



**ACTION AGAINST HUNGER CANADA
2018 ANNUAL REPORT**

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We would like to thank Gabriel Holt for contributing to this report.

**FOR ALMOST 40 YEARS,
ACROSS NEARLY 50
COUNTRIES, WE HAVE
LED THE GLOBAL FIGHT
AGAINST HUNGER.**

**WITH YOUR SUPPORT,
WE WILL NEVER GIVE UP
UNTIL THE WORLD IS FREE
FROM HUNGER.**



OUR CORE PRINCIPLES

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

INDEPENDENCE

NEUTRALITY

NON-DISCRIMINATION

FREE & DIRECT ACCESS TO PEOPLE IN NEED

PROFESSIONALISM

TRANSPARENCY

A MESSAGE FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR

When we look back on 2018, we find many examples of a troubling and expanding global trend: protracted crises that result in acute hunger “hot spots” and regional instability.

In Yemen, a conflict that has been ongoing for several years reached a breaking point, leaving more than eight million people on the brink of starvation in what many are calling the world's worst humanitarian crisis.

Almost as many people went hungry in Africa's Lake Chad region, where a constellation of non-state armed groups has destabilized Nigeria, Cameroon, Niger and Chad.

Meanwhile, Rohingya refugees from Myanmar continued to arrive hungry and exhausted at burgeoning refugee camps in neighbouring Bangladesh.

We are grateful and thankful that you came through for all these people in 2018, providing support to Action Against Hunger so we could help a record number of people around the world – more than 21 million people in nearly 50 countries.

Closer to home, your commitment to tackling poor nutrition in Canada helped us launch our food literacy and gardening project in North Spirit Lake First Nation, a remote fly-in community of 290 people in Northwestern Ontario.

But there are still other communities, both in Canada's North and around the world, suffering from malnutrition due to a lack of affordable nutritious foods. In many places, a changing climate is increasing the number of hungry families and children. After years of seeing the number of malnourished children on the decline, this change is a tragedy.

As one of the world's leading humanitarian organizations whose work is based in medicine and science, we have shown that we have the skills and solutions to tackle this challenge. We are working right now to find ways to mitigate the effects of climate change by building resilience in affected communities.

Your continued support for this work is crucial.

