



**INTERNATIONAL
ANNUAL
REPORT
2018**





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IN 2018, ACTION AGAINST HUNGER...



WAS FINANCIALLY
SUPPORTED BY
1+ M
PEOPLE



EMPLOYED
7,646
PEOPLE GLOBALLY



REACHED
21.1 M
PEOPLE



RAISED
\$469.6M
REVENUE



CONDUCTED
25
RESEARCH PROJECTS



RESPONDED TO
37
EMERGENCIES



NUTRITION

 **6.1 MILLION**

people supported by our nutrition programs

 **747**

nutrition assessment & surveillance reports

 **260**

mobile and satellite teams for nutrition treatment

 **729,918**

admissions to community-based treatment programs

HEALTH

 **39,191**

health and nutrition education training sessions

 **2.6 MILLION**

people supported by our health programs

 **2,269**

health centers

MENTAL HEALTH AND CARE PRACTICES

 **127**

care practices projects

 **5,968**

people received a mental health and care practice kit

 **45**

mental health projects

DISASTER RISK REDUCTION AND MANAGEMENT

 **53,238**

people supported by our health system preparedness work

 **140,603**

people supported by our DRR and DRM programs

 **51,047**

people received DRR and DRM training

WATER, SANITATION AND HYGIENE

 **8.9 MILLION**

people supported by our WASH programs

 **2.6 MILLION**

hygiene kits distributed

 **32,363**

water points improved

 **6.5 MILLION**

cubic meters of water delivered

FOOD SECURITY AND LIVELIHOODS

 **2.7 MILLION**

people supported by our FSL programs

 **341,794**

people received unrestricted cash

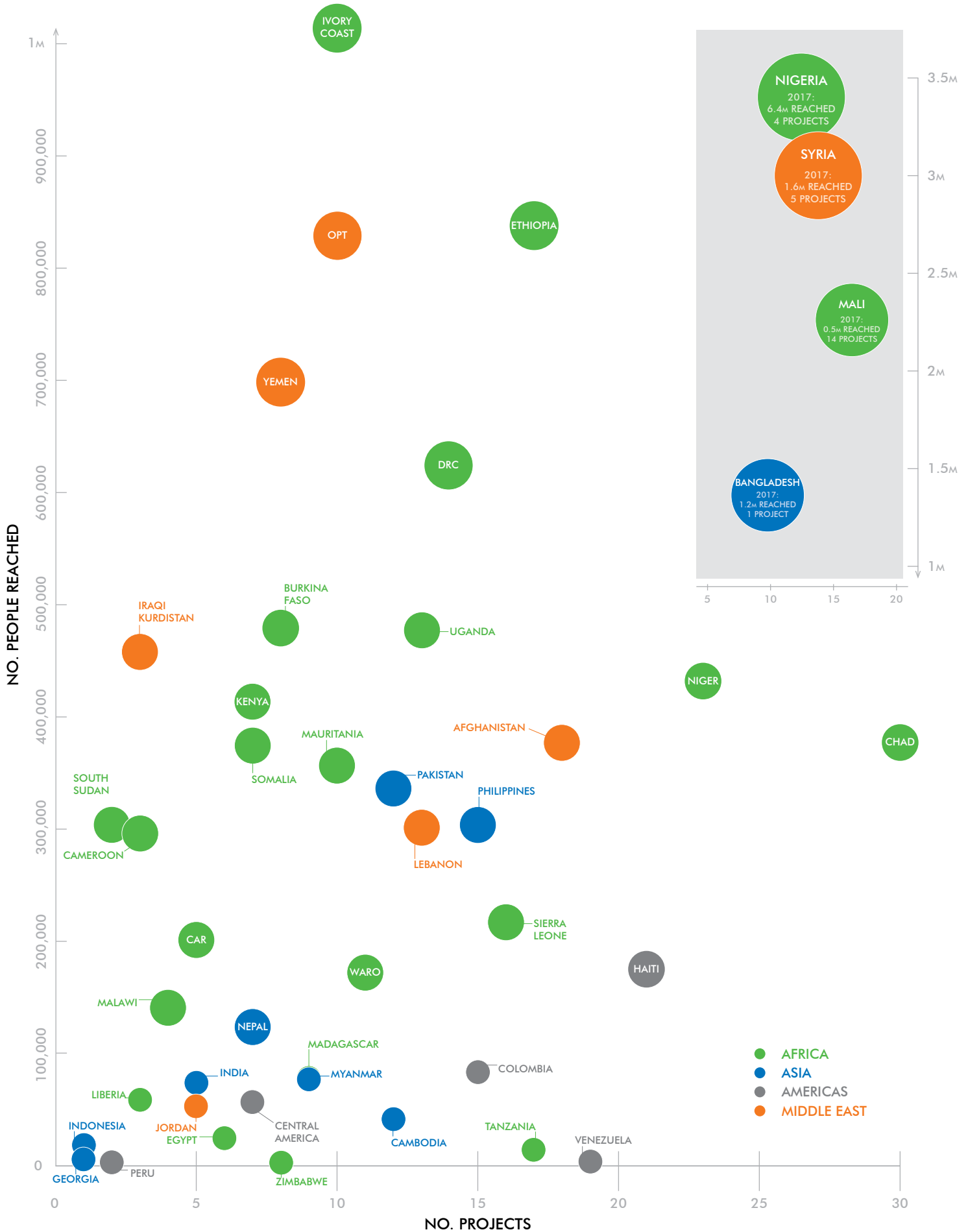
 **140**

food security and livelihoods projects

 **28,776**

metric tons of food assistance delivered

ACTION AGAINST HUNGER REACHED OVER 21 MILLION PEOPLE IN 2018



INTRODUCTION

There are three major goals of Action Against Hunger’s International Strategic Plan 2016-20: to mitigate the consequences of hunger; to address the causes of hunger; and to change the way hunger is viewed and addressed. These aims contribute towards the 2030 Agenda for Sustainable Development, specifically the Sustainable Development Goals which strive to achieve zero hunger, good health, gender equality, and clean water and sanitation.

GLOBAL GOAL 2: ZERO HUNGER

End hunger achieve food security and improved nutrition and promote sustainable agriculture.

GLOBAL GOAL 3: GOOD HEALTH

Ensure healthy lives and promote wellbeing for all at all stages of life.

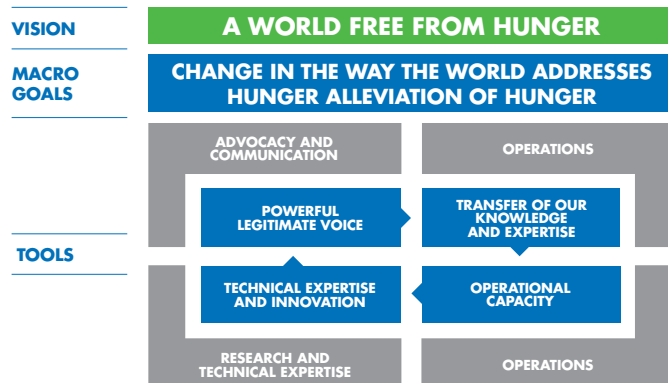
GLOBAL GOAL 5: GENDER EQUALITY

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.

