<http://bit.ly/2KFNHtr>

Global code of conduct for research in resource-poor settings, D. N'Diayne et al., Action Against Hunger France, *published on European Commission website*, 2018, <http://bit.ly/2PbfWyJ>

Research with, not about, communities - ethical guidance towards empowerment in collaborative research, D. N'Diayne et al., Action Against Hunger France, *published on the TRUST project website*, July 2018
<http://bit.ly/2Gg7IkR>

MENTAL HEALTH & CARE PRACTICES

Analysis of mother-child interactions for children affected with severe acute malnutrition vs health children, K. Le Roch et al., Action Against Hunger France, *Poster on World Association for Infant Mental Health in Rome*, May 2018
<http://bit.ly/2UYi6XD>

An optimal design for a psychosocial intervention on severely acute malnourished children in humanitarian settings: results of an expert survey, D. N'Diayne, Action Against Hunger France, *poster for the European Public Health conference in Slovenia*, November 2018, <http://bit.ly/2UDkHH7>

Designing and implementing psychosocial interventions for children with severe acute malnutrition: Action Contre la Faim's experience in Nepal, K. Le Roch et al., Action Against Hunger France, *Humanitarian Exchange*, July 2018, <http://bit.ly/2Ze1zyc>

FUSAM²² project: evaluation of a brief psychosocial support for mothers and their severely acute malnourished children in Nepal and its effect on maternal mental health, K. Le Roch et al., Action Against Hunger France, *Poster on World Association for Infant Mental Health in Rome*, May 2018
<http://bit.ly/2IkGLzZ>

Psychosocial support and maternal mental health: an evaluation from FUSAM project, K. Le Roch et al., Action Against Hunger France, *Poster on IMNHC Conference in Nepal*, February 2018

<http://bit.ly/2UDIQ1x>

Research brief: FUSAM: A nutrition and psychosocial trial for treatment of children with uncomplicated severe acute malnutrition in Nepal, Action Against Hunger France & International Centre for Diarrhoeal Disease Research, Bangladesh, 2018, <http://bit.ly/2IEkyfD>

Resynchronising mother-child interactions: impact of a psychosocial intervention towards malnourished children and their mothers in Nepal, K. Le Roch et al., Action Against Hunger France & International Centre for Diarrhoeal Disease Research, Bangladesh, *Poster on 23rd World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions*, July 2018, <http://bit.ly/2Xi2tld>

NUTRITION AND HEALTH

A multicenter, randomised controlled comparison of three renutrition strategies for the management of moderate acute malnutrition among children aged from 6 to 24 months (the MALINEA project), M. Vray et al., Action Against Hunger France, Unité d'Epidémiologie des Maladies Infectieuses, Institut Pasteur Dakar (Dakar, Senegal), Unité des Epidémies et des Maladies Emergentes, Institut Pasteur (Paris, France), Unité d'Epidémiologie, *Trials*, December 2018 <http://bit.ly/2GdKiwu>

Briefing paper: Moving beyond anthropometry: conducting bio-electrical impedance analysis to measure body composition in acutely malnourished children: Lessons from operational research, S. Renault et al., Action Against Hunger France, *published on the Action contre La Faim website*, August 2018 <http://bit.ly/2V5Rjcg>

Can community health workers manage uncomplicated severe acute malnutrition? A review of operational experiences in delivering severe acute malnutrition treatment through community health platforms, N. López-Ejeda et al., Action

Against Hunger Spain, *Maternal & Child Nutrition*, November 2018 <http://bit.ly/2KGqLkT>

Click MUAC - Comparing performance of mothers using simplified mid-upper arm circumference (MUAC) classification devices with an improved MUAC insertion tape in Isiolo County, Kenya, A. Grant et al., Action Against Hunger US, Brixton Health (UK), University of Tampere (Finland), Ministry of Health of Kenya & Isiolo County Health Management Team (Kenya), *Archives of Public Health*, February 2018, <http://bit.ly/2ZcbbcO>

ComPAS cost effectiveness analysis - The "ComPAS Trial" combined treatment model for acute malnutrition: study protocol for the economic evaluation, N. Lelijveld et al., Action Against Hunger US & International Rescue Committee, *Trials*, April 2018 <http://bit.ly/2VOYVwv>

ComPAS Protocol - Combined Protocol for Acute Malnutrition Study (ComPAS) in rural South Sudan and urban Kenya: study protocol for a randomized controlled trial, J. Bailey et al., Action Against Hunger US & International Rescue Committee, *Trials*, April 2018, <http://bit.ly/2UCZRYF>

Contact tracing performance during the Ebola epidemic in Liberia, K. C. Swanson et al., Action Against Hunger France, Bloomberg School of Public Health, Ministry of Health of Liberia, Harvard T.H. Chan School of Public Health & World Health Organisation Liberia, *PLOS*