Thank you,

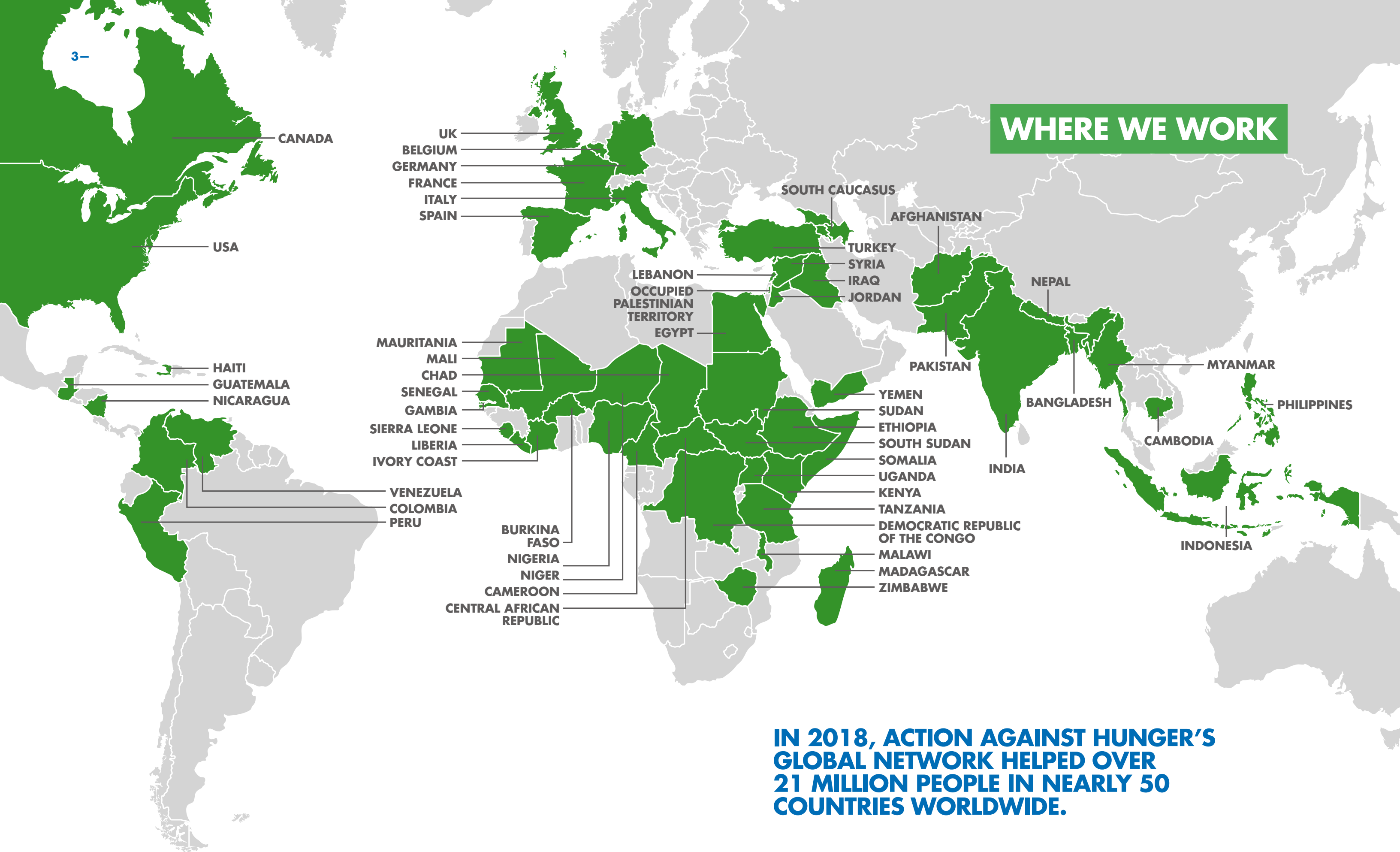


VICTORIA DAVIES
Board Chair, Action Against Hunger Canada



DANNY GLENWRIGHT
Executive Director, Action Against Hunger Canada

WHERE WE WORK

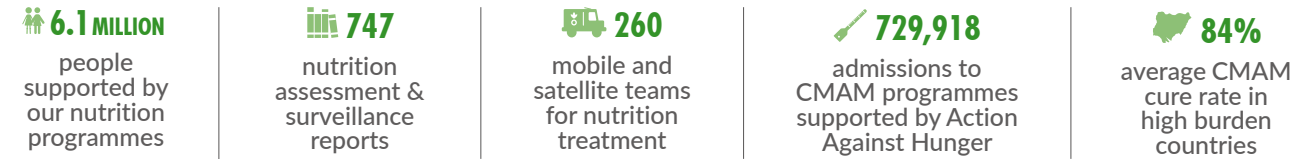


IN 2018, ACTION AGAINST HUNGER'S GLOBAL NETWORK HELPED OVER 21 MILLION PEOPLE IN NEARLY 50 COUNTRIES WORLDWIDE.

BY THE NUMBERS:

TOGETHER, WE REACHED MORE THAN 21 MILLION PEOPLE IN 2018

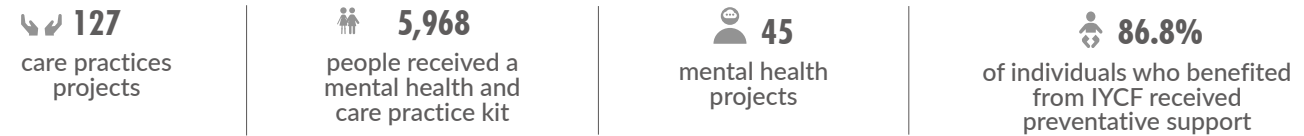
NUTRITION



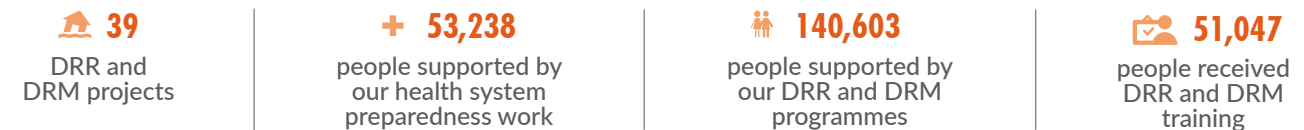
HEALTH



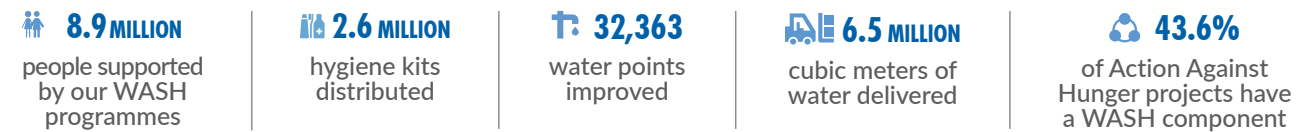
MENTAL HEALTH AND CARE PRACTICES



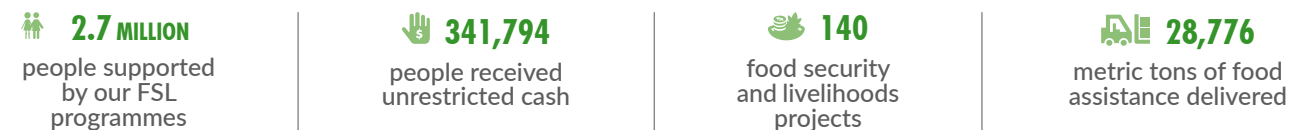
DISASTER RISK REDUCTION AND MANAGEMENT



WATER, SANITATION AND HYGIENE



FOOD SECURITY AND LIVELIHOODS



AFRICA

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DEMOCRATIC REPUBLIC OF CONGO

LOCATION:
NORTH KIVU
PROVINCE

REACH:
60,978 PEOPLE
OVER 2 YEARS

18,203 WOMEN
16,787 MEN
12,723 GIRLS
13,265 BOYS

In North Kivu, DRC, increasing numbers of people have been internally displaced by political turmoil and inter-community tensions. These populations have been particularly vulnerable to outbreaks of disease, and in 2018, Action Against Hunger provided a rapid emergency response to displaced populations affected by cholera.

Our response centred on the needs of internally displaced people, returnees, and host communities where we increased prevention of diarrheal diseases such as cholera; increased access to essential household items and emergency shelters; and improved methods of preventing acute malnutrition among community members. We distributed hygiene kits, essential household items, and kits for shelter reinforcement; we established emergency latrines, showers, and water point rehabilitations; and allocated malnutrition prevention services, including health-nutrition support groups and acute malnutrition awareness campaigns. We favoured an integrated approach in our response, allocating all these services to the same beneficiaries.

In our interventions, we paid special attention to the needs of women, girls and children under five. Along with general emergency supplies, we provided menstrual kits, infant feeding kits, children's clothing, individual monitoring for breastfeeding women, and malnutrition screening training for parents of young children.

CENTRAL AFRICAN REPUBLIC



LOCATION:
BASSE-KOTTO
PREFECTURE

REACH:
37,240 PEOPLE

16,130 WOMEN
14,593 MEN
3,324 GIRLS
3,193 BOYS

The humanitarian crisis in the Central African Republic is complex and multifaceted, characterized by multiple conflicts between armed groups that make the situation volatile and unpredictable. Between January and March 2018, a resurgence of violence and the outbreak of new hotbeds of tension brought the number of internally displaced people (IDPs) from 402,240 to more than 600,000. It is estimated that 48% of the population now suffers from hunger, and two out of three people do not have access to primary health care. Today, according to the United Nations Office for the Coordination of Humanitarian Affairs, nearly 2.2 million Central Africans - nearly half of the country's population - depend on international aid to survive.

In 2018, Action Against Hunger worked at four IDP sites in the city of Alindao, Basse-Kotto Province. We focused our efforts on the needs of vulnerable populations, particularly pregnant and lactating women and the families of children under five. For pregnant and lactating women, our services included prenatal consultations, simple deliveries and postnatal consultations. For families of children under five, we provided preventative and curative health care consultations, including the detection and management of severe acute malnutrition. All populations benefitted from our training for water management committees and health personnel, whose skills were reinforced by our support. These interventions improved access to water, hygiene, sanitation, and health care for people living at the IDP sites.



