



**ACTION  
AGAINST  
HUNGER**



# **GLOBAL PERFORMANCE REPORT 2019**

# CONTENTS

<b>CONTENTS</b>	<b>1</b>
<b>FOREWORD</b>	<b>3</b>
<b>EXECUTIVE SUMMARY IN NUMBERS</b>	<b>4</b>
<b>EXECUTIVE SUMMARY</b>	<b>6</b>
<b>INTRODUCTION</b>	<b>10</b>
<b>1 REDUCTION OF CHILD MORTALITY</b>	<b>16</b>
<b>2 REDUCTION IN PREVALENCE OF ACUTE AND CHRONIC MALNUTRITION</b>	<b>23</b>
<b>3 SCALING UP TREATMENT OF SEVERE ACUTE MALNUTRITION</b>	<b>28</b>
<b>4 EMERGENCIES</b>	<b>34</b>
<b>5 SECURITY</b>	<b>38</b>
<b>6 LOGISTICS AND INFORMATION SYSTEMS</b>	<b>41</b>
<b>7 RESEARCH, INNOVATION AND LEARNING</b>	<b>46</b>
<b>8 FINANCE</b>	<b>50</b>
<b>9 ADVOCACY</b>	<b>53</b>
<b>10 PARTNERSHIPS</b>	<b>57</b>
<b>11 FUNDRAISING AND COMMUNICATIONS</b>	<b>61</b>
<b>ANNEX 1: RESEARCH PUBLICATIONS LIST</b>	<b>65</b>
<b>ANNEX 2: LIST OF FIGURES</b>	<b>68</b>

This publication was produced by Action Against Hunger's UK MEAL Team, comprising Federico Ercolano, Nicola Giordano, Elena Gruening, James Hunter, Hugh Lort-Phillips, Charles Maughan and Eugénie Parjadis, under the supervision and guidance of Juliet Parker. The report was designed by Kim Winkler.

July 2020

Cover image © Lys Arango for Action Against Hunger



© Tom Gushin for Action Against Hunger

## FOREWORD

Every day, hundreds of millions of families struggle to deal with hunger. With the COVID-19 pandemic and numerous other shocks affecting communities around the world, global hunger continues to rise. One in nine people is food insecure, and millions more are under threat, with the most vulnerable groups most at risk.

Though our planet produces enough food to feed everyone, progress is too slow - and, in fact, in some places, gains we have made have been reversing. No country is on course to meet all ten of the 2025 global nutrition targets, primarily because of conflict, climate change, the COVID-19 pandemic and economic slowdowns. The world is also behind in meeting the Sustainable Development Goals (SDGs), including SDG 2 which aims to eliminate all forms of malnutrition and achieve zero hunger.

Action Against Hunger's vision of a world without hunger is an ambitious, critical, and still achievable commitment. Our organisation delivers programmes to meet the growing needs of the most vulnerable people. In 2019 we implemented a record number of projects in the countries most affected by hunger. Our programmes supported more than 17 million people, and provided lifesaving treatment to nearly seven million acutely malnourished children.

For more than 40 years, Action Against Hunger has been a leader on the frontlines, innovating to improve how we treat and prevent malnutrition, and scaling up proven approaches. Last year, across 33 research projects, we explored ways to simplify approaches to address and treat acute malnutrition, as well as to integrate it into health systems, and to put evidence into action through active engagement with key stakeholders. Action Against Hunger influences national and global policies to improve nutrition responses that will lead to sustainable change.

Our interventions focus on delivering lifesaving assistance in hard-to-reach communities where the needs are the greatest. We measure our impact. For example, we saw decreasing rates of child mortality in high-burden areas of Chad and Mauritania. Although we faced challenges with access and insecurity, we quickly and effectively responded to 43 emergencies in 21 countries in 2019. Our in-country teams led the way on emergency response, providing crucial, local experience and expertise. We are grateful to our staff around the world and other humanitarian personnel, who put themselves at risk to save lives and relieve the suffering of people affected by disaster and conflict.

This report measures progress against Action Against Hunger's International Strategic Plan for 2016-20. On behalf of our nearly 8,500 staff around the world, I am proud to introduce Action Against Hunger's Global Performance Report for 2019. Despite the challenges we face, we will never give up, until the world is free from hunger.



Raymond Debbane

Chair, Action Against  
Hunger International  
Board of Directors

## IN 2019, ACTION AGAINST HUNGER...

  
**WAS FINANCIALLY SUPPORTED BY**

**> 1M**  
 PEOPLE



**EMPLOYED**  
**8,477**  
 PEOPLE GLOBALLY



**1,497**  
 STAFF MEMBERS RECEIVED SECURITY TRAINING



**RAISED**  
**€450.2M**  
 REVENUE



**DISTRIBUTED**  
**€42.4M**  
 CASH



**MANAGED**  
**A GLOBAL SUPPLY**  
**CHAIN VOLUME OF**  
**€146.5M**



**CONDUCTED**  
**72**  
 RESEARCH PROJECTS



**RESPONDED TO**  
**43**  
 EMERGENCIES



**REPORTED**  
**10**  
 VERY SERIOUS SECURITY INCIDENTS





## NUTRITION

 **5.5 MILLION**  
 people supported by our nutrition programmes

 **209**  
 nutrition assessment and surveillance reports

 **210**  
 mobile and satellite teams for nutrition treatment

 **642,364**  
 admissions to CMAM programmes supported by Action Against Hunger

 **81%**  
 average CMAM cure rate in high burden countries

## HEALTH

 **19,857**  
 health and nutrition education training sessions

 **2.9 MILLION**  
 people supported by our health programmes

 **1,951**  
 health centres


 **288**  
 health and nutrition projects

## MENTAL HEALTH AND CARE PRACTICES


 **229**  
 Mental health & care practices projects

 **13,112**  
 people received a mental health & care practice kit


 **416,086**  
 people benefited from mental health & care practices

 **88%**  
 of individuals who benefited from IYCF received preventative support

## DISASTER RISK REDUCTION AND MANAGEMENT

 **60**  
 DRR and DRM projects


 **215,666**  
 people supported by our DRR and DRM programmes


 **40,122**  
 people received DRR and DRM training

## WATER, SANITATION AND HYGIENE

 **5.6 MILLION**  
 people supported by our WASH programmes

 **2.6 MILLION**  
 hygiene kits distributed

 **13,256**  
 water points improved

 **1.8 MILLION**  
 cubic meters of water delivered

 **38.7%**  
 of Action Against Hunger projects have a WASH component

## FOOD SECURITY AND LIVELIHOODS

 **2.4 MILLION**  
 people supported by our FSL programmes

 **271,752**  
 people received unrestricted cash

 **252**  
 food security and livelihoods projects

 **18,194**  
 tonnes of food assistance delivered

# EXECUTIVE SUMMARY

In 2019, Action Against Hunger continued to provide effective assistance to affected populations around the world. We operated in 46 countries<sup>1</sup>, delivering assistance in the sectors of nutrition, health, WaSH (water, hygiene and sanitation), food security and livelihoods (FSL), disaster risk reduction (DRR), care practices and mental health.

In all our interventions, we endeavoured to respect our key principles: independence, neutrality, transparency, free and direct access to victims, non-discrimination, professionalism. In 2019, we increased the number of interventions by 38 per cent, delivering 654 projects against 473 in 2018. Overall, 40 per cent of projects implemented were multi-sectoral, having components in health and nutrition, WaSH, FSL, care practices, mental health, DRR, advocacy and food assistance.

Through our main objective, to address and alleviate hunger, we reached over 17 million people in 2019, with a slight decrease of 18 per cent compared to 2018. Overall, 40 per cent of the beneficiaries reached (6,983,097 individuals) were in high burden countries<sup>2</sup> while 60 per cent (10,453,254) were in the rest of the countries where the organisation operates.

Since 2015, we have been monitoring the indicators of our International Strategic Plan 2016-2020 to reach our intended targets: to reduce mortality in children under 5 years old; to reduce the prevalence of chronic and acute undernutrition; to increase coverage of programmes to treat severe acute undernutrition; to cover unmet needs within the scope of Action Against Hunger expertise during

emergencies; and to improve undernutrition programmes and strategies.

**We contributed to reducing child mortality<sup>3</sup> in ten selected high burden countries.** In 2019, we supported the reduction of child mortality in Kita (Mali), Guidimakha (Mauritania), Keita-bouza and Diffa (Niger), and Borno and Yobe (Nigeria). Such improvements were made possible by increasing the number of health and education sessions by 84 per cent, and increasing the number of care practices and nutrition/health projects, by 10 and 24 per cent respectively since last year. In 2019, 6 million people benefitted from our nutrition interventions and almost 3 million from our health support.

**We dedicated our efforts to reducing the prevalence of chronic and acute undernutrition<sup>4</sup> in our programming areas.** In 2019, ten out of nineteen districts where we work have already met the reduction target and they are: Diapaga, Fada N'gourma, Est, Bahr El Gazel, Kayes, Kita, Tombouctou, Hod El Charghi, Yobe and Aweil East. To achieve this, Action Against Hunger continued to deliver a wide variety of multisectoral programmes to address factors that affect malnutrition prevalence. In 2019, we distributed 18,194 metric tons of food aid and 42 million euros of cash assistance; we supported over 215,666 people with our disaster risk reduction (DRR) and disaster risk management (DRM) programmes; and we reached 5.6 million people through our WaSH-related interventions, with a strong focus in the Middle East.

**We worked to increase the coverage of our programmes to treat severe acute malnutrition (SAM), to reach our target of 60 per cent by 2020<sup>5</sup>.** In 2019, only three coverage surveys were completed in two of the high burden countries (in the Guidimakha district in Mauritania and in the Borno and Yobe states in Nigeria), suggesting that coverage surveys are not prioritised in the monitoring of CMAM programmes. In Guidimakha (Mauritania) and MMC/Jere (Nigeria) coverage substantially increased while in Central Yobe (Nigeria) coverage slightly decrease compared to 2018. Action Against Hunger's country programmes reported a total of 642,000 CMAM admissions in 2019. The country reporting the biggest increase in SAM treatment admissions was Pakistan, with admissions increasing to nearly 45,000 in 2019, followed by Ethiopia (from 15,000 to nearly 20,000), Central African Republic and Cameroon.

**In 2019, across 21 countries, Action Against Hunger responded to 43 emergencies, man-made and natural, demonstrating our comprehensive commitment to emergency response.** In over half of these crises (55.6%), we responded within 72 hours. Approximately 20 per cent of our emergency interventions were dedicated to the West Africa region. The Emergency Pool was deployed 18 times to 12 countries in 2019. These countries included: Cameroon, CAR, Chad, Colombia, DRC, Iraq, Lebanon, Mozambique, Niger, Occupied Palestinian Territory (oPT), Somalia, Sudan, Syria, Venezuela, Yemen and Zimbabwe.

**We work in places where the world's most vulnerable people live and where contexts are particular challenging.** In 2019, Action Against Hunger experienced 340 security incidents affecting its staff, a consistent increase from 286 in 2018. A total of ten security incidents were reported to have the highest level of seriousness (level 5), doubling the cases compared to 2018. The most notable increases in security incidents in 2019 occurred in Ethiopia (18 to 45) and South Sudan (12 to 27). To

ensure proper management of security, we delivered security training to a total of 1,505 staff.

**Logistics and information management systems are key to delivering strong humanitarian and development actions.** In 2019, Action Against Hunger managed €151.1 million for its logistics and supply chain. Despite a slight decrease in the volume spent in 2018, some countries experienced significant increase as Pakistan (+356%), Jordan (+136%), Iraq (+153%), Yemen (+102%) and Bangladesh (+52%). The utilisation of innovative approaches as per vehicle tracker systems, framework agreements with external services and digitalisation have improved our ways to work and efficiency.

**As technical expert and leader in the field of undernutrition, Action Against Hunger continues to put a strong emphasis on research and innovation.** In 2019, we conducted 72 research projects, against 25 in 2018, and we ensured an uptake strategy for a quarter of them. Projects were implemented in 25 countries; the majority in Africa. The increase in the number of projects translated to a growth in the volume of our ongoing multi-year research portfolio, to €14.2 million, compared to €12.9 million in 2018. We also continued our collaboration with academic and research institutions, as well as a range of non-governmental organisations, public and private institutions, and United Nations agencies. In 2019, we collaborated with 58 partners.

**Action Against Hunger's total revenue of €450.2 million in 2019 exceeded all previous records, surpassing 2018 figures by €25.7 million.** Private restricted fundraising increased overall from 2018 by 7.2 per cent. Unrestricted income remained our largest source of private revenue in 2019, comprising 84 per cent of private funding (€74.4 million). From 2018 to 2019, Action Against Hunger's revenue from public restricted funding increased by €23.4 million, with total public revenues of €356.1 million. Higher revenue in 2019 allowed Action Against Hunger to deliver 654 projects against 473 in 2018. For every one euro we spent across the network, 86.6 cents were dedicated to programmatic activities.

<sup>1</sup> Central America is composed of Nicaragua and Guatemala

<sup>2</sup> Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan

<sup>3</sup> 2016-20 ISP target 1: to reduce death rate of children under five years old by 20 per cent by 2020 in our programming areas

<sup>4</sup> 2016-20 ISP target 2: to reduce both chronic and acute undernutrition in our programming areas by 20 per cent by 2020

<sup>5</sup> 2016-20 ISP target 3: Our programmes supporting the treatment of severe acute undernutrition will have reached a coverage rate of 60% by 2020

**Advocacy is an important tool to change the way hunger and malnutrition are viewed and addressed.** In 2019, Action Against Hunger worked with governments to adopt national plans for achieving SDG2.2 on ending malnutrition and the World Health Assembly 2025's health and nutrition targets. We partnered with Save the Children to develop proposals for improving reporting and accountability for upholding UN Resolution 2417 on conflict and hunger. We also strengthened our support for and engagement with the Scaling Up Nutrition (SUN) movement and played a leading role in national and regional SUN Platforms, as well as contributing to improving humanitarian access to better protect civilians in conflict situations.

**Action Against Hunger attaches importance to collaborating with a diverse range of partners, from national governments to local NGOs, academic think tanks and other international NGOs, in order to develop effective solutions to tackling undernutrition.** In 2019, 98 per cent of our country offices had working partnerships, and 58 per cent of them had a local partnership strategy. This is an improvement on 2018, when only 49 per cent of country offices had a local partnership strategy. We collaborated with government bodies and non-governmental organisations, and we increased the number of collaborations by 20 per cent compared to 2018. The main objectives of partnerships that were established were to provide capacity building and access to people in need.

**Our fundraising and communication activities are essential to supporting our work, and also reflect our vision of a world free from hunger.** In 2019, through fundraising activities delivered across ten countries, our income from private sources increased by 12 per cent, to €92 million (from €82 million in 2018). This was achieved thanks to the trust of more than 4,700 companies, foundations, restaurants, and schools in our work. Action Against Hunger continues to put communication at the centre, with the aim of raising awareness about hunger and food security, and encouraging collective action to eradicate hunger.



# INTRODUCTION

This edition of the Global Performance Report (GPR) puts particular emphasis on innovation and information management, and the tools and methodologies that allow Action Against Hunger to be able to respond to immediate needs, to support the decision making process and to provide effective and efficient interventions. Action Against Hunger endorses the 2030 Sustainable Development Goals (SDGs) around which the organisation can have a significant impact with its activities. As a leading hunger specialist, we directly contribute toward the achievement of specific goals. Our International Strategic Plan 2016-20<sup>6</sup> provides a strategic framework and drives our operating model, outlining our vision and guidelines, under which Action Against Hunger bases its technical and communicative response, and develops interventions in an effective, efficient and timely manner.

## GLOBAL GOAL 2: NO HUNGER

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

## GLOBAL GOAL 3: GOOD HEALTH

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

## GLOBAL GOAL 5: GENDER EQUALITY

Achieve gender equality and empower all women and girls.

## GLOBAL GOAL 6: CLEAN WATER AND SANITATION

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

Under the guidance of our International Strategic Plan 2016-2020, and based on our Theory of Change, we implement integrated approaches to mitigate the consequences of hunger; address the causes of hunger; and change the way hunger is viewed and addressed.

To provide a contribution to the achievement of the SDGs, within our International Strategic Plan 2016-2020, we have set 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.

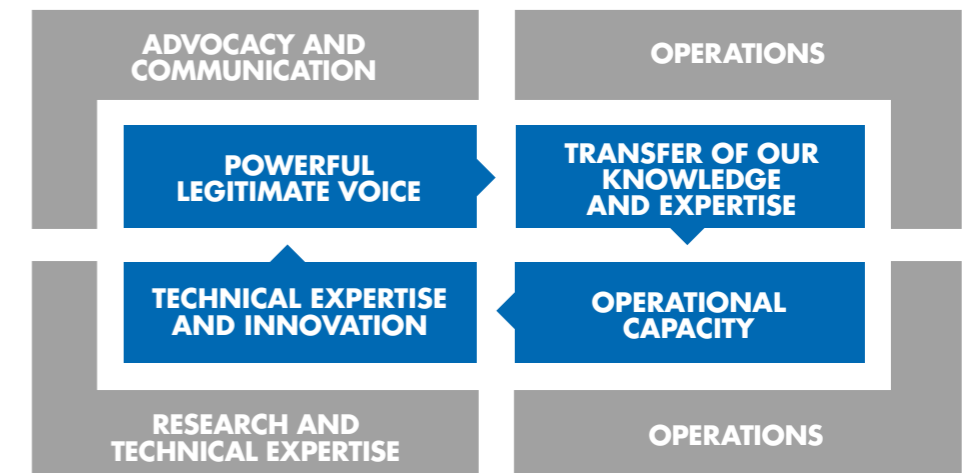
## VISION

**A WORLD FREE FROM HUNGER**

## MACRO GOALS

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

## TOOLS



Four approaches and tools underpin our vision and strategic goals in order to strengthen our action:

### TECHNICAL EXPERTISE AND INNOVATION

Our ability to put our technical expertise and innovation into practice.

### OPERATIONAL CAPACITY

Our capacity to research and identify the most innovative and impactful solutions.

### POWERFUL AND LEGITIMATE VOICE

Our commitment to use our technical expertise and operational experience to engage and influence a range of stakeholders.

### TRANSFER OF KNOWLEDGE AND EXPERTISE

The strengthening of the understanding and competencies of societies.

In line with our strong focus on malnutrition, we have identified ten countries with a high burden of malnutrition based on their levels of global and severe acute malnutrition. Throughout this five year strategic period we have monitored progress in a selection of districts within these countries where we are operational, in order to assess outcomes against our targets. The ten high burden countries are Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan<sup>7</sup>.

<sup>7</sup> Progress monitoring is observed through the data available in sampled districts within the ten high burden countries.

## ACTION AGAINST HUNGER REACHED OVER 17 MILLION PEOPLE IN 2019

### KEY GLOBAL STATS<sup>8</sup>

Action Against Hunger's ambition of a world free from hunger translates into a comprehensive variety of humanitarian and development interventions, spanning from livelihoods to nutrition; from advocacy to research.

Our actions focus on immediate support to save lives, to prevent the causes of malnutrition, to help to mitigate factors that contribute to crisis, and to deliver development initiatives and sustainable solutions.

This edition of the Global Performance Report includes a detailed overview of the actions and activities implemented in 2019, successes achieved and challenges encountered along the way.

Overall, 40 per cent of the beneficiaries reached (6,983,097 individuals) were in high burden countries while 60 per cent (10,453,254) were in the rest of the countries where the organisation operates.

<sup>8</sup> Action Against Hunger has detailed guidance for country and regional offices to count people reached. Notwithstanding this, we are aware there may be some discrepancies in the data collection.