Our aims are framed by Action Against Hunger’s theory of change, which is an overarching guide for achieving a world free from hunger. It outlines our four crosscutting tools: powerful and legitimate voice; transfer of our knowledge and expertise; operational capacity; and technical expertise and innovation.



Our Annual Report 2018 highlights the ways in which Action Against Hunger has contributed to achieving a world free from hunger, through several sectors:

 **DISASTER RISK REDUCTION/MANAGEMENT**

 **FOOD SECURITY & LIVELIHOODS**

 **MENTAL HEALTH & CARE PRACTICES**

 **ADVOCACY**

 **WATER, SANITATION & HYGIENE**

 **NUTRITION AND HEALTH**

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BURKINA FASO



**175
STAFF**



**FADA
PAMA
BOGANDÉ
DIAPAGA
ORODARA**



**OPERATING
SINCE
2008**



**REACHED
476,360
PEOPLE**

2018 was marked by a difficult security context, as violence broke out in new areas of Burkina Faso. More than 620,000 people were directly affected by insecurity, 490,000 of whom urgently need nutrition, education and health assistance after schools and health centers were forced to close. The nutrition situation is worrying: 1.6 percent of children between six months and five years are acutely malnourished.¹ This Sahelian country is regularly hit by natural disasters with dramatic consequences for communities, which are increasingly vulnerable to seasonal shocks.

In 2018, our teams responded to both structural challenges and nutrition insecurity that resulted from a poor agricultural season. We focused on mitigating the consequences of nutrition insecurity by strengthening health systems and advocating for the integration of nutrition into national development policies and budgets. To prevent further weakening of the population after a prolonged period of nutrition insecurity, our teams boosted income-generating activities, encouraged people to diversify their livelihoods, increased awareness of good healthcare practices, and set up community-based programs to improve access to food and clean water. Together with local elected officials, community leaders and civil society, we launched a participatory and integrated approach to preparing and responding to disasters in the eastern part of the country. In Soum and Tapoa provinces, we worked to help improve disaster preparedness and adaptation to climate change.

¹ Preliminary results from the 2018 National Nutritional Survey.

CAMEROON



Cameroon is regularly affected by the socio-political unrest and fragility in the neighboring countries of the Central African Republic, Chad, and Nigeria. Additionally, violence in English-speaking areas has led to population displacement and significant humanitarian needs. The country hosts about 275,000 Central African refugees and about 102,000 Nigerian refugees, including 44,830 refugees who live outside of camp settings. More than 240,000 people are internally displaced in the Far North Region.² Refugees, displaced people, and the most vulnerable people among host populations are dependent on humanitarian aid. More than 220,000 people in Cameroon face food insecurity, primarily in the Far North Region.² The sanitation and nutrition situation is also critical.

In 2018, we worked with refugees and host communities to implement projects focused on empowerment and strengthening their livelihoods. Our Maroua base in the Far North Region supports all health centers in the Tokombere and Goulfey districts to improve the health system and primary health care. We also work to improve access to clean water and to reduce waterborne diseases.

Our four-year resilience program aims to strengthen communities through activities focused on health, nutrition, water, sanitation, hygiene, food security, advocacy, and support for local governance.

² IOM, Displacement Tracking Matrix (September 2018).



**133
STAFF**



**YAOUNDÉ
BATOURI
KOUSSERI
MAROUA**



**OPERATING
SINCE
2014**



**REACHED
294,687
PEOPLE**



CENTRAL AFRICAN REPUBLIC



**306
STAFF**



**BANGUI
BOSSANGOA
BOUAR
ALINDAO**



**OPERATING
SINCE
2006**



**REACHED
199,642
PEOPLE**

Since the beginning of 2017, the Central African Republic has been experiencing a new cycle of violence that continued in 2018. Armed groups control 80 percent of all territory. Insecurity restricts humanitarian access and causes mass displacement: one in five Central African people are currently displaced. 2.9 million people are in need of humanitarian assistance, of which 1.6 million is in acute and immediate need of assistance. Undernutrition is a major and growing problem, with 39 out of 71 sub-prefectures experiencing severe acute malnutrition above the global emergency threshold.

In 2018, our strategy focused on two pillars: emergency and recovery. The emergency component included a rapid response project across the country, including humanitarian emergency assessments and distributions of essential household shelter kits. We worked to improve water, sanitation, and hygiene, and provided psychological support.

Our recovery projects aim to treat severe acute malnutrition and strengthen the skills of health personnel. We also improved food security among vulnerable households through agroecology, seed systems, and natural resource management.



CHAD

Chad faces several interconnected humanitarian crises while experiencing chronic poverty and low economic and social development. Both the regional Lake Chad Basin conflict and the conflict in neighboring Central African Republic have caused mass displacements of people.

According to the National Nutrition Survey of 2018, global acute malnutrition stands at 13.5 percent, of which 4 percent is severe. The chronic malnutrition rate is 31.9 percent. Additionally, according to OCHA, 4.5 million people – 27 percent of the population – face food insecurity, 991,000 of whom are severely food insecure.

In 2018, our health and nutrition programs in Kanem, Bar El Gazel and Logone Oriental served children under five years old, pregnant women, and breast-feeding mothers, who also received psychosocial support. Our teams also worked to improve food security and to increase access to clean water and safe sanitation.

Our advocacy activities aimed to reduce maternal and infant mortality. We also work to strengthen the capacities of civil society, nutrition organizations, and their networks by providing technical support, workshops to define advocacy strategies, and project development training.



**277
STAFF**



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



**OPERATING
SINCE
1982**



**REACHED
375,054
PEOPLE**





COTE D'IVOIRE



**25
STAFF**



**ABIDJAN
MONTAGNES**



**OPERATING
SINCE
2002**



**REACHED
1,007,135
PEOPLE**

Despite a growing economy, the poverty rate in Cote d'Ivoire remains high, at 46.3 percent, and about a quarter of the labor force is unemployed.³ Tensions are rising as the 2020 presidential election approaches, which must address economic inequality and the threat of terrorism.

In 2018, we strengthened the capacity of 12 community urban health establishments and helped improve health care for vulnerable populations in Abidjan, particularly women, youth and children under five. In the Districts of Abidjan and Montagnes, our teams have provided more 29,900 families with access to the drinking water supply network. After flooding in Abidjan and the surrounding towns in June 2018, we carried out an emergency response to reduce associated health risks in the vulnerable settlements of these cities.

³ World Bank (2015).