ETHIOPIA

In 2018, Action Against Hunger worked with drought-affected populations in the Oromia and Somali Regions.

In the regions of Somali and Oromia, a continued drought caused limited access to food, safe water, and livelihood opportunities for pastoral and agro-pastoral communities. We used a multisectoral approach in our drought response, integrating interventions for nutrition and health; Mental Health and Care Practices (MHCP); and water, sanitation and hygiene.

The nutritional component of our response prioritized a community-based approach to the treatment and prevention of acute malnutrition, paying special attention to the needs of young children and pregnant and lactating women.

The MHCP component integrated care practices and psychosocial support into our nutritional work, which also targeted pregnant and lactating women as well as caregivers of children under five.

The same populations also received water, sanitation and hygiene services, including hygiene kits and education, water treatment, and water point construction. The purpose of this integrated approach was to reduce beneficiaries' vulnerability to water insecurity and waterborne diseases, therefore reducing vulnerability to undernutrition.



LOCATION:
**OROMIA
 AND SOMALI
 REGIONS**

REACH:
69,721 PEOPLE
17,333 WOMEN
7,536 MEN
22,682 GIRLS
22,170 BOYS



Volunteers in a mother-to-mother support group perform comedic skits to shatter local taboos around breastfeeding.



LOCATION:
**WESTERN
 KENYA**

REACH:
**1.5 MILLION
 PEOPLE OVER
 THREE YEARS**

"Thanks to these volunteers, messages can really reach the communities. They do this work to improve the quality of life of their neighbors. They are aware of how malnutrition can affect their community and have decided to eradicate it – with the support and training from Action Against Hunger, but also thanks to their will."

Lys Arango, Communications Officer for Action Against Hunger.

KENYA

This marked the second year of our System Enhancement for Transformative Health (SETH) project in Kenya. SETH aims to reduce maternal and child mortality through promoting local feeding and care practices, providing nutritious foods and supplements, and simultaneously strengthening existing health services.

We implemented SETH in five counties in Western Kenya: Kakamega, Bungoma, Busia, Trans Nzoia and West Pokot. In 2018, we built on the work and partnerships we developed in 2017, increasing the momentum of our interventions. We achieved this through encouraging social behaviour change, conducting campaigns to raise awareness of and access to Maternal, Newborn, Child Health and Nutrition services, and addressing key barriers that prevent populations from accessing these services. We also worked to accelerate Baby-Friendly Hospital Initiatives and Baby-Friendly Community Initiatives in West Pokot and Kakamega Counties through capacity-building support for health care workers. This support included classroom training, continuous medical education and mentorship, and on-the-job training. These interventions equipped health personnel with skills and knowledge to offer quality, baby-friendly health care.

Our work was enabled by the help of the Association of Research and Social Studies, Helen Keller International, and Medicos del Mundo - as well as numerous local partners in Kenya, including the Ministry of Health.



NIGER

LOCATION:
DIFFA
REGION

REACH:
28,650 PEOPLE
OVER 2 YEARS

6,590 WOMEN
6,303 MEN
8,022 GIRLS
7,535 BOYS

Action Against Hunger has been working in the Diffa Region of Niger since 2015, providing services in health, sanitation and hygiene as well as livelihood protection. We use a multisectoral and integrated approach that aims to reduce the vulnerability of internally displaced people (IDPs), refugees, and host communities. In 2018, we paid special attention to populations affected by HIV/AIDS, with particular emphasis on the needs of women and girls.

Our health care projects improved access to reproductive health services for women and girls in the region, strengthened health structures, and improved supply and quality of community health services. We also sought to improve sanitary conditions at IDP sites, with the aim of reducing under-nutrition and vulnerability to waterborne diseases. Access to safe drinking water and sanitary latrines are severely lacking, especially for women and girls. We built drinking water supply systems and latrines; rehabilitated boreholes; distributed hygiene kits and menstrual kits; established community health committees; and provision of training in proper water, hygiene, and sanitation practices. Our work in food security and livelihood protection focused on ensuring household access to domestic gas. We provided families with gas cylinders, and training on secure gas usage and environmental protection. These interventions helped to increase the purchasing power of households, reduce the effects of demographic pressure on the environment, and reduce the impact of poverty on the most vulnerable households. Women in particular benefited from these interventions. With an alternative source of energy, they were able to save money on wood and re-allocate family spending toward food or health care.

MAURITANIA



Mauritania is a Saharan country where less than one percent of land is suitable for agriculture. Its population is thus largely dependent on food imported from other countries. Consequently, Mauritania is affected by high rates of food insecurity and malnutrition, and also ranks poorly in access to water and sanitation. Mauritania is also home to a growing number of refugees. Primarily from Mali, these refugees began fleeing to Mauritania in 2012 to escape violence in their home country. This influx of people means that Mauritania's scarce resources are being stretched even thinner by an expanding population. For refugee and host communities alike, improved access to resources such as food, water and land is crucial.

In 2018, Mauritania was hit by its worst drought in recent years, affecting 600,000 people during the hunger season. Our interventions this year focused on responding to the resulting nutrition crisis, paying special attention to the needs of children and women. With support from the United States' government Bureau of Population, Refugees and Migration, we look at how we can better integrate gender and gender-based violence (GBV) considerations into our service delivery. We conducted a gender analysis, which is a process used to understand and document the differences in gender roles and activities in a given country. We also conducted eight trainings on GBV for regional humanitarian staff. Trainings have been essential for enhancing the capacity of our own staff and our humanitarian nutrition partners to conduct thorough gender analyses, as well as to better integrate gender equality and GBV concerns into our program activities.



LOCATION:
SELIBABY
BASSIKOUNOU
GORGOL
NOUAKCHOT



REACH:
799 PEOPLE

420 WOMEN
379 MEN



NIGERIA

Since 2009, armed conflict in northeastern Nigeria has created a humanitarian crisis impacting over 14.8 million people. We've been operating in Yobe State since 2011, providing food assistance, support for community management of acute malnutrition, and water and sanitation services. In 2018, we expanded our support in the region, launching a 24-month emergency response in newly-accessible areas of Yobe and Borno States.

