



**ANNUAL  
REPORT  
2017**









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# FOREWORD

## OUR CORE PRINCIPLES

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

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### INDEPENDENCE

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### NEUTRALITY

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### NON-DISCRIMINATION

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### FREE AND DIRECT ACCESS TO PEOPLE IN NEED

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### PROFESSIONALISM

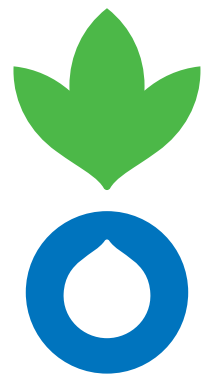
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### TRANSPARENCY

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Action Against Hunger continuously develops and evolves in response to humanitarian and undernutrition crises around the world. Our International Strategic Plan guides us through shared goals and provides an improved strategic framework for our work across our global organization. The 2016-2020 strategy strengthens our work with partners and our approaches to policy and program implementation. Our strategy is articulated around our ambition to contribute to three major aims: mitigating the consequences of hunger; addressing the causes of hunger; and changing the way hunger is viewed and addressed. To measure our impact, we have selected five goals:

### GOALS

1. Reduce mortality in children under five years old
2. Reduce prevalence of chronic and acute malnutrition
3. Increase coverage of programs to treat severe acute malnutrition
4. Address unmet needs in humanitarian emergencies within our scope of work
5. Provide evidence and expertise to improve nutrition strategies for national governments and the international community.

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

**TOGETHER, WE'RE  
CREATING A BETTER  
WAY TO DEAL WITH  
HUNGER.**

**FOR EVERYONE.  
FOR GOOD.**



## MESSAGE FROM THE CHAIRMAN



Something remarkable is happening. In fact, over the past 40 years, Action Against Hunger and its partners have helped reduced the proportion of malnourished children by half. But, every day, more than 5,000 children – two million each year – still lose their fight against hunger's deadly effects.

The world needs a better way to address the global hunger crisis. Action Against Hunger is creating it. For nearly 40 years, this organization has been on the front lines, treating and preventing hunger in the world's most remote places and under strikingly difficult conditions.

This tireless work to end malnutrition is a wise investment in human potential. Studies show that every \$1 spent on hunger treatment can deliver up to \$16 in return. Yet, only 1 in 4 children with life-threatening malnutrition can even hope to access treatment. This is a tragedy that robs our shared future of its full promise. It is a tragedy that we have the power to end.

Action Against Hunger is the world's hunger specialist. This organization is efficient; 93% of donations go directly to lifesaving programs. It is effective, delivering protocols that can reverse the effects of malnutrition 90 percent of the time, when children have access to care and complete treatment. Its approach is scalable, with active operations in 46 countries, and pre-positioned supplies and response teams ready to respond in times of disaster and crisis.

Recently, I saw Action Against Hunger's programs in person on a visit to in Mumbai, India. There, 48 percent of young children are malnourished. India needs a better way to address child hunger. Action Against Hunger is creating sustainable, long-term solutions through the Anganwadi Center.

No other nonprofits work in the Center's overcrowded, extremely low-income urban area. Action Against Hunger is the only support for hundreds of hard-working families, who turn to the organization not only for food, but for economic development, nutrition education, and more.

These programs don't just ensure people receive adequate calories and nutrition, as vital as that is, but also provide human kindness. That's something we all deserve.

In a place with no other options, Action Against Hunger provides expertise, dedication, and care. I saw this firsthand during a cooking demonstration in the home of a local staff member, who was proud to teach others what she has learned about nutrition. She is not alone: more than 95 percent of Action Against Hunger staff come from the countries where they work. That allows the organization to harness local insights and relationships while strengthening the capacity of communities to tackle hunger themselves.

Increasing local self-sufficiency is key, since Action Against Hunger aims to end life-threatening hunger within our lifetimes. It is a remarkably ambitious goal, and one we can achieve if the world works together.

If you donate to Action Against Hunger, thank you. I hope you will take a moment to review this report and all that your support has made possible. If you aren't yet connected with Action Against Hunger, as you read this summary of all that has been accomplished, I encourage you to consider how much more would be possible if you join me in supporting this extraordinary organization.

Opportunity begins where hunger ends. Together, we can create opportunity for everyone, for good. Join us.

Sincerely,

Ray Debbane  
Chairman of the Board

## MESSAGE FROM THE CHIEF EXECUTIVE



Daily headlines report that the world is divided and in crisis. These problems are real, and I believe global hunger doesn't make headlines nearly often enough. Yet, in the tough places where our nearly 8,000 staff work to overcome unthinkable challenges, I see reasons for hope.

I am inspired by the belief that hunger is one problem the world can solve. Hunger is treatable, preventable, even predictable. As the first and only NGO devoted exclusively to ending malnutrition, Action Against Hunger is the leader in a global movement that aims to end deadly hunger within our lifetimes.

I see reasons for hope in the progress we are making against our five-year plan. As the world's hunger specialist, we know what works and are extremely efficient in delivering it. In 2017, we further streamlined operations to ensure that, despite rising costs, 93 cents of every dollar go directly to saving lives today and preventing hunger tomorrow.

By 2020, we aim to **double the number of children who can access treatment for life-threatening hunger**, from three million to six million, and help countless more families realize their ambition of never needing hunger treatment at all.

To advance those goals, in 2017, Action Against Hunger continued to develop innovative new ways of working, expanded our reach to serve more people, and advocated for systemic change. Specifically, we pursued:

1. **Innovation** – We conducted groundbreaking research and tested effective new models for diagnosing and treating more malnourished children than ever before. We showed that most urgent cases don't need expensive solutions in faraway hospitals. More than 90% of the most vulnerable children can be fully cured close to home, with our pioneering hunger treatments delivered by well-trained, caring neighbors. This promises to dramatically expand the number of children we can reach.

2. **Reach** – Globally, we served more than 20 million people in 46 countries in 2017, and I see reasons for hope in each one. We expanded our regional headquarters in Kenya, which is even more efficient and closer to our programs, and invested in outstanding local talent. We responded to 39 emergencies, including the unfolding Rohingya and Yemeni crises.

3. **Advocacy** – In 2017, we further strengthened partnerships with the private sector, other NGOs, policy-makers, and United Nations agencies. This is key to promoting the safety of humanitarian workers as well as the people we serve, since armed conflict drove ten of the world's 13 worst food crises.