DEMOCRATIC REPUBLIC OF CONGO

For more than 20 years, the Democratic Republic of Congo (DRC) has suffered a multitude of crises: armed conflicts and intercommunal violence, political tensions, population displacements, epidemics such as Ebola and cholera, undernutrition, and food insecurity. In 2018, the country's food security deteriorated sharply with about 12.8 million people in acute food crisis. In addition, 9.8 million people lack access to water, hygiene and sanitation, 3 million require essential household items, and 2.8 million require shelter. The nutrition situation is critical: 4.3 million children are malnourished, including 1.9 million children who suffer from severe acute malnutrition.

In 2018, we responded to urgent nutrition and humanitarian crises related to population displacements and epidemics. We conducted ten nutrition assessments and seven emergency interventions in neglected areas, as well as regular crisis response programs in the provinces of Kasai, Kasai Central, North Kivu and Ituri.

Our teams also worked to strengthen resilience among the people most at risk of nutrition insecurity. We have developed a multi-sectoral, integrated approach, including partnerships with other humanitarian actors.



**214
STAFF**



**KINSHASA
KASAI
KASAI CENTRAL
NORD-KIVU
SUD-KIVU
TSHOPO
KWANGO
KWILU
HAUT
LOMAMIAAA**



**OPERATING
SINCE
1997**



**REACHED
619,447
PEOPLE**

DJIBOUTI



1
STAFF



OPERATING
SINCE
2011

For the past ten years, Djibouti has pursued a policy of accelerated economic growth. This policy is driven by major projects that aim to provide the country with basic infrastructure, such as ports, railways, oil and gas pipelines, electricity, and water and sanitation networks.

While the economy has grown at increasing rates each year, the results of the economic expansion are not yet fully reflected by improvements in the Human Development Index and its main indicators. However, there has been progress: life expectancy has risen to 63.6 in 2016, an increase of more than two years since 2011.

Lack of funding from institutional donors, reduced needs, and an increasingly complex working environment were, among others, factors that contributed to the closing of Action Against Hunger's office in June 2018. One staff member remains active to support the mission in Yemen.

EGYPT



Egypt suffers from the negative effects of inflation, as well as unemployment and high food and fuel prices, affecting the most vulnerable. In order to alleviate these problems, government actors and development agencies remain committed to the sustainable growth of the country and to achieving the UN Sustainable Development Goals by 2030.

Despite difficulties encountered by our teams, our projects carried out by local actors under our supervision and had a positive impact on the communities where we work. Our livelihoods, health, and water projects have helped to improve the socioeconomic situation of the most vulnerable communities in rural and urban areas in Luxor and Greater Cairo Regions.



10
STAFF



LUXOR
GREATER CAIRO



OPERATING
SINCE
2015



REACHED
24,668
PEOPLE



ETHIOPIA



**618
STAFF**



**AHMARA
BENISHANGUL
GUMUZ
GAMBELA
SOMALI
OROMO
DIRE DAWA**



**OPERATING
SINCE
1985**



**REACHED
832,829
PEOPLE**

The intercommunal violence that erupted in 2017 on the border between the Oromia and Somali regions continued in 2018, with serious consequences: the number of internally displaced people by the conflict has reached 1.8 million. In addition, Ethiopia hosts nearly 900,000 refugees from neighboring countries such as South Sudan, Somalia, and Eritrea. The country also suffers from recurring climate shocks. Food insecurity and displacements caused by drought, epidemics, floods, and other shocks continue to increase the humanitarian needs for the most vulnerable populations. In 2018, about 7.8 million people received emergency food assistance from the government and international organizations.

In 2018, we focused on strengthening assistance to South Sudanese refugees in the Gambella and Benishangul Gumuz regions by preventing, detecting and treating acute malnutrition among children and mothers.

We also worked to meet the basic needs of vulnerable populations affected by the prolonged food crisis. Our multisectoral emergency response integrated nutrition and health activities as well as food assistance and reduction of waterborne diseases.

Our teams helped to restore the livelihoods of vulnerable populations by improving agrarian communities' resilience to climate shocks through risk mitigation activities, strengthening of basic services and empowering communities in the Amhara, Oromia and Somali regions.

GAMBIA



Gambia, an English-speaking country enclosed by Senegal, faces the consequences of climate change: floods, drought, and windstorms heavily affect the agricultural industry. As a result, Gambia is largely dependent on food imports. In 2017, the country produced an estimated 126,000 tons of cereals, about 35 percent less than the average amount of the previous five years. This deficit has caused food prices to rise. For the educated young population, migration to other countries seems the only option.

The nutrition situation is very concerning, particularly among pregnant women, breastfeeding mothers, and children under five years old. The latest evaluations estimate that 73 percent of young children suffered from iron deficiency anemia.

In order to combat these issues, we launched the Konkobayo Project ("leaving hunger behind" in the local language) to support national efforts to fight hunger. Our other programs focus on providing social protection, increasing access to water and sanitation, reducing the risks of disasters, improving access to livelihoods and employment, and strengthening the health system.



**9
STAFF**



**OPERATING
SINCE
2018**



KENYA



**43
STAFF**



**WEST POKOT
ISILOLO
SAMBURU
BUSIA
KAKAMEGA
TRANS NZOIA
BUNGOMA
TANA RIVER**



**OPERATING
SINCE
2006**



**REACHED
410,885
PEOPLE**

Now a middle-income country, Kenya has experienced uneven growth. Regions with moderately and severely dry climates face immense challenges, including drought, hunger, malnutrition and poverty. Last year, acute malnutrition reached critical levels in Samburu, and serious levels in West Pokot, Tana River, and Isiolo Counties.

Less than half of children suffering from severe and moderate acute malnutrition are admitted for treatment in Kenya, with large disparities across districts. Among the drivers of malnutrition are poor care and feeding practices for infants and young children. Working at community, district, and national levels, we aim to increase access to lifesaving malnutrition treatment.

In 2018, our nutrition and health teams in Kenya reached 72,533 children through lifesaving programs, providing treatment for acute malnutrition, micronutrient supplements, and training in proper infant and child care and feeding practices.

Among other partners, we worked with the Ministry of Health to integrate nutrition treatment into training and protocols for community health volunteers, helping to improve health and nutrition through local outreach.

Our water, sanitation, and hygiene interventions reached 119,239 people. Our food security and livelihoods programs, which include cash transfers and support for disaster risk reduction for communities affected by drought, benefitted 189,186 people.

To support communities impacted by the deadly flooding in Tana River County, we launched an emergency response that included the distribution of emergency kits and basic supplies, nutrition screening and treatment, construction of latrines, and hygiene promotion to prevent disease outbreaks.



LIBERIA

Liberia is one of the least developed countries in the world, ranking 181 out of 189 countries globally in the 2018 Human Development Index. It is also one of the poorest countries in the world, with about 64 percent of the population living on less than a dollar a day. While the end of the Ebola epidemic was officially announced in 2018 by the World Health Organization, the economy, which was greatly impacted during the epidemic, is still struggling to recover. The country has entered a recession, with an inflation rate reaching 28 percent at the end of 2018. Chronic malnutrition remains a persistent public health problem in Liberia.