We're working in communities, health care facilities, and schools to increase access to safe drinking water and gender-appropriate sanitation facilities. We're constructing and rehabilitating water points, providing training in sanitation and hygiene practices, and building government capacity to meet the needs of newly-displaced or returning populations. Through increased access to water and improved hygiene practices, we're reducing rates of diarrhea from waterborne illness, thereby improving nutritional outcomes.

Throughout the course of our emergency response project, we actively involved women in the design, implementation, and sustainability of interventions. Our emergency response activities were designed to complement our existing nutrition and livelihoods programs in Nigeria. This integrative approach enabled us to provide comprehensive, life-saving assistance to those affected by the humanitarian crisis. Through strengthening services at health facilities and promoting improved practices in households, we are working to disrupt the vicious circle of waterborne diseases leading to malnutrition.



LOCATION:
BORNO AND
YOBE STATES

REACH:
99,200 PEOPLE
OVER 2 YEARS

24,938 WOMEN
27,439 MEN
22,436 GIRLS
24,387 BOYS



SOMALIA

LOCATION:
BAKOOL
REGION

REACH:
28,000 PEOPLE
OVER 2 YEARS

7,672 WOMEN
7,924 MEN
6,202 GIRLS
6,202 BOYS

In 2018, our interventions in Somalia aimed to address the multisectoral needs of internally displaced people (IDPs) and host communities affected by acute drought and recent conflicts in the South West State. The crisis was triggered by ongoing waves of displacement, which followed increased violence after the recapture of numerous towns in the region of Bakool. Furthermore, successive cycles of rain failure, trade disruptions, and lack of labour opportunities have worsened the humanitarian situation.

Our interventions respond to acute food insecurity, malnutrition, and disease outbreaks in the region, which are compounded by lack of access to basic services such as health care and sanitation facilities. We aim to reduce the burden of disease, increase equitable access to primary health care, and improve nutrition. We are doing this by building access to safe drinking water, sanitation and hygiene services; providing cash transfers to improve access to basic needs; providing supplies for maternal and child health services; and delivering fixed and mobile Outpatient Therapeutic Programmes and Stabilisation Centers.

At Action Against Hunger, we recognize the higher impact of humanitarian crises on women and children in Somalia. According to the Food Consumption Score, 32% of children in Somalia only have access to one meal a day, and households headed by women have the lowest food consumption. In keeping with our values of gender equality, we are adapting our programs to consider and address the needs of these vulnerable populations.



SAHEL REGION

LOCATION:
BURKINA FASO,
CAMEROON,
CHAD, MALI,
MAURITANIA,
NIGER, NIGERIA
AND SENEGAL

REACH:
1,467,170
ACROSS EIGHT
COUNTRIES

544,781 WOMEN
282,363 MEN
323,515 GIRLS
316,512 BOYS

Due to the effects of ongoing drought on pastoral livelihoods, the Sahel region of West and Central Africa has been suffering from a nutritional emergency. In 2018, we launched a regional humanitarian response to reduce the mortality and morbidity of severe acute malnutrition for children under five in eight countries across the Sahel. Malnutrition is a multidimensional issue, so our response integrates nutrition and health programs with water, sanitation, and hygiene programs. We're also ensuring that the needs and voices of women are central to our programming. By integrating gender equity into our response, we're building women's capacity and empowerment throughout the region.

Our nutrition and health programs focus on the needs of malnourished children under the age of five, providing treatment for severe acute malnutrition and increasing access to effective health services. We also give special consideration to the needs of women of reproductive age. We're increasing equitable access to maternal and neonatal health services, childhood immunization, and integrated management of childhood illnesses. We use a community-based approach, in which we strengthen community capacity to manage malnutrition and withstand drought-related shocks.

Our interventions in water, sanitation and hygiene (WASH) are improving access to WASH services in communities and health facilities, with a focus on drought-affected areas, to reduce infections and diseases related to poor WASH access, as waterborne illnesses lead to increased risk of childhood malnutrition.

SOUTH SUDAN



LOCATION:
AWEIL EAST
STATE AND
WARRAP STATE

REACH:
23,045
PEOPLE

After five years of brutal civil war in South Sudan, a peace agreement was signed in September 2018. Nevertheless, the country's population is still struggling. In 2018, Action Against Hunger scaled up nutrition services in Warrap State, a region with some of the highest malnutrition rates in the country and limited access to safe drinking water and adequate sanitation.

Our nutrition interventions focused on the prevention and treatment of malnutrition. Prevention services included community-based malnutrition screening as well as case identification and referrals of malnourished children under five. We trained community volunteers not only on the identification of malnutrition and screening of the population, but also on hygiene promotion to prevent malnutrition. Treatment services included a supplementary feeding program for pregnant and lactating women and young children affected by moderate acute malnutrition. We also provided stabilization centre referrals for children suffering from severe acute malnutrition and breastfeeding support to mothers of infants.

In South Sudan, women are particularly vulnerable to malnutrition, due in part to their culturally-expected roles as caregivers of children and the elderly. They're often expected to eat last and are often left with little to no food in times of scarcity. In 2018, we took steps to mitigate gender-based violence (GBV) in our fight against hunger. This included initiatives such as strengthening the capacity of regional staff and adapting program tools to address gender inequality and GBV risks. We conducted a country-level gender analysis and three trainings on GBV to enhance the capacity of our own staff and other nutrition partners.

"[Through attending the training,] I learned that women have a right to work and learn. I have now encouraged my wife to do whatever she wants to pursue for the future - something that will benefit the family. Instead of making decisions for her, we agree on things together. I have encouraged my brothers to do the same."

A participant of Action Against Hunger's gender-focused training in Maluakon, South Sudan



ASIA & MIDDLE EAST

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AFGHANISTAN

In 2018, we operated programs in the Ghor and Helmand provinces of Afghanistan, providing services to improve nutritional outcomes and increase access to clean water and sanitation.