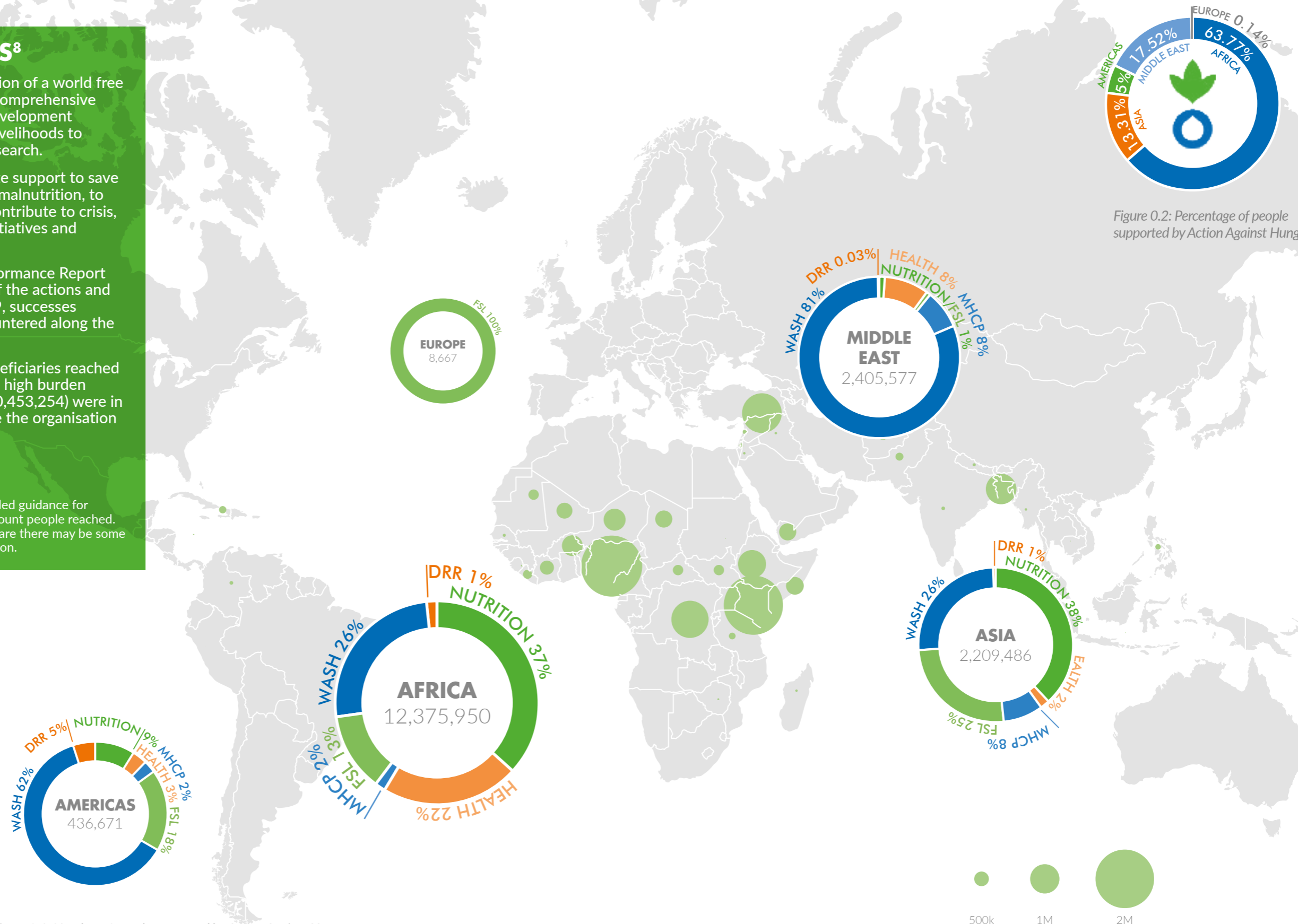


Figure 0.2: Percentage of people supported by Action Against Hunger

Figure 0.1: Number of people supported by Action Against Hunger per region and distribution of sectors (%).



In 2019, Action Against Hunger was operational through humanitarian and development interventions in 46 countries across Africa, America, Asia, Europe and the Middle East.

Action Against Hunger's presence in Africa (in 26 countries) continues to be significant due to the vast number of countries in the continent and the enormous assistance required in the region. However, in the Middle East (in the 6 countries where Action Against Hunger was operational), roughly the same number of individuals per country were reached on average (approximately 400,000). While we acknowledge that there are great differences between countries in Africa, this parallel does illustrate the importance of Action Against Hunger's work in the Middle East in recent years, in terms of reaching large numbers of people.

40 per cent of projects implemented in 2019 were multi-sectoral, having components in health and nutrition, WaSH, FSL, care practices, mental health, DRR, advocacy and food assistance.

Although Action Against Hunger delivered more projects in 2019 compared to 2018 (654, as against 473 in 2018, an increase of 38 per cent), the network reached fewer beneficiaries in 2019 (-18%).

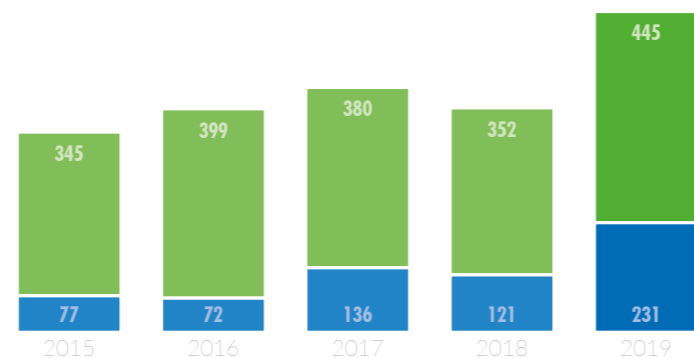


Figure 0.3: Distribution of projects in high burden countries (green) and the rest of the Action Against Hunger network (blue) (2015-19)

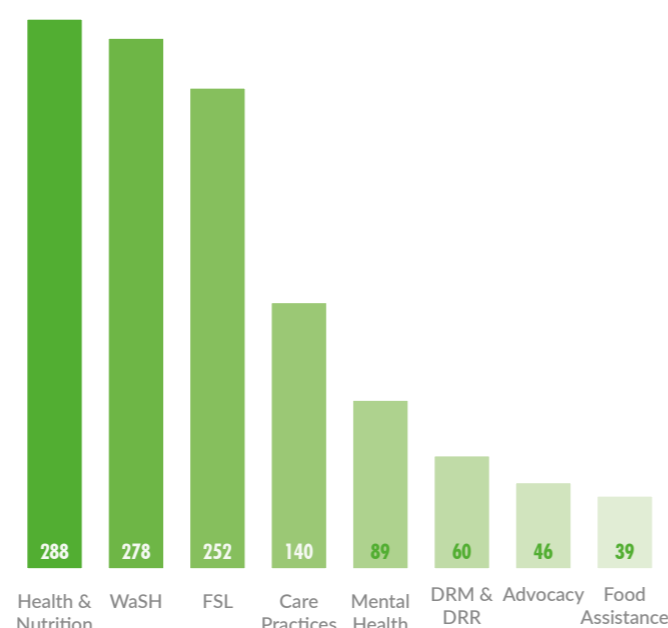


Figure 0.4: Distribution of projects across sectors

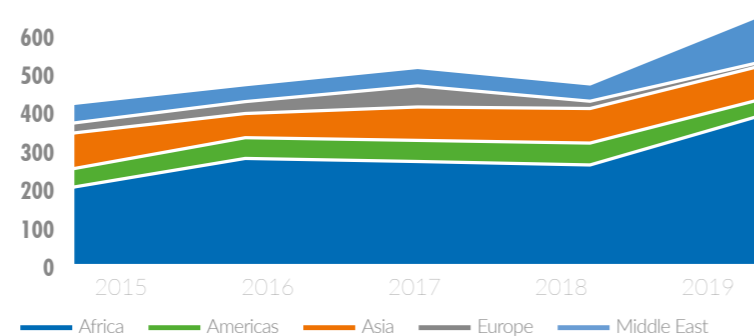


Figure 0.5: Evolution of number of projects across the regions where Action Against Hunger operates (2015-19)

## FOCUS ON OUR INTERNATIONAL STRATEGIC PLAN 2021-25

The Action Against Hunger network is governed by a five-year International Strategic Plan (ISP) that provides a shared direction for the 8,000 staff working across our organisation, and informs the strategy and plan of action of our more than 50 offices. Our next International Strategic Plan (ISP3) will set the intentions and ambitions of the network for the 2021-2025 period, and provide a common roadmap to achieving them.

The development of the ISP3 was kicked off in 2019 by a wide consultation process conducted over a period of several months, which aimed to bring together the views and aspirations of Action Against Hunger's key stakeholders, including our staff, donors, and partners. The insights gathered from the Mid-Term Review of our previous 2016-2020 ISP have been a key input throughout the development of the new strategy and will continue to inform its operationalisation. This first consultation phase was followed by strategy development workshops.

This participative process enabled the network to identify a number of key priorities, which will continue to be further refined as we finalise the ISP3 over the next few months.

### 1. WE ENHANCE THE CORE OF WHAT WE DO FOR GREATER IMPACT

While our expertise as an emergency responder and frontliner will remain core to our identity as an organisation, we aim to significantly strengthen our efforts to achieve sustainable long-term change, by putting a greater focus on prevention and on addressing the root causes of hunger.

We know that the climate crisis will be a key accelerating factor in increasing hunger over the next five years. Climate change will not only disrupt local climate conditions and reduce agricultural output, but also have a compounding effect on other drivers of hunger such as conflict and protracted crises, exacerbating existing needs and increasing the pressures facing the most vulnerable populations. This means that we need to fundamentally change the way we address hunger by making this a key focus.

In addition, inequalities in terms of social, political and economic power also remain a key driver of hunger that will be central to our 2021-2025 International Strategic Plan. We believe that the world cannot eliminate hunger without eliminating gender inequality and gender-based violence, since they are both causes and consequences of hunger, and we commit to significantly strengthening our approach in that regard.

Furthermore, the COVID-19 pandemic is reshaping the environment in which we operate, and is already having a deep impact on hunger and food security, disproportionately affecting the most vulnerable populations. The information and knowledge gathered by our teams as they work to address both the direct and indirect repercussions of this crisis will inform the development of our next ISP.

### 2. WE TRANSFORM OUR APPROACH AND ACT AS A FACILITATOR AND A CATALYST FOR CHANGE

We know that addressing escalating humanitarian needs will require new ways of working that can produce change on a greater scale, and we will aim to achieve this by rethinking our approach to collective action with our partners and by harnessing the potential of digital transformation. In addition, our recognised technical expertise and decades of experience mean that we are uniquely positioned to mobilise and empower others. Over the next five years, we will aim to maximise our ability to act as a catalyst for change, joining forces with communities and actors at all levels to achieve unprecedented and sustained gains in the fight against hunger.

To this end, we will work hand in hand with and communities to develop and implement the most effective solutions to prevent and reduce hunger. We will build on our recognised technical expertise to collectively create and share knowledge to empower individuals, communities and actors on a global scale, and leverage our relationships and our global footprint to connect people at all levels to come together and call for change.

# 1 REDUCTION OF CHILD MORTALITY



5.5M

PEOPLE SUPPORTED  
BY ACTION AGAINST HUNGER  
NUTRITION PROGRAMMES

2018: 6.1M



19,857

HEALTH AND  
NUTRITION EDUCATION  
SESSIONS

2018: 39,191



209

NUTRITION  
ASSESSMENT  
AND  
SURVEILLANCE  
REPORTS

2018: 747

Globally, the under-five mortality rate has decreased by 59 per cent<sup>9</sup>, from an estimated rate of 93 deaths per 1000 live births in 1990 to 39 deaths per 1000 live births in 2018. Despite this progress, child mortality continues to represent a major issue, particularly in some regions of the world.

5.3 million children (the equivalent of the population of Norway<sup>10</sup>) under five years old died in 2018. In at least half of these cases, death is caused by simple diseases that are treatable through interventions such as immunisation, access to safe water, food, appropriate care and adequate nutrition. Among these 5.3 million deaths, 2.4 million were girls and 2.9 million were boys.

The most affected area is undoubtedly sub-Saharan Africa, where women and children face substantially greater risk of dying than in all other regions. Maternal mortality levels are approximately 50 times higher for women in sub-Saharan Africa, and their children are ten times more likely to die in their first month of life than in high-income countries.

Women and children are most vulnerable during and immediately after delivery. In particular, children face a greater risk of death during the first month, especially if they are born too early, are too small, have complications during birth, have congenital malformations or contract infections. In this scenario, about a third of these deaths occur on the first day, and about three quarters in the first week alone.

To counter this phenomenon and monitor the child mortality rate, Action Against Hunger has set a target to reduce child mortality by at least 20 per cent in the countries in which it operates, and in particular in the identified 10 high burden countries<sup>11</sup>.

9 UN-IGME\_Child mortality report 2019  
10 [Statistics Norway](#) (no global data available for 2019)  
11 Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan



Figure 1.1: Under-five mortality in the sampled districts of our high burden countries (2017-19)

## COMPASS OF NUTRITION SECURITY PROGRAMMING

### CASE STUDY: LINK NCA

Link NCA (Nutrition Causal Analysis) is a participatory method developed by Action Against Hunger to identify context-specific causes of undernutrition with the objective of improving the relevance and effectiveness of nutrition security programming. The triangulation of data gathered from multiple sources, including secondary data analyses, household surveys, and extensive consultations with community members as well as in-country technical experts, allows us to categorise risk factors in order of their effect on the incidence of undernutrition in a given context. This categorisation then allows operational partners to prioritise the interventions, which are best suited to address the problem and/or choose different strategies if identified causal mechanisms differ depending on the nutrition outcome.

In 2019, Action Against Hunger supported nine Link NCA studies across three continents. Seven studies were successfully completed while the remaining two await their completion in 2020. Five studies conducted in Bangladesh, Burkina Faso, Haiti, Madagascar and Pakistan followed a relatively standard methodological pattern, focusing on relatively well defined geographical areas at the level of a health district or refugee settlement. Two remaining studies in Somalia and Uganda were composite studies covering four districts and three regions, respectively, allowing us to test the Link NCA methodology in bigger zones.

The meta-analysis of the risk factor categorisation from studies conducted in 2019 showed that low coping capacities were the most recurrent and most highly categorised risk factor that year. This means that most programmes designed after a Link NCA exercise would need to address communities' and households' resilience and any negative coping mechanisms identified during the study. The other most dominant risk factors include non-optimal infant and young child feeding practices, low availability and/or access to water and non-optimal sanitation practices. While no apparent

comparable pattern was detected among these risk factors across diverse settings, all four risk factors were consistently studied in each location. In addition, it is possible to infer that a household's general vulnerability translates into reduced access to basic services and/or optimal child care practices. Collectively, these risk factors cover three major sectors (Maternal Health and Care Practices, Food Security and Livelihoods and Water, Hygiene and Sanitation), thus strengthening the evidence about the importance of multi-sectoral interventions to prevent undernutrition.

With the optimisation of the Link NCA quantitative approach in 2018, all studies conducted in 2019 followed an improved methodological guidance, which allowed us to study statistical associations between nutrition outcomes, such as wasting, stunting, underweight and anaemia, and available household indicators. While most studies conducted in 2019 could lean on primary data collection adapted to studies' needs, the Link NCA study in Uganda used available datasets from previously organised large-scale assessments to run respective analyses.

The comparison of risk factors, which demonstrated a significant statistical association with nutrition outcomes, showed that the nutritional status of women is the most dominant protective factor against all nutrition outcomes. Children of well-nourished mothers seemed to be less likely to be wasted in Haiti, Madagascar and Pakistan, less likely to be stunted in Haiti, less likely to be underweight in Bangladesh, Haiti and Pakistan, and less likely to be anaemic in Bangladesh. Measles vaccination was observed as the second most dominant protective factor against wasting and anaemia in Uganda and Bangladesh, followed by the utilisation of latrines, which demonstrated a significant protective relationship against wasting, stunting and anaemia in Uganda and underweight in Haiti.

Among the 10 high burden countries, data related to child mortality is available only for African ones. This may indicate that the topic is widely shared and considered an important matter to monitor and analyse in African countries, unlike in countries such as Pakistan and Myanmar where child mortality rates possibly remain high but where collecting data is either more complicated or not considered a priority.

In 2019, out of the 12 sampled health districts (in figure 1.1) within African countries, only three have reached their target for 2020 in terms of child mortality reduction (at least 20%). The health districts of Kita (Mali), Borno and Central Yobe (Nigeria) reduced the mortality rate of children under 5 by 0.07, 0.53 and 0.74, respectively. With regard to the two latter districts, located in the north east of Nigeria, it is worth mentioning that they have recorded a reduction in the mortality rate for children under five despite the emergency caused by the Boko Haram insurgency which led to a large number of internal displacements.

To explain such reduction, the [NFSS \(Nutrition and Food Security Surveillance\) round eight document](#) suggests the main guiding drivers. Those might be identified in initiatives related to deworming and administration of vitamin and Micronutrient Powders (MNPs) as well as the high rates of breastfeeding. Conversely, low rates of minimum dietary, frequency and acceptable diet, and general food insecurity, as well as inadequate coverage for measles vaccination, have been recognised as the main aggravating factors for child mortality.

In addition, even though they have not met their targets, the health districts of Guidimakha (Mauritania), Keita-bouza and

Diffa (Niger) experienced an improvement compared to 2018, reaching 0.32, 0.18 and 0.46, respectively.

Among the health districts monitored within the ten high burden countries, two areas have exceeded the [emergency thresholds](#) of two deaths out of every 10,000 children under five per day day, in the Logone oriental (5.08) in Chad and the health area of Lubudi in the Democratic Republic of Congo (3.12), triggering an alarm.

The rest of the observed health districts have worsened their situation with regard to the reduction of child mortality, moving away from the desired target for 2020.

Child mortality is a short-term consequence of maternal and child undernutrition. In absolute terms, in 2018, 149 million children under 5 years of age were stunted, 49 million wasted and 40 million overweight<sup>12</sup>.

In order to reduce the risks of child mortality, particular attention should be paid to the causes of malnutrition, and in particular of undernutrition. In light of this important factor, Action Against Hunger has increased the number of Link NCAs<sup>13</sup> conducted at the country, regional and district level in recent years. In 2019 alone, seven Link NCAs were completed and an additional two were in development; almost doubling the rate<sup>14</sup> of these studies since the introduction of the International Strategic Plan in 2016.

The first 1,000 days of life (from conception to two years old), characterised as the period in which all forms of malnutrition can find a breeding ground, is the moment of major attention for Action Against Hunger's interventions.

<sup>12</sup> [WHO Global Health Observatory](#)

<sup>13</sup> [Link NCA](#)

<sup>14</sup> Five studies conducted in Bangladesh, Burkina Faso, Haiti, Madagascar and Pakistan. In development: Somalia and Uganda.

The integrated actions to support this period are identified in antenatal, natal and postnatal consultations; treatment and referral for integrated community case management (iCCM), provision of zinc and ORS, immunisation, malaria treatment, deworming, and availability of drinking water in the local structures and communities.

In this context, Action Against Hunger operates with multi-sectoral approaches that aim for the interaction of interventions, in order to find complementarity in terms of activities and outcomes. In 2019, 261 (38%) of projects were multi-sectoral (see page 22: In Focus, the Emergency Nutrition Programme (PUNC) intervention implemented through a multi-sectoral approach) compared to 165 in 2018.

In 2019, Action Against Hunger reached 2,967,137 beneficiaries with maternal new-born and child health activities (recording an increase of 14 per cent compared to 2018) through primary health care and consultations (antenatal, natal and postnatal consultations) as well as capacity reinforcement for staff of health structures to provide adequate and effective community sensitisation sessions and quality treatments.

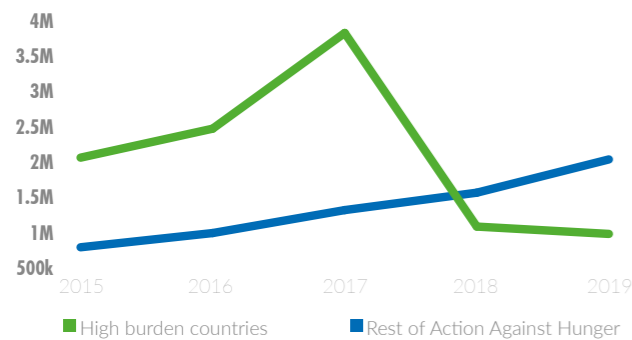


Figure 1.2: Beneficiaries of Reproductive and Maternal Newborn and Child activities (health)

With regard to the number of people reached through maternal and child activities, it is indicative that a significant reduction occurred between 2017 and 2018, followed by a slight increase in 2019, reflecting a change in the type of interventions and a greater focus on quality, accountability and research. However, it is also interesting to note that the number of people reached in the rest of the countries in which Action Against Hunger operates has consistently increased since the beginning of the International Strategic Plan in 2016, indicating a rise in needs and a major focus on this area in contexts outside of high burden countries.

In 2019, Action Against Hunger's nutrition interventions reached 5,486,682 individuals, registering a decrease of 11 per cent compared to 2018 (6,147,177). The most significant reductions were recorded in Mali (-87%) and Nigeria (-77%), which can be explained by the positive results obtained previously in the reduction of child mortality. In particular, the evolution of the emergencies in Mali and Nigeria, resulting in potentially lower-intensity conflicts, and the inaccessibility to certain areas (leading to fewer mobile and satellite teams for treatment, from 260 in 2018 to 210 in 2019) might be considered factors that have influenced the number of people reached.