Our work aims to improve nutrition security by supporting the Nutrition Division of the Ministry of Health. Last year, we trained health professionals in infant and young child feeding and management of acute malnutrition. We helped to create and supported 35 mother-to-mother care groups to promote improved infant and young child feeding and care practices. We also worked to improve water, sanitation, and hygiene. After flooding affected seven communities in the Montserrado County, we rehabilitated and disinfected water points, distributed hygiene kits, raised the latrines, sanitized septic tanks, and cleaned wastewater evacuation channels.



**5
STAFF**



MONROVIA



**OPERATING
SINCE
1990**



**REACHED
58,601
PEOPLE**

MADAGASCAR



**126
STAFF**



**ANTANANARIVO
BONGOLAVA
ITASY
BETIOKY
TULÉAR**



**OPERATING
SINCE
2011**



**REACHED
78,661
PEOPLE**

Madagascar is one of the poorest countries in the world: nearly 80 percent of the population lives on less than \$2 a day. The country is particularly exposed to climate risks. In early 2018, the Ava and Dumazille cyclones hit the east coast of the island and caused flooding. In the Great South, the rainfall deficit in 2018 severely affected crop production. In addition, the population faces new outbreaks of plague and a measles epidemic.

In 2018, we prevented and treated malnutrition in a center located in a disadvantaged neighborhood of Antananarivo, where we also provided psychosocial support. Our multi-sectoral response to prolonged drought including management of malnutrition and improvement of access to water, sanitation, and hygiene. We also aim to strengthen food security by supporting women's market garden activities. Our mobile teams were deployed to help reach the most inaccessible areas.

In the Atsimo Andrefana region, we strengthened the health system, promoted handwashing through social marketing, and advocated on health issues. We also launched a new program to improve nutrition security through sustainable multi-sectoral methods, including analyzing the causes of undernutrition and the scaling up of activities to strengthen the health system.

MALAWI

Malawi is permanently exposed to various natural and economic shocks, such as prolonged periods of drought, floods, pests and diseases, and high fluctuations in food prices. These threats wear away the resilience of communities and families with few resources, compromising their ability to maintain livelihoods.

In 2018, despite relatively good harvests, the country faced multiple challenges, such as rapid population growth and environmental degradation. Significant structural vulnerabilities continue to exist.

Poverty and inequality remain very high: half of all people in rural areas are poor. The main causes of poverty in Malawi are the low performance of the agricultural sector, unstable economic growth, rapid population growth and limited opportunities with regards to non-agricultural activities.

In 2018, we completed our operations in the country.



ABIYAN



**OPERATING
SINCE
2016**



**REACHED
140,074
PEOPLE**



MALI



**388
STAFF**



**GAO
KAYES
BAMAKO
KITA
TOMBOUCTOU**



**OPERATING
SINCE
1996**



**REACHED
2,342,881
PEOPLE**

In 2018, the situation in Mali was dominated by the presidential elections held between July and August. As in most of the countries of the Sahel, 2018 was a year of crisis due to the shortage of pastures, which are fundamental to the livelihoods of most of the population, especially in the center and north of the country. The conflict in the north crossed into Niger and Burkina Faso and a solution or improvement of the situation is not expected any time soon.

Despite the difficulties imposed on our operations by the security context, we have managed to maintain a good level of access in our intervention areas this year. We provide both immediate assistance during emergencies and support for long-term development projects. We treat severely malnourished children and support malnutrition management in public health facilities. To tackle the root causes of hunger, we have also implemented programs in food security and water, sanitation and hygiene.

MAURITANIA



In 2018, Mauritania experienced its worst drought in recent years, and its hunger season affected 600,000 people, 48 percent more than in 2017. The drought exhausted the pastures much earlier than usual and put dairy production and livestock prices at rock bottom, in a country where grazing is the main means of subsistence. Despite increased needs, funding dropped 19 percent compared to the previous year.

Last year, we responded to a nutrition crisis that has affected a large part of the country. We also grew our assistance in the refugee camp of Mbera, on the border with Mali. In 2019, our expanded programs will provide treatment for malnutrition as well as help manage water and sanitation.



**195
STAFF**



**SELIBABY
BASSIKOUNOU
GORGOL
NOUAKCHOT**



**OPERATING
SINCE
2007**



**REACHED
354,179
PEOPLE**



NIGER



**284
STAFF**



**TAHOUA
MARADI
DIFFA
NIAMEY**



**OPERATING
SINCE
1997**



**REACHED
429,301
PEOPLE**

In 2018, the effects of the conflict in northern Mali have been felt especially severely at the border with Niger, the poorest country in the world according to this year's Human Development Index. The resulting instability was compounded by insecurity in the Diffa regions caused by Boko Haram.

As a leading humanitarian actor in the Tahoua region on the Malian border, we are managing several ongoing emergency and early recovery interventions to help refugees and displaced people. We have maintained an important presence in the Diffa region, with activities to support the economic and social recovery of people living near Lake Chad and Nguigmi. In this complex area, where the impact of conflict with Boko Haram is severe, we are working to ensure that the health and nutrition needs of both displaced populations and host communities are met.



NIGERIA

Driven by conflict, the humanitarian crisis in Nigeria's North East is one of the world's ten most severe crises. 7.1 million people are in need of humanitarian assistance,⁴ while 1.8 million people in the conflict-affected states are internally displaced.⁵ It is estimated that 823,000 people live in areas inaccessible to international humanitarian organizations.⁶

More than one million children between the ages of six months and five years are acutely malnourished across the affected areas. One in five children with severe acute malnutrition and one in 15 children with moderate acute malnutrition are at risk of death if untreated. Amid an increasingly intense conflict and new waves of displacements in the North East, Action Against Hunger has been the first responder in many areas affected by conflict, striving to employ a multi-sectoral approach and to connect with early recovery interventions where possible.

Our food security programs have reached approximately one million people, increasing their social protection, providing food assistance through cash and vouchers, promoting income-generating activities, and cultivating vegetable gardens.

In Yobe, Borno, and Jigawa States, our nutrition and health services supported approximately 2.7 million people. We have treated severely malnourished children, and our mother-to-mother and father-to-father care groups have provided services, training, and support to displaced parents.

We worked to ensure access to clean water, safe sanitation, and hygiene services for approximately 650,000 people. We do this by supporting latrine construction, drilling and rehabilitation of boreholes, and providing emergency water, sanitation, and hygiene services, including cholera prevention.



**668
STAFF**



**ABUJA
DAMATURU
MAIDUGUI
MONGUNO
DUTSE
FUNÉ
POTISKUM
DAMASAK**



**OPERATING
SINCE
2010**



**REACHED
3,488,001
PEOPLE**

⁴ OCHA, Nigeria: 2019-2021 Humanitarian Response Strategy.