In Ghor Province, we focused on reducing childhood malnutrition through the improved delivery of nutrition services, improved feeding and care practices for newborns and infants, and improved water, sanitation and hygiene (WASH) services in targeted areas. This involved working with health facility staff and community-based outreach staff to target avoidable deaths of newborns, infants and children in the province. Our nutrition activities included staff training, breastfeeding learning activities, and cooking demonstrations. Our WASH activities included staff training, distribution of hygiene and sanitation kits, public awareness sessions on hygiene promotion, water testing, and construction work on WASH facilities.

In Helmand Province, we also reduced childhood malnutrition with a focus on internally displaced women and children. Gender considerations were incorporated in our work, including access to nutrition services, psychosocial support to pregnant and lactating women, access to WASH facilities and reproductive health services. We improved access to safe drinking water to reduce the incidence of diarrheal diseases and related malnutrition for children under five. We provided mobile services for the treatment of severe acute malnutrition and provided technical support to the local organization that delivers basic nutrition and health services. Our efforts in Helmand cured 1,608 severely malnourished children.



LOCATION:
HELMAND
& GHOR
PROVINCES

REACH:
25,626 PEOPLE

5,588 WOMEN
16802,482 MEN
8,048 GIRLS
10,311 BOYS



LOCATION:
COX'S BAZAR
AND DHAKA

REACH:
200,114 PEOPLE

106,111 FEMALE
93,900 MALES

BANGLADESH

Today, more than 900,000 refugees from the Rohingya community are living in makeshift camps in the region of Cox's Bazar, Bangladesh. Overcrowding, poverty, lack of access to resources, and poor sanitary conditions in camps contribute to a variety of diseases including malnutrition. In 2018, we provided services in nutrition, emergency supply distribution, water, sanitation and hygiene, and reproductive health. In our emergency response, we paid special attention to the needs of new arrivals, particularly women and girls, who face the additional danger of gender-based violence (GBV) along with poor camp conditions.

A gender analysis is a process used to understand and document disparities in gender roles and activities within a country, and our gender analysis in Bangladesh highlighted the impact of social factors on gender inequality and child undernutrition. For example, men and boys are generally prioritized for food intake, while women and girls are burdened by limited mobility, caregiving responsibilities and general stress.

To help address gender disparities in humanitarian work, we held nine local trainings on GBV and gender inequality. 40% of the national nutrition cluster - a group of local organizations working in nutrition - participated. Trainings have enhanced the capacity of our own staff and other humanitarian partners to conduct thorough gender analyses, as well as to better integrate considerations of gender equality and GBV into program activities.



YEMEN

LOCATION:
LAHJ AND
ABYAN
GOVERNORATES

REACH:
10,900 PEOPLE
OVER 2 YEARS

4,615 WOMEN
4,427 MEN
925 GIRLS
933 BOYS

In 2017, Yemen experienced its worst cholera outbreak in modern history. Outbreaks of waterborne illnesses such as cholera are caused by poor access to safe water, sanitation and hygiene services, and they increase the risk of malnutrition-related mortality, particularly for children under five. This outbreak, combined with acute food insecurity and a collapsing healthcare system, has only deepened the humanitarian crisis in Yemen.

In 2018, Action Against Hunger launched an emergency response in Lahj and Abyan Governorates where we helped households meet their essential food and non-food needs and gain improved access to safe water and sanitation. We prevented and reduced under-nutrition and malnutrition-related morbidity and mortality. Our efforts focused on internally displaced people (IDPs), as well as households with children under five and pregnant and lactating women.

To reduce the incidence of diarrheal diseases among children, our project improved access to safe water by protecting water sources, distributing household water filters and hygiene kits, constructing latrines, and conducting hygiene promotion.

We also focused on giving conflict-affected households the means to meet their food and non-food needs by providing immediate monetary assistance. Our financial support prioritized households headed by women, families with children admitted for treatment of severe acute malnutrition, and long-term IDPs.

SYRIA



LOCATION:
EIGHT
GOVERNORATES
ACROSS SYRIA

REACH:
832,500 PEOPLE
OVER 2 YEARS

432,900 FEMALE
399,600 MALE

In Syria, civilians continue to bear the consequences of a conflict marked by unparalleled suffering, destruction and disregard for human life. According to the United Nations, 10.5 million Syrians are unable to meet their food needs and 14.6 million are in need of water, sanitation, and hygiene assistance.

As part of our emergency response, we are providing water, sanitation, and hygiene (WASH) interventions to reduce the vulnerability of conflict-affected populations - particularly women and children - to the shocks and stresses their volatile environment.

Our surveys found that many households must rely on water trucking to obtain drinkable water. Private tankers or other potentially risky sources are the main form of supply, leaving consumers (especially women, children, and the elderly) at greater risk of waterborne illness and vulnerable to high and fluctuating prices. Furthermore, reduced or expensive access to water is increasingly fuelling social tension between displaced and host populations.

We're increasing access to safe drinking and irrigation water through water trucking, providing water tanks, and distributing jerry cans and hygiene items, and improving community management of water systems. These interventions all focus on communities with high populations of internally displaced people and communities where water infrastructure is stressed or damaged. In all our interventions, we are ensuring that we integrate gender equality considerations and centre the needs of women and girls.



THE AMERICAS

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CANADA



 **LOCATION:
ONTARIO
AND ALBERTA**

 **REACH:
2,250 PEOPLE**

In Canadian schools, there is little education around food issues such as nutrition, food systems, inequality and accessibility issues, and food sovereignty. With many communities facing increased levels of food insecurity and malnutrition, especially among marginalized populations, it is critical to increase our focus on food education.

Action Against Hunger's youth-centred nutrition education program aims to improve young people's understanding of nutrition and food issues, and guide them in making more informed choices. We do this through providing mobile food gardens and curriculum-integrated experiential education. In 2018, we provided guidance and resources to educators and empowered young leaders - from kindergarteners to college students - to be food champions and lead community change. We engaged youth, administration and staff in schools and community groups, along with families and local food leaders, ensuring program sustainability while strengthening ties with the larger community.

Every program we delivered was fully customized to a community's needs. Most of our interventions included planting edible gardens in sub-irrigated mobile boxes from our partner, The Growing Connection. Groups decided what they wanted to grow and learned how to plant and take care of their produce. They participated in a series of modules designed to encourage peer-to-peer learning about topics such as nutrition, food barriers and inequality, and global food systems.