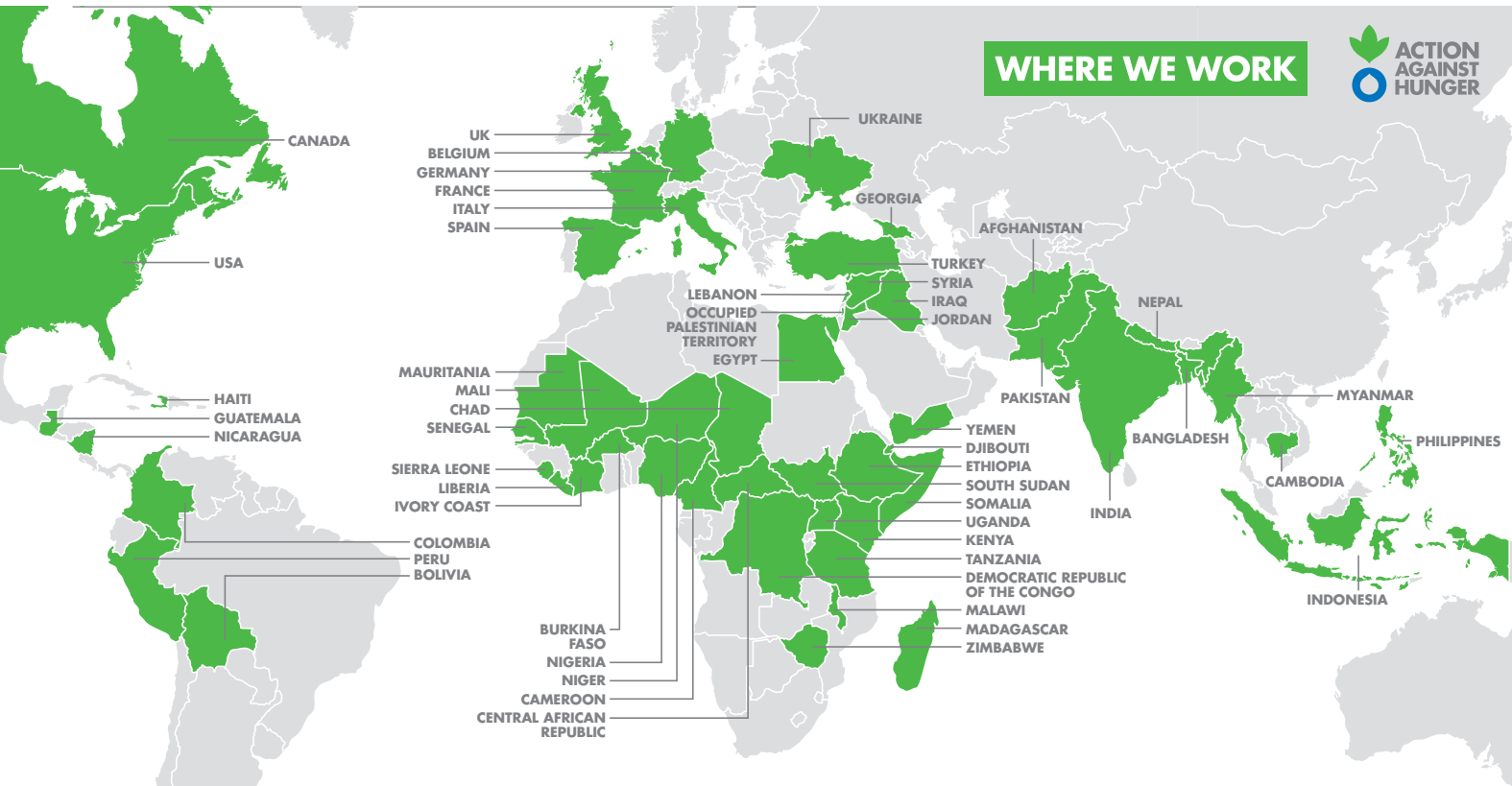
This is critical work. If you believe, as we do, that every life is valuable, then you cannot accept the fact that two million children die from hunger's deadly effects each year.

Hope is critical. Yet, hope is not a strategy. The world needs a better way to deal with hunger. Together with our partners and supporters, Action Against Hunger is creating it. For everyone. For good.

Sincerely,

Andrea Tamburini  
Chief Executive Officer





WHERE WE WORK



IN 2017, ACTION AGAINST HUNGER...

  
 WAS FINANCIALLY SUPPORTED BY  
**1.1M**  
 PEOPLE

  
 EMPLOYED  
**7,869**  
 PEOPLE GLOBALLY

  
 RAISED  
**\$493.2M**  
 REVENUE

DISTRIBUTED  
**\$50.9M**  
 CASH

MANAGED A GLOBAL SUPPLY CHAIN VOLUME OF  
**\$210.5M**

  
 CONDUCTED  
**52**  
 RESEARCH PROJECTS

  
 RESPONDED TO  
**39**  
 EMERGENCIES

  
 REPORTED  
**13**  
 VERY SERIOUS SECURITY INCIDENTS



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



### NUTRITION & HEALTH

**9.9M** people reached

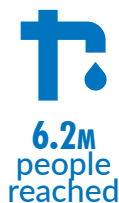
**559,492** people treated for severe acute malnutrition

**240,743** people treated for moderate acute malnutrition

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

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

Using a community-based approach, we treat acutely malnourished children and prevent malnutrition by addressing its underlying causes. We focus on improving the health and survival of the most vulnerable populations, particularly children under age five, pregnant women, and nursing mothers. Our technical expertise is internationally renowned: in nearly 40 years of experience in countries with the highest burdens of hunger, we have helped to develop revolutionary, lifesaving nutrition products and to establish treatment protocols in the field that have become international best practice.



### WATER, SANITATION & HYGIENE

**6.2M** people reached

**329,105** hygiene kits distributed

**12,831** water points improved

**2 MILLION** cubic meters of water delivered

Waterborne diseases are one of the major causes of death for children under five and a major driver of malnutrition. We aim to improve the health of vulnerable children and families around the world and preventing needless child deaths by working in partnership with communities to strengthen infrastructure and systems to provide access to clean water, safe sanitation, and proper hygiene.



### FOOD SECURITY & LIVELIHOODS

**2.3M** people reached

**545,724** people received unrestricted cash

**170,311** livelihoods kits delivered

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

Hunger and malnutrition are linked to poverty and lack of access to sufficient and nutritious food. Action Against Hunger's food security and livelihoods programs aim to empower vulnerable communities to improve nutrition and access to food, income, and markets. For example, we train and build the capacity of small-scale farmers to increase production, and safely store and market their crops. In humanitarian emergencies, we provide cash transfers or food vouchers to help families in crisis buy food and support local markets, while also enabling them to make their own choices about their most urgent needs.



### MENTAL HEALTH & CARE PRACTICES

**1.5M** people reached

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

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

Our mental health and care practices help people in emergencies cope with and overcome trauma, distress, and anxiety, all of which can have an impact on the nutrition of mothers, infants, and young children. Our interventions are varied and tailored to each context, ranging from parental support to behavior change counseling.



### ADVOCACY

We pursue advocacy to support reforms of the humanitarian system, and to uphold and reinforce humanitarian principles and the respect of humanitarian space and actors, especially in conflicts. Our technical advocacy aims to change the way hunger is viewed and addressed and to create an enabling environment for nutrition security. All of our advocacy efforts represent the needs, challenges, and interests of the people and communities we serve, and ensuring their voices are heard and respected. We are also committed to advocacy to ensure the effective implementation of the United Nations' Sustainable Development Goals, especially those that aim to end hunger, ensure healthy lives, achieve gender equality, and ensure water, sanitation, and hygiene for all.



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## BURKINA FASO

**169 STAFF**

**BASES: FADA PAMA BOGANDÉ DIAPAGA**

**OPERATING SINCE 2008**

**REACHED 269,627 PEOPLE**

Burkina Faso is facing major challenges: access to jobs, education, and health care; and the extensive exposure of the population to climate shocks such as flooding, drought, and locust plagues. The country is seeing strong demographic growth, but mother and child health indicators reveal insufficient progress. Undernutrition is endemic, with acute malnutrition standing at 8.6 percent in 2017, down from 11.3 percent in 2009. The rains came early in 2017, signifying a high level of food vulnerability for 2018. 2,631,631 people are food insecure.

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

## CAMEROON

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

We have ended our emergency programs with Central African refugees and host communities in the east of the country, with the long-term goal of setting up projects to empower these populations and strengthen their livelihoods. The Maroua base in the Far North, opened in 2016, now supports all health centers in Tokombere and Goufey districts in order to improve the health system and primary health care. Support activities for water, sanitation, and hygiene have also helped improve access to clean water and reduced water-borne illnesses. A rapid response project was launched in Mayo Sava and Mayo Tsanaga districts to undertake multi-sector assessments of newly displaced populations and respond to their basic needs, including essential water, sanitation, and hygiene needs.