⁵ IOM, Displacement Tracking Matrix (October 2018).

⁶ An analysis of the residual population in hard-to-reach areas was carried out in April-May 2018 and a reduction of an estimated 100,000 people was identified compared to the 926,000 figure cited in the 2018 Humanitarian Response Plan.





SENEGAL



**97
STAFF**



**MATAM
PODOR
LOUGA DAKAR**



**OPERATING
SINCE
2012**



**REACHED
62,296
PEOPLE**

Senegal experienced the third episode of drought in six years, after 2011 and 2014. As a result, food insecurity affected 245,000 people in four regions. Podor and Matam suffered the highest rates of acute malnutrition in the country: 18 percent and 16.5 percent respectively, according to our latest nutrition surveys.

In 2018, we responded to the nutrition crisis in northern Senegal and southern Mauritania, especially herding communities. Our efforts are supported by our pastoral surveillance systems and we are implementing several emergency projects in Matam, Podor, and Louga.



SIERRA LEONE

Sierra Leone is among the world's poorest countries, with 60 percent of the population living below the poverty line. The country is also struggling to recover from the Ebola epidemic, causing the economic situation to deteriorate further in 2018.

Chronic malnutrition remains a major problem with 31.3 percent of children suffering from stunted growth. Reducing maternal mortality, currently one of the highest rates in the world, is a national priority. Lack of access to basic services is also concerning, as 32.2 percent of the population lacks access to drinking water.

In 2018, we implemented several nutrition and health activities, including strengthening 32 health centers and improving nutrition among children under five and their mothers. We strengthened food security by growing vegetables to diversify diets and by developing savings and credit groups.

As a member of the Freetown Water Sanitation Consortium, we conducted two participatory studies on water and sanitation governance. We proposed public-private partnership models to enhance the sustainability of services. Our teams also provided technical and financial support to ministerial and municipal teams to strengthen the role of authorities in monitoring public services.



**118
STAFF**



**EAST FREETOWN
MOYAMBA**



**OPERATING
SINCE
1991**



**REACHED
215,433
PEOPLE**

SOMALIA



**302
STAFF**



**BANADIR
(MOGADISHU)
BAKOOL
ELBERDE
WAJID
HUDDUR
GAROWE
EYL**



**OPERATING
SINCE
1991**



**REACHED
373,183
PEOPLE**

Somalia is experiencing a prolonged and complex crisis characterized by conflict, displacement, drought and disease. Malnutrition rates are high: nearly one million children under the age of five are estimated to be acutely malnourished in 2019, of whom 138,200 severely malnourished. Key drivers of malnutrition are food insecurity, lack of diverse diets, limited health services and inadequate access to water and sanitation.

The influx of people to urban areas puts a strain on already limited resources, while displaced populations face considerable challenges. Mothers searching for work may be forced to leave children without proper care. Many people lack access to appropriate shelter and sanitation and hygiene facilities.

In Somalia we contributed to the reduction of undernutrition and common illnesses among children in Bakool, Banadir, and Nugaal, by providing integrated nutrition, health and food security services, as well as water, sanitation, and hygiene services.

In 2018, 41,502 children under the age of five were admitted and treated for malnutrition, while 103,407 children were treated for minor illnesses. Furthermore, 45,734 pregnant and lactating women benefitted from training sessions.

We reached 194,008 people with our water, sanitation, and hygiene programs, including the rehabilitation and construction of 29 communal water sources, the construction of 324 emergency latrines, and hygiene promotion activities.

Our food security and livelihoods programs benefitted 68,974 individuals, helping them to build resilience. We provided cash to help families purchase food and other items, improved the animal health network system to help herding families maintain their livelihoods, modernized agricultural practices, and provided opportunities for community groups to increase their savings.





SOUTH SUDAN



**311
STAFF**



**MALUALKON,
NORTHERN
BAHR EL
GAZAL
(AWEIL EAST
AND CENTER)
ALEK,
WARRAP
(GOGRIAL
WEST AND
EAST)
OLD FANAK
(FANGAK,
JONGLEI)
PAGUIR
(FANGAK,
JONGLEI)
JUBA**



**OPERATING
SINCE
1985**



**REACHED
302,117
PEOPLE**

In South Sudan, the revitalized peace process has presented new opportunities. However, great challenges persist: years of conflict have left more than 7 million people in need of assistance and protection. Bureaucratic obstacles and violence against aid workers limit access and disrupt lifesaving programs.

Conflict pushed more people into hunger in 2018, and malnutrition rates remained high. 2 million people were internally displaced, and 2 million people have become refugees. The country is marked by excessive gender-based violence, declining economic opportunities and strained health centers. Half of all children are not attending school, and two-thirds of the population has no access to safe water.

In 2018, we provided nutrition and health services to more than 178,000 people, including treatment of more than 46,000 children under five. We empowered mothers to screen their children, improve care and feeding practices for infants, and prevent malnutrition.

Our cash-for-assets program provided assistance to more than 5,000 families. We improved access to water and sanitation for 110,854 people and rehabilitated 115 water points. We deployed our multi-sector emergency teams to hard-to-reach areas six times, screening 46,670 and treating 3,250 acutely malnourished children. We conducted ten surveys to measure malnutrition.

The preliminary results of research combining acute malnutrition treatment protocols provided practical evidence of better ways to fight undernutrition. In partnership with the World Food Program, we piloted a digital system to manage malnutrition treatment and community outreach. We conducted gender analyses and safety audits to account for the impact of gender-based violence on nutrition, and to improve service delivery.

Since December 2013, the civil war in South Sudan continually put pressure on Sudan: more than 400,000 people have sought refuge in Sudan and many fled the famine in February 2017. The armed conflict in the Darfur region has been reduced, but many areas remain under the control of armed groups.

After more than three years of administrative formalities, the Sudanese Government finally approved the official register of Action Against Hunger in the country in April 2018. During the following months, we have actively worked through our representative in the country in order to be operational as soon as possible.

SUDAN



**OPERATING
SINCE
2018**

TANZANIA



**5
STAFF**



**MPWAPWA
DISTRICT,
DODOMA
REGION**



**OPERATING
SINCE
2015**



**REACHED
14,205
PEOPLE**

Undernutrition remains a major public health issue in Tanzania. Nationally, 3.3 million boys and girls are stunted, and 58 percent of children and 45 percent of women are anemic.⁷ 450,000 children in Tanzania are acutely malnourished, and 0.9 percent of these cases are severe.

The main drivers of malnutrition include inadequate care and feeding practices, as well as poor water and sanitation services and facilities. Furthermore, there is a shortage of healthcare workers who are skilled in nutrition. Supplies needed to detect and treat malnutrition run out frequently, and health services are often inaccessible to communities in need.