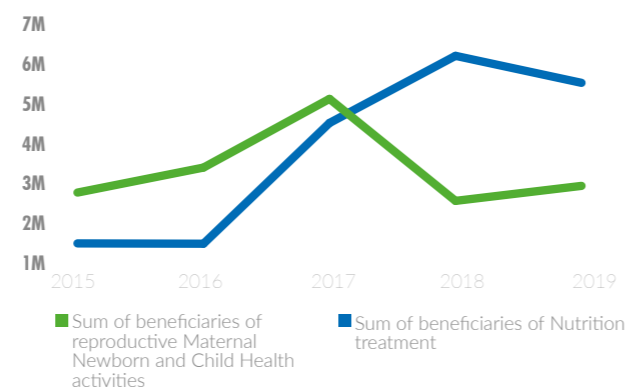


Figure 1.3: Beneficiaries of Nutrition and Health

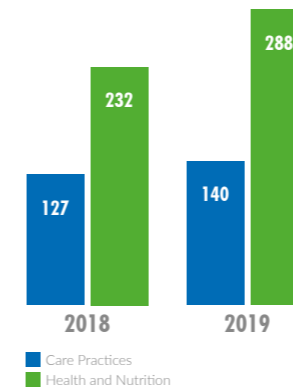


Figure 1.4: Number of projects in Care Practices and in Nutrition & Health (2018-19)

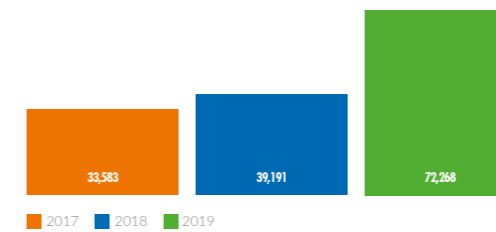


Figure 1.5: Number of Health and Nutrition education sessions (2017-19)

However, as in figure 1.3, the shift from 2017 in the number of people reached by nutrition and health interventions may indicate the increased need to respond through SAM and MAM treatment activities.

Despite the overall drop in the people reached in 2019, there is a significant increase in the number of projects delivered, drawing an inversely proportioned trend. In particular, the increase in projects with components dedicated to care practices (activities in TFP and SFP) and health/nutrition (maternal new born and child health) was noteworthy compared to 2018, respectively of 10 per cent and 24 per cent.

However, it is possible to infer that softer interventions have benefited at the expense of treatment and direct activities in order to serve a different range of initiatives through capacity building and support to local structures, as well as educational and preventive activities. In this context, a guiding explanation may be found in the increase of health and nutrition education sessions (+ 84%), especially in Mali (6,147), Niger (12,443), Nigeria (3,085), India (5,364) and Somalia (30,042).



Figure 1.6: Number of mobile and satellite teams for nutrition treatment (2017-19)

## IN FOCUS: PUNC EMERGENCY NUTRITION RESPONSE DRC

The Democratic Republic of Congo (DRC) is one of the world's poorest countries, ranked 176th out of 188 in the Human Development Index (UNDP 2015 and 2016), and has one of the world's highest undernutrition burdens. One in ten children dies before reaching the age of five in DRC; one of the highest rates in the world. Of these deaths, an estimated 45 per cent are due to malnutrition.

Over the past 20 years, Action Against Hunger has treated severe malnutrition where it is most acute in DRC. We have been sending emergency teams repeatedly to the same areas. The re-occurrence of nutritional crises proves that an emergency intervention alone will not curb the trend of increasing nutrition vulnerability. Action Against Hunger proposed to draw out the modalities of an intervention that can address and strengthen local capacity to respond to malnutrition.

In 2018-19, Action Against Hunger proposed the third iteration of the PUNC (Emergency Nutrition Programme) intervention with the aim to directly respond to the needs related to malnutrition, following the identified priorities of intervention (GAM >10% and/or SAM >2%), considering aggravating factors for prioritisation, and in line with the DRC Wash in Nutrition (WiN) strategy and the National Nutrition Working Plan. The intervention focused on a multi sectoral method driven by a two-fold approach: (i) a life-saving intervention in acute nutrition crises; (ii) identifying and analysing the root causes of malnutrition in selected areas where nutritional crises are recurrent.

### 1. The life-saving approach consisted of

- conducting diagnostics of the severity of the nutritional situation in the targeted health zones,
- providing in-kind assistance: Ready-to-use Therapeutic Foods (RUTF), medicines and Water, Sanitation and Hygiene (WaSH) inputs (WiN kits),
- delivering regular technical monitoring and hygiene promotion campaigns,
- facilitating sensitisation sessions on health and hygiene practices, improved food consumption and crop cultivation,
- and implementing basic rehabilitation of health centres to provide improved services free of charge for the patient as well as supporting training and supervision activities.

### 2. The supporting modalities to address and strengthen local capacity to respond to malnutrition involved

- carrying out a SMART survey, with the collaboration of other humanitarian actors, to monitor the nutrition emergency contexts and launch immediate responses, and
- conducting studies (Socio-Economic Analysis and Malnutrition Root Cause analysis) to examine market structures and services, as well as to understand household level practices and behaviours.

Through the PUNC project (2018-2019), Action Against Hunger has contributed to the prevention of morbidity and mortality linked to acute malnutrition in the DRC with a timely detection and quality treatment of severe acute malnutrition in areas of nutrition crisis for 70,734 direct beneficiaries and 121,320 indirect beneficiaries. The intervention ensured access to quality SAM treatment for 13,800 patients in six health zones. Overall, 96 health facilities (health centres or hospitals) have improved access to water and hygiene and sanitation; 13,800 patients have received WiN kits for their entire households; and the population was sensitised on WaSH and IYCF through support groups and other prevention activities.

In 2019, a total of seven SMART surveys and one Socio-Economic Analysis and Malnutrition Root Cause analysis were conducted.

## 2 REDUCTION IN PREVALENCE OF ACUTE AND CHRONIC MALNUTRITION



The Action Against Hunger network has two strategies for reducing malnutrition prevalence. Firstly, we are there when crisis strikes. Secondly, we address the underlying causes of hunger.

Acute malnutrition includes both severe acute malnutrition (SAM)<sup>15</sup> and moderate acute malnutrition (MAM)<sup>16</sup>. In 2019, 47 million children under five years old were acutely malnourished (or wasted) globally<sup>17</sup>. This amounts to an acute malnutrition prevalence of 6.9 per cent. Of those, 14.3 million were severely acutely malnourished, amounting to 2.1 per cent of all children under five.



The prevalence of chronic malnutrition (or “stunting”) across the world is slowly decreasing<sup>18</sup>. From 2000 until 2019, the number of children under five years old who were stunted decreased from 199 million to 144 million. This means that stunting prevalence declined from one in three to just over one in five over that period. However, not all regions have benefited from this positive trend. In West and Central Africa, the number of stunted children under five years old has increased from 22.4 million to 29 million over the last twenty years.

Tackling malnutrition prevalence is central to our International Strategic Plan 2016-2020. We have set ourselves the target to reduce both acute and chronic malnutrition by 20 per cent in the sampled regions of the ten high burden countries<sup>19</sup> by 2020.

In achieving this goal, Action Against Hunger is increasingly focussed on building long-term resilience to disasters and crises. Last year we supported over 215,666 people with our disaster risk reduction (DRR) and disaster risk management (DRM) programmes.



<sup>15</sup> SAM is the most dangerous form of malnutrition, which can result in death if untreated.

<sup>16</sup> MAM is a serious but less critical type of malnutrition, which affects a greater number of children than severe acute malnutrition.

<sup>17</sup> UNICEF/WHO/The World Bank Group [Joint child malnutrition estimates: levels and trends in child malnutrition](#).

<sup>18</sup> Ibid

<sup>19</sup> Burkina Faso, Chad, the Democratic Republic of Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan and South Sudan.

This amounts to an increase of 53.4 per cent from 2018 (when we reached 140,603 people with our work in these areas). Across Action Against Hunger, there were 60 DRR and DRM projects in 2019 (compared to 39 projects in 2018). The scale of our DRR and DRM activities increased in a broad range of disaster “hotspots” including: Bangladesh, Burkina Faso, Cambodia, Chad, Ethiopia, Kenya, Mali, Niger, Nigeria, Peru, Philippines, Senegal, Sierra Leone and Somalia.

Action Against Hunger is moving away from providing in-kind support but continues to distribute cash assistance<sup>20</sup>. In 2019, we distributed 18,194 metric tons of food aid. This is a decrease of 36.8 per cent on the previous year when Action Against Hunger distributed 28,776 million tons. Since 2017, the annual amount of cash distributed has been over €42 million.

**Reflecting the wide variety of factors that influence malnutrition prevalence, Action**

<sup>20</sup> Food assistance includes cash or vouchers, whereas cash corresponds to financial transfers and vouchers are distributed to provide access to goods or services.

Against Hunger's programmes are diverse and multi-sectoral. Food security and livelihoods (FSL) is a core feature of our work. Last year there were 252 projects focussed on this sector; an increase of 80 per cent from 2018, when there were 140 FSL projects. The countries that demonstrated the most substantial growth in this area were Colombia and Mauritania, which had an additional 15 and 13 FSL projects respectively in comparison to 2018.

Our activities related to FSL capacity building are expanding. In 2019, we delivered FSL training to 179,384 people compared to 136,057 people in 2018. This amounts to an increase of 31.8 per cent. Nigeria, Afghanistan and the Philippines conducted the most FSL capacity building sessions (contributing 34.7 per cent, 8 per cent and 6.2 per cent respectively of Action Against Hunger's total FSL trainings). As key determinants of malnutrition prevalence, we also promote optimal Water, Sanitation and Hygiene (WaSH) conditions and practices.

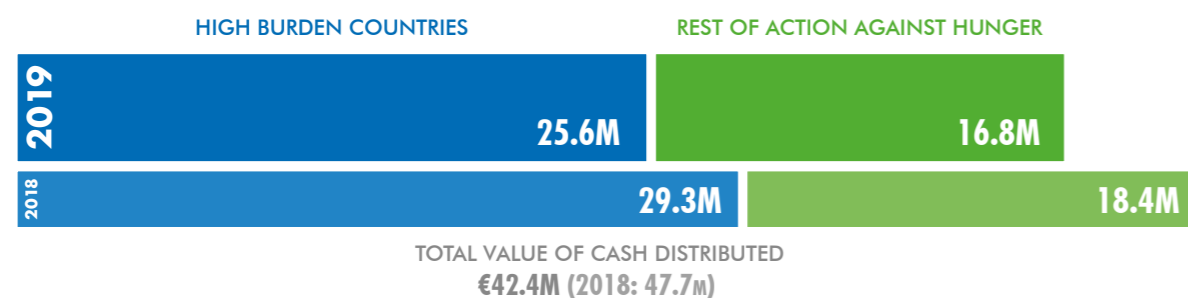


Figure 2.1: Value of cash distributed (including vouchers), high burden countries compared to the rest of Action Against Hunger (2018-19)



Figure 2.2: People supported by FSL programmes (2015-19)

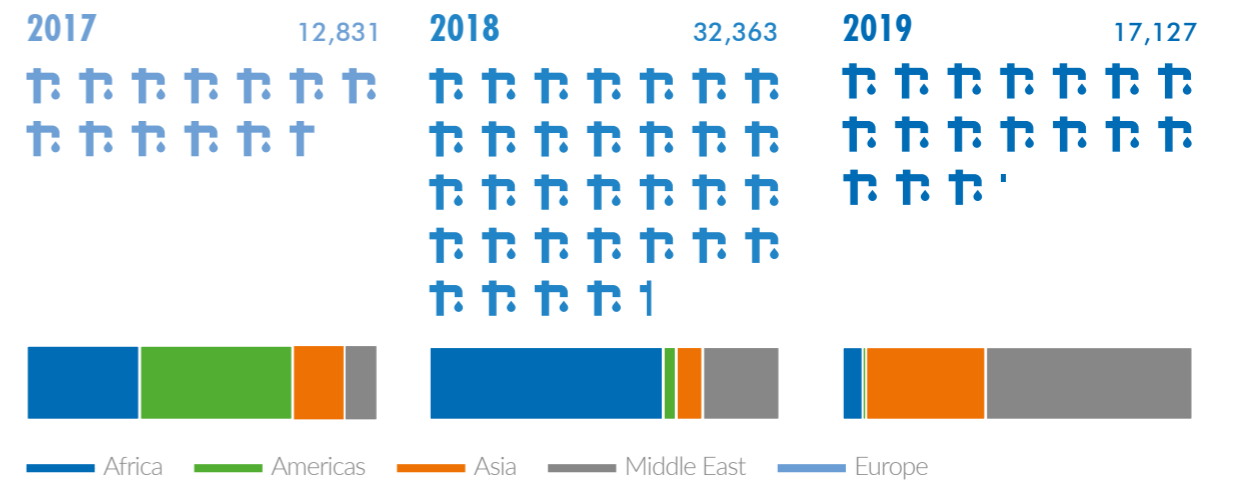


Figure 2.3: Improved water points by region (2017-19)

There were 278 WaSH projects across Action Against Hunger in 2019. This is an increase of 34.9 per cent on 2018, when there were 206 projects in this area. The Occupied Palestinian Territory (oPT) contributed to this growth: there were an additional 25 Action Against Hunger WaSH projects in this country in 2019 compared to 2018.

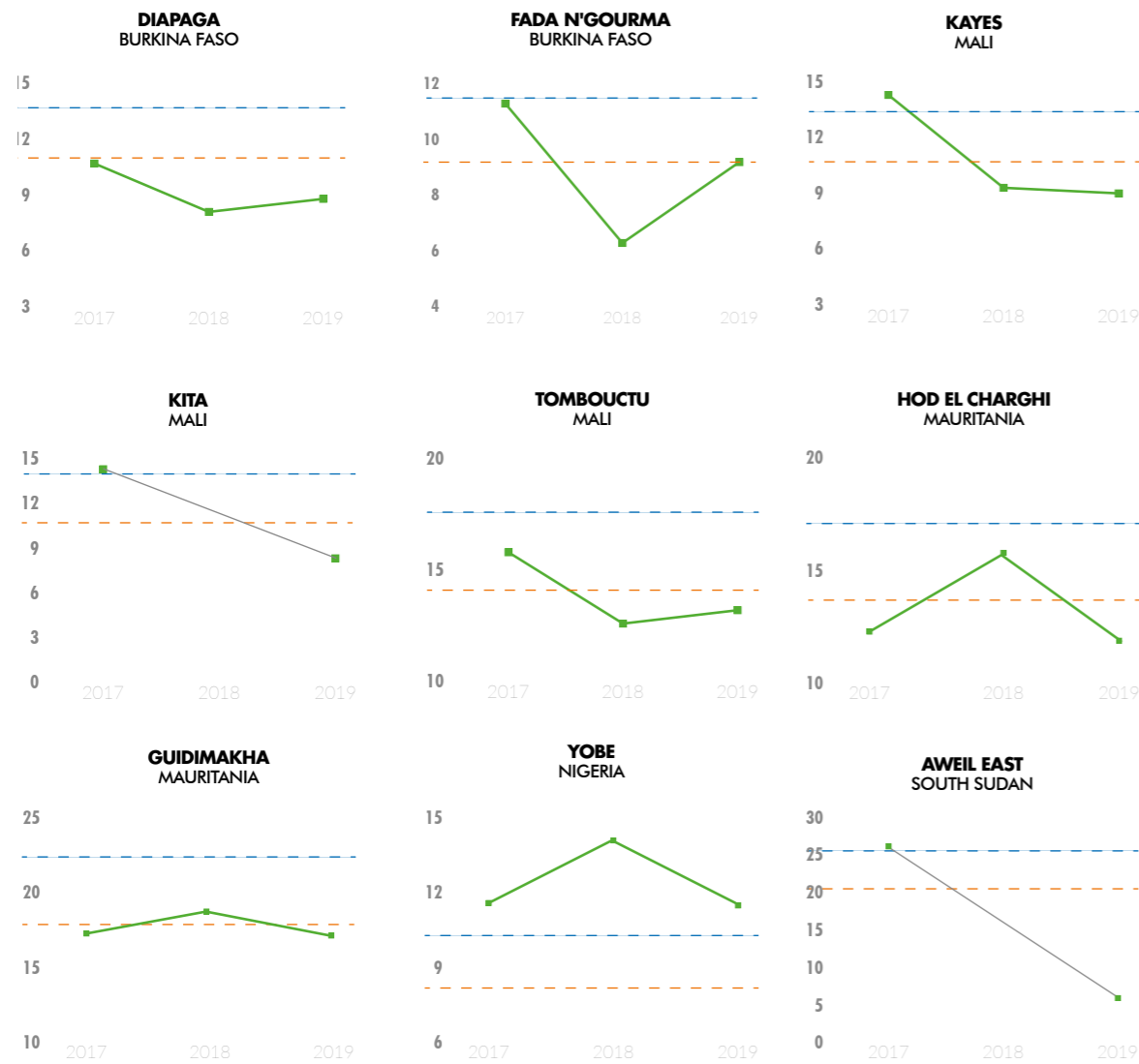
Given that undernutrition is unequally distributed across the world, reducing malnutrition prevalence necessitates targeting our resources to high burden countries. Action Against Hunger distributed €25,623,819 through cash and vouchers to the ten selected high burden countries in 2019, which was 60.4 per cent of the cash-based assistance. Moreover, in 2019, 45.2 per cent of people supported by our FSL programmes, and 40.5 per cent of people supported by our WaSH activities lived in high burden countries.

Action Against Hunger has made progress against its goal to contribute to the reduction of global acute malnutrition<sup>21</sup> (GAM) by 20 per cent by 2020. As of 2019, it is estimated that half of the 19 surveyed districts in the high burden countries had already achieved this target. The nine districts where GAM prevalence had decreased by 20 per cent included Diapaga, Fada N'gourma (both Burkina Faso), Kayes, Kita, Tombouctou (all Mali), Guidimakha, Hod El Charghi (both Mauritania), Borno (in Nigeria) and Aweil East (in South Sudan). In Mali, the reduction in GAM prevalence has coincided with our long-term efforts

since 2015 to build the resilience of rural communities in Kita and Tombouctou. In the latter district we have also piloted capacity building initiatives to strengthen the response of local organisations to the protracted nutritional crisis. The remaining nine surveyed districts have, as of 2019, failed to reach the target set for 2020. In six of these districts, GAM prevalence decreased from 2018 to 2019. Kanem (in Chad), Bamako and Gao (both in Mali), Mayahi and Keita-bouza (both in Niger) and Yobe (in Nigeria), the GAM rate is improving but has yet to reach the 20 per cent reduction target. There are two districts which failed to meet the reduction target and experienced an increase in GAM prevalence from 2018 to 2019. They were Bahr El Gazel (in Chad) and Nouakchott (in Mauritania). Finally, there was no survey administered in Kalomba district (in DRC) in 2018. As a result, it is impossible to accurately assess whether SAM prevalence is increasing or decreasing in Kalomba even though it is clear that the district currently falls short of the 2020 target.

SAM prevalence trends in the high burden countries mirror those related to GAM. Ten out of 19 districts have already met the 20 per cent SAM reduction target. They are: Diapaga, Fada N'gourma, Est, Bahr El Gazel, Kayes, Kita, Tombouctou, Hod El Charghi, Yobe and Aweil East. A further five of the 19 districts have failed to meet the SAM reduction target but have experienced a decline in SAM prevalence from 2018 to 2019. These districts include: Kanem, Gao, Guidimakha, Nouakchott and Mayahi.

<sup>21</sup> Global acute malnutrition includes both SAM and MAM.



Baseline 2015-16  
Target value for 2020

No value available for Kita and Aweil East for 2018

Figure 2.4: Prevalence of global acute malnutrition (GAM) among children under five, sampled districts of high burden countries (2017-19)

There are three additional districts – Bamako, Keita-bouza and Borno – which failed to meet the SAM reduction target and also experienced an increase in SAM from 2018 to 2019. In Borno, this has been caused by an intensification of conflict and instability.

Yobe, by contrast, has become relatively more stable since 2016. (As discussed above, there is no 2018 survey for Kalomba.) Four out of eight of the surveyed districts (50%) have already experienced a reduction of 20 per cent in the prevalence of chronic malnutrition.

These areas are Fada N'gourma, Bahr El Gazel, Borno and Yobe. The remaining four

surveyed districts have failed to meet the chronic malnutrition 20 per cent reduction target. Guidimakha and Hod El Charghi missed this goal but experienced a decline in chronic undernutrition prevalence from 2018 to 2019. In these two Mauritanian districts the level of stunting has fluctuated in recent years due to varying levels of agricultural production and fluctuations in malaria prevalence. Recent decreases in chronic undernutrition in the districts may be a result of Action Against Hunger introducing integrated community case management (iCCM) and widening the coverage of its malnutrition programmes. In Kanem and Est there was an increase in stunting prevalence over the last year.



Figure 2.5 (left): Prevalence of SAM among children under five (2017-19)

Figure 2.6 (above): Prevalence of chronic malnutrition among children under five, sampled districts of high burden countries (2018-19)

Baseline 2015-16  
Target value for 2020  
No value available for Kita and Aweil East for 2018

# 3 SCALING UP TREATMENT OF SEVERE ACUTE MALNUTRITION



## 642,364

TOTAL CMAM  
ADMISSIONS  
REPORTED

2018: 730,636



## 27

COUNTRIES  
REPORTED SAM  
ADMISSIONS

2018: 32

RUTF

## 81%

SAM AVERAGE CURE  
RATE IN HIGH-BURDEN  
COUNTRIES

2018: 84%

Note: Average cure rate for 18 countries which reported SAM performance data. Cure rate is weighted based on total SAM admissions.