**125 STAFF**

**BASES: YAOUNDÉ BATOURI MAROUA KOUSSER**

**OPERATING SINCE 2014**

**REACHED 151,789 PEOPLE**

## CENTRAL AFRICAN REPUBLIC

**260 STAFF**

**BASES: BANGUI BOSSANGOA BOUAR SIBUT**

**OPERATING SINCE 2006**

**REACHED 220,554 PEOPLE**

Conflict and insecurity have restricted humanitarian access in the Central African Republic, one of the most dangerous countries in the world for aid workers. Calm has been restored to the capital city of Bangui, enabling the local economy to resume. However, in the southeast of the country, armed groups have flourished, taking control and resulting in intensified violence.

Humanitarian needs are rising. Half the country's population depends on humanitarian aid for survival. The number of internally displaced persons increased by 50 percent in 2017—a full quarter of the population is now displaced. In addition, 500,000 Central Africans have fled to neighboring countries as refugees.

Our strategy for 2017 focused on emergency and recovery. The emergency component includes a rapid response project in the northwest, where we are conducting multisector assessments, responding to water, hygiene, and sanitation needs, and providing essential household shelter kits. This component is complemented by a nutrition emergency response team and two mobile drilling teams.

Our recovery projects aim to manage severe acute malnutrition and build the capacity of health staff. We have constructed latrines and are offering psychological support to those suffering from psychological distress. Our agricultural recovery strategy is being implemented through support to sesame and groundnut producers, with an emphasis on seed multiplication.

## CHAD

The humanitarian situation in Chad is characterized by several factors: high infant mortality rate, population movements, food insecurity, disease outbreaks, and security crises. The country is also affected by the regional conflict gripping the Lake Chad basin and suffers the effects of conflict in Libya and the Central African Republic. There has been a huge increase in the number of people displaced, both internally and externally.

According to the 2017 National Nutrition Survey, global acute malnutrition stands at 18.1 percent, and severe acute malnutrition at 3.4 percent. The populations most affected are the internally displaced, refugees, host communities, and those recently returned home after displacement.

In 2017, we continued our food security, mental health support, water and sanitation programs, as well as health and nutrition programs for children under five and pregnant and breastfeeding women in Grand Kanem. In the Lake Chad region, our teams conducted assessments and provided water, sanitation and hygiene assistance. We also launched an emergency water, sanitation, and hygiene response to combat a cholera epidemic in the Salamat region of eastern Chad.

Our advocacy work focused on reducing maternal and child mortality. In cooperation with the UN Office for the Coordination of Humanitarian Affairs (OCHA), we advocated in support of humanitarian principles, improved accountability for humanitarian actors, and crosscutting beneficiary protection.

**292 STAFF**

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

**OPERATING SINCE 1982**

**REACHED 274,160 PEOPLE**



**COTE D'IVOIRE**

**23 STAFF**

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

**OPERATING SINCE 2002**

**REACHED 697,283 PEOPLE**

After a decade of political and military crisis, Côte d'Ivoire aims to become an emerging market by 2020. However, despite improved economic growth, poverty levels remain significant, particularly among rural populations.

In 2017, we worked to develop institutional and community-based structures by supporting twelve community-based healthcare centers in Abidjan. We provide free healthcare to vulnerable populations, including mothers and children and promote essential family practices within communities. Our teams identified the most vulnerable families in Abidjan and Montagnes districts and are working to connect them to the water supply network. We provided technical support to the government to implement the national multisector nutrition plan and to produce national health and nutrition strategies.

**DJIBOUTI**

**15 STAFF**

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

**OPERATING SINCE 2011**

**REACHED 14,101 PEOPLE**

The humanitarian situation in Djibouti is worrying: nearly one-third of the population was in need of humanitarian aid in 2017, with around 155,000 people suffering from food insecurity, a global acute malnutrition rate of 17.8 percent, and roughly 15 percent of the population without proper access to water, healthcare, or sanitation. Extreme poverty and unemployment are endemic.

The government imposed an embargo on international organizations and UN agencies at the end of 2016 and the beginning of 2017, thus paralyzing healthcare interventions. Despite difficulties, our teams have worked with local partners and maintained an efficient emergency response to improve water, sanitation, and hygiene and food security and livelihoods. We have developed operational research, distributed 773 tons of ready-to-use therapeutic foods, supervised health centers, tested and referred cases of undernutrition, trained and raised awareness on health, nutrition and good hygiene practices, and rehabilitated and constructed latrines.

**DEMOCRATIC REPUBLIC OF CONGO**

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

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

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

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

**205 STAFF**

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

**OPERATING SINCE 1996**

**REACHED 378,898 PEOPLE**



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## EGYPT



14  
STAFF



BASES:  
LUXOR  
GREATER CAIRO



OPERATING  
SINCE  
2015



REACHED  
51,013  
PEOPLE

In Egypt, Action Against Hunger works to improve the socioeconomic situation of the most vulnerable communities, especially children, youth, women and men in rural and urban areas through livelihoods, health, and water projects.

Inflation, unemployment, and food and fuel price hikes all significantly affect vulnerable families, but civil society, governmental actors, and an array of development agencies remain fiercely motivated to achieve sustainable growth, meet the country's 2030 strategy, and engage in the UN's Sustainable Development Goals.

In 2017, Action Against Hunger reached 51,000 individuals in Luxor and Greater Cairo. We strengthened the capacity of Egyptian civil society to provide basic social services to Egyptian citizens in the areas of health, nutrition, vocational training, income generation, solid waste management and agriculture. Our teams offered technical assistance to grassroots organizations in proposal design and project cycle management so that they become the owners of their communities' development in collaboration with government development plans. With local partners, the Ministry of Health, and respective Governorates, we improved the services of health facilities through training of health personnel, maternal and child care services, awareness sessions on good health, nutrition care practices towards the health community. We also worked with the Cairo Holding Water and Waste Water Company to implement a water project aimed at increasing the water quantity, quality, and awareness of water for the population.

## ETHIOPIA

Insufficient rains in 2017, exacerbated by the La Niña phenomenon, resulted in drought in southeastern Ethiopia. In early 2016, it was estimated that 10.2 million people were in need of emergency food aid and 2.1 million children and pregnant women were suffering from undernutrition, of which 400,000 were suffering from severe acute malnutrition. The number of food insecure people, however, had reduced by half by early 2017.

Due to instability in bordering countries, particularly South Sudan, Ethiopia is one of Africa's leading host countries for refugees. In December 2017, the total number of asylum seekers and refugees exceeded 892,555. 2017 also gave rise to significant internal population displacements along the border between the Somali and Oromya regions.

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



850  
STAFF



BASES:  
WAGHIMRA  
GAMBELA  
ASSOSA  
SOMALI  
HARARGUE  
BORENA



OPERATING  
SINCE  
1985



REACHED  
988,540  
PEOPLE



**KENYA**

**51 STAFF**

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

**OPERATING SINCE 2002**

**REACHED 129,376 PEOPLE**

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

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

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

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

**LIBERIA**

Liberia remains one of the poorest countries in the world. 83.8 percent of its population lives below the poverty line and 94 percent of workers are poor. Low agricultural production and poor household incomes have caused Liberia to suffer from chronic food insecurity for decades. Healthcare systems are struggling to recover, and the Ebola epidemic proved that the system was still too weak. Chronic malnutrition, at 32 percent, is among the highest in the world. Finally, a decline in funding has reduced resources, slowing the country's recovery.

Action Against Hunger completed its post-Ebola reconstruction work in 2017, including economic and agricultural recovery projects and psychosocial support, having supported 5,000 beneficiaries. Our nutrition teams worked with the Ministry of Health to screen and treat acute malnutrition, treating 3,635 severely malnourished children under the age of five. We have also continued our research into optimized diagnosis and follow-up of severe acute malnutrition. New latrines and additional water points have been rehabilitated, particularly in schools and health centers. To ensure these facilities are maintained, water, sanitation and hygiene committees have been established and training provided.