In 2018, we began implementing projects in Dodoma Region to support the scale-up of Integrated Management of Acute Malnutrition in Mpwapwa District. To improve management of acute malnutrition in communities and health centers, we trained 49 health care providers and 180 community health workers. We provided technical support to 41 health facilities on management of acute malnutrition, screened more than 10,000 children for malnutrition, and treated 593 boys and girls with severe acute malnutrition.

Action Against Hunger is actively engaged in relevant coordination and advocacy forums. Our advocacy efforts helped to improve the availability of lifesaving therapeutic products in Mpwapwa District. To meet district needs, we have also begun construction of a new therapeutic feeding facility that will strengthen case management for malnourished children with medical complications.

⁷ The DHS Program, Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16).





UGANDA



**181
STAFF**



**KAMPALA
ADJUMANI
KIRYANDONGO
YUMBE
KYANGWAI**



**OPERATING
SINCE
1995**



**REACHED
474,505
PEOPLE**

Uganda is home to more than 1.2 million refugees, primarily from South Sudan and the Democratic Republic of Congo. Thanks to a uniquely welcoming policy, refugees in Uganda are free to move and work, and are also given a plot of land.

Due to a lack of food diversity, poor hygiene and sanitation, and a lack of awareness on proper infant care and feeding practices, Uganda suffers from high rates of malnutrition. On average, anemia affects half the population, and in some areas stunting rates are approaching 30 percent.⁸

Uganda's refugee policy gives Action Against Hunger and others a distinct opportunity to implement sustainable interventions for populations affected by a large-scale humanitarian crisis. Our integrated and innovative programs address the causes and effects of malnutrition in the long term.

Our staff train community health volunteers to educate fellow community members on improving nutrition among children under two years old and pregnant and lactating women.

In some areas, population size has doubled due to the influx of refugees, straining infrastructure. To support overwhelmed schools and health centers, we build additional latrines and hand washing facilities and promote healthy hygiene practices.

In the areas where we work, household food production has increased, diets are more diverse, and people consume more fruits and vegetables compared to refugee and host communities in other districts, according to quantitative and qualitative data.

⁸Uganda – Food Security and Nutrition Assessment (December 2017).



ZIMBABWE

Zimbabwe is one of the poorest countries in Southern Africa, with 76 percent of the population living in poverty or extreme poverty. 32 percent of children under five are chronically malnourished and 3.3 percent suffer from severe acute malnutrition. In addition, episodes of drought recurred in 2018, worsening nutrition and food security and access to water for the most vulnerable populations. In the country's capital, a cholera epidemic has spread and continues to deteriorate due to antibiotic resistance and poor health and sanitation systems.

In 2018, we worked to contain and prevent the spread of cholera among working people in and around Harare. In Mberengwa District, our teams aimed to protect livelihoods and to improve food and nutrition security among populations affected by the El Niño drought. We also provided metal silos and airtight bags to farmers to reduce food production losses.



**5
STAFF**



**GUTU
MBERENGWA
SHAMVA
HARARE**



**OPERATING
SINCE
2002**



**REACHED
3,364
PEOPLE**

MIDDLE EAST

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IRAQ



**119
STAFF**



**ERBIL
DOHUK
NINEWAH**



**OPERATING
SINCE
2013**

An estimated 8.7 million people are in need of humanitarian or protection assistance in Iraq, including displaced persons, returnees, host communities, and Syrian refugees.⁹ More than 31,000 homes have been destroyed, as well as hundreds of facilities and commercial and public infrastructure projects. In the wake of the Islamic State occupation, the World Health Organization estimates that 35.5 percent of adults affected by the crisis have psychological disorders, marked by aggression, sadness, apathy, flashbacks, nightmares, and hyperexcitation. In addition, 5.4 million people need water, sanitation, and hygiene support.

Our teams support Syrian refugees, internally displaced persons, and host communities. We implement a multi-sectoral approach, combining our areas of expertise. Our water, sanitation, and hygiene programs rehabilitate drainage and water networks, support water and sanitation in schools and health facilities, distribute hygiene and shelter kits, and promote healthy hygiene. Our food security and livelihoods programs include training programs, business grants, cash for work, development of kitchen gardens, and construction or rehabilitation of greenhouse and irrigation systems. We also implement mental health and child health care programs, consisting of individual and group sessions, support for parents, teachers, and children, establishment of baby-friendly spaces, and strengthening the Ministry of Health and Communities. Our nutrition programs screen and treat malnutrition and aim to strengthen the capacity of health centers.

⁹ OCHA, Iraq Humanitarian Response Plan (2018).

JORDAN



Eight years after the beginning of the Syrian conflict, more than 1.3 million Syrians have sought refuge in Jordan, weighing on the country's economy and infrastructure. There are 671,047 registered refugees and about 83 percent of them live outside of camps.¹⁰ The challenge is therefore to give refugees access to basic livelihoods and to provide support to host communities for their immediate needs. As the crisis in Syria continues, the influx of refugees has stabilized and national policies aim to put long-term solutions in place. In response to this crisis, the Jordanian Government has adopted a resilience-based approach.

In 2018, our mission in Jordan saw growth in the scope of our work and in our human resources. We opened a third base in Madaba, south of the country's capital, in December, and are implementing an integrated project to improve food security, livelihoods, and water, sanitation, and hygiene. We aim to help increase the resilience of vulnerable Syrian and Jordanian refugees and strengthen the institutional capacity of local and national partners. We are the main humanitarian actor in the water, sanitation and hygiene sector, and provide support for mental health and child care practices and for food security and livelihoods. Additionally, we are implementing Cash for Work and waste management activities.

¹⁰ UNHCR, Jordan Fact Sheet (December 2018).



**113
STAFF**



**IRBID
AZRAQ
MADABA**



**OPERATING
SINCE
2013**



**REACHED
52,805
PEOPLE**



LEBANON



**128
STAFF**



**BEIRUT
ZAHLE
TIRO
ARSAL**



**OPERATING
SINCE
2006**



**REACHED
299,575
PEOPLE**

After eight years of conflict in Syria, management of the refugee population continues to be one of the more pressing issues Lebanon. The country held its first parliamentary elections in nine years in May 2018, which resulted in a partial change in political leadership and reflected changing attitudes toward refugees. The Lebanese Government estimates that the country hosts more than 1.5 million Syrian refugees, one of the largest concentrations of refugees per capita in the world. This has a profound impact on access to basic services and livelihoods, for both refugees and host communities. Nearly 600,000 Syrian refugees have no recognized refugee status. As a result, they do not have access to assistance and support provided by the United Nations Refugee Agency and other refugee assistance programs.

Our teams are present in the Bekaa region and in the south of the country, including in difficult to reach areas such as Arsal, Masharih al-Qaa, and Cheeba, and we work to ensure that basic assistance is provided to the populations. Our programs focus on cash distributions, emergency aid, food security, water and sanitation, nutrition, and social protection.