The International Strategic Plan's third goal is to increase the coverage of Action Against Hunger's programmes to treat severe acute malnutrition (SAM) in the high burden countries. Progress on this goal is measured by two indicators:

1. In the health districts supported by Action Against Hunger in the 10 high burden countries, to increase treatment coverage of SAM to at least 60 per cent by the end of 2020.
2. To contribute to advocacy to increase the total number of severe undernourished children accessing treatment globally to 6 million by the end of 2020<sup>22</sup>.

Progress on the first indicator is measured through coverage surveys<sup>23</sup>. During 2019, only three coverage surveys were completed in two of the high burden countries (in Guidimakha district in Mauritania and in Borno and Yobe states in Nigeria). This is a reflection of the fact that coverage surveys are not prioritised in the monitoring of CMAM programmes despite being the only way to effectively assess if the needs of acutely malnourished children are covered.

In Guidimakha in Mauritania, treatment coverage was reported to have increased from 49 per cent in 2018 to 58 per cent in 2019. The programme is therefore close to exceeding the ISP's target coverage figure of 60 per cent. In Nigeria, treatment coverage in the Central Yobe local government area (LGA) reduced from 61 per cent in 2018 to 40 per cent in 2019. Meanwhile in the wards in MMC/Jere LGA (wherever it was secure enough for Action Against Hunger's team to support CMAM activities) coverage was reported to have increased from 41 per cent in 2018 to 98 per cent

22 Progress on the second indicator is reported in Chapter 9

23 The most common coverage survey methodologies used are Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) and Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC).

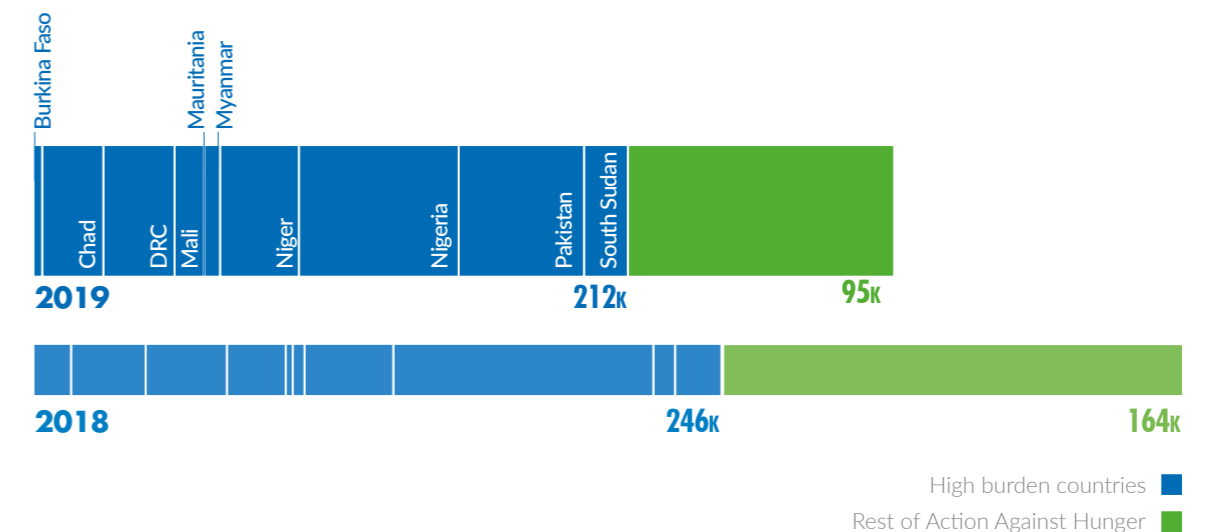


Figure 3.1: SAM admissions by country (2018-19)

in 2019. This impressive increase indicates improvements in community outreach in the LGA and in community acceptance of the programme. However it is important to emphasise that the estimate is not reflective of the whole LGA.

In the absence of coverage surveys, indirect indicators such as admissions to SAM treatment programmes and programme exit criteria can also be used to indicate progress on scaling up treatment of acute malnutrition. However, they should not be used in isolation, without a broad understanding of the context or the factors that are likely to impact coverage.

In 2019, UNICEF reported that global admissions to SAM treatment programmes were 4.9 million (a slight drop compared to 5.2 million in 2018). Of these, Action Against Hunger's country programmes contributed 307,000 admissions, which represents a 25 per cent drop compared to the 2018 reported admissions.

While there is a reduction in admissions in some countries, the overall drop masks increases in admissions in other countries.

Despite a drop of more than 35,000 admissions compared to 2018, Action Against Hunger Nigeria reported the highest SAM treatment admissions in 2019 with a total of 57,000. The reduction is attributed to the forced

closure of Action Against Hunger's programmes in Northeast Nigeria for six weeks<sup>24</sup>. Significant reductions were also noted in Afghanistan, Burkina Faso and Somalia where there was a reduction in the number of nutrition and health programmes operating (Afghanistan from 12 to 8, Burkina Faso from 6 to 4 and Somalia from 9 to 8).

The country reporting the biggest increase in SAM treatment admissions was Pakistan, with admissions increasing from 7,700 in 2018 to nearly 45,000 in 2019. The increase was due to the launch of a new project and the continuation and scale up of a project in Sindh province. Other countries reporting significant increases in SAM treatment admissions included Ethiopia (from 15,000 to nearly 20,000), Central African Republic and Cameroon.

When admissions to "curative nutrition supplementation" (MAM treatment) are combined with SAM treatment admissions to get a total for CMAM admissions, total reported admissions in 2019 were 642,000. This compares to 728,000 admissions in 2018, which was the highest ever reported by Action Against Hunger's country programmes.

24 Between 2018 and 2019, the management of the Nigeria country office switched from Action Against Hunger US to Action Against Hunger France. Changes in the methods used for beneficiary counting may also justify the reduced admissions figures.



Approximately half of all MAM treatment admissions were reported by the Ethiopia and South Sudan country offices (118,000 and 53,000 respectively).

Out of the 32 countries that reported SAM treatment admissions, only 18 reported programme performance data (combined for all SAM treatment programmes in the country). Of those that reported, the average cure rate (weighted based on number of admissions) was 94 per cent. This was an increase to the average cure rate in 2018 when the average was reported as 86 per cent.

Most countries reported a cure rate greater than 75 per cent (the Sphere standard for CMAM cure rate) however three countries (including India, Ivory Coast and Senegal) reported cure rates lower than 75 per cent. The reasons for the low cure rates in these countries is not known, however the total number of admissions across those 3 countries was relatively low (1,700).

During 2019, Action Against Hunger's teams around the world undertook a range of

research studies to test and examine the feasibility of improving the effectiveness and efficiency of the diagnosis and treatment of acutely malnourished children. This year's Research Review focuses on key findings from Action Against Hunger's research projects on the treatment of acute malnutrition that have been operational in recent years.

These include integrating the treatment of acute malnutrition into integrated community case management (iCCM) in various countries in Asia and Africa, reducing the dosage of Ready-to-use Therapeutic Food (RUTF) for children with SAM in a food secured context and combining treatment of severe and moderate acute malnutrition with a reduced and simplified dosage of ready-to-use food. The [Research Review](#) also presents the important steps taken to integrate research findings into Action Against Hunger's programming. Many of the research projects were coordinated by the No Wasted Lives coalition which continued to be led by the Action Against Hunger team in London.

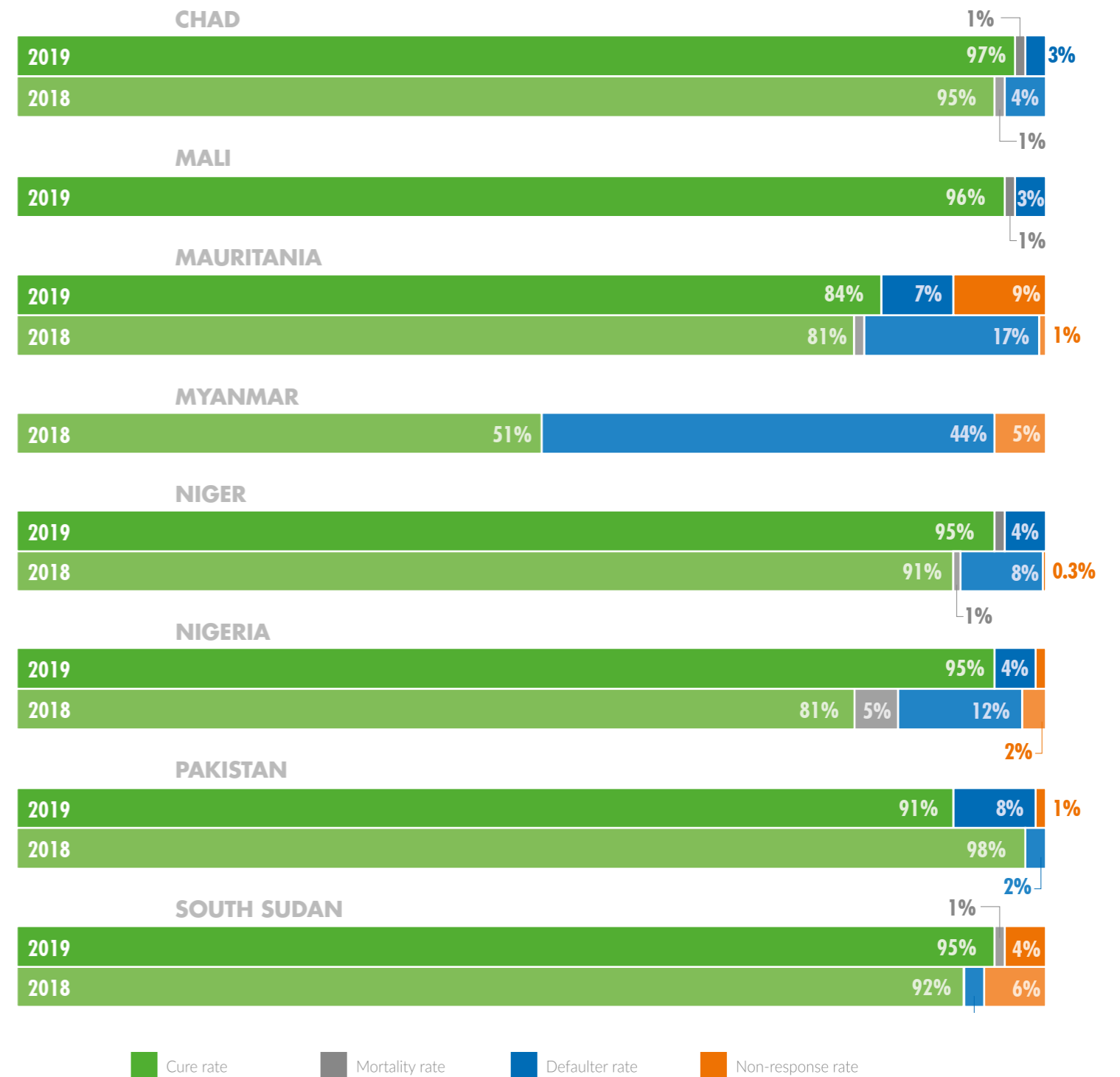
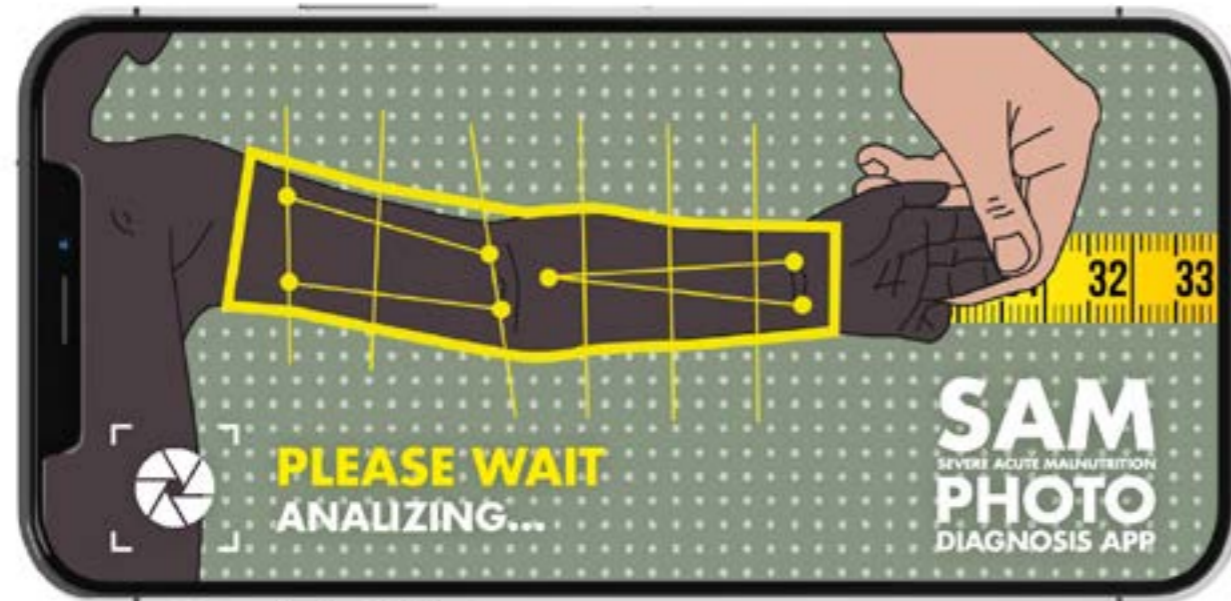


Figure 3.2: Average cure, mortality, defaulter and non-response rates for selected Therapeutic Feeding Programmes (TFP)  
 Note: Rates correspond to TFP, which provide treatment to children affected by severe acute malnutrition. The seven high burden countries that reported data for 2019 are included (Burkina Faso, DRC and Myanmar did not report TFP performance rates in 2019). 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

## SAM PHOTO DIAGNOSIS APP – 2019 UPDATE



## OVERVIEW

Since 2015, Action Against Hunger's team in Madrid has been developing the "SAM Photo Diagnosis" app to provide governments and humanitarian agencies with a tool that identifies acutely malnourished children based on a photo of their left arm. The app aims to provide a real-time and systematic diagnosis, making it ideal for community-level and survey use.

By using the app, health workers and volunteers will be able to avoid the current challenges encountered with the diagnosis of acute malnutrition, particularly in the community. Weight-for-Height z-score (WHZ) and Middle Upper Arm Circumference (MUAC) are the two approved methods of diagnosis in use at the moment<sup>25</sup>. WHZ requires

health workers and volunteers to carry cumbersome equipment during screening. Moreover, the lack of proper training and/or experienced professionals leads to errors in measurement and interpretation of z-scores, resulting in misdiagnosis. MUAC tapes are easier to carry and use, however errors in measurement are still common (especially in younger children). Scientific studies have also demonstrated that not all children suffering from acute malnutrition can be identified using MUAC and WHZ, and that each method can identify different children.

The SAM Photo Diagnosis smartphone app avoids these challenges by using morphology (the study of shapes) to identify acutely malnourished children aged 6-59 months in real time, without the need for an internet connection. The app has the potential to greatly improve the accuracy of diagnosis as well as the efficiency and cost-effectiveness of screening and surveys. The app also avoids the need to take a photo of the child's face (unlike technologies being developed by other organisations).

By speeding up the diagnosis of acute malnutrition at community level, the app will result in malnourished children being identified earlier in the progression of the disease, thus increasing the chance of successful treatment and reducing time in treatment. This is likely to improve the perception of treatment in the eyes of the community. In addition, if location data collected by the app are shared in real-time at national level, ministries of health will be able to identify malnutrition "hot spots" and take timely action to support sub-regional health structures.

## CURRENT STATUS AND NEXT STEPS

Since October 2018, the Action Against Hunger Spain team have been implementing a validation phase to test the App in Senegal. Data collection will continue until March 2021 during which time data will be collected from 1800 children to improve the accuracy of the classification algorithm. During this stage of testing, the four nutritional status groups addressed by WHZ and MUAC are being considered for inclusion in the app including: 1. Severe Acute Malnutrition, 2. Moderate Acute Malnutrition, 3. At risk of Acute Malnutrition, 4. Optimal nutritional condition.

In order to support future scale-up and use in programmes across different populations, a final stage of technological development, validation and refinement is needed to adapt the app to its end-users: Community Health Workers and Volunteers. This will involve a user-centred design study with community-based nutrition workers and with key community members. Eventually, therefore, it could be possible for community members to use the app to monitor the health of their own children. To complete this important stage, the team in Madrid is currently looking for new sources of funding.



<sup>25</sup> Testing for presence of bilateral pitting oedema is also used. However since oedema search is the first step in the acute malnutrition diagnosis protocol, the SAM Photo Diagnosis app starts working after the screening for oedema has resulted negative (if positive, the child is considered SAM with complications and referred immediately to health facilities)

# 4 EMERGENCIES



43

EMERGENCIES  
2018: 37



21

COUNTRIES  
2018: 26



18

EMERGENCY  
POOL  
DEPLOYMENTS  
2018: 16

Emergency response is central to the identity of Action Against Hunger. There are 131.7 million people in 42 countries across the world that need humanitarian assistance. A further two billion people live in fragile or conflict affected regions which are vulnerable to disaster and crisis. The Action Against Hunger network provides a rapid and localised response to meet the needs of those affected by humanitarian emergencies (see focus item on page 36).

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 2019, Action Against Hunger responded to 43 emergencies. In over half of these crises (55.6%) we responded within 72 hours.

The majority of our emergency response activities are targeted at human-made humanitarian crises. We responded to 24 emergencies that were the direct result of conflict and ten complex emergencies (defined here as conflict exacerbated by other factors such as famine). In 2019 the network responded to rapidly deteriorating conflicts in the border region of Burkina Faso, Niger and Mali and in the Anglophone regions of Cameroon. We also continued to provide emergency support to populations affected by protracted conflicts in Afghanistan, DRC, Lebanon, Nigeria, Occupied Palestinian Territory (oPT), Syria, Venezuela and Yemen.

In addition to our emergency response activities in conflict contexts, we responded to nine natural disasters in 2019. This included support to

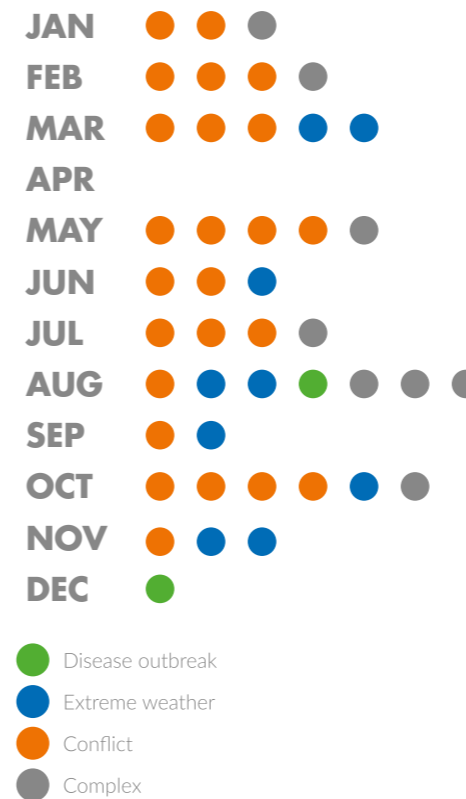


Figure 4.1: Number of emergency responses initiated per month, 2019

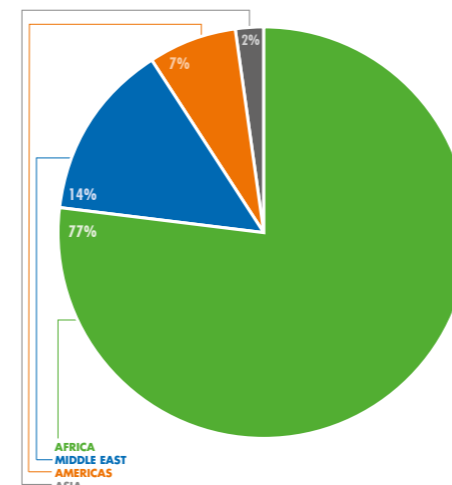


Figure 4.2: Proportion of emergency responses per geographical region, 2019

populations affected by the Mindanao earthquake (the Philippines), El Niño drought (Madagascar) and Cyclone Idai (Mozambique and Zimbabwe). We also assisted in the following flooding-related emergencies: Bangui (CAR), Freetown (Sierra Leone), Sud-Ubangi Province (DRC) and White Nile (Sudan).

The geographic scope of our emergency responses is becoming more focussed. In 2019 we provided emergency support to 21 countries. This is a decrease from 26 countries in 2018.

Nearly a third (32.6%) of Action Against Hunger emergency initiatives in 2019 targeted Central Africa. In total, we launched 14 separate responses in this region. We were particularly active in CAR and DRC. In these countries we responded to epidemics such as Hepatitis E and Ebola, provided water, sanitation and hygiene (WaSH) support to internally-displaced people (IDPs) and strengthened infant and child care services.