**22 STAFF**

**BASES: MONROVIA BOMI**

**OPERATING SINCE 1990**

**REACHED 53,583 PEOPLE**

**MADAGASCAR**

**134 STAFF**

**BASES: ANTANANARIVO BONGOLAVA ITASY BETIOKY TULÉAR**

**OPERATING SINCE 2011**

**REACHED 129,646 PEOPLE**

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

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

Our health system strengthening project, launched in 2015, is ongoing and healthcare support activities are underway. Since November 2010, we have been implementing an urban project to prevent and treat moderate undernutrition in the capital among vulnerable families from disadvantaged neighborhoods. In addition, to mitigate the nutrition crisis declared in 2016, emergency programs have been launched in the south, focused on treating acute malnutrition and ensuring access to drinking water. Action Against Hunger, a major actor in emergency responses, intervened in 2017 following Cyclone Enawo in the north and in the Bubonic plague epidemic that hit the country at the end of the year.

**MALAWI**

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

Following a good harvest in 2016-2017, 84 percent fewer people are severely food insecure compared to the previous year. Despite this improvement, however, the Malawi Vulnerability Assessment Committee estimated that 1.04 million people (7 percent of the population) will not be able to meet their food needs in 2017-2018.

During 2017, our teams provided support to more than 300,000 people. Our emergency interventions helped those affected by drought and our nutrition teams worked to prevent and treat malnutrition.

**36 STAFF**

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

**OPERATING SINCE 2016**

**REACHED 442,087 PEOPLE**



**MALI**

- 305 STAFF**
- BASES: GAO, KAYES, BAMAKO, KITA, TOMBOUCTOU**
- OPERATING SINCE 1996**
- REACHED 536,417 PEOPLE**

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

Outside the conflict zones, the effects of climate change can clearly be observed in the Sahel region.

Food and nutrition insecurity have forced people from their homes, and an estimated 4.1 million people will need food assistance in 2018, almost half of them in the Koulikoro, Sikasso and Ségou regions.

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

**NIGER**

- 310 STAFF**
- BASES: TAHOUA, MARADI, DIFFA, NIAMEY**
- OPERATING SINCE 1997**
- REACHED 593,975 PEOPLE**

Although the 2017 harvest was a relatively good one, Niger continues to suffer from extremely high malnutrition rates throughout the territory and remains the poorest country in the region. The conflict with Boko Haram in the Diffa region continues to deteriorate. Additionally, the conflict in northern Mali is affecting the country's southwestern regions (north of Tahoua and Tillabery), which is likely to result in deteriorating security and living conditions in the area.

Our teams are scaling up our response to the crisis caused by the conflict with Boko Haram in the Diffa region, ensuring that basic health, nutrition, and food security needs are met for a large part of the affected population. Challenges in accessing this region, given increasing incursions by Boko Haram and restrictions imposed by the authorities, make it difficult to deliver humanitarian aid to isolated populations.

**MAURITANIA**

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

Drought indicators, rainfall deficits, and unequal rainfall distribution are now at the same levels as during the food crisis of 2011-2012, which impacted a number of countries in the Sahel region. The number of people needing assistance is at levels unseen since 2012. According to the August 2017 National Malnutrition Survey, nearly the entire country is experiencing a critical level of acute malnutrition.

In southern Mauritania, our teams are working to reduce structural vulnerabilities. In the east and south, we aim to prevent and treat malnutrition. We also work in the Mberra refugee camp on the border with Mali to meet urgent water and sanitation needs.

- 236 STAFF**
- BASES: SELIBABY, BASSIKOUNOU, NOUAKCHOT**
- OPERATING SINCE 2007**
- REACHED 141,907 PEOPLE**



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**NIGERIA**

**556 STAFF**

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

**OPERATING SINCE 2010**

**REACHED 6,372,449 PEOPLE**

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

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

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

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

**SENEGAL**

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

An estimated 550,000 people are food insecure and, although the nutrition surveys conducted at the end of 2017 show some improvements, those improvements do not reach everyone at risk. 814,000 people require humanitarian assistance.

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

**84 STAFF**

**BASES:**  
**MATAM**  
**PODOR**  
**LOUGA**  
**DAKAR**

**OPERATING SINCE 2012**

**REACHED 185,201 PEOPLE**

**SIERRA LEONE**

**169 STAFF**

**BASES:**  
**FREETOW**  
**MOYAMA**

**OPERATING SINCE 1991**

**REACHED 139,931 PEOPLE**

Sierra Leone remains highly vulnerable and the 2014 Ebola outbreak further weakened the country. This crisis, and rampant inflation in 2017, have had an impact on the country's food security. Chronic malnutrition remains a problem, with 31.3 percent of the population suffering from stunting and 30 percent of urban residents overweight. Lack of access to basic services is also a problem: 28 percent of the population has no access to clean water, and 80 percent are without access to latrines. In August 2017, flooding and a mudslide hit the capital, causing at least 500 deaths.

In the wake of the flooding in August 2017, our teams deployed to Freetown to provide emergency water, sanitation, and hygiene interventions. They also conducted hygiene promotion, built solar energy water supply systems and latrines, and implemented disaster risk reduction activities. Our nutrition and health team raised awareness of good practices in communities and treated undernutrition in 70 healthcare centers and 30 treatment centers. We also rehabilitated water facilities, provided medical supplies, and strengthened the capacity of health workers. Food security projects and health and hygiene promotion activities were successfully implemented. Finally, we continued to combat undernutrition through advocacy work on health and nutrition policies.

**SOMALIA**

In 2017, Somalia was declared to be in a state of pre-famine. The country has been experiencing prolonged, severe drought and conflict from armed groups. These factors have driven a widespread, dangerous food crisis.

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

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

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

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

**296 STAFF**

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

**OPERATING SINCE 1992**

**REACHED 713,033 PEOPLE**



**SOUTH SUDAN**

**314 STAFF**

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

**OPERATING  
SINCE  
1985  
(BEFORE  
INDEPENDENCE)**

**REACHED  
313,250  
PEOPLE**

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

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

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

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

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



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**UGANDA**

**177 STAFF**

**BASES:**  
KAMPALA  
YUMBE  
KIRYANDONGO  
ADJUMANI  
KAABONG

**OPERATING  
SINCE  
1995**

**REACHED  
597,390  
PEOPLE**

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

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

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

**ZIMBABWE**

**16 STAFF**

**BASES:**  
GUTU  
MBERENGWA  
SHAMVA  
MAKONI

**OPERATING  
SINCE  
2002**

**REACHED  
49,741  
PEOPLE**

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

In 2017, we set up integrated nutrition and water, sanitation and hygiene programs to support those affected by drought following El Niño. This included access to clean water and hygiene promotion, treatment for acute malnutrition, and health worker training. A further objective was to improve the population's food and nutrition security through food voucher distributions and livelihoods protection.



# MIDDLE EAST

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**IRAQ**    

 **118 STAFF**

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

 **OPERATING SINCE 2013**

 **REACHED 361,337 PEOPLE**

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

We support Syrian refugees, internally displaced people, and host communities using a multisector approach, combining all of our fields of expertise. Our food security and livelihoods programs included distribution of rations and food coupons, money transfers, and vocational training. Water, sanitation, and hygiene interventions included an emergency response with tanker trucks in Mosul, installation of water points and networks, sanitation structures and latrines, distribution of hygiene kits, awareness raising, and support for waste management. Our mental health and infant care programs included emergency psychological support, women’s, men’s and children’s group sessions, individual follow-up, support for infants, and the training of mental health professionals. Finally, our nutrition and health interventions supported health centers and helped to set up community-level management for undernutrition treatment in Hammam al-Alil camp.