OCCUPIED PALESTINIAN TERRITORY

The current situation in the West Bank and Gaza is very unpredictable, due to recent developments at international and regional political levels and internal tensions. The energy crisis and the failure of reconciliation between Fatah and Hamas also contribute to this unstable environment. The land, air, and sea blockade stifles employment opportunities and nearly 1 million Palestinians depend on food assistance.

Our projects evolve around the following key aims: protecting communities from forcible transfer, protecting and restoring livelihoods, improving access to water for vulnerable communities, providing immediate cash assistance, increasing resilience to help people avoid loss of livelihoods and falling into the lowest levels of vulnerability when suffering a shock, and covering the most basic needs of populations. Our team achieve these goals through a variety of projects, which include interventions supporting entrepreneurship, economically empowering women, and producing a master rainwater plan for Gaza.



**65
STAFF**



**GAZA
HEBRON
JERUSALEM**



**OPERATING
SINCE
2002**



**REACHED
820,890
PEOPLE**

SYRIA



**77
STAFF**



**DAMASCUS
HASSAKEH
ALEPPO**



**OPERATING
SINCE
2008**



**REACHED
3,084,031
PEOPLE**

2018 was characterized by offensives carried out by the Syrian Government in rebel-controlled areas. The presence of ISIS was limited, and the Government gradually gained control of regions such as East Ghouta, Daraa, and partially Idlib. Military gains have not improved nor sustained humanitarian access to these areas. While reduced fighting is expected, Syria remains an extremely vulnerable context.

Despite this complicated context, our teams in the country reached 10 out of 14 governorates, with high coverage of hard to reach areas. Our emergency response includes work to provide shelter and water services and to improve sanitation and hygiene.

TURKEY



More than 3.5 million Syrian refugees reside in Turkey. After more than eight years of conflict in their home country, their needs are growing and their survival mechanisms have been pushed to their limits.

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, on increasing technical expertise to maximize the impact of ongoing projects, and on meeting the basic needs of the communities we serve.



**1
STAFF**



**HATAY
MERSIN
ADANA
URFA
DIYARBAKIR
BATMAN
MARDIN
ISTANBUL**



**OPERATING
SINCE
2011**



YEMEN



**360
STAFF**



**HAJJAH
HODEIDA
ADEN
LAHJ
ABYAN**



**OPERATING
SINCE
2013**



**REACHED
691,739
PEOPLE**

As of December 2018, 24 million Yemenis needed humanitarian assistance, 27 percent more than last year. Two-thirds of country is already in a pre-famine situation, and one-third faces serious vulnerabilities.

With regards to water, sanitation and hygiene, 17.8 million people do not have access to adequate facilities, and 19.7 million people lack access to adequate health care. A massive cholera epidemic has also affected the country. From June 2018, devastating battles in western Yemen caused the food supply to deteriorate. Access to resources, people, and operational capacity for humanitarian intervention remains limited.

Our nutrition and health programs focus on treating acutely malnourished children under five and their mothers. Our food security and livelihoods programs include direct distribution of food, cash and/or food vouchers, which is supplemented by water, sanitation, and hygiene activities such as distribution of hygiene kits and rehabilitation of water points and latrines. The hospitals we support treated more than 100,000 suspected cholera cases in 2018.

We are very active in Yemen's nutrition sector, which includes a partnership the Ministry of Public Health and Population to conduct nutrition surveys in Hodeida, Abyan, and Hajjah.



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AFGHANISTAN



**438
STAFF**



**KABUL
GHOR
HELMAND
BADGHIS**



**OPERATING
SINCE
1995**



**REACHED
374,814
PEOPLE**

In 2018, conflict further intensified, and Afghanistan was reclassified from a post-conflict country to one in active conflict. Civilians remain most affected. 278,000 Afghans had to flee their homes and 263,000 were displaced as a result of natural disasters. The 2018 drought affected more than two-thirds of Afghanistan and three million people, wrecking the agricultural sector.

Additionally, 670,000 people returned from Iran and 43,000 from Pakistan. Access to health care and psychological support remains one of their primary needs, as well as food security, shelter, and access to water.

Our teams implemented multi-sectoral projects in nutrition, health, water, sanitation and hygiene, food security, livelihoods, as well as mental health and childcare practices. Our emergency projects aim to treat severe acute malnutrition and to meet the immediate and vital needs of those affected by ongoing armed conflict and regular natural disasters.

In Kabul, 48,881 people received nutrition support. In Ghor, our multi-sectoral, integrated projects support health centers and operate close to communities to prevent maternal and infant mortality and morbidity. In Helmand, our integrated nutrition, water, sanitation, and hygiene projects have cured 1,608 severely malnourished children and distributed 1,173 menstrual kits. In Badghis province, with the help of a local partner, we launched an emergency response to help people affected by drought.

BANGLADESH



Despite consistent increases in indicators of economic growth, about 31.5 percent of the Bangladeshi population lives below the poverty line. After violence in Myanmar in August 2017, a large number of Rohingya and other ethnic minorities crossed the border into Bangladesh, joining a large population of already-displaced Rohingya. 902,000 refugees still live in the 34 camps of Cox's Bazar. Food insecurity, cramped living conditions, and poor hygiene have resulted in high rates of malnutrition, for both refugees and host communities. The country is also highly vulnerable to natural disasters and climate change.

In Cox's Bazar district, we have put in place a multi-sectoral response to the emergency. In partnership with various local and international organizations, we prevented and treated acute malnutrition: 14,858 children were admitted to our therapeutic centers. We supported host communities and refugees in official and makeshift camps through interventions in nutrition and health, mental health and childcare practices, as well as water, sanitation, and hygiene. In 2018, we rehabilitated or built 60 water points and distributed 55,321 sanitation kits.

We also operate outside the camps in the region, with projects to strengthen the response capacity of local populations to earthquakes and to strengthen the resilience of local communities.



**966
STAFF**



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



**OPERATING
SINCE
2007**



**REACHED
1,442,297
PEOPLE**



CAMBODIA



**45
STAFF**



**PHNOM PENH
KAMPOT
KAMPONG
THOM
PREAH VIHEAR**



**OPERATING
SINCE
2013**



**REACHED
41,237
PEOPLE**

In Cambodia, the impressive economic growth of the last decade has had little impact on the most vulnerable people, who face significant deterioration of their livelihoods due to deforestation and climate change. Nutrition remains a major concern and represents a lost economic opportunity: estimates show the country may be losing as much as \$420 million of Gross National Income annually due to malnutrition.¹¹

Malnutrition rates are high: 32 percent of children under five are chronically malnourished and 10 percent are severely malnourished. Without adequate, sustained investments in nutrition, the Sustainable Development Goals will not be realized in Cambodia.

In Cambodia, we aim to improve hygiene, nutrition, and health practices at the community, household, and individual levels, focusing on pregnant and breastfeeding women, and children under two years old. As part of our integrated approach, our team has developed a multi-sectoral intervention model. By building the capacity of local stakeholders and communities, we work to reduce undernutrition in a comprehensive and sustainable way, and to reduce the impacts of climate change.