We also conducted ten emergency responses in East Africa. We initiated multiple initiatives in response to crises in Somalia. Unconditional cash transfers were a core feature of our emergency work in this country. This modality was used to support 3,399 households affected by drought, 1,243 household affected by conflict and 761 household affected by flooding.

Approximately 20 per cent of Action Against Hunger's emergency work was dedicated to West Africa in 2019. We responded to eight emergencies in this region. After an intensification of Boko Haram-related armed violence in northeast Nigeria, we provided emergency food security, WaSH and non-food item (NFI) support to IDPs and other conflicted affected communities in Borno and Yobe States.

The remaining quarter of our responses to crises were split between Asia, the Americas and the Middle East and North Africa (MENA). Overall we initiated 11 emergency responses across these three regions.

The Emergency Pool was deployed 18 times to 12 countries in 2019. These countries included: Cameroon, CAR, Chad, DRC, Iraq, Mozambique, Niger, Somalia, Sudan, Venezuela, Yemen and Zimbabwe. 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.

The average length of an emergency response is 208 days. However, the average duration of emergency activities varies significantly for different crisis types with responses to human-made crises spanning the largest time scale. On average, our response to conflict-caused emergencies lasted for 215 days. The equivalent period for a natural disasters was 138 days.

## IN FOCUS

### ACTION AGAINST HUNGER'S EMERGENCY RESPONSE PREPAREDNESS

13 Action Against Hunger country offices devised Emergency Response Preparedness Plans in 2019. They were Afghanistan, Burkina Faso, Cameroon, CAR, Chad, Iraq, Jordan, Liberia, Madagascar, Myanmar, Nepal, Pakistan and Sierra Leone.

Action Against Hunger's approach to emergency response preparedness planning is intended to strengthen localisation and country-level capacity. The new plans also outline meaningful emergency response goals and the strategic response capabilities needed to ensure effective and timely action. When disasters occur, local teams are now able to initiate their response immediately by using pre-existing partnerships with local actors and vendors. This improves upon the traditional humanitarian model relying on international responders as well as eliminating the possibility of having staff, goods and equipment denied entry into the affected country.

Developing an Emergency Response Preparedness Plan starts with Action Against Hunger conducting a preparedness mission. Each plan consists of the identification of threats as well as at-risk populations and defines annually the relevant readiness activities to be implemented. Due to the episodic nature of risks, as well as the rapid changes in the contexts, each Emergency Response Preparedness Plan should be updated every 6 to 12 months. The mission lasts for approximately two weeks and is led by a preparedness coordinator.

Local organisations included in our emergency response planning are public, health and government authorities, the private sector, other international NGOs and local civil society organisations. For Action Against Hunger, building and maintaining these partnerships are an integral part of our 2020 strategy.

Having country teams better prepared for disasters aligns with the recent research conducted by Action Against Hunger, HELP Logistics and KLU which confirmed that for every dollar invested in preparedness seven dollars can be saved in response. The better Action Against Hunger is prepared, the more effective we can be not only in response cost efficiency, but also in saving lives and reducing suffering.

Supply chain is a key component reflected in the preparedness and response planning that enables country offices to define strategies to improve their logistics capacity. The planning process also encourages reflection on the most efficient approach to supply chain in country to ensure timely and adapted responses. Whether it is going to be by fostering framework agreements, emergency agreements with donors and the UN system, maintaining local contingency stocks for the very first days of a response, looking at access and transportation constraints: these are some examples of the strategic discussions made in country during the planning process, and supporting country offices to strengthen their local supply chain capacity to deal with emergencies.

Emergencies require training and knowledge on how to respond. In 2019, Action Against Hunger began to harmonise and develop training to build the capacity of our staff and partners. Last year we piloted our EM101 training in five countries. The purpose of this course is to enhance emergency management knowledge and enable our teams to promptly respond to emergencies while training them on best humanitarian practices. Other technical trainings related to emergencies will be developed in the coming years.

At a global level, Action Against Hunger has existing and ready-to-deploy emergency teams, supported by international surge logistics capacity that includes prepositioned contingency stocks worldwide, standby agreements with several humanitarian and private partners and a strong involvement with the global logistics cluster. We are also part of the Nutrition and WaSH Rapid Response Teams.

Having this global network is, however, insufficient on its own to respond rapidly to humanitarian crises. At the country level, Action Against Hunger has an extensive field presence. With Emergency Response Preparedness Plans, local teams are able to initiate the response immediately. Being better positioned locally increases our ability to attain the ISP goal of responding to 80 per cent of emergencies within 48 hours.

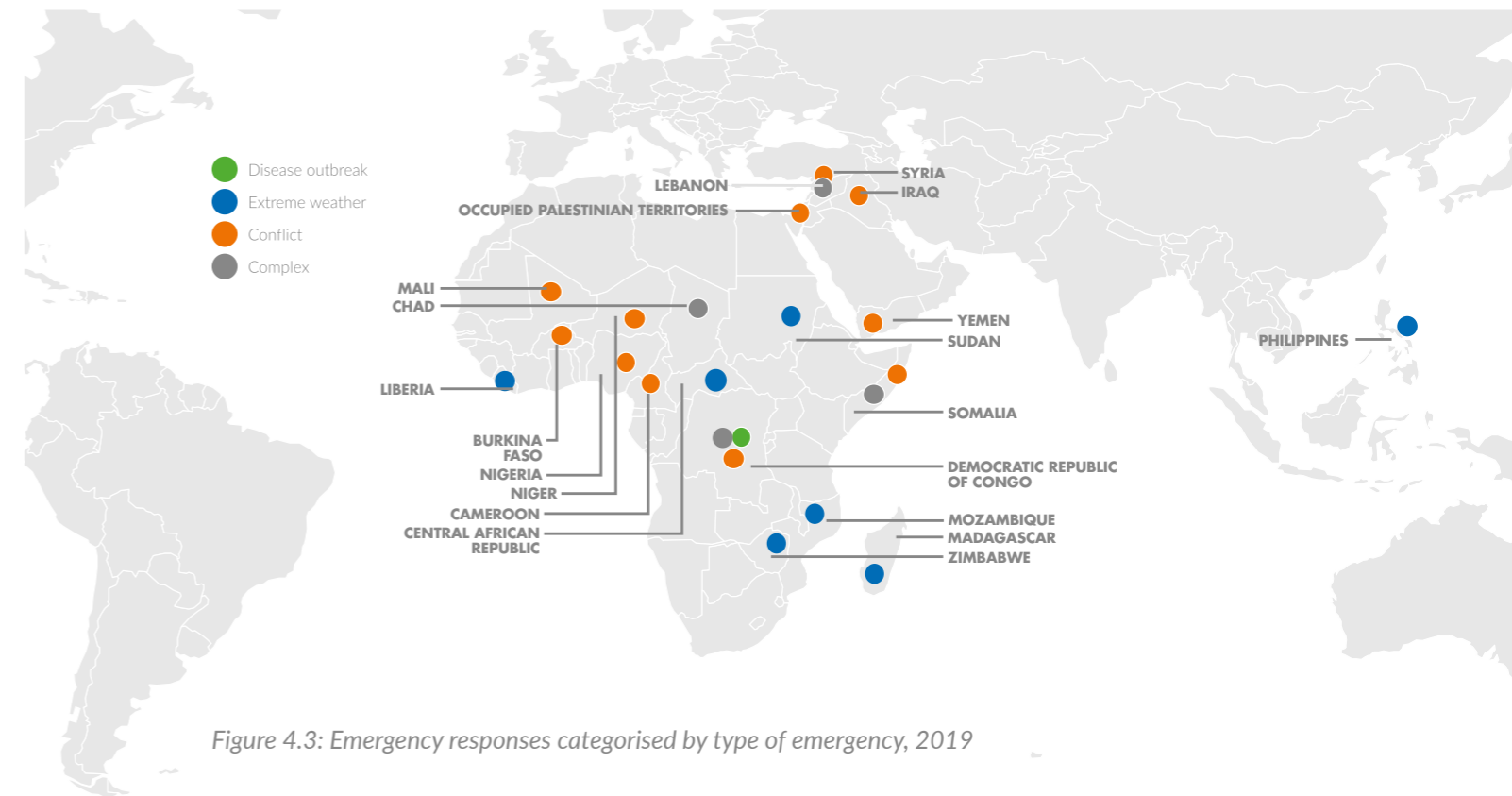


Figure 4.3: Emergency responses categorised by type of emergency, 2019

### HUMANITARIAN CRISIS IN NIGERIA

The large scale humanitarian crisis in the north east of Nigeria entered into its eleventh year with the Borno, Yobe and Adamawa states being the most affected. In 2019, Nigeria witnessed a deteriorating situation characterised by a shrinking humanitarian space. Increasing attacks on communities, security incidents, attacks on Action Against Hunger staff as well as new strategies deployed by the military, had implications on humanitarian interventions.

Aid delivery has been slowed down in the region. Non-state armed groups increased their attacks even in the rainy season; a dynamic shift from previous years. New areas have become inaccessible and illegal road checkpoints were set on major roads in north east Nigeria. This led humanitarian actors to change their operation modalities. Action Against Hunger, along with other humanitarian partners, are currently delivering interventions mostly in areas where helicopter movement is possible and in locations where it already has a presence. Action Against Hunger continues to provide life-saving services in several out-of-reach areas by implementing remote management. In the near future, other options will be explored, including increased collaboration with local partners. The ultimate goal is to ensure that the population is not cut off completely from essential services.

These changes in the humanitarian context led to a significant increase in humanitarian needs and protection risks throughout 2019. Across the three states, about 1.2 million people are currently out of reach for humanitarian actors and deprived of much needed assistance.

# 5 SECURITY



**340**  
SECURITY INCIDENTS  
2018: 286



**10**  
HIGHEST-LEVEL SECURITY INCIDENTS  
2018: 5



**2**  
COUNTRIES WITH HIGHEST LEVEL SECURITY CLASSIFICATION  
2018: 2



**1,497**  
STAFF RECEIVED SECURITY TRAINING  
2018: 1,694

Against Hunger operates in a number of challenging contexts including war zones, natural disaster-prone areas, other situations of violence, 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 2019, Action Against Hunger experienced 340 security incidents affecting its staff; an increase from 286 in 2018. The increase could be explained by the SIRO platform being used more efficiently by country offices. As was the case in 2017 and 2018, seven countries accounted for half of the security incidents experienced in 2019 (Ethiopia, Lebanon, Occupied Palestinian Territories, South Sudan, Afghanistan, Yemen, Central African Republic). Compared to 2018, in 2019 there was a decrease in the number of security incidents in 16 countries while there was an increase in security incidents in 19 countries. The most notable increases in security incidents in 2019 occurred in Ethiopia (18 to 45) and South Sudan (12 to 27). Ethiopia reported the highest number of incidents in 2019, followed by Lebanon (29 incidents). Ethiopia's rise of ethnic clashes, civil unrest, countrywide internal border demonstrations and political reforms caused this incident spike. The country with the greatest increase in security incidents in 2018 (Afghanistan) saw a significant reduction in the number of incidences (37 in 2018 to 14 in 2019), which was the most notable decrease in security incidents that occurred in 2019, followed by Madagascar (16 to 7).

A total of ten security incidents were reported to have the highest level of seriousness (level 5) in 2019, up from five incidents in 2018. They included the killing of two Ethiopian field staff in the Gambella base by armed ambush, which was a serious cause for concern. Likewise, four crisis management cells were opened by the France HQ, two in Nigeria (kidnapping and close of offices by the army), one in Burkina Faso (kidnapping), and one in Madagascar. Six countries which had no level 5 incidents in 2018 had two (Cameroon) or one (DRC, Ethiopia, Lebanon, Madagascar and Mali) level

5 incidents in 2019. The number of security incidents reported with the second highest level of seriousness (level 4) fell to 19 in 2019, down from 33 in 2018. Overall, 71 incidents level 3-5 were reported in 2019, down from 125 in 2018. The countries which had the highest number of level 3-5 incidents in 2018 were the same countries where the decrease of level 3-5 incidents was most significant in 2019 (Lebanon from 25 to 3, OPT from 17 to 0, Afghanistan from 15 to 6, Philippines from 11 to 4). Furthermore, Yemen and Cameroon had the highest increase of level 3-5 incidents, each with five additional level 3-5 incidents. On the other hand, the number of reported incidents below level 3 has significantly increased, with 215 incidents in 2019, up from 151 in 2018 and 159 in 2017.

Traffic accidents were the most common security incident faced by Action Against Hunger staff in 2019, with 64 incidents. This was consistent with 2018 (70 incidents), 2017 (52 incidents) and 2016. The countries with the largest number of traffic accidents were Ethiopia (8 incidents), followed by

Cameroon, Lebanon, Kenya, South Sudan and Central African Republic (5 incidents each). This is consistent with global data, as Ethiopia has one of the worst rates of traffic fatalities in the world. The causes of traffic accidents are numerous and include exogenous ones (poor infrastructure, metrological conditions, driving skills) and endogenous (laxity on Action Against Hunger driving rules). Nigeria saw a decrease of incidents between 2018 (highest number, 9 incidents) and 2019 (1 incident).

External abuse of power targeting our staff/teams was the second most common security threat, with 39 incidents of this category recorded in 2019. It covers requests from security forces to be transported in Action Against Hunger vehicles, prevention by authorities from accessing an operational area, administrative constraints for our interventions, attempts to solicit a bribe, and extensive pressure to get people registered in programmes. 22 of these incidents occurred in Occupied Palestinian Territory, and 6 in South America.

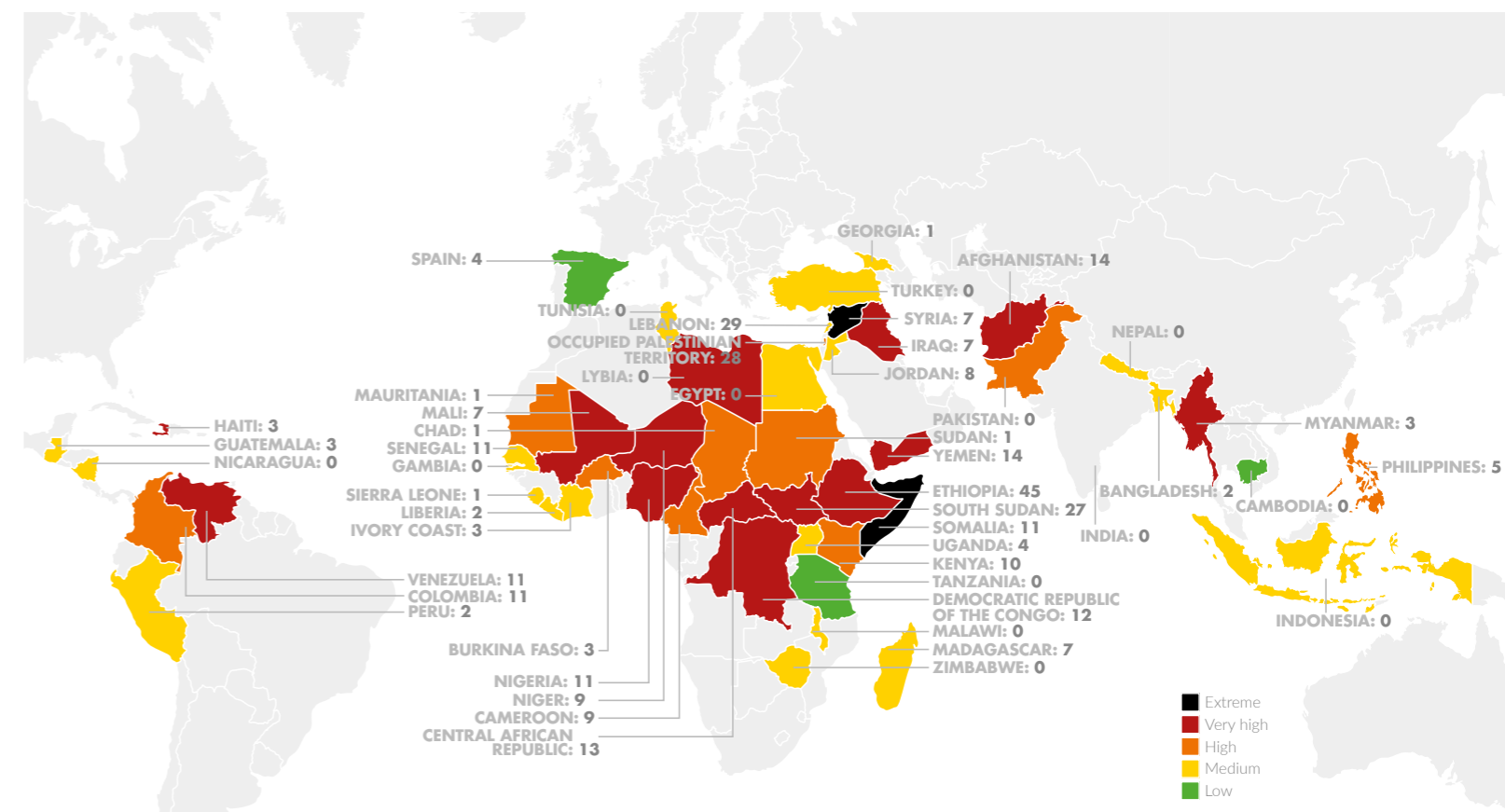


Figure 5.1: Security classification and number of security incidents, by country where Action Against Hunger works (2019)

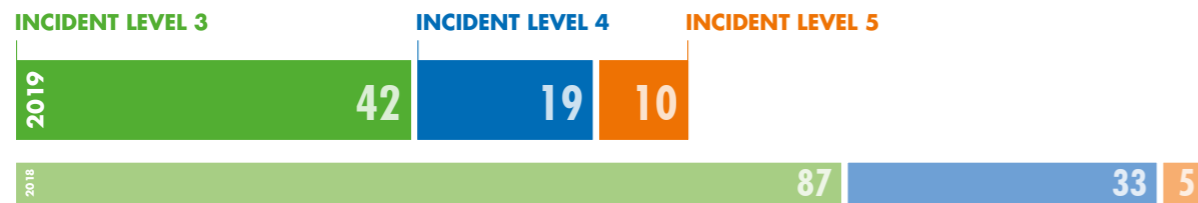


Figure 5.2: Number of security incidents at seriousness levels 3, 4 and 5 (2018-19)

The third most common security threat is threat(s) by individuals external to the organisation, with 31 incidents in this category in 2019. They were recorded mainly in Yemen (6 incidents), Lebanon (5 incidents) and Afghanistan (4 incidents).

Action Against Hunger provides security briefings and related training (HEAT, HEIST, HEFAT (HEAT + First Aid), PFST, and UNDSS SSAFE Training where other trainings were not available) needed to contextually orient and adapt staff who travel and work in high risk areas. Safety and security trainings include methods for both prevention and response to security incidents, as well as first aid training. Overall, the number of Action Against Hunger staff who attended a security training decreased slightly from 2018 (1,694 staff) to 2019 (1,497 staff). Spain was the country with most staff trained in 2019 (131 staff), followed by Ethiopia (120) and Syria (114 staff). Action Against Hunger has now trained 5,001 current and former staff worldwide on security and first aid.

Security benefitted from a significant increase of resources in 2019, including additional positions at HQs' Security Units'

level as well as country level. The Action Against Hunger network International Security Group amended their terms of reference at the end of 2019. Safety and Security Audits continue to play an important part of developing minimum structural standards and ensuring both capacity development of heads of bases of country security teams.

Each country where Action Against Hunger operates is given a security classification ranging from green to black<sup>26</sup>. In 2019 as in 2018, two countries were classified as black: Somalia and Syria. Both contain areas dominated by active insurgency, armed conflict, other situations of violence, restricting travel and acting as an ever-present threat to staff. The classification with most countries is medium (yellow, 19 countries). Additionally, 24 countries were classified as high (orange, 10 countries) or very high (red, 14 countries), up from 22 in 2018. The number of countries with a low security classification (green) increased from two to three. Spain and Tanzania remained green, while Cambodia was reclassified as green: it was yellow in 2018 and green in 2017.

<sup>26</sup> 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



**€146.5m**  
GLOBAL SUPPLY CHAIN VOLUME  
2018: €151.1m

€  
**38%**  
OF GLOBAL SUPPLY CHAIN VOLUME TO TOTAL PROGRAMMATIC EXPENDITURE ACROSS ORGANISATION  
2018: 48%



**76%**  
OF ACTION AGAINST HUNGER STAFF HAVE A POSITIVE PERCEPTION OF THE LOGISTICS DEPARTMENT  
2018: 70%

Logistics and information managements systems are fundamental to deliver humanitarian and development actions. Action Against Hunger considers it essential to focus on quality, timely and effective processes to support its operations.