We also guided groups in experiential education to enhance their learning. We conducted a "plant-in" with a group of elementary students who protested the lack of community gardens in their area, attracting the attention of local politicians. We organized community meals, led field trips which included shopping and cooking on a budget, and mentored students in creating campus groups to spread awareness about the realities of hunger and malnutrition.

Our emphasis on peer-to-peer learning allows youth to actively and critically engage with the issues; gain knowledge that leads to informed choices about shifting their behaviours and perspectives; and feel empowered to make sustainable change in their school, community, and the world.

"The Action Against Hunger workshop ... was so eye-opening for the students, and when I asked them at the end of the year what they remembered most about the semester, many listed that lesson. They understood that hunger was an issue around the globe, but they had no clue it affected our own home country.

This is an amazing program and I feel so fortunate we got to be part of it. I've been trying to teach the students the real difference one person can make. Little by little, if we can educate kids around the city, it can start to have a huge impact on our world."

-Francesca Imbrogno, an educator in Toronto, Ontario, who brought Action Against Hunger to her classroom





GUATEMALA

LOCATION:
CHIQUMULA
DEPARTMENT

REACH:
100,000 PEOPLE
OVER THREE
YEARS

"Now I have a little garden where I grow chard, beans, and medicinal plants. Today we eat much better - my youngest son has even been named a model child for his good nutritional status. What I want most is a better future for my children."

María Josefina Roque, an Indigenous single mother of four, describing the impact of the local seed bank.

2018 marked the third year of our System Enhancement for Transformative Health (SETH) project in Guatemala. SETH aims to reduce maternal and child mortality through promoting local feeding and care practices, providing nutritious foods and supplements, and simultaneously strengthening the effectiveness and reach of existing health services.

In 2018, we continued to provide organizational assistance for national and local staff. We also provided direct nutritional assistance for communities and families in the region. In our organizational work, we developed and implemented the Diploma of Socio-Cultural Epidemiology, prepared diagnoses of the municipal health districts, established community seed and grain banks, trained groups in the Learning Centres for Rural Development, and provided trainings for health personnel and community health volunteers.

In our work for communities and families, we supported households with food assistance, provided nutritional surveillance of children under five, and distributed therapeutic foods to children with acute malnutrition.

Our work in Guatemala was supported by three implementing partners - The Association of Research and Social Studies (ASIES), Helen Keller International, and Medicos del Mundo - as well as numerous local partners in Guatemala, including the Ministry of Health and the Ministry of Agriculture.

With incredible strength and determination, María Josefina recently learned how to read and became the secretary of her local seed bank. The seed banks are part of an Action Against Hunger project that aims to promote diet diversity and stabilize food prices

COLOMBIA



LOCATION:
NARIÑO AND
LA GUAJIRA
DEPARTMENTS

REACH:
8,670 PEOPLE

2,349 WOMEN
2,101 MEN
2,105 GIRLS
2,115 BOYS

Since 2016, Colombia has become home to over one million migrants and refugees from Venezuela, who are fleeing economic and political instability in their home country. Half of these migrants live in border departments, such as La Guajira, where host populations are already struggling due to ongoing drought and armed conflict, leaving communities vulnerable to waterborne disease as well as limited access to basic food and livelihood opportunities.

Our work in nutrition reduced rates of global acute malnutrition in La Guajira, particularly among the Indigenous Wayúu population and Venezuelan refugees. We worked to improve access to nutritional treatment for those with malnutrition and anemia, and to increase good practices on lactation and childcare. Our work in water, sanitation, and hygiene reduced the incidence of waterborne illnesses that affect the health, nutrition and dignity of vulnerable people in La Guajira and Nariño. We worked to increase access to safe drinking water and sanitation facilities, and to improve community hygiene practices. Finally, our emergency assistance work aimed to address the gaps in humanitarian coverage for internally displaced people and Venezuelan migrants living in Nariño and La Guajira. We provided cash-based assistance and livelihood training to families, helping them to cope with instability and recover from crisis. Throughout all our interventions, we paid special attention to the needs of women and girls, who are particularly vulnerable due to Colombia's high rates of gender-based violence (GBV). We provided information on GBV prevention, as well as information on local assistance for GBV survivors.



GENDER

MAINSTREAMING GENDER IN THE FIGHT AGAINST HUNGER

Action Against Hunger Canada is leading our international network in accountability to gender equality in the fight against hunger. By considering and addressing gender inequality in our work, we can strengthen the impact of our interventions for the most vulnerable people.

In 2017, Action Against Hunger developed a set of Gender Minimum Standards to help us better understand and act upon the different needs of women and girls. As part of our efforts to mainstream gender in our organization, we hold all Action Against Hunger offices accountable to these standards. In 2018, the Gender Unit provided support to 37 offices around the world, resulting in seven offices achieving these standards.

Further building on our commitment to gender equality, Action Against Hunger continued a two-year project funded by the United States government Bureau of Population, Refugees and Migration. This project looks at how Action Against Hunger and our nutrition partners can improve our accountability to mitigate and prevent gender-based violence (GBV) in our fight against hunger. Action Against Hunger recognizes that gender inequality is both a cause and consequence of hunger. As we become a gender-sensitive organization, we

know that we must take steps to mitigate and prevent GBV.

In 2018, we trained 736 people (470 men and 266 women) on ways to better understand and document the differences in gender roles, vulnerabilities and capacities in a given context, and to better integrate gender equality and GBV considerations into project activities. While we are working to better understand and address gender inequality ourselves, we are also working to support our partners. With this in mind, we engaged over 20 partner organizations working in 22 countries through these trainings.

In 2018, Action Against Hunger also became a proud member of the Call to Action on Protection from Gender Based Violence in Emergencies. We did this to increase our accountability and adherence to international standards and protocols on GBV in humanitarian settings. The Call to Action is a multi-stakeholder initiative that began in 2013 to transform the way GBV is addressed in humanitarian emergencies. Action Against Hunger now stands with 79 partners in the Call to Action, including non-governmental organizations such as Women Deliver, CARE International, Save the Children, World Vision, and many others.

2018 BY THE NUMBERS

30

Gender Champions, direct focal points for gender issues in our country offices.