**JORDAN**   

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

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

 **105 STAFF**

 **BASES: IRBID AZRAQ RUWAISHED**

 **OPERATING SINCE 2013**

 **REACHED 46,112 PEOPLE**

**LEBANON**  

 **147 STAFF**

 **BASES: BEIRUT ZAHLE TYRE**

 **OPERATING SINCE 2006**

 **REACHED 242,676 PEOPLE**

Seven years since the beginning of the crisis in Syria, the needs of 1.5 million Syrian refugees continue to grow. The challenges are greater than ever: refugees face massive socioeconomic difficulties and suffer deep vulnerabilities, in the midst of growing pressure on the host communities and an uncertain future.

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

The 25 percent increase in the population living in Lebanon has had a severe impact on the country’s fragile structure and local communities’ well-being. We are therefore working to ensure that the short-term assistance meets lasting needs and that the Lebanese population benefits from our programs through local production and purchase, improved competition, and enterprise creation.

**OCCUPIED PALESTINIAN TERRITORY**   

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

Three-and-a-half years since the 2014 hostilities that resulted in destruction and loss of life, 2,500 Palestinian refugee families remained displaced and 50,000 homes were still waiting to be repaired.

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

 **51 STAFF**

 **BASES: GAZA HEBRON JERUSALEM**

 **OPERATING SINCE 2002**

 **REACHED 168,354 PEOPLE**





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**SYRIA**  

 **55 STAFF**

 **BASES: DAMASCUS HASSAKEH ALEPPO**

 **OPERATING SINCE 2008**

 **REACHED 1,602,815 PEOPLE**

Although diplomatic talks in Geneva and Astana appeared to herald an end to seven years of war in Syria, 2017 broke the record for population displacements within the country, with 7,665 people fleeing the violence every single day.

Faced with ever-tighter borders, disturbing trends include child labor, children dropping out of school, and gender-based violence. These harmful practices posed a severe test for the population's nutrition security. Around 500,000 Syrians are trapped in ten besieged locations, with Aleppo, Raqqa and Ghouta the most well-known.

Limited access has been a major challenge because, in addition to the difficult security conditions, the authorities have imposed controls and major limitations on our ability to reach the most vulnerable regions. Despite these barriers, in 2017, we managed to enter Aleppo and to launch an emergency response in the Al Areesha camps and in zones under Kurdish control, such as Hasakeh.

**YEMEN**   

Three years of ongoing conflict and economic decline have exhausted the population's adaptation mechanisms, destroyed infrastructure and seriously disrupted the country's economy. Humanitarian intervention in 2017 was restricted in terms of its access to resources, beneficiaries and in its operational capacity.

Yemen faces a severe security and food crisis, with an estimated 22.2 million people in need of assistance. An estimated 17.8 million are food insecure and around 16 million need support for water, sanitation and hygiene. In addition, 16.4 million people lack access to health services, resulting in recurrent waves of cholera. Finally, around 1.8 million children and 1.1 million pregnant and breastfeeding women are severely malnourished, including 400,000 children under the age of five who are suffering from severe acute malnutrition.

Despite difficult access, in 2017 we reached more than 600,000 beneficiaries. We are continuing our nutrition and health programs, especially support for acute malnutrition in children under five and their mothers; food security and livelihoods programs through the direct distribution of food, money, and/or food coupons; and water, sanitation and hygiene programs including promotion and distribution of kits, and rehabilitation of water points and latrines. We have also trained health workers. Finally, nearly 30,000 suspected cases of cholera were treated by Action Against Hunger-supported hospitals in an area of conflict near the town of Hodeidah. We are also very active in the Yemen nutrition cluster and in 2017 led a nutrition assessment in Lahj Governorate.

 **321 STAFF**

 **BASES: HAJJAH HODEIDA ABYAN LAHJ**

 **OPERATING SINCE 2012**

 **REACHED 648,980 PEOPLE**



# ASIA

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## AFGHANISTAN

 **371 STAFF**

 **BASES: GHOR HELMAND KABOUL**

 **OPERATING SINCE 1995**

 **REACHED 191,030 PEOPLE**

In 2017, the conflict intensified compared to last year. Without peace talks and solutions on the horizon, the conflict will continue. The consequences were severe, resulting in 2,640 dead and 5,379 injured, and 471,000 internally displaced. In 2017, 151,000 Afghan refugees returned from Pakistan, 71 percent fewer than in 2016. The needs in the country are great: there has been a major psychological impact on children and adults and a high need for shelter, food security, and livelihoods. Overall, 3.3 million people now need emergency humanitarian assistance, about 10 percent of the population.

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

## BANGLADESH

Following massive population movements from the Rakhine State in Myanmar in August 2017, large numbers of Rohingya and other ethnic minorities crossed the border into Bangladesh. Currently about one million people have taken shelter in the camps and villages in Cox's Bazar. More than 40 percent of the children are stunted, and severe acute malnutrition rates are far above the World Health Organization's emergency thresholds.

The country is also one of the most vulnerable to climatic disasters. In May 2017, heavy rains and landslides caused by typhoon Mora affected more than nine million people. Despite economic indicators constantly progressing, about 31.5 percent of the population lives under the poverty line.

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

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

 **511 STAFF**

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

 **OPERATING SINCE 2007**

 **REACHED 1,215,696 PEOPLE**

## CAMBODIA

 **33 STAFF**

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

 **OPERATING SINCE 2013**

 **REACHED 40,838 PEOPLE**

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

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

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

## INDIA

With one of the fastest growing economies, India is now among the world's five largest economies, and shows continuous improvement with a high life expectancy, literacy rate, and health conditions. However, the country still has a long way to go, ranking at 62nd among 133 countries in the Inclusive Development Index.

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

The nonstop work of development organizations has led to a positive stance by the central government with the creation of the new National Nutrition Mission (NNM). It signifies governmental awareness of the need for concrete steps to tackle undernutrition in India. NNM offers better integration of different approaches towards better nutrition in the country's future.

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

 **140 STAFF**

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

 **OPERATING SINCE 2010**

 **REACHED 58,846 PEOPLE**



**INDONESIA**

**15 STAFF**

**BASES: JAKARTA PROVINCE NUSA TENGGARA TIMUR**

**OPERATING SINCE 1998**

**REACHED 6,555 PEOPLE**

Despite a very strong economic upturn over the last few years, poverty, unemployment, corruption, and poor infrastructure are still present in Indonesia. The state of population health and sanitary facilities, access to medical services, quality of care is very worrying. The global acute malnutrition rate stands at 21.2 percent and severe acute malnutrition at 3.9 percent, which is above the emergency levels defined by the World Health Organization. Moreover, in a country where there is extreme inequality and exposure to natural disasters, the climatic threats have a greater effect on the vulnerable communities.

In 2017, with the Indonesian Ministry for Health, we led on community-based management of acute malnutrition, with a particular focus on screening, admitting, and treating severe acute malnutrition. In response to a water crisis in the east and in the regions affected by El Niño, our water, sanitation and hygiene programs opting for an access to water per household approach, rather than per village, and promoting ram water pumps. In December 2017, after the food security and livelihoods of the rural groups of two villages had been strengthened, a multisectoral project implemented with local partners came to an end.

In Kupang District, Action Against Hunger implemented a project targeting 49 health centers that trained and supported staff in order to strengthen health system capacity to fight against malnutrition.

**NEPAL**

**39 STAFF**

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

**OPERATING SINCE 2011**

**REACHED 213,724 PEOPLE**

Nepal is the most exposed country in the world to natural disasters due to its geography. Its location and the populations' vulnerability to natural disasters are made worse by global climate change. Field surveys have identified alarming rates of malnutrition.