The logistics system is composed of several components which support daily management. It mainly concerns procurement and supply chains, and premises and fleet management. This includes the selection of vehicles and equipment, and the procedures necessary to establish, manage and monitor a fleet of vehicles, ensuring that systems and procedures follow safety and legislative requirements. It also includes the development of skills and competences to: guarantee proper supplies for operations and access to energy in remote areas; provide energy devices (generators, solar panels, inverters, etc.); replace and anticipate the needs of the equipment; facilitate waste management; and establish operational rapid response mechanisms.

In 2019, Action Against Hunger spent €146.5 million through its logistics and supply chain, recording a slight decrease of 3 per cent compared to 2018. This volume was shared by 46 Action Against Hunger operational country offices, three regional offices (Middle East, East Africa and West Africa), as well as seven logistics centres (in Accra, Barcelona, Dubai, Lyon, New York, Panama, and Paris).

Country offices that experienced a significant increase in their supply chain volume in 2019 were Pakistan (+356%), Jordan (+136%), Iraq (+153%), Yemen (+102%) and Bangladesh (+52%).

Overall, expenditure followed the reduction trend started in 2017, when the volume was €177.9 million. The 2019 decrease can be explained by the restriction in Action Against Hunger's movements and ability to flex in some emergency contexts like Nigeria (-10% compared to 2018), Ethiopia (-29%), Syria (-35%), South Sudan (-39%), and Mali (-77%). The trend in reduced overall volume from 2017 to 2019 can also partly be attributed to the closure of offices in Malawi and Egypt.

In 2019, thirty country offices utilised Action Against Hunger's Logistics Assessment Tool (LAT<sup>27</sup>), scoring an average completion rate of 70 per cent (69 per cent in 2018). The tool provides an assessment of the implementation of standardised logistics processes and tools, using 19 indicators that give guidance to our logistics teams on current performance. The average completion rate represented a slight improvement compared to 2018. The increase can be attributed to the high scores recorded by Kenya (90%), South Sudan (93%), Syria (89%) and Colombia (86%) country offices.

Twenty-five country offices reported using vehicle trackers last year, against sixteen in 2018. Action Against Hunger has been progressively deploying trackers to save costs by monitoring vehicle movements in real time. In 2019, on average 57 per cent of vehicles were tracked in countries adopting tracking devices (in 2018, 25%). Jordan, Kenya and Nigeria country offices reported the tracking data of all their vehicles.

Supply management also benefited from positive results in terms of the timely delivery of orders. In fact, in 2019 the percentage of timely orders delivered in 22 country offices was 64 per cent, with an outstanding score for Niger (85%), Senegal (89%), Georgia (96%) and Guatemala (87%).

Only seven country offices reported on positive perception rates in 2019 with an average of 76 per cent. The weak participation to this indicator was due to the difficulty in conducting a Logistics satisfaction survey. Notwithstanding this low participation and other challenges, positive perceptions increased by 6 per cent points.

In 2019, some country offices were exceeded expectations in terms of logistical changes and improvements. The office in Kenya increased the number of signed framework agreements by 20 per cent compared to 2018, and South Sudan established 24 framework agreements, which helped to reduce late/last minute budget spending and contributed to quality and timely programme delivery. The digitisation of processes has also allowed working with online taxi services, enabling the country programmes to save on taxi costs (e.g. Kenya).

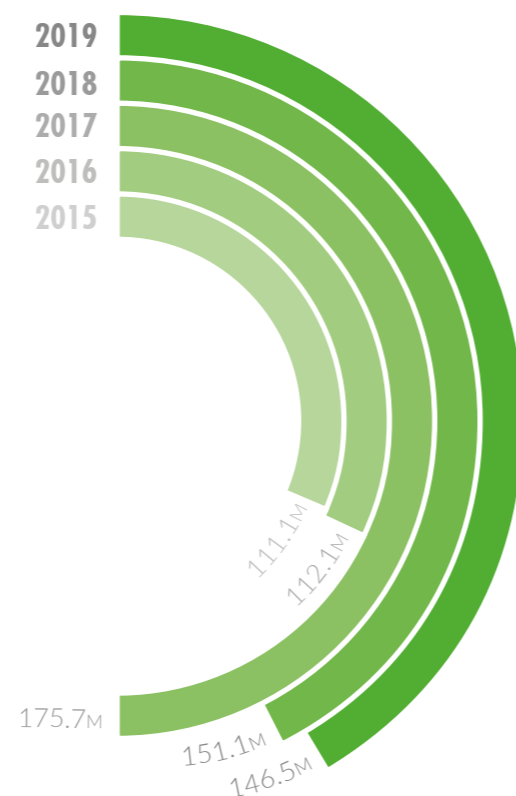


Figure 6.1: Total supply chain volume managed by Action Against Hunger (€), 2015-19

<sup>27</sup> The Logistics Assessment Tool comprises 11 main indicators and eight transversal indicators, including indicators on project cycle management, procurement, energy, audit and financial risk control.



## IN FOCUS

### STRENGTH IN NUMBERS: TOWARDS A MORE EFFICIENT HUMANITARIAN AID. POOLING LOGISTICS RESOURCES

In 2019, the Réseau Logistique Humanitaire<sup>28</sup> (the Humanitarian Logistics Network - RLH), an alliance composed of several international humanitarian organisations, including Action Against Hunger, presented a paper with the aim of outlining important areas of work orientated towards collaborative practices.

Efficiency improvement and cost effectiveness is at the heart of the RLH's mandate. The idea behind the paper was to provide a potential response to the funding gap in the humanitarian sector, as in 2018 only 60 per cent of humanitarian needs were covered (with a funding gap of almost 10 billion dollars in humanitarian response plans).

The report is based on an assessment of logistics practices in the humanitarian sector and also considers progress in the private sector. The analysis showed that practices need to be further developed in the humanitarian sector, as well as highlighting a need to increase collaboration among organisations and thereby optimise existing resources. Those practices might optimise the use of resources, and enhance the quality and efficiency of logistics services across the sector.

The paper was presented in several key forums such as the Global Logistics Cluster, Humanitarian Network Partnership Week, Forum Espace Humanitarian and ECHO Brussels, with the aim of sensitising and promoting a political reflection.

Following this publication, the RLH members launched a study to identify opportunities to scale up the pooling of resources, such as in the area of procurement, through a dedicated structure. The results will be presented in early 2020.

<sup>28</sup> The Réseau Logistique Humanitaire (Humanitarian Logistics Network- RLH) is a consortium created in 2014. Its main objective is to optimise humanitarian logistics and improve operational efficiency by developing a common strategy of resource sharing, advocacy and information sharing. The RLH currently consists of eleven international humanitarian organisations, represented by their respective directors and logistics managers. It is also a forum for sharing knowledge and best practices concerning humanitarian logistics.

To support the Logistics system, information management and technology need to be integrated within established work processes to provide timely access to comprehensive, relevant, and reliable information. The main phases comprising the information management system are information capture, transmission, storage, retrieval, manipulation and display. Information management can also support wider programmatic needs, such as Monitoring, Evaluation, Accountability and Learning (MEAL) and Nutrition activities.

The Information System tool 'LINK', utilised in the majority of our countries of operation, welcomed over 1,200 simultaneous users in 2019. Last year was also important for the expansion of its functionalities, in particular with regard to the development of the Stock Management module, as well as the launch of an inter-NGO platform project<sup>29</sup>. The sharing of this platform will allow users to pool the costs of using the tool and to develop new functionalities, opening the possibility for carrying out joint purchasing and logistics operations.

Information management plays a fundamental role in relation to MEAL. In 2019, 82 per cent of country offices utilised a digital tool (ODK, KoBo toolbox, Commcare, DHIS2) to conduct data collection in the majority of the projects implemented, thus supporting the transition toward a digitisation process.

Action Against Hunger, through its specific focus on hunger eradication and nutrition, implements nutrition information systems designed to continuously collect, analyse, interpret and share nutrition-related data<sup>30</sup>.

Information systems are critical for managing and organising daily activities as well as responding to new emergencies through early warning and preparedness schemes. In particular, these systems inform decision-making on transport, supply chain management, resource mobilisation, programming, monitoring, evaluation, and assessment. They promote information creation and enable sharing mechanisms within and among humanitarian actors.

In several countries, Action Against Hunger acts as a lead organisation in the Logistics Cluster, promoting lessons learnt and facilitating the conversation among humanitarian, development and governmental actors (e.g. in South Sudan and Uganda). The participation in Logistic clusters allows Action Against Hunger to provide coaching, mentoring and training initiatives (Advanced Humanitarian Logistics, Basic Humanitarian logistics course, Logistics cluster induction, dangerous goods awareness course, warehouse management training) to benefit the staff of our partner organisations (e.g. 50% of Action Against Hunger staff in South Sudan received training).

<sup>30</sup> Nutrition information systems play a key role for targeted action in population, nutritional health and food insecurity. In more detail, nutrition information supports measuring changes in the nutrition status of vulnerable people, namely women and children, tracking progress in the implementation of actions, helping the prioritisation of responses. Nutrition information assists in decision-making on policy and nutrition programme design, legislation, channelling of resources and implementation.

<sup>29</sup> In 2019, Action Against Hunger signed a partnership with Handicap International to allow the access to the tool.





# 7 RESEARCH, INNOVATION AND LEARNING



**72**  
RESEARCH PROJECTS  
2018: 25



**25**  
COUNTRIES  
2018: 25



**58**  
PARTNERS  
2018: 49



**€14.2m**  
VALUE OF ONGOING, MULTI-YEAR RESEARCH PORTFOLIO  
2018: 12.9M

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 2019, Action Against Hunger conducted 33 research projects. The number of research projects that we conducted as well as the overall financial volume increased compared to 2018. 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 Senegal and Mali, with five projects each. For an example of one of our research projects conducted in both these countries, see the case study on the ICCM+ project<sup>31</sup>. The majority of our research projects were conducted in countries in Africa (73% or 24 projects in 17 countries). Our research presence in Latin America doubled compared to 2018 with 4 projects in 2019 in Colombia, Guatemala, and Haiti. The number of projects did not change in the remaining areas in Asia (4 projects in Nepal and Bangladesh), the Middle East (2 projects in Iraq), and Europe (1 project in Spain). For a full list of our research projects please see Annex 2.

<sup>31</sup> Effectiveness, cost-effectiveness, and coverage of severe acute malnutrition treatment delivered by community health workers in Mali and Senegal with a modified protocol.

In line with Action Against Hunger's technical expertise and experience, 82 per cent of our research projects have a nutrition component. Similarly, the majority (67%) of single-sector projects were nutrition focused. Three quarters 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 two projects.



**24%**  
OF PROJECTS  
HAVE A FULLY DEVELOPED  
AND FUNDED RESEARCH  
UPTAKE STRATEGY  
(ISP TARGET: 90%)  
(2018: 32%)

The total value of Action Against Hunger's ongoing, multi-year research portfolio is €14.2 million, an increase from €12.9 million in 2018. Of this total budget, €3.8 million was for activities in 2019, up from €3.1 million in 2018.

In 2019, we collaborated with 58 partners on our research projects. Academic and research institutions continue to be our most common partners, collaborating with us on 88 per cent of projects. As part of our work with academic institutions, we supported 13 graduate degrees across 12 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 2019 we received support from 21 donors, up from 17 in 2018 and ten in 2017.

One quarter of our research projects have a fully developed and funded research uptake strategy. The total number of projects with a fully developed (but unfunded) uptake strategy remained similar at 70 per cent. Progress in this area must become an organisational priority to ensure we proactively include research uptake in all proposals, and advocate for and secure funding for uptake activities.

We produced 19 publications linked to our research projects. One third of these publications were peer reviewed, and all of these articles are published in open access journals. For a full list of our research publications please see Annex 2.

Action Against Hunger continues to prioritise learning and innovation in all that we do. The International Strategic Plan 2016-2020 highlights the importance of making learning a core part of Action Against Hunger's culture.

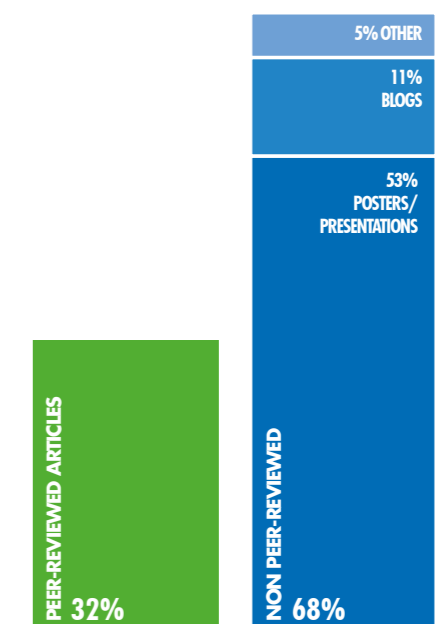


Figure 7.1: Proportion of research publications disaggregated by category

In 2019 Action Against Hunger produced the eighth Annual Learning Review. The document highlights key learnings from across our programmes, in order to capitalise on our technical knowledge and expertise. Learning initiatives launched in 2018 – the [Knowledge Hub](#) and No Hunger Radio – continued in 2019. In particular, the latter aired a series of podcasts on the 2018 Research Review, demonstrating how innovation and research can overlap.

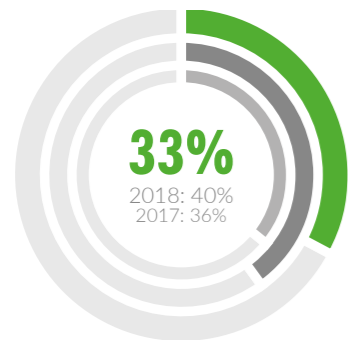
To position learning in the centre of our organisation, Action Against Hunger launched the inaugural Learning week in April 2019. This first edition included international webinars (including on research and uptake), talks and podcasts (including a No Hunger Radio series) across the network. Learning Week was a success and contributed to reinforcing the learning culture by providing space for learning

between staff, and experiencing how simple, impactful and rewarding learning can be. The Action Against Hunger International Learning Community Facebook Group was created for this occasion and continues to be active with knowledge sharing from across the network.

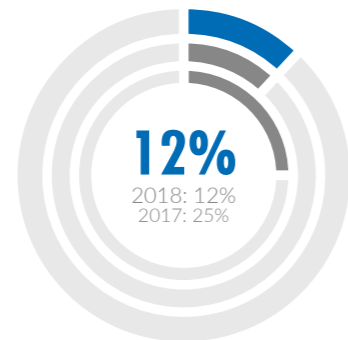


**19**  
PUBLICATIONS

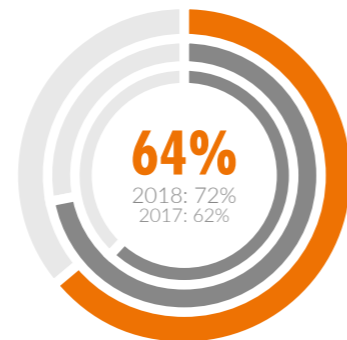
32% PEER REVIEWED  
2018: 39 PUBLICATIONS  
(46% PEER REVIEWED)



**TRIAL REGISTRY**



**PUBLISHED PROTOCOL**



**ETHICAL APPROVAL**

Figure 7.2: Proportion of research projects with a trial registry, published protocol and ethical approval

FOR FURTHER INFORMATION ON OUR RESEARCH PORTFOLIO, PLEASE SEE THE [RESEARCH REVIEW 2019](#). THIS YEAR WE FOCUS ON THE 'TREATMENT OF UNDERNUTRITION', WITH A DEEPDIVE ON RESEARCH PROJECTS UNDER THIS PRIORITY WORKSTREAM.



## INNOVATIONS IN THE TREATMENT OF ACUTE MALNUTRITION

### FROM EVIDENCE TO ACTION. A MEETING HOSTED BY ACTION AGAINST HUNGER ON BEHALF OF THE NO WASTED LIVES COALITION

Research uptake is a critical part of effective research at Action Against Hunger, to support the use of emerging evidence in order to inform programming, policy decisions, and future research across our own organisation as well as our partners. In addition to dissemination and publication of research results, Action Against Hunger also aims to support ongoing and active discussion about emerging findings through conferences and events with key stakeholders.

In the following case study, we highlight one example of an event that was held to support the uptake of emerging evidence on innovative approaches for the treatment of wasting. In addition to focused events like this one, the annual Research 4 Nutrition (R4NUT) Conference also supports presentation and discussion of emerging evidence on broader nutrition topics; and the Research 4 Action (R4ACT) workshops allow for small-group, in-depth review of focused areas of evidence. The most recent R4Nut Conference was held in Paris in November 2019, focusing on the theme of 'The Continuum of Undernutrition Prevention and Treatment: Sharing the Current Scientific Evidence'. The conference featured 43 speakers who gave 21 presentations and 30 posters to a group of 170 participants representing 68 institutions.

The aim of the Evidence to Action event was to support this global momentum with focused efforts to reach key stakeholders and partners, raising awareness of the issues, latest approaches, and further opportunities for collaboration.

In order to support the presentation of new evidence and discussion on findings, the event was organised around three distinct themes:

- **INNOVATION IN DIAGNOSTICS:** With known limitations to the

existing methods used to identify children with acute malnutrition in different contexts, innovation is important to expand our options and reach more children.

- **SIMPLIFIED APPROACHES:** Acute malnutrition is a continuum, and yet moderate and severe acute malnutrition are treated separately, with different protocols and by different organisations which can often result in inefficiencies or even blockages in care. Ready-to-use foods (RUFs) are a costly component of treatment and supply shortages are not uncommon, limiting the availability of treatment for both moderate and severe acute malnutrition.
- **INTEGRATION INTO HEALTH SYSTEMS:** Treatment of acute malnutrition is often delivered in parallel to the existing health platforms, creating inefficiencies in delivery and the workforce.

#### PUTTING EVIDENCE INTO ACTION:

In addition to the three focused panel discussions, a final panel reflecting on the meeting and forward looking opportunities was chaired by Lucy Lamble of the Guardian Global Development Desk included senior representatives from Action Against Hunger, the UK Department for International Development, the Children's Investment Fund Foundation (CIFF), and Save the Children UK. Key themes from four panel discussions:

- Integration of Severe Acute Malnutrition Treatment into Health Systems,
- Investing for the Short- and Long-Term in Treatment, and
- Continued Investment in Research to Build the Evidence on What Works.

# 8 FINANCE



**€450.3M**

**TOTAL ANNUAL INCOME**

2018: €424.5M



**€356.1M**

**RESTRICTED PUBLIC FUNDS**

2018: €332.7M



**€88.6M**

**PRIVATE SOURCES**

2018: €82.0M



**€5.5M**

**OTHER REVENUE**

2018: €9.8M

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 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.

Our total revenue of €450.2 million in 2019 exceeded all previous records, surpassing the figures in 2018 by €25.7 million. This is an increase of over 6 per cent. There were increases in both public and private funds raised in 2019, with expansion in income from public sources by 7.0 per cent and growth in private support by another 8.0 per cent.

2019 saw some significant changes in how we raised private revenue. Private restricted fundraising increased overall from 2018 by 7.2 per cent. However, an increase in restricted corporate funding by over 40.7 per cent was offset by a decrease in restricted individual funding by 40.2 per cent.

Unrestricted income remains our largest source of private revenue, comprising 84.0 per cent of private funding (€74.4 million) in 2019. Of the unrestricted income, the amount raised by corporate revenue streams increased by 14.0 per cent. There was a similar increase from individual unrestricted income by 8.4 per cent. Unrestricted income continues to be an important contributor to Action Against Hunger's global fight against hunger as it allows resources to be deployed efficiently, openly and rapidly to areas where there will be most impact, while supporting Action Against Hunger's financial independence.