41%

of Global Nutrition Cluster members attended Action Against Hunger training sessions.

627

hours of training have been delivered.

SMART

BRINGING QUALITY DATA TO THE TABLE SINCE 2009

SMART Methodology (Standardized Monitoring and Assessment of Relief and Transitions) is the reference and standard tool among organizations and governments that collect nutrition assessment data, both during emergencies and in development contexts. The data from SMART is used in national nutrition and health programming to address needs and guide the response of governments and organizations. Since 2009, Action Against Hunger Canada has been the inter-agency project convener for the SMART Methodology. This year, the SMART team focused on expanding the global reach of SMART methodology and developing an innovative technology called SMARTplus.

In the Middle East, the team built technical capacity in Syria and Yemen, organized the first High Level Technical Assessment Meeting in Jordan, and worked on translating the SMART toolbox into Arabic. The Smart Initiative also expanded its services to Asia this year, providing support in Afghanistan, Bangladesh and Myanmar. Finally, the SMART team re-launched activities in East Africa, with a focus on building capacity of governments and nutrition partners. We provided technical support in Somalia and South Sudan, with further reach to Ethiopia, Kenya and Tanzania.

The SMART initiative acknowledges that innovation is key in collecting high quality data and carrying out assessment with utmost accuracy and precision. In 2018, we focused substantial efforts on the new SMART Initiative – SMARTplus. SMARTplus is a suite of digital tools that aims to digitize nutrition assessments in order to make each step of the survey cycle more readily available to users of the SMART methodology. SMARTplus will allow mobile data collection in the field; real-time diagnosis of malnutrition; facilitated incorporation of the SMART methodology into the analysis process; archiving survey data for future reference; and easy visualization of collected data.

SMARTplus has been received with enthusiasm by actors in the field of nutrition assessment. We have established that there is a need for this application, and we have secured a three-year funding agreement with the Office of U.S. Foreign Disaster Assistance (OFDA) to continue expanding on this innovative project. We have also established an active collaboration with Welthungerhilfe on their digital anthropometry application, the Child Growth Monitor. We have further participated in key events to build partnerships with other actors in the field of digital innovations.

2018 BY THE NUMBERS

197

participants trained over 9 capacity-building exercises.

13

countries supported across the Middle East, South Asia, and East Africa.

3

years of funding secured to develop SMARTplus technology.

FOOD FOR ACTION

Our third annual Food for Action dinner and fundraiser was a resounding success. We were fortunate to have Toronto's top chefs cooking for our guests, preparing creative and unique meals for each table. We are very grateful to our attendees and volunteers who made the evening possible. Because of your kind support, we raised \$100,000 to fight hunger in Kenya.

In our inaugural year, 2016, our generous guests raised funds for our work to strengthen health systems. In 2017, guests raised \$25,000 for our food security work in a remote Indigenous community in Canada. This year, our guests raised an impressive \$30,000 to support our work detecting and preventing malnutrition for young children in Kenya.

To our supporters: Thanks to your generous donations, we were able to prevent malnutrition for Faith (pictured below) and many more children like her in Kenya. Your support for Action Against Hunger's breastfeeding education program gave Faith's mother the training she needed to save Faith's life.

Preventing malnutrition is a powerful gift. Thanks to you, Faith - and many other children - have never known hunger. You have given them the best possible start in life, and it will make a difference for them forever.

Thank you for making this lifesaving work possible.



LOCATION:
TORONTO,
CANADA

ATTENDEES:
300+ PEOPLE

\$100,000 RAISED



Lilian breastfeeds her daughter, Faith, in a mother-to-mother support group, as part of a comedic skit to shatter local taboos around breastfeeding.



“I’ve seen the sighs of relief from the mothers who realize how easy it can be to prevent malnutrition. Simple gatherings of mothers and community health workers to share knowledge, made possible by the guests of Food for Action 2018, have literally saved lives. On behalf of the children who will never know malnutrition, accept my profound gratitude.”

- Hajir Maalim, Regional Director for East Africa,
Action Against Hunger

HOW YOU CAN HELP

The Patron Circle is a group of individuals who demonstrate compassion for, and commitment to, Action Against Hunger and our goal of eliminating malnutrition. The Patron Circle supports us through generous annual contributions of \$1,000 or more.

A gift of \$5,000 provides a four-week-long training and mentorship workshop for eight health care staff in Kenya and Guatemala. Action Against Hunger training and mentorship focuses on improving the delivery of essential health services for vulnerable populations. This work improves maternal, adolescent, child and infant malnutrition through the promotion of nutritious foods and supplements, including breastfeeding.

We would like to thank our 2018 Patron Circle for their tremendous generosity:

EXECUTIVE CHEF: \$5,000+

- John Honderich
- Puneet Jain
- Martin McCombie
- Brigitte Reynolds
- Philippe Sarlieve
- Gordon Warrenchuk

SOUS CHEF: \$2,500+

- Alister Campbell & Colleen Mahoney*
- Valerio Cattelan
- Joseph Hillier*
- J Brian Mahoney
- Chad Rogers* & Mark Wong
- Barbara Sheng*

CHEF-DE-PARTIE: \$1,000+

- Anonymous
- Robert Benzie
- Susan Caon*
- Leslie Carter* & John Skain
- Shelley Casey
- Ehsan Chiniforooshan-Esfahani
- Tom Cosentino
- Gabrielle Crepeau-Gendron
- Victoria Davies*
- France Doucet
- Esther Fenton
- Cynthia Fish
- Lily-Ann Gauthier
- Kaveh Ghasemloo
- Danny Glenwright & Francis Carbonu
- Donna Hayes
- Peter Howick
- Emi Jiwan
- Ryan Kaltio
- Shelby Kloepfer
- Kevin Kyte
- Diego Lai
- Katherine Lal
- Layne
- Emilien Macchi
- Laura MacFeeters
- Ivan Manasuev
- Susan Manwaring
- Tieg Martin
- Guy McLean
- Christina Miller
- Doug Muir*
- Aglaya Redekopp
- Laura Segal
- Abhimanyu Sethi
- Brody Squair
- Connie Tenaglia
- Philip Villeneuve
- Nicole Watson*