Our response to the 2015 earthquake, involving a multisectoral operational program in shelter, sanitation and hygiene, and psychosocial support extended into 2017. Two other programs were introduced: a humanitarian aid program for people affected by flooding in Rautahat and a multisectoral program aimed at strengthening food security and nutrition among vulnerable families in Nawalparasi. A field survey was also carried out in Saptari.

In 2017, 138,454 people benefited from our activities led in partnership with seven civil society partners, as well as with the district authorities. Our strategy was to strengthen the operational capacities of our local partners and transfer the necessary competence to them. This required strong advocacy for large-scale nutritional operational programs in the country.

**MYANMAR**

The humanitarian situation in Myanmar, made worse by chronic poverty, is complex. Exposure to natural disasters like floods, food insecurity, armed conflicts, inter-community clashes, and massive displacements have left around 863,000 people in need of humanitarian aid. After violence escalated in Rakhine State, more than 650,000 Rohingya have left for Bangladesh since August 2017. In Kachin and Shan, around 106,000 people are still in displacement camps. The chronic malnutrition rate remains very high, at more than 30 percent, in particular in the regions of Chin, Rakhine, and Shan, where it is at 50 percent.

Our operational strategy is threefold. Our teams treat and prevent acute malnutrition in children under five years old and pregnant and breastfeeding women in Rakhine and Kayah, and integrate interventions to improve access to water, sanitation, and hygiene, and mental health and infant-care practices. We also work to reduce the impact of the natural disasters on the very exposed coastal communities in Rakhine State. We aim to give vulnerable people, including pregnant and breastfeeding women, children under five, refugees or displaced people, better access to basic services through advocacy. As a member of several multi-partner consortiums, we promote the independence of international organizations, defend humanitarian principles, reconcile the humanitarian and development rationale, and implement common advocacy actions both nationally and internationally.

**391 STAFF**

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

**OPERATING SINCE 1994**

**REACHED 50,414 PEOPLE**



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**PAKISTAN**

**284 STAFF**

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

**OPERATING SINCE 2005**

**REACHED 931,849 PEOPLE**

Undernutrition is a major concern in Pakistan. Action Against Hunger works to address the causes and mitigate the effects of hunger. In 2017, in close partnership with local health authorities, we focused on ensuring access to treatment for children with severe acute malnutrition. We completed the Women and Infant/Child Improved Nutrition program in Sindh, a multi-year European Union-funded project which included extensive nutrition coverage through outpatient therapeutic programs across Dadu district. Following the closure of this program, we established and operated outpatient therapeutic program sites in Daud, Matiari, Khairpir, and Ghotki district with support from the Swedish Government and UNICEF. In the same districts, we also supported operations in four stabilization centers within the Government's district headquarter hospital.

To address the causes of hunger, we focus on preventing diseases, such as worms and diarrhea, increasing food security, and promoting safe hygiene and sanitation practices. This includes direct activities to encourage behavior change, particularly among women. We supported agriculture activities such as vaccination campaigns for livestock, established gardens to promote dietary diversity, provided food vouchers, and supported social safety net cash transfers to improve livelihoods security. We partnered with Government agencies to support disaster planning and risk reduction. Our activities are, wherever possible, supported by research to change and improve the way hunger is addressed.

**PHILIPPINES**

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

Our teams provided emergency assistance in the wake of clashes in Marawi, which was half destroyed and has significant humanitarian needs in order for residents to return. In 2017, Action Against Hunger in the Philippines opened a new base to implement additional water, sanitation, and hygiene, food security, and disaster risk reduction projects.

**116 STAFF**

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

**OPERATING SINCE 2000**

**REACHED 299,284 PEOPLE**





# LATIN AMERICA & THE CARIBBEAN

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**BOLIVIA**   

 **1 STAFF**

 **BASES: SANTA CRUZ BENI**

 **OPERATING SINCE 2000**

 **REACHED 12,651 PEOPLE**

In the last decade, the growth and maintenance of the Bolivian economy has helped to reduce poverty from 59 percent to 39 percent. While social indicators have improved, significant inequalities persist in several areas including geographical area, ethnic background, gender identity, and socioeconomic stratum.

Half of Bolivia's population lives in rural areas, including most of the indigenous population. Rural poverty is related to lack of essential assets. In areas with fewer resources, the poorest population groups are typically peasant farmers living on small land plots, without access to basic infrastructure.

In 2017, we concluded our operations in the country.

**COLOMBIA**   

The peacebuilding process in Colombia has dragged on and, despite reaching an historic peace agreement, violence and displacements continue – a result of old and new armed groups restructuring power dynamics within communities.

While the civilian population struggles, the resources available to meet humanitarian needs have declined and funds for peacebuilding have not yet been finalized.

In 2017, Action Against Hunger incorporated peacebuilding into our work. We also responded quickly and efficiently to the emergency in Mocoa, where a landslide destroyed large parts of the town, and in La Guajira, where we are focused on addressing the nutrition crisis. In La Guajira and in Santander, our teams are closely monitoring the humanitarian needs of Venezuelan migrants entering Colombia in search of work and resources.

 **57 STAFF**

 **BASES: PUTUMAYO NARINO CORDOBA LA GUAJIRA**

 **OPERATING SINCE 1998**

 **REACHED 40,838 PEOPLE**

**GUATEMALA**   

 **30 STAFF**

 **BASES: CHIQUIMULA ZACAPA EL PROGRESO**

 **OPERATING SINCE 1996**

 **REACHED 31,206 PEOPLE**

The political situation in Guatemala remains highly fragile. A government crisis in 2017 resulted in the resignation of several ministers. 73 percent of the population lacks medical coverage and 53 percent have insufficient income to cover their nutrition needs. The government's inability to ensure access to basic services exacerbates insecurity among the most vulnerable populations in the face of social inequality and the impact of climate change.

Action Against Hunger leads Guatemala's humanitarian consortium working to address the food crisis in the Dry Corridor. We also work to improve nutrition in Chiquimula, and we have set up a system to monitor population vulnerabilities.



**HAITI**

**106 STAFF**

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

**OPERATING SINCE 1985**

**REACHED 569,451 PEOPLE**

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

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

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

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

**NICARAGUA**

In the communities where Action Against Hunger works in Nicaragua, most families depend on agriculture for their main source of income. Harvests are dwindling, due to scarce land availability – mostly located on dry hillsides – combined with the effects of climate change. This affects both the nutrition status of families and their opportunity to earn an income by selling produce.

We work alongside communities and local authorities to improve tourism as an alternative socioeconomic development strategy to subsistence agriculture.

**2 STAFF**

**BASES: MADRIZ**

**OPERATING SINCE 1996**

**REACHED 768 PEOPLE**

**PERU**

**15 STAFF**

**BASES: PIURA PUNO AYACUCHO**

**OPERATING SINCE 2007**

**REACHED 78,796 PEOPLE**

Child malnutrition is a serious public health issue in Peru. Anaemia affects 43 percent of children under the age of three across the country, increasing to 80 percent in rural areas. In 2017, the El Niño phenomenon resulted in heavy rains, causing severe flooding and landslides along the northern coast. The government declared a national state of emergency in the Piura region.

Action Against Hunger's teams in Puno aim to reduce risks and improve housing and production. Much of our work this year has focused on the humanitarian response to flooding in Piura. Our nutrition programs focus on reducing anaemia. Soon, we will begin to work on the issue of employability in Lima.