In 2019 Action Against Hunger increased the revenue from public restricted funding by €23.4 million over 2018, with total public revenues of €356.1 million. Multilateral agencies, namely the EU institutions and the United Nations, remain

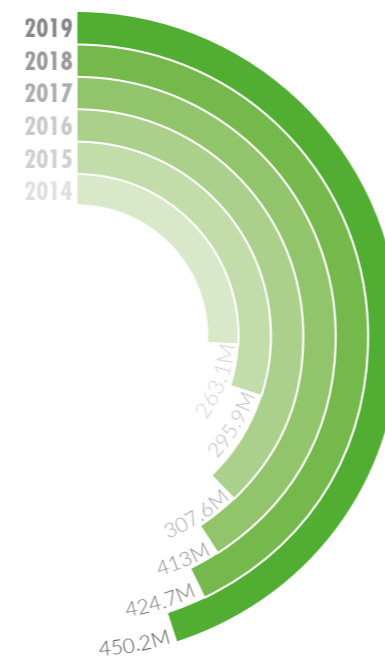


Figure 8.1: Action Against Hunger's total revenue (€) (2014-2019)

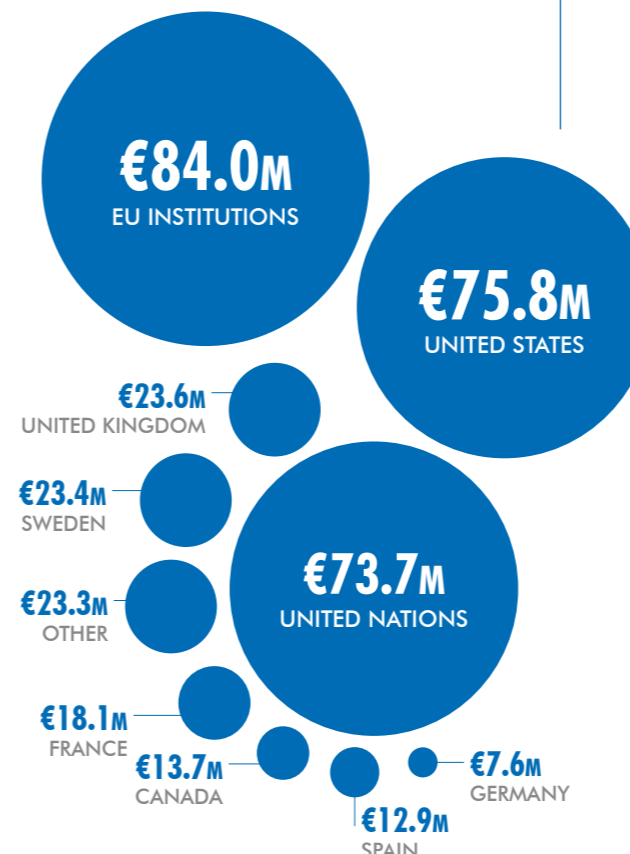


Figure 8.2: Public restricted income (€) by source of funds (2019)

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

significant donors of public funding, with collective revenue from the EU and UN exceeding €157.7 million. This represents an increase from 2018 of 15.4 per cent.

The United States remained our largest bilateral public donor for the second year running. The United States provided a revenue of €75.8 million during 2019, a slight decrease from the year before. Revenue from the French government in 2019 increased by €7.7 million (from €10.4 million to €18.1 million) and the Spanish government increased their funding by 117.4 per cent (from €5.9 million to €12.9 million). Similarly, revenue from the German government more than doubled in a year, providing a total of €7.62 million.

Higher revenue in 2019 allowed Action Against Hunger to deliver 654 projects against 473 in 2018. Action Against Hunger recorded a total expenditure of €447.4 million in 2019, compared to €394.5 million in 2018.

For every one euro we spent across the Action Against Hunger network, 86.6 cents were dedicated to programmatic activities. A further 7.8 cents was dedicated to fundraising and communication expenses while management, governance and support services comprised of 5.6 per cent of every euro expensed.

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

- Total revenue in 2019 is 90.0 per cent of the €500 million 2020 target. Action Against Hunger would need to raise €49.8 million more over the next year to reach the 2020 target.
- Public restricted revenue in 2019 is 96.2 per cent of the €370 million 2020 target, a difference of €13.9 million.
- Private revenue in 2018 is 68.2 per cent of the €130 million 2020 target, a difference of €41.4 million.



Figure 8.3: Breakdown of Action Against Hunger's expenditure (2019)

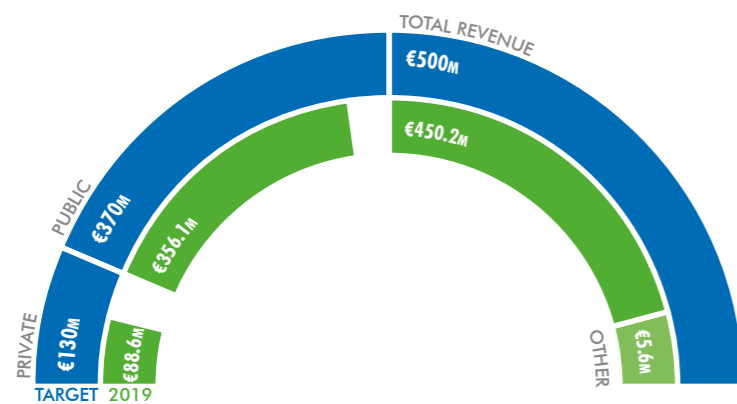


Figure 8.4: Progress against fundraising targets set out in Action Against Hunger's International Strategic Plan 2016-2020

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 and institutions 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 ADVOCATED FOR GOVERNMENT POLICIES TO REDUCE MALNUTRITION

The number of children with severe acute malnutrition (SAM) who are receiving treatment has risen due to the increased prioritisation of governments and donors to support the scale up and replication of cost effective interventions.

Action Against Hunger has worked with donor governments including the US, UK, France and Spain to ensure nutrition is a core component of aid strategies and programmes. Actions have included influencing France's Strategy for Food Security, Nutrition and Sustainable Agriculture, and the set-up of a nutrition taskforce within the French Development Agency AFD. The latter has informed both the development of UK DFID's strategy for Ending Preventable Maternal and Young Child Deaths, and the Spanish Cooperation's Child Strategy.

Advocacy in high-burden countries is critical to achieving lasting change. We have worked with governments to adopt national plans for achieving SDG2.2 on ending malnutrition and the World Health Assembly 2025 health and nutrition targets, in particular across East and West Africa. All countries in the Horn and East Africa have developed nutrition action plans and have integrated nutrition into their national health sector plans and Universal Health Care (UHC) frameworks. Our country programmes support and engage with the Scaling Up Nutrition (SUN) movement and are playing a leading role in national and regional SUN Platforms. We are now also seeing positive trends in resource allocation and political commitment for nutrition.

Elsewhere, a three-year advocacy project in India, 'Building an enabling environment for improved nutrition results in India' won the team a "Public Relations in Action" national award.

### WE CALLED FOR ACTION TO BREAK THE CYCLE BETWEEN CONFLICT AND HUNGER

This continues to be the focus of an ongoing network global advocacy initiative. In 2019, we partnered with Save the Children to host a workshop in London with UN Agencies, governments, NGOs and academic experts to develop proposals for improving reporting and accountability for upholding UN Resolution 2417 on conflict and hunger.

The report from this workshop was shared at [a UN event in New York](#) during the Protection of Civilians Days, at which our Nigeria Country Director discussed the links between conflict and hunger in Nigeria and proposed concrete recommendations to strengthen implementation of the resolution.

We are now working on a "causal analysis between violence and food insecurity" together with the Basque Country University. The report, due in 2020, will include a guideline methodology and two case studies.

Sanctions and counter terrorist legislation are increasingly impacting vulnerable people's access to humanitarian assistance. This is why in 2019 we increased our action to highlight the impacts with both national authorities and key donors. This contributed to ensuring that humanitarian principles and law are respected in the Security Council Resolution 2462 on financing terrorism passed in April 2019.

### WE DEFENDED PRINCIPLED HUMANITARIAN ACTION

The operating environment for humanitarian actors is changing around the world, with a rise in political interference in humanitarian action, access restrictions and a blurring of boundaries between humanitarian and security actors. This is why we raise the challenges with key

actors from the UN Security Council to local government authorities, in order to improve people's access to aid, and to better protect civilians in conflict situations.

Just some achievements have included influencing the Spanish Ministry of Foreign Affairs Humanitarian Strategy to include specific commitments on the protection of civilians, humanitarian access and principles; giving [a joint NGO statement](#) at a UN Security Council Ministerial level meeting on the protection of humanitarian and medical personnel; and co-organising and EU member state briefing on Nigeria.

Other focus countries have included Yemen, Syria, Lebanon and the Occupied Palestinian Territories. We have contributed to improving humanitarian access in Syria and certain zones of Lebanon through dialogue with Lebanese, Syrian and Kurdish de facto authorities and through lobby tours and policy briefs shared with international donors. We have contributed too to monitoring and preventing 'push' measures in Lebanon against Syrian refugees through collective actions in collaboration with the EU commission.

In the Occupied Palestinian Territory we have been instrumental in informing the EU member states on the reduction of humanitarian access in Gaza and the forcible transfer of populations in the West Bank, helping to prevent the forced transfer of Bedouins in Khan Al Anmar communities.

As the humanitarian crisis in Yemen continues, we have lobbied global governments including France, the US and the UK, alone and in coalition, on removing obstacles to humanitarian access, and cutting arms sales through actions such as shared reports, private briefing meetings with decision makers, public stunts and press briefings.

### WE ENGAGED IN KEY DECISION MAKING FORA

In all contexts officials, parliamentarians and legislators are critical allies and targets for helping deliver our policy aims.

This is why across our HQs, regional offices and country programmes we have established relations with parliamentarians and meet regularly with officials from foreign affairs and development ministries. Amongst other things, this has enabled us to influence the US multi-sectoral Nutrition Strategy and Global Food Security Strategy and to support the set-up of a new all-party Parliamentary Group on Nutrition for Growth in the UK. In India, the HQ has conducted multiple workshops with parliamentarians and policy makers. Action Against Hunger teams have been heard multiple times at the French and European Parliament talking about Nigeria, Yemen, arms sales, triple nexus, application of International Humanitarian Law, etc.

We work with our allies across the sector too, playing a leading role in key working groups and alliances such as SUN Civil Society Platforms, Inter Action, Bond, Coordination Sud, VOICE, the CONGDE, the Coalition for Food & Nutrition Security, global clusters and IASC groups, and the International Coalition for Advocacy on Nutrition (ICAN).

Through such alliances we are able to advocate at major global events. We influenced the C7 Civil society recommendations for G7 leaders on health, food security and nutrition and conflict, and participated in the August 2019 G7 Summit. We also participated in the World Health Assembly and in agroecology discussions at the October Committee on Food Security (CFS), leading to the CFS decision to develop an agroecology 'toolbox' in 2020.

Acting alone and with these alliances we have held several lobby tours in 2019, including on Yemen, Myanmar, Syria, Sahel, occupied Palestinian Territories, Chad and DR Congo. This has enabled us to participate in several decision making processes such as an EU and Swiss compliance dialogue on humanitarian exceptions to sanctions in Syria. Our engagement with partners such as SIDA, ECHO and OFDA has led to them offering support to promote in new contexts the use of a joint vulnerability profiling tool developed by Madrid HQ and the Syria Mission.

## IN FOCUS: SAHEL

The Sahel region of West Africa is a network advocacy priority. We are working to help shape the policy responses from national and donor governments, to reduce the high levels of child undernutrition and tackle the causes of food insecurity across the region.

A key approach has been to raise the voice of local civil society to counter the security oriented approach of the Sahel G5 and G7 countries, and promote prioritisation of access to services, human rights, resilience, agroecology and inclusive governance. Action Against Hunger acts as a facilitator to ensure that civil society organisations are capable of uniting to influence governments. This approach puts the local populations at the centre of advocacy action, recognising they have the best understanding and legitimacy to identify and call for the right solutions. We support partners to reach global audiences too, such as facilitating the participation of a Malagasy partner organisation in the 2019 World Health Assembly. Across the region, notably in Mali and Niger, this approach has successfully influenced improvements in community access to health services.

We also engage with donor governments on the Sahel, through actions such as organising a large Sahel conference in Paris, a lobby tour, briefing EU COHAFAs members, the UK Joint Sahel Unit, the Spanish Cooperation Africa direction and the Spanish Parliamentarian Development Committee and releasing a report in 2019 taking lessons of the politicisation of aid in protracted conflict in Afghanistan as applied to the Sahel. This has contributed to a more rapid EU response to the food crisis in southern Mauritania and northern Senegal.

In Mali and Niger, as members of the Humanitarian Country Team, we have led bilateral dialogue with national and regional government authorities and with the EU to challenge restrictions on humanitarian space such as the imposition of armed escorts in Niger.



**IN FOCUS: EAST AFRICA**

In Horn and Eastern Africa, Action Against Hunger is running a multi-year campaign calling on national governments to commit to really tackle malnutrition through policy and budget decisions. One campaign focus has been empowering mothers to diagnose acute malnutrition, and training community health workers to manage uncomplicated cases. The campaign, Band Together Against Hunger, rallied governments and donors to increase resources for nutrition and engaged groups from across related sectors. The government of Somalia reaffirmed a commitment to spend 3 per cent of its budget on nutrition specific services and 2 per cent on nutrition sensitive investments. A Nutrition Common Resolve Framework was developed with multi-sector stakeholders and the Prime Minister's office, and a long term partnership between Action Against Hunger, the Prime Minister's Office and the European Union was agreed to strengthen the Scaling Up Nutrition (SUN) movement in Somalia. In Kenya, Uganda, Somalia and Tanzania our parliamentary and stakeholder engagement has resulted in resources for nutrition being prioritised. In Tanzania, we continue to work on building a government-backed community health workforce. As part of these efforts we held a UK Advocacy Tour, bringing a Tanzanian MP to London to meet with MPs and discuss long term resourcing for nutrition and the role of parliamentarians globally.

© T. Madden for Action Against Hunger

# 10 PARTNERSHIPS

  
**82%**  
 PARTNERSHIPS WITH NGOS AND GOVERNMENTS

  
**20%**  
 INCREASE IN PARTNERSHIPS

  
**98**  
 REPORTED CONSORTIA MEMBERSHIPS

Action Against Hunger recognises that working with partners is fundamental in order to maximise the impact we have and achieve a world free from hunger. We believe that working with a diverse range of partners, from national governments, to local NGOs, to academic think tanks and other international NGOs, is essential in order to enable us to develop effective solutions to tackle malnutrition. As the humanitarian sector continues to change, partnerships are becoming even more vital.

In 2019, nearly all country offices (98%) had working partnerships, with 58 per cent of country offices having a local partnership strategy. This is an increase on 2018, when only 49 per cent of country offices had a local partnership strategy.

The most common type of partnership in 2019 was with government bodies (both local and national) and NGOs (local, national and international), which were both at 41 per cent. Overall, this means that 82 per cent of partnerships were with governments and NGOs, which is an increase of 20 per cent from 2018. Out of these of partnerships with NGOs (a total of 364), 44 per cent were with national and local NGOs, and 55 per cent were with international NGOs. The proportion of partnerships with UN agencies, the private sector, and academics, think tanks and scientific bodies was much lower than NGOs and government bodies, at 6 per cent, 4 per cent and 6 per cent respectively. The category of UN agencies was added to the reporting last year. After no country offices reporting having partnerships with UN agencies the previous year, 19 country offices reported partnerships with UN agencies in 2019. While overall only 4 per cent of partnerships were with the private sector, this differed depending on the country office, with the number of private

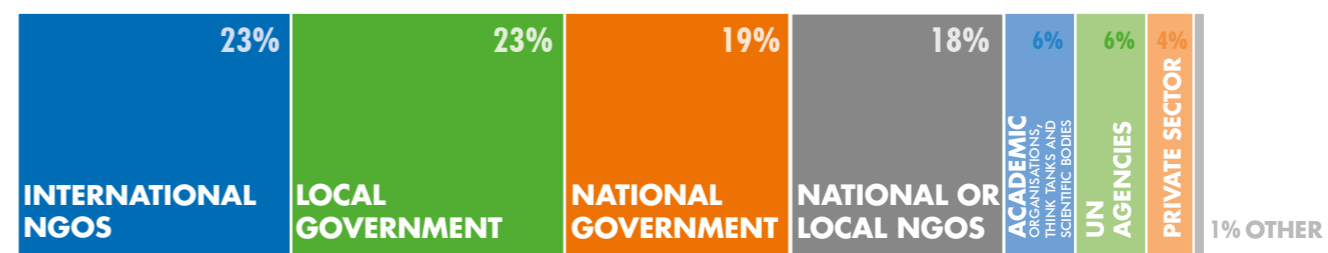


Figure 10.1: Partnerships by partner type

sector partnerships in Mali being high, at a total number of 14.

As a result of types of partnerships made, over half (51%) of projects implemented with partners were with local or national governments, within which 59 per cent were with national governments and 41 per cent with local governments. Despite the fact that an equal number of partnerships were formed with NGOs, just under a third of projects implemented with partners were with either local, national or international NGOs.

The most significant reason for building partnerships in 2019 was to increase access to beneficiaries (at 39%). This finding was different from the previous two years, when capacity building has been the most prominent reason. Instead, in 2019, capacity building was only the purpose for one quarter of partnerships, down 10 per cent from the previous year. Access to beneficiaries was a particularly important reason for the Afghanistan, Philippines and the Central America offices. On the other

hand, capacity building was an important reason for the Madagascar, Chad and the Central America offices. Other reasons for partnerships included, but were not limited to, advocacy, research and handover.

Action Against Hunger reported membership to 98 consortia in 2019, with over half (52%) of Action Against Hunger's country offices holding the position of lead agency within at least one of these consortia. The Central America office was the lead agency within the most consortia, at a total of 14.

**Action Against Hunger's support continues to grow geographically, increasing and diversifying its influence.** Action Against Hunger continues to grow its brand, visibility and support to achieve a world in which no child dies from hunger. With the support of individuals, partners, media, restaurants, schools, and more, we can generate the resources necessary to maintain and expand lifesaving programmes in nearly 50 countries around the world.

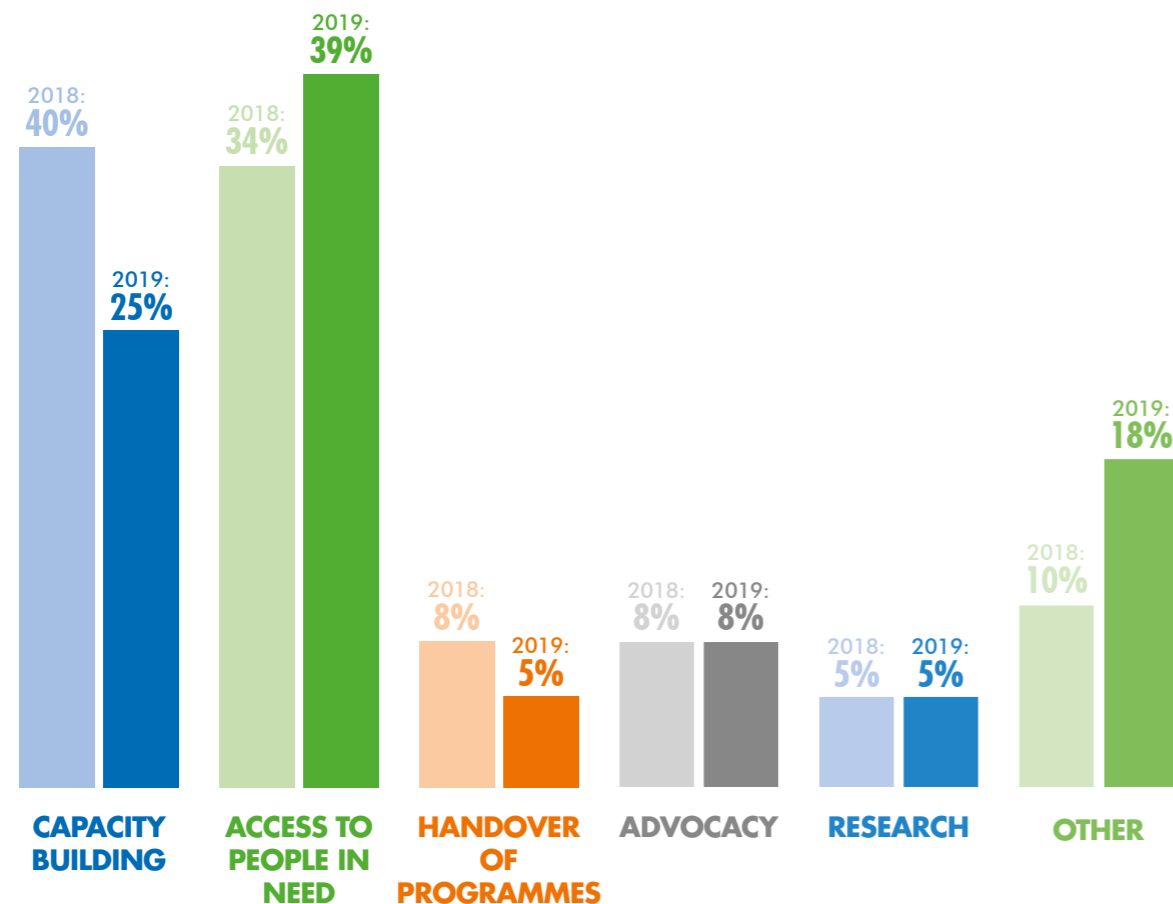


Figure 10.2: Partnerships by purpose

## CASE STUDY

### ACTION AGAINST HUNGER PARTNERSHIPS PROJECT

Action Against Hunger recognises that local partnership is a critical part of its operational modality, particularly as the humanitarian sector continues to evolve. However, Action Against Hunger is yet to position itself clearly in the localisation discourse, particularly how and why the organisation works with local partners. As a result, Action Against Hunger recognises the need to build a clearer and more consistent approach to local partnerships.

In 2018, a Partnership Working Group (PWG) was set up to address this gap and review Action Against Hunger's approach to working with local partners. The aim of the Partnership Project is to build an evidence base on the organisation's current practices, followed by developing recommendations to inform the next International Strategic Plan for 2021 to 2025. The project draws on both primary and secondary data, involving a variety of methodologies, such as a desk review, a review of partnership tools, surveys with Action Against Hunger staff and local partners, as well as consultations with local civil society and Action Against Hunger staff.