Neglected Tropical Diseases, September 2018 <http://bit.ly/2Pb8pQf>

Costs and cost efficiency of a mobile cash transfer to prevent child undernutrition during the lean season in Burkina Faso: a mixed methods analysis from the MAM'Out randomised controlled trial, C. Puett et al., Action Against Hunger France, *Cost Effectiveness and Resource Allocation*, April 2018, <http://bit.ly/2Ino4LL>

Donor requests for economic analysis of humanitarian field programmes, C. Puett et al., Action Against Hunger France, *Development in Practice*, July 2018

<http://bit.ly/2KC3Ujf>

Identifying an efficient approach to scaling up the treatment of severe acute malnutrition by community health workers, Action Against Hunger Spain, *Blog published on The Society For Implementation Science In Nutrition website*, 2018

<http://bit.ly/2GdeLun>

OptiDiag: Data collection is complete!, Action Against Hunger France, *Blog published on ELRHA23 website*, 2018

<http://bit.ly/2ImTv9d>

OptiDiag: Five days of field work (part 1), Action Against Hunger France & Duke University, *Blog published on ELRHA website*, 2018

<http://bit.ly/2KBs655>

OptiDiag: Five days of field work (part 2), Action Against Hunger France & Duke University, *Blog published on ELRHA website*, 2018

<http://bit.ly/2Iziq8A>

REFANI24 Niger - Findings from a cluster randomised trial of unconditional cash transfers in Niger, V. L. Sibson et al., Action Against Hunger US, Concern Worldwide & University College London, *Maternal & Child Nutrition*, May 2018

<http://bit.ly/2GnsNLc>

REFANI Paksitan CEA - The cost of preventing undernutrition: cost, cost-efficiency and cost-effectiveness of three cash-based interventions on nutrition outcomes in Dadu, Pakistan, L. Trenouth et al., Action Against Hunger US & Emergency Nutrition Network, *Health Policy and Planning*, July 2018, <http://bit.ly/2ZcWhmB>

REFANI Somalia - A cash-based intervention and the risk of acute malnutrition in children aged 6–59 months living in internally displaced persons camps in Mogadishu, Somalia: A non-randomised cluster trial, C. S. Grijalva-Eternod et al., Action Against Hunger US, Concern Worldwide & University College London, *PLoS Med*, October 2018, <http://bit.ly/2KIPPk2>

REFANI summary report, Action Against Hunger US, Emergency Nutrition Network, Concern Worldwide & University College London, *published on the Action Against Hunger website*, November 2017

<http://bit.ly/2GrUH7Z>

REFANI synthesis report, Action Against Hunger US, Emergency Nutrition Network, Concern Worldwide & University College London, *published on the Action Against Hunger website*, November 2017

<http://bit.ly/2VNT5Me>

Use of mid-upper arm circumference by novel community platforms to detect, diagnose, and treat severe acute malnutrition in children: a systematic review, J. Bliss et al., Action Against Hunger UK, No Wasted Lives, The Council of Research & Technical Advice on Acute Malnutrition & Oregon State University, *Global Health: Science and Practice*, September 2018

<http://bit.ly/2v7IKyK>

WASH

Designing evidence based and context-specific hygiene programmes in emergencies: could there be an app for that?, S. White et al., Action Against Hunger France, London School of Hygiene and Tropical Medicine & The Centre for Affordable Water and Sanitation Technology, *paper for the 41st Water Engineering and Development Centre International Conference*, July 2018, <http://bit.ly/2GeoYqw>

Individual and household risk factors of severe acute malnutrition among underfive children in Mao, Chad: a matched case-control study, J. Dodos et al., Action Against Hunger France, Alliance Sahélienne de Recherches Appliquées pour le Développement Durable (Chad), Brixton Health (UK), UNICEF Chad, & UNICEF Regional Office for West and Central Africa in Dakar (Senegal), *Archives of Public Health*, August 2018, <http://bit.ly/2DgSEmb>

Livelihoods and health status of informal recyclers in Mongolia, S. M. Nazim Uddin et al., Action Against Hunger France, University of Victoria & WASH Action Mongolia, *Resources, Conservation and Recycling*, July 2018, <http://bit.ly/2Go1pN6>

Ouadi'Nut: Effectiveness of a household WASH package on an outpatient programme for severe acute malnutrition: a pragmatic cluster-randomised controlled trial in Chad, M. Altmann et al., Action Against Hunger France, *Am J Trop Med Hyg*, April 2018, <http://bit.ly/2PbhrwR>

Point-of-use water treatment improves recovery rates among children with severe

acute malnutrition in Pakistan: results from a site-randomised trial, S. Doocy et al., Action Against Hunger US & John Hopkins University, *Public Health Nutrition*, August 2018, <http://bit.ly/2v30paU>