* Board member

OUR PARTNERS

HOSPITALITY AND CORPORATE PARTNERS

- 101 Temptations
- AGO Bistro
- Amsterdam BrewHouse
- Art Gallery of Ontario
- Ascari Enoteca
- Atlas
- Azaria's
- Bandit Brewery
- Bar Begonia
- Bar Sybanne
- Barque Smokehouse
- Beaus Beers
- Biff's
- Blood Brothers Brewing
- Boehmer
- Brassai
- Bruce Hotel
- Butcher Bar
- Butchie's
- By Request Live Band Karaoke
- Cafe Belong
- Café Cancan
- Cafe Neon & Bar Neon
- Carmen
- Charter Barge (Saroche)
- Chef Life Toronto
- Chef's House
- Cherry St. BBQ
- Christophe Measson
- Clarkson Bistro
- Clear Lake Brewery
- CN Tower Restaurant
- Coca Cola
- CSI Cafe
- Distillery Restaurant Group
- DJ Philippe
- Drake Hotel
- Duff's Famous Wings
- Eastbound Brewing Company
- Food & Liquor
- Foods & wines of Spain
- Four Seasons Hotel
- Galata Cafe
- George Brown Centre for Hospitality and Culinary Arts
- Get Skewered Food Truck
- Gladstone Hotel
- Greater Good
- Gushi Chicken
- Halo Brewery
- Hemingway's Restaurant
- Her Father's Cider Bar + Kitchen
- High Park Brewery
- Hop City Brewery
- Intrepid Travel
- Janice Lindsay
- Joey Restaurant
- Junction Craft Brewing
- KIIN
- Laylow
- Le Baratin
- Leela Indian Food Bar
- Left Field Brewery
- Lindt
- Lisa Marie
- Mangia & Bevi
- Mercer Hotel
- Mildred's Temple Kitchen
- Moosehead
- Muskoka Brewery
- New Roots Herbal Inc.
- Nickel 9 Distillery
- O & B
- OMAW
- Paintbox Catering & Bistro
- Panago
- People's Pint Brewing Company
- Peoples Eatery
- Provisions TO
- Quanto Basta
- Rasta Pasta Jamaican & Italian Cuisine
- Ratinaud French Cuisine
- Red Rabbit
- Revel Food
- Richmond Station
- Rorschach Brewing Co
- Rosen's Cinnamon Buns
- Rosewood Estates Winery
- Sabai Sabai Kitchen and Bar
- SIDECAR
- SOCO Kitchen & Bar
- Soulpepper theatre
- Staropramen
- Steam Whistle Brewing
- Stratford Festival
- Sublime Catering
- Tabule
- The Abbott
- The Grange of Prince Edward County
- The Wilcox Gastropub
- Universal Grill
- Yumba

OUR PARTNERS

FOUNDATION PARTNERS

- Aviva Community Fund
- Fonds Beatrice Enid Patterson Foundation
- Golvin Charitable Foundation
- Howick Foundation
- Mohamed Rawji & The Rawji Family Foundation
- The MacMillan Family Foundation
- The Norman and Margaret Jewison Charitable Foundation
- Pathy Family Foundation

INSTITUTIONAL PARTNERS

- Government of Canada, through Global Affairs Canada (GAC)
- Swedish International Development Cooperation Agency (SIDA)
- United States Agency for International Development (USAID) / Office of U.S. Foreign Disaster Assistance (OFDA)
- U.S. Bureau of Population, Refugees, and Migration (BPRM)

OUR BOARD OF DIRECTORS

2018 BOARD MEMBERS

- Victoria Davies (Chair)
- Nicole Avery
- Val Cambre
- Susan Caon
- Leslie Carter
- Gordon Floyd
- Joseph Hillier
- Joseph Lavoie
- Colleen Mahoney
- Nancy Marshall
- Doug Muir
- Chad Rogers
- Julien Seillan
- Barbara Sheng
- David Simmonds
- Nicole Watson

A GENDER-CONSCIOUS BOARD OF DIRECTORS

Our gender experts conducted training with our board of directors in 2018 to underscore the importance of gender equality and gender-based violence in our work and in the humanitarian/development sector as a whole.

"This training not only allowed us to learn about how gender inequality is a cause and consequence of hunger, but it also showed me how the Action Against Hunger gender unit has these conversations with staff around the world. It is great to see how many barriers can be broken when we start to have these important conversations."

- Val Cambre, board member

FINANCIAL REVIEW

Visit actionagainsthunger.ca/financials for a full audited financial statement.

Statement of financial position as at December 31, 2018

	2018	2017
	\$	\$
Assets		
Current assets		
Cash	1,023,528	1,394,784
Restricted Cash	832,918	351,250
Grants and other assets	455,038	171,829
Sales taxes recoverable	36,641	52,227
Deposits and prepaid expenses	21,097	12,315
Receivables and grant advances - other Action Against Hunger agencies	275,783	402,588
	2,645,005	2,384,993
Capital assets	19,798	15,281
	2,664,803	2,400,274
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	120,013	97,737
Deferred grants	432,918	726,048
Accounts payables - other Action Against Hunger agencies	384,786	
	937,717	823,785
Non-current liabilities		
Loans and other payables - other Action Against Hunger agencies	1,068,577	1,394,400
	2,006,294	2,218,185
Net assets		
Invested in capital assets	19,798	15,281
Unrestricted	638,711	166,808
	658,509	182,089
	2,664,803	2,400,274

Statement of revenue and expenses for year ended December 31, 2018

	2018	2017
	\$	\$
Revenue		
Programme Revenue (Note 1)	2,524,533	1,375,049
Revenue received from Action Against Hunger International	518,341	426,296
Donations	408,563	410,644
Trainings provided	56,349	
Management fee and other	46,239	123,530
	3,554,025	2,335,519

Note 1

Funding agreements: In 2016, GAC changed its method of funding certain programs. During 2016, 2017 and 2018, programs that were previously funded through the Organization were instead funded directly to the Organization's implementing partners. This resulted in a decrease in the amount of funding received during those years. In 2018, programme revenue would have been \$28,577,225 (\$20,286,664 in 2017) had this change not occurred. In 2019, GAC has reverted to the former funding method.

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.