The research has shown that the motivations for Action Against Hunger to work with local partners can be grouped into three categories: 1) Access and implementation, 2) Building local capacity and 3) Learning and gaining local knowledge. In addition, it has become clear that Action Against Hunger's technical expertise is its strongest added value to the sector as a whole as well as to local civil society as a partner.

However, only 33 per cent of Action Against Hunger's partnership tools are considered to be operational. Findings from the staff survey show that country offices lack capacity for managing partnerships, in particular because they lack tools and expertise. Through our research it has become clear that the underlying barrier for Action Against Hunger is its need to strengthen its partnership culture, which is closely linked to its heritage as a humanitarian organisation that implements directly and alone.

Key recommendations have been developed in response to the findings, including the following:

- Develop a clearly articulated vision for Action Against Hunger on partnership and localisation.
- Develop and update key documents and tools, including developing a definition of local partnership, reviewing partnership guidelines and developing a local partnership policy.
- Improve Action Against Hunger's partnership management structure by providing training on local partnership, defining roles and responsibilities across member and country offices, and encourage country offices to set up a partnership department.
- Build on Action Against Hunger's current partnerships, by learning from good practice and developing a two-way feedback mechanism.
- Build a partnership culture.

CASE STUDY

**CYCLONE IDAI IN MOZAMBIQUE: A PARTNERSHIP BETWEEN ACTION AGAINST HUNGER AND KULIMA**

After cyclone Idai hit Mozambique in March 2019, 602 people died and a further 146,000 people were displaced. In response to the cyclone, Action Against Hunger connected with its former partner, Kulima, to coordinate and assess the situation.

Action Against Hunger and Kulima conducted an aerial assessment via helicopter, thanks to the Airbus Foundation, dropping into areas impacted by the cyclone to discuss the situation with communities. In addition, they used vehicles on the ground to assess impacted areas. Action Against Hunger and Kulima, in collaboration with Aquassistance, then started to implement an emergency WaSH programme.

An evaluation has since been conducted to explore the partnership between Action Against Hunger and Kulima, as well as to look at how they can work together effectively in future responses.

Below are some of the key findings and recommendations from the evaluation:

- The project exceeded its targets and was able to scale up its operations. While this demonstrates the project's success, this required extensive effort for the Action Against Hunger team, so in future it would be helpful to consider its own and its partner's capacity before scaling up.
- Overall, both Action Against Hunger and Kulima staff agreed that the programme was effective. It was clear from responses that both organisations felt that they were capable of delivering the intended life-saving assistance. There was mutual agreement that there was a strong degree of adaptability of the partnership which was necessary to meet the ever changing context and demands of the programme.
- Kulima's strength is in delivering programmatic activities. This programmatic capability should be utilised in future by ensuring that Action Against Hunger allows Kulima to take the lead on delivering activities, while supporting them in other organisational areas.
- Both Action Against Hunger and Kulima found it challenging working with a new organisation, especially because Kulima had little experience in emergency response. Identifying partnerships in advance, rather than after emergencies have happened, will allow for clearly detailed roles and responsibilities to be developed in advance, and will ensure emergency preparedness is strengthened.

# 11 FUNDRAISING AND COMMUNICATIONS



€92m

PRIVATE SOURCES

2018: €82m



>1m  
PEOPLE GIVING  
A FINANCIAL  
CONTRIBUTION

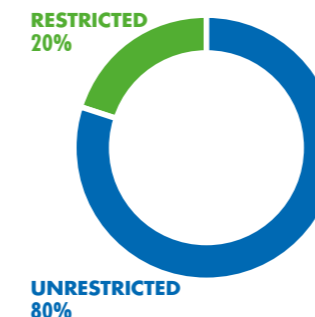


Figure 11.1: Action Against Hunger's private restricted and unrestricted income, 2019

In 2019, across 10 countries, Action Against Hunger's fundraising activities increased our income from private sources by 12 per cent, to €92 million. This was mainly achieved through the loyal support of more than one million people globally, who contributed 80 per cent of our private income sources. These individuals primarily donate on a regular basis, representing a global community of people committed to creating a world without hunger. This foundation of support gives Action Against Hunger the ability to respond quickly in emergencies and to address ongoing crises worldwide, since 90 per cent of income from individual donors is unrestricted.

Additionally, more than 4,700 companies, foundations, restaurants and schools have placed their trust in Action Against Hunger. Notable highlights in fundraising and communications include:

- Support from more than 2,000 schools and half a million students in 17 countries who participated in the "Race Against Hunger" and raised more than €5 million.
- More than 2,100 branches joined to our Restaurants Against Hunger campaign, raising €1 million, including the invaluable support of Michelin Stars chefs such as Enrico Crippa (Italy), Quique Dacosta (Spain) and Nieves Barragan (UK).
- Partnerships with businesses, such as the partnership to reduce food waste with Starbucks in the UK, France, Spain, and other European countries; an incredible partnership with Share in Germany and Movistar in Spain.
- The US team partnered with CNN to secure donated advertising space, increasing new user traffic on our website; in addition, CNN Anchor Zain Asher was a prominent speaker for the annual Action Against Hunger US Gala, which raised \$1.4 million.



- Almost half a million euros income from the multidimensional campaign of branded content developed in Spain “the Fight of the Giants”, with the support of Movistar, DKV Salud, Novotel, and El Pais as media partner, reaching an audience close to €10 million.

One of our main objectives is to educate and raise awareness of the rise in global hunger – 821 million people suffered from food insecurity in 2018 - and to demonstrate that Action Against Hunger is the ‘hunger specialist,’ an authority on preventing and treating malnutrition. Our aim is to highlight our organisational impact and efficiency, our ability to reach more people, and our expertise in innovating and advocating for better ways to deal with hunger. Our communications activities are essential to driving action from all stakeholders, while growing a community of supporters through social media, partnerships, media outreach, content development, and storytelling. In 2019, we reached millions of people through social media, email, and media outreach. We increased our media visibility among top-

tier press including The New York Times, Wall Street Journal, CNN, Newsweek, Reuters, BBC News, Der Tagesspiegel, El Pais, and Liberation, among others.

With our efforts, we will create a movement powered by individuals, foundations, corporations, governments, and local civil society actors to create a better way to deal with hunger, for everyone, for good.

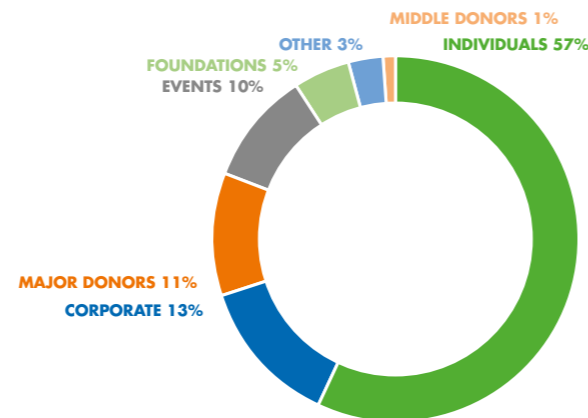


Figure 11.2: Breakdown of private income by source of funds, 2019

## CASE STUDY

### YEMEN CAMPAIGN: STOP ARMS EXPORTS

The conflict in Yemen has developed into the worst humanitarian crisis of our time. Conflict parties are fighting relentlessly, and hunger is being used as a weapon of war. Civilians are barely protected. Over 24 million people in Yemen are urgently in need of humanitarian aid. German arms and technology play a key role in the Yemen war: the Eurofighter, for example, flies air strikes against civilian targets using German parts. Attacks by the conflicting parties on farms, local markets and supply depots, as well as the blocking of transport routes by land, sea and air, systematically starve the people of Yemen and obstruct humanitarian aid.

In 2019, Action Against Hunger in Germany started the awareness campaign “War in Yemen: Stop arms exports, end hunger!”. The main goal was to build pressure on the German government to impose a stop of weapon deliveries to Yemen and all conflict parties involved. In close cooperation with our programme and advocacy department, we developed the content and our main demands towards the German government: to stop arms exports to all warring parties in Yemen, to prolong the export stop for weapon systems to Saudi Arabia, and to close loopholes for deliveries, as well as to enforce an arms freeze

on conflict parties at European level in order to ensure human rights and international humanitarian law on a common basis. Our aim was to engage people with the campaign topic and to invite them to support the organisation on a regular basis. This proved successful: from the more than 30,000 signees, we generated more than 20,000 contacts who have agreed to be kept informed about our work.

By March 2020, the 5th anniversary of the Yemen war, 32,000 people had signed the petition. We organised a public stunt in front of the Ministry of Economic Affairs using motifs of a Yemeni artist. We handed over the petition signatures to the ministry, and requested an official statement. Additionally, we worked together with a broad alliance of organisations from the fields of development, peace and human rights policy, and humanitarian aid on an advocacy level to demand a ban on arms exports to the Yemen military coalition. In March 2020, the German government extended the arms exports ban to Saudi Arabia, also thanks to these advocacy efforts. With our ongoing campaign, we continue demanding a ban on all conflict parties in Yemen at the European level.



## CASE STUDY

### THE INVISIBLE MONSTER

Cinema continues to be one of the most powerful ways of generating engagement in our society. This year, we teamed up with one of Spain’s most successful film directors, Javier Fesser, and Guillermo Fesser, a renowned scriptwriter and journalist, to create a work of fiction about hidden hunger.

Accompanied by our team at the Iligan base in the Philippines, the Fessers spent three weeks with the people in the communities. Based on these encounters, they wrote a script from the perspective of the children they met. This project was financed through crowdfunding and institutional donors in Spain. The result was “The Invisible Monster”, a 32-minute play about chronic malnutrition. It was filmed with a very small technical team in a rubbish dump near

a camp for displaced persons. Using no professional actors, the film wants to portray a harsh reality with a message of hope and optimism. Movistar+, the main pay-TV provider in Spain, bought the broadcasting rights, and the short film has been used as an awareness raising tool in many cities, offered to schools during the “Race Against Hunger”, and presented at festivals.

The Fessers were impressed with our work in the Philippines, and have since become supporters of our organisation, amplifying our message in the media (in over 300 interviews and mentions) and on social media. The culmination of the campaign was a participatory action that, coinciding with the television premiere, invited viewers to make and fly their own kites, a symbol of hope in the film.

## CASE STUDY

### ILLUMINATING CITIES AND RAISING AWARENESS THROUGH IMAGES #40ANSDACTIONS

The year 2019 marked Action Against Hunger's 40th year of action and the fight against hunger. Despite our work reaching more than 17 million people last year, there are still millions of people suffering from hunger. This is why we organised activities all over France to show that this fight is not over.

#### ILLUMINATIONS

On the evening of Wednesday, 16 October, Action Against Hunger supporters mobilised to raise awareness. Façades of iconic buildings were illuminated to show everyone the importance of the fight we are waging. "821 million people suffer from hunger. After 40 years of action, the fight goes on" was projected on walls in several cities in France (Avignon, Orleans, Clermont-Ferrand, Dijon, Grenoble, Lunéville, Paris and Perpignan), thanks to the work of many supporters.

This sentence reminded us why we first decided to fight this fight 40 years ago, but also why it is important to continue it today. Since its creation, the organisation has changed and adapted to the needs of the people we support. Whereas at the beginning, the aim was to respond only to emergencies and crises forgotten by the media, today we also focus on

development, on resilience and on the autonomy of the people we support.

#### EXHIBITION

On the same day, we launched the photo exhibition, "What I see". This exhibition was the result of several workshops that we conducted in four of our countries of intervention across four continents. With the support of photographer Guillaume Binet, we trained participants to take pictures themselves, so that they could document their daily lives: their difficulties and worries, but also their joys and victories. A total of 20 participants, people we support on a daily basis, spoke through the images and showed us their vision of the world during this photographic exhibition.

The exhibitions took place in Paris and Arles, showcasing the participants' photographs as well as Guillaume Binet's work. More than 10,000 people visited the exhibitions and participated in conferences and presentations.

The photographs were also published in a book of the same name, "What I see". Parts of the proceeds will be donated to Action Against Hunger to support our activities.

## ANNEX 1: RESEARCH PUBLICATIONS LIST

### FOOD SECURITY & LIVELIHOODS

*Agroecology - A climate resilient approach for food and nutrition security: lessons learned from Action Against Hunger's project in Bangladesh*, B. M. Dioula, Action Against Hunger France & Khulna University Bangladesh, Poster presented at the 2nd World Conference on Climate Change, Berlin (Germany), September 2019

*Climate Change, agriculture and food security: the potential of edible insects in ensuring a climate resilient food security in Central African Republic*, B. M. Dioula, Action Against Hunger France & Khulna University Bangladesh, Poster presented at the 3rd Agriculture and Climate Change Conference, Budapest (Hungary), March 2019

*Strategies to enhance the resilience of vulnerable communities to cope with waterlogging due to climate change in Satkhira and Jessore districts in Bangladesh*, B. M. Dioula, Action Against Hunger France & Khulna University Bangladesh, Poster presented at the 3rd Agriculture and Climate Change Conference, Budapest (Hungary), March 2019

### MENTAL HEALTH & CARE PRACTICES

*BFS+: Process evaluation of an integrative health approach for lactating women and their babies in humanitarian emergencies in Nguenyiel refugee camp in Gambella, Ethiopia*, S. Murray et al., Action Against Hunger France & Johns Hopkins University, [Poster presented at the Core Group Global Health Practitioner Conference, Bethesda \(USA\), May 2019](#) and at the Research for

[Nutrition Conference, Paris \(France\), November 2019](#)

*Breastfeeding assessment tools for nutritionally at-risk infants aged under 6 months old: a systematic review*, C. Brugaletta et al., Action Against Hunger France, London School of Hygiene and Tropical Medicine, University College London & ENN, [Poster presented at the Research for Nutrition Conference, Paris \(France\), November 2019](#)

*Social representations of malnutrition and health seeking behaviours in Nepal: a comparative study*, S. Caillaud et al., Action Against Hunger France & Université Lumière Lyon 2, Poster presented at the Research for Nutrition Conference, Paris (France), November 2019, <http://bit.ly/392o393>

*Well-being of mothers with severely acute malnourished children in face of adversities in Saptari district - Nepal during 2015-2016*, K. Le Roch et al., Action Against Hunger France, Ministry of Health and Population Nepal & International Centre for Diarrhoeal Disease Research, Bangladesh, Poster presented at the European Psychiatric Association Congress, Warsaw (Poland), April 2019



## NUTRITION AND HEALTH

Assessing the cost-effectiveness of interventions within a humanitarian organisation, [C. Puett, Action Against Hunger France, Disasters 43, April 2019](#)

Correction to: A multicentre, randomised controlled comparison of three renutrition strategies for the management of moderate acute malnutrition among children aged from 6 to 24 months (MALINEA), [M. Vray et al., Action Against Hunger Spain, Trials 20, April 2019](#)

Impact of reduced dose of ready-to-use therapeutic foods in children with uncomplicated severe acute malnutrition: a randomised non-inferiority trial in Burkina Faso, [S. T. Kangas et al., Action Against Hunger France, University of Copenhagen & Centre for Disease Control, PLOS Medicine 16, August 2019](#)

Impact of a reduced ready-to-use therapeutic foods dose on weight gain and recovery of children with uncomplicated severe acute malnutrition: an individually randomised non-inferiority trial in Burkina Faso, [S. T. Kangas et al., Action Against Hunger France, University of Copenhagen & Centre for Disease Control, Poster presented at the World Health Organisation Meeting on Simplified Approaches for the Treatment of Child Wasting, Geneva \(Switzerland\), March 2019, at the FANUS conference, Kigali \(Rwanda\), August 2019, and at the Innovations in the Treatment of Acute Malnutrition: From Evidence to Action conference, London \(UK\), June 2019](#)

Integrated and simplified approaches to community management of acute malnutrition in rural Kenya: a cluster randomised trial protocol, [Action Against Hunger USA & African Population and Health Research Center, E.W. Kimani-Murage et al., BMC Public Health 19, September 2019](#)

Management of severe acute malnutrition by community health workers: Early results of Action Against Hunger research, [P. Charle-Cuellar et al., Action Against Hunger Spain, ENN Field Exchange 60, July 2019](#)

Reduced ready-to-use therapeutic foods dose in the treatment of uncomplicated severe acute malnutrition in Burkina Faso: impact on anthropometry, programmatic outcomes and body composition, [S. T. Kangas et al., Action Against Hunger France, University of Copenhagen & Centre for Disease Control, Poster presented at the Research for Nutrition Conference, Paris \(France\), November 2019](#)

Severe acute malnutrition and mortality in children in the community: Comparison of indicators in a multi-country pooled analysis, [C. Schwinger et al., Action Against Hunger France, Université de Louvain & Université de Bergen, PLoS ONE 14, August 2019](#)

Substandard discharge rules in current severe acute malnutrition management protocols: an overlooked source of ineffectiveness for programmes?, [B. Guesdon et al., Action Against Hunger France & Université de Louvain, ENN Field Exchange 60, June 2019](#)

## WASH

A traditional closed-loop sanitation system in a chronic emergency: a qualitative study from Afghanistan, [S. M. N. Uddin et al., Action Against Hunger France, Asian University for Women, University of Victoria & McGill University, Water 11, February 2019](#)

Hydroclimatic monitoring in chronic humanitarian crisis area - Southwestern Madagascar, [S. D. Carrière et al., Action Against Hunger France, École Pasteur & Université d'Avignon, Poster presented at the UNC Water and Health Conference, North Carolina \(USA\), October 2019 \(article to be published in the Maternal Child Journal and master thesis to be published on Pasteur website\)](#)

Impacts on water, sanitation and hygiene on acute malnutrition, [H. Stobaugh, Action Against Hunger France, published on the](#)

[Research for Action website, December 2019](#) 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>](#)

## ANNEX 2: LIST OF FIGURES

**FIGURE 0.1:** Number of people supported by Action Against Hunger per region and distribution of sectors (%)

**FIGURE 0.2:** Percentage of people supported by Action Against Hunger

**FIGURE 0.3:** Distribution of projects in high burden countries (green) and the rest of the Action Against Hunger network (blue) (2015-19)

**FIGURE 0.4:** Distribution of projects across sectors

**FIGURE 0.5:** Evolution of number of projects across the regions where Action Against Hunger operates (2015-19)

**FIGURE 1.1:** Under-five mortality in the sampled districts of our high burden countries (2017-19)

**FIGURE 1.2:** Beneficiaries of Reproductive and Maternal Newborn and Child activities

**FIGURE 1.3:** Beneficiaries of Nutrition and Health

**FIGURE 1.4:** Number of projects in Care Practices and Nutrition & Health (2018-19)

**FIGURE 1.5:** Number of Health and Nutrition education sessions (2017-19)

**FIGURE 1.6:** Number of mobile and satellite teams for nutrition treatment (2017-19)

**FIGURE 2.1:** Value of cash distributed (including vouchers), high burden countries compared to the rest of Action Against Hunger (2018-19)

**FIGURE 2.2:** People supported by FSL programmes (2015-19)

**FIGURE 2.3:** Improved water points by region (2017-19)

**FIGURE 2.4:** Prevalence of global acute malnutrition (GAM) among children under five, sampled districts of high burden countries (2017-19)

**FIGURE 2.5:** Prevalence of SAM among children under five (2017-19)

**FIGURE 2.6:** Prevalence of chronic malnutrition among children under five, sampled districts of high burden countries (2018-19)

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

**FIGURE 3.1:** SAM admissions by country (2018-19)

**FIGURE 3.2:** Average cure, mortality, defaulter and non-response rates for selected TFP

**FIGURE 4.1:** Number of emergency responses initiated per month, categorised by type of emergency, 2019

**FIGURE 4.2:** Proportion of emergency responses per geographical region, 2019

**FIGURE 4.3:** Emergency responses categorised by type of emergency, 2019

**FIGURE 5.1:** Security classification and number of security incidents by country where Action Against Hunger works, 2019

**FIGURE 5.2:** Number of security incidents at seriousness levels 3, 4 and 5 (2018-19)

**FIGURE 6.1:** Total supply chain volume managed by Action Against Hunger (€ millions), 2015-2019

**FIGURE 7.1:** Proportion of research publications disaggregated by category

**FIGURE 7.2:** Proportion of research projects with a trial registry, published protocol and ethical approval

**FIGURE 8.1:** Action Against Hunger's total revenue (€), 2014-19

**FIGURE 8.2:** Public restricted income (€) by source of funds

**FIGURE 8.3:** Breakdown of expenditure

**FIGURE 8.4:** Progress against International Strategic Plan 2016-2020 fundraising targets

**FIGURE 10.1:** Partnerships by partner type

**FIGURE 10.2:** Partnerships by purpose

**FIGURE 11.1:** Action Against Hunger's private and unrestricted income, 2019

**FIGURE 11.2:** Breakdown of private income by source of funds, 2019

**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.