Relapse after severe acute malnutrition: a systematic literature review and secondary data analysis, H. C. Stobaugh et al., Action Against Hunger UK, No Wasted Lives, The Council of Research & Technical Advice on Acute Malnutrition & Research Triangle Institute International, *Maternal and Child Nutrition*, September 2018 <http://bit.ly/2UkhSpk>

Sustainable groundwater resources exploration and management in a complex geological setting as part of a humanitarian project (Mahafaly Plateau, Madagascar), S. D. Carrière et al., Action Against Hunger France, Unité Mixte de Recherche 1114 Environnement, Méditerranéen et Modélisation des Agro-Hydrosystèmes & Institut National de la Recherche Agronomique, *Environmental Earth Sciences*, November 2018, <http://bit.ly/2PaCIXw>

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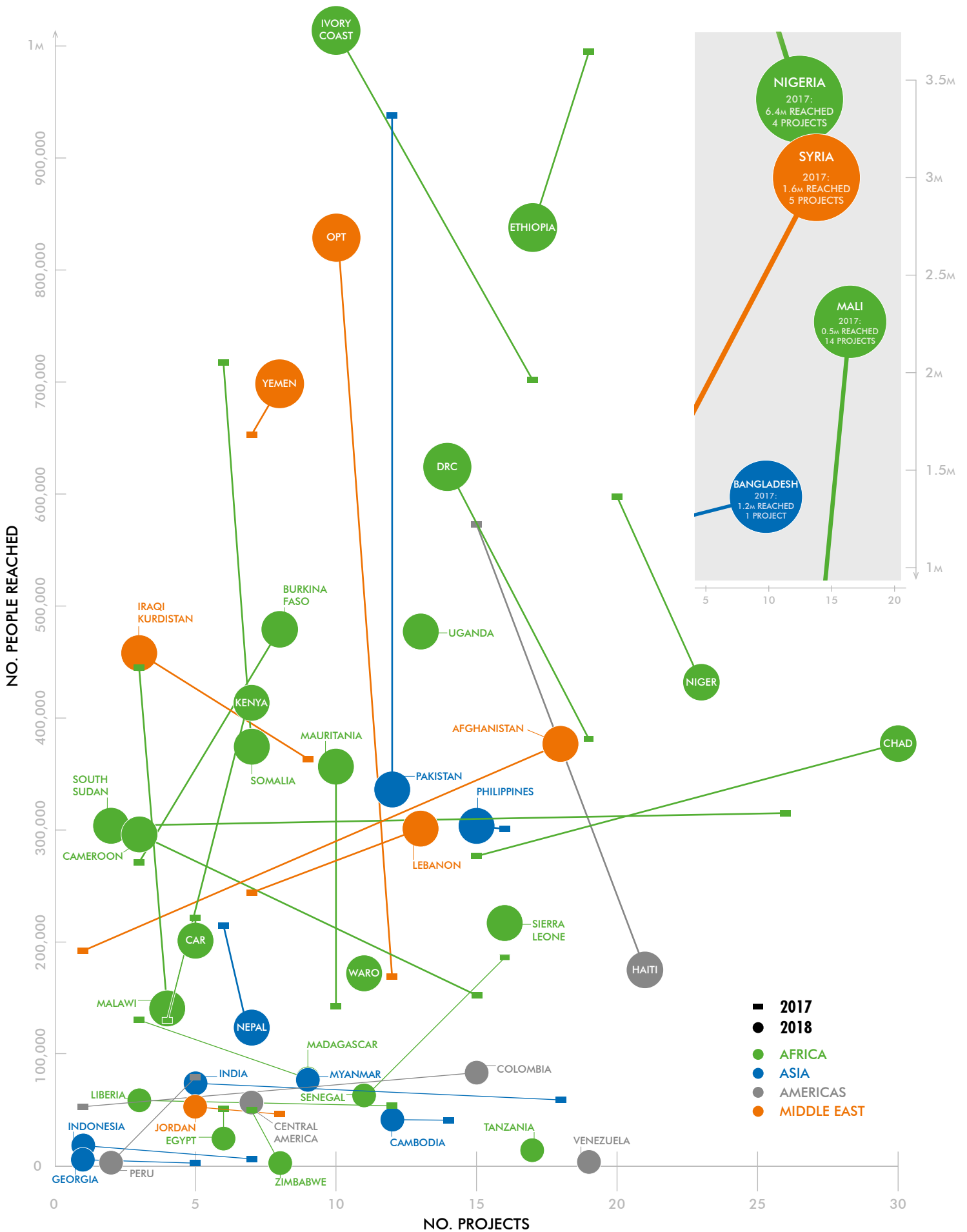
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FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

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.



**ACTION
AGAINST
HUNGER**