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# EUROPE

SPAIN	50
GEORGIA	50
TURKEY	51
UKRAINE	51





**SPAIN** 

 **106 STAFF**

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

 **OPERATING SINCE 2013**

 **REACHED 3,772 PEOPLE**

Although more than 611,000 jobs were created in 2017, 3.4 million people remain unemployed in Spain. Even among those employed, many have no guarantees of stability; 90 percent of new contracts in 2017 were temporary.

In 2017, our operations in Spain increased by 60.5 percent compared to the previous year, reaching 3,772 people, of whom 64 percent were women. The VIVES EMPLEA employment program is an innovative program for personal development and employment support. We have implemented 67 projects with 1,792 participants, of which 45 percent have been able to enter the labor market. The VIVES EMPRENDE program has contributed to the creation of 104 new businesses and provided support to 34.

In 2017, we began to provide technical assistance to the Prison Work Unit, which gives training and employment to inmates, increasing their capacity of professional work. The program aims to support reintegration of people deprived of liberty.

Action Against Hunger has also positioned itself at the European level to lead the European Innovation Network for Inclusion, and participated in five consortiums of innovative approaches to increase societal inclusion of at risk population groups.

**GEORGIA**  

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

In 2017, we established rural employment and development projects, offering technical assistance to cooperatives through vocational training and provision of technical and financial advice. We worked with vulnerable populations in Georgia, including minorities and internally displaced people. We also aim to mitigate the effects of a plague that affected both zones, Georgia and Abkhazia, significantly harming the livelihoods of rural populations.

 **33 STAFF**

 **BASES:**  
GALI,  
TBILISSI,  
SUKHUMI

 **OPERATING SINCE 1994**

 **REACHED 2,549 PEOPLE**

**TURKEY**   

 **1 STAFF**

 **BASES:**  
HATAY,  
MERSIN,  
ADANA,  
KAYSERİ,  
URFA,  
DIYARBAKIR,  
BATMAN,  
MARDIN,  
ISTANBUL

 **OPERATING SINCE 2011**

2017 marked the seventh year of the Syrian crisis, and the Turkish context remains host to a high number of Syrian refugees, reaching more than 3.3 million people this year. Since the beginning of the crisis, the Government has been engaged in the response, though the legal framework for international and national organizations to operate remains challenging, and the operating space is shrinking, despite acute needs, especially in protection, livelihoods, mental health and psychosocial support, social cohesion, and local network and coordination.

Action Against Hunger's effective collaboration with a local organization, Support To Life, focuses on capacity building and institutional relations for a longer-term approach, and on increasing technical expertise to maximize the impact of ongoing projects.

**UKRAINE**   

Nearly four years after the conflict in Ukraine began, no progress has been made toward a practical political solution. Food security deteriorates as each day passes, and four million people need humanitarian aid. Humanitarian organizations face not limited access, due to precarious security conditions, but also legal constraints, trade embargoes, limited supplies, and increasingly depleted funding. The psychological impact on the civilians has been disastrous, with more than two million people currently needing medical assistance. Present since 2014, we are withdrawing from Ukraine during the first quarter of 2018.

In order to withdraw while ensuring the continuity of our work, we have implemented our last project through a consortium. In the areas under government control, support to people traumatized by conflict was handed over to psychiatrists and social workers. We have helped meet the needs of vulnerable people, providing food, medicine, and hygiene supplies. Our teams have assisted in improving water, sanitation, and hygiene and provided technical support and material to communities with damaged water supply networks. Lastly, with the support of other organizations, we have been involved in advocacy activities so that human rights are respected.

 **6 STAFF**

 **BASES:**  
KIEV,  
SEVERO-DONETSK

 **OPERATING SINCE 2014**

 **REACHED 15,797 PEOPLE**







# ACTION AGAINST HUNGER USA FINANCIAL STATEMENTS

## STATEMENT OF FINANCIAL POSITION

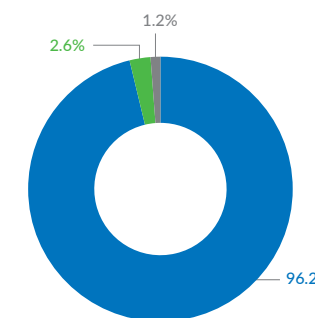
ASSETS	2017	2016
Cash and cash equivalents (Note 2):		
Headquarters	\$ 13,738,416	\$ 5,973,494
Field offices	\$ 2,723,194	\$ 522,657
<b>Total cash and cash equivalents</b>	<b>\$ 16,461,610</b>	<b>\$ 6,496,151</b>
Grants receivable (Note 3)	\$ 73,644,893	\$ 48,313,234
Travel advances and other receivables	\$ 3,129,551	\$ 1,354,015
Prepaid expenses	\$ 167,240	\$ 198,889
Program advances to network (Note 4)	\$ 835,477	\$ 775,491
Deposits	\$ 2,250	\$ 2,250
Furniture, equipment, vehicles and leasehold improvements, net (Note 5)	\$ 1,388,051	\$ 1,576,620
Right-of-use asset, net (Note 11)	\$ 9,062,292	\$ 9,759,392
<b>TOTAL ASSETS</b>	<b>\$ 104,691,364</b>	<b>\$ 68,476,042</b>
<b>LIABILITIES AND NET ASSETS</b>	<b>2017</b>	<b>2016</b>
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 4,619,575	\$ 1,891,881
Provision for unanticipated loss	\$ 883,100	\$ 692,579
Due to Network (Note 4)	\$ 9,791,597	\$ 1,939,662
Operating lease obligation (Note 11)	\$ 9,631,916	\$ 10,194,953
Deferred rent (landlord construction), net (Note 11)	\$ 885,683	\$ 953,813
<b>Total liabilities</b>	<b>\$ 25,811,871</b>	<b>\$ 15,672,888</b>
<b>NET ASSETS</b>		
Undesignated	\$ 9,351,139	\$ 3,619,727
Designated (Note 9)	\$ 760,000	\$ 760,000
<b>Total unrestricted net assets</b>	<b>\$ 10,111,139</b>	<b>\$ 4,379,727</b>
Temporarily restricted (Note 6)	\$ 68,768,354	\$ 48,423,427
<b>Total net assets</b>	<b>\$ 78,879,493</b>	<b>\$ 52,803,154</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 104,691,364</b>	<b>\$ 68,476,042</b>

## STATEMENT OF ACTIVITIES 2017

REVENUE AND SUPPORT	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL
Contributions	\$ 8,703,165	\$ 88,355	\$ 8,791,520
Special events, net	\$ 1,013,236	-	\$ 1,013,236
Grants (Notes 7 and 15):			
U.S. Government	-	\$ 37,908,541	\$ 37,908,541
Non-U.S. Government	-	\$ 72,361,196	\$ 72,361,196
In-kind contributions (Note 10)	\$ 52,572,009	-	\$ 52,572,009
Interest income	\$ 245	-	\$ 245
Other revenue	\$ 120,014	-	\$ 120,014
Net assets released from donor restrictions (Note 8)	\$ 101,484,651	\$ (101,484,651)	-
<b>TOTAL REVENUE AND SUPPORT</b>	<b>\$ 163,893,320</b>	<b>\$ 8,873,441</b>	<b>\$ 172,766,761</b>

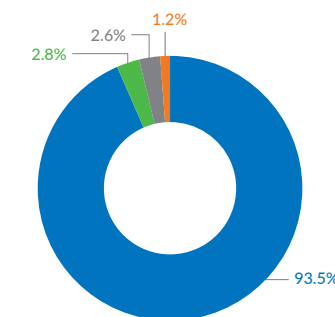


## TOTAL EXPENSES FOR 2017



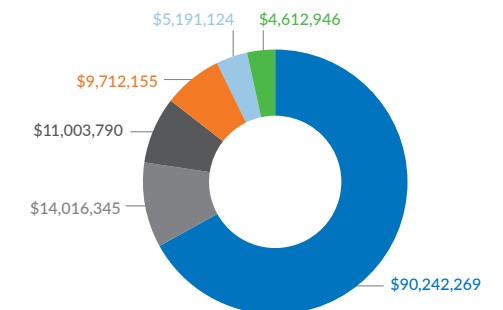
- Programs
- Management and General
- Fundraising

## HOW WE USED OUR RESOURCES



- Program Services
- Program Support
- Fundraising

## WHERE WE USED OUR RESOURCES



- Nigeria
- Haiti
- South Sudan
- Somalia
- Uganda
- Pakistan



# GLOBAL FINANCE REPORT



**€412m**  
TOTAL ANNUAL INCOME  
2016: €307.6m



**€321.5m**  
RESTRICTED PUBLIC FUNDS  
2016: €228.6m



**€79.4m**  
PRIVATE SOURCES  
2016: €73.9m



**€11.1m**  
OTHER REVENUE  
2016: €5.1m

The resources of Action Against Hunger International include input from our members in France, Spain, the United States, Great Britain, Canada, Germany, and Italy.

The figures represented here are a combined, unaudited summary of the provisional annual accounts of network members.

As the Euro is the network's main currency, the sums expressed are converted into Euros at the historic annual average rate.

**Action Against Hunger's International Strategic Plan targets total annual income of €500 million by 2020.** With more resources spent in the most cost efficient manner, our interventions to reduce hunger and malnutrition will have even greater scale and impact.

A key element of our strategy is to grow income from private sources by 2020 to €130 million (around one-quarter of total income), through partnerships with the private sector and engaging the general public in new and innovative ways. Our 2020 target to raise €370 million in institutional funding will require us to build on the excellent track record we have working with national and multilateral governmental donors and civil society organizations around the world.

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

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

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

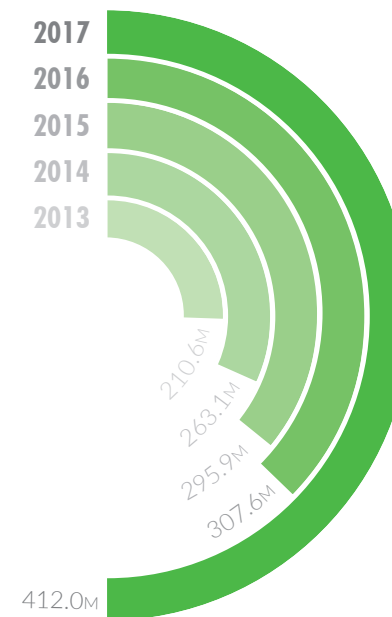


Figure 24: Action Against Hunger's total revenue (€), 2013-2017

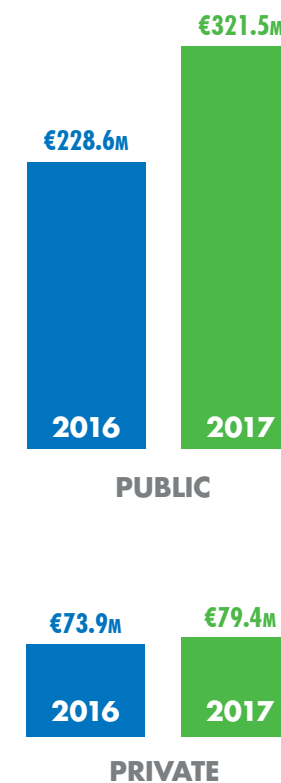


Figure 25: Action Against Hunger's public and private income, 2016 and 2017, € millions

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

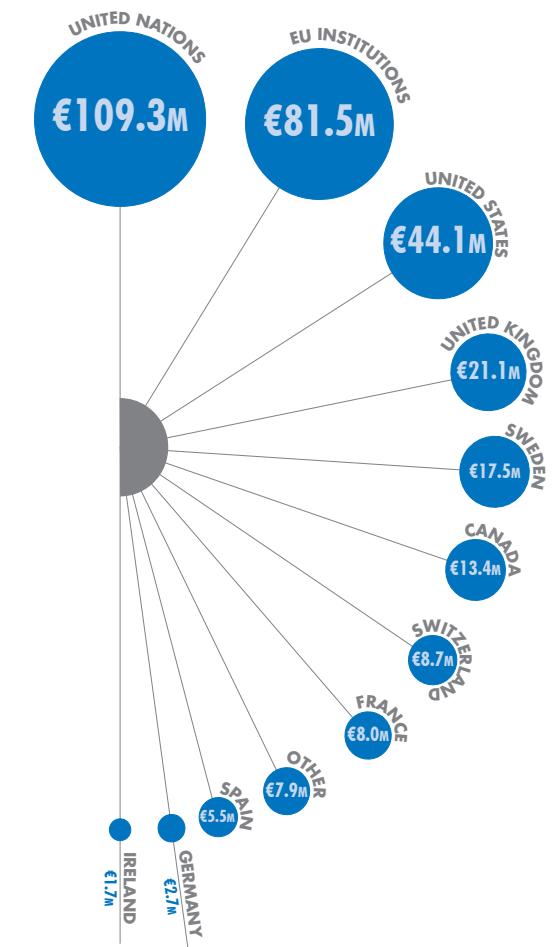
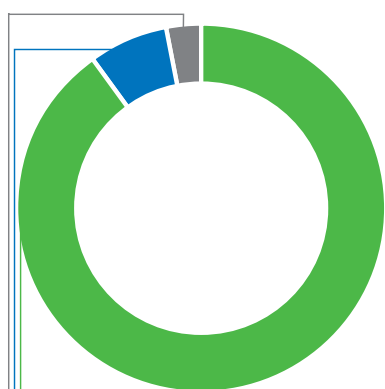


Figure 26: Action Against Hunger's public restricted income, by source of funds, 2017

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





**PROGRAMMES 90%**  
**FUNDRAISING 7%**  
**MANAGEMENT, GOVERNANCE  
 AND SUPPORT SERVICES 3%**

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

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

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





# US PARTNERSHIPS

We engage in partnerships with multilateral organizations, governments, academic institution, and the private sector to increase our impact and sustainability, optimize learning and innovation, maximize resources, deepen our influence on policy and practice, and reach those in greatest need.

## CORPORATE AND FOUNDATION PARTNERSHIPS



## ADVOCACY PARTNERSHIPS



## INSTITUTIONAL PARTNERSHIPS





# US LEADERSHIP

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Treasurer

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Secretary – Chief Executive Officer  
Action Against Hunger

**Alain de Berdouare**

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**Paul Ofman**  
RHR International

**Karim Tabet**  
TAP Advisors LLC

**Sandra Tamer**

**Kara Young**  
Hair Rules

## SENIOR MANAGEMENT TEAM

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Chief Executive Officer

**Richard Haselwood**  
Director of Operations

**Saul Guerrero**  
Director of Technical Expertise and Research

**Craig W. Love, CPA**  
Chief Financial Officer

**Hajir Maalim**  
Regional Director, East Africa

**Kim Pucci**  
Director of External Relations

**Eveline Tavares**  
Director of HQ Human Resources







## THANK YOU

Thank you to all of our committed, dedicated supporters for being part of our movement to create a world free from hunger.

Our lifesaving and lifechanging work would not be possible without you.

Your willingness to care, and to act, is the key to long-term change.

The world needs a better way to deal with hunger. Together, we're creating it. For everyone. For good.





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All contributions are tax-deductible to the full extent of the law.





**THE WORLD NEEDS A BETTER WAY  
TO DEAL WITH HUNGER.  
TOGETHER, WE'RE CREATING IT.  
FOR EVERYONE.  
FOR GOOD.**