¹¹ The World Bank, Cambodia Nutrition Project (February 2018).



INDIA

Improved food security and access led to fewer malnourished and anemic Indians in 2017 than in the preceding decade. However, the 2018 Global Nutrition Report has shown that India needs to do much more to meet its nutrition goals. India bears 23.8 percent of the global burden of malnutrition and is currently not on track to achieve any of the World Health Organization's nine nutrition goals by 2025, among which reducing child obesity, wasting and stunting, diabetes, anemia in women of reproductive age, adult obesity, and increased exclusive breastfeeding.

Although India has shown improvement in reducing child stunting, 46.6 million children remain chronically malnourished. The country is home to more than 30.9 percent of the world's stunted children under five, the highest rate globally.

This year, Action Against Hunger signed an agreement with the government in Chhattisgarh to offer technical support in the fight against malnutrition. We are a well-known organization in the country, and thus many government technical support units are keen to partner with us to implement projects in Rajasthan, Madhya Pradesh and Maharashtra.

In 2018, we successfully completed a Community Management of Acute Malnutrition (CMAM) program with the Government of Rajasthan. For this project, we received the award for "most promising" in the category Zero Hunger of the UN's Sustainable Development Goals from an independent group of think tanks on corporate responsibility and social sector champions. Our advocacy team also received an award for Public Relations in Action for Nutrition from the Chief Minister of Uttarakhand state.



**144
STAFF**



**NEW DELHI
MUMBAI
MUMBAI SUBURBS
JAIPUR
BARAN
DHAR
RATLAM
DHARNI
PALGHAR
NASIK**



**OPERATING
SINCE
2010**



**REACHED
75,530
PEOPLE**





INDONESIA



16
STAFF



**JAKARTA
NUSA
TENGGARA
TIMUR
SULAWESI**



**OPERATING
SINCE
1998**



**REACHED
18,641
PEOPLE**

Despite strong economic growth in recent years, Indonesia continues to struggle with poverty, unemployment, corruption, and lack of infrastructure. Health and nutrition indicators, such as the health status of the population, access to medical services, quality of care, and sanitation, are of great concern. In Indonesia, which is characterized by extreme inequalities and high rates of malnutrition, vulnerable communities are particularly exposed to climate threats. In 2018, three major earthquakes affected areas of the country, causing extensive damage and human losses.

Our Community-Based Management of Acute Malnutrition Project, in collaboration with the Indonesian Ministry of Health, detected and treated malnutrition. Our teams also worked to improve access to water, sanitation and hygiene. Together with local partners, we helped to strengthen food security and livelihoods among farmers.

In Kupang District, 21.2 percent of children aged six months to five years are acutely malnourished, of which, 3.9 percent are severely malnourished, surpassing the World Health Organization's emergency thresholds. Our strategy is therefore to identify and tackle direct and indirect drivers of undernutrition. In addition, we expanded our Integrated Management of Childhood Illness project to offer training and capacity building in 12 new health centers. We also launched a multi-sectoral emergency response to help earthquake victims in Palu, Sigi, and Donggala.



MYANMAR

In Myanmar, chronic poverty further complicates a humanitarian situation already compromised by exposure to natural disasters, food insecurity, armed conflict and inter-communal clashes, and mass displacement. In 2019, an estimated 941,351 people will be in need of humanitarian assistance.

Worsening violence in Rakhine State has forced more than 650,000 Rohingya refugees to flee to Bangladesh since August 2017. In Rakhine State, given the current circumstances, including restrictions of movement and government-imposed regulations on humanitarian organizations, it is impossible to determine precisely how many people still reside in the three communes of Maungdaw, Buthidaung, and Rathedaung, and what their needs are.

We prevent and treat acute malnutrition among children under five, pregnant women, and breastfeeding mothers in Rakhine and Kayah. We also support these populations with activities focused on water, sanitation, and hygiene, as well as mental health and infant care practices. Our teams are working to reduce the impact of natural disasters, primarily on the highly vulnerable coastal communities of Rakhine State.

Through our advocacy, we are working to improve access to basic services of vulnerable groups, such as children under five, pregnant women, breastfeeding mothers, refugees, and displaced people. By participating in numerous conferences and forums, we promote the independence of international organizations to resolve the situation in Myanmar.



213
STAFF



**YANGON
KAYAH STATE
RAKHINE STATE**



**OPERATING
SINCE
1994**



**REACHED
76,312
PEOPLE**

NEPAL



**25
STAFF**



**NAWALPARASI
MAKWANPUR
NUWAKOT
RASUWA
RAUTAHAT
SAPTARI**



**OPERATING
SINCE
2011**



**REACHED
123,432
PEOPLE**

Nepal is one of the poorest countries in the world, ranked 149th out of 189 countries by the Human Development Index. One-third of the Nepalese population lives below the poverty line. Agriculture, the backbone of the country's economy, is the main source of livelihood for 80 percent of the population.

Nepal is one of the countries most vulnerable to natural disasters: due to its geographical location in the Himalayas, within a high-risk earthquake zone, more than 80 percent of the country's population is frequently threatened by floods, landslides, storms or earthquakes. In addition, field surveys have revealed alarming malnutrition rates.

In 2018, we worked in Nawalparasi, Makwanpur, Nuwakot, Rasuwa, Rautahat and Saptari to implement projects in partnership with civil society and government, helping strengthening capacity of our local partners. Our teams also worked with the Nepalese authorities to advocate for expansion of national nutrition programs.

PAKISTAN



In Pakistan, 45 percent of children are stunted due to undernutrition. In addition to being frequently affected by natural disasters, the country ranks seventh among the most vulnerable to climate change. It faces persistent drought in Sindh and Balochistan, resulting in food insecurity and increasing undernutrition. In Khyber Pakhtunkhwa province, numerous population displacements took place as a result of the crisis. Here, 48 percent of children are chronically malnourished and 17.3 percent are acutely malnourished.

Supported by local partners, our strategy is to link nutrition programs with water, sanitation and hygiene, and food security activities. In the Khyber Pakhtunkhwa province, we set up an emergency project and built six therapeutic centers, cared for 1,158 patients, helped 4,243 children increase their micronutrient intake, and trained 90 mothers-to-mothers support groups.

In Dadu district in Sindh, our integrated project provided treatment for severely malnourished children, supported 500 households in cereal cultivation, and helped 800 households to cultivate vegetable gardens. In July 2018, we launched a project with other organizations to support the Government of Sindh in the effective implementation of its nutrition policy



**ISLAMABAD
DADU
GHOTKI
KHAIRPUR
MATIARI**



**OPERATING
SINCE
1979**



**REACHED
334,588
PEOPLE**



PHILIPPINES



**120
STAFF**



**MANILA
TANDAG
MASBATE
ZAMBOANGA
ILIGAN
COTABATO**



**OPERATING
SINCE
2000**



**REACHED
302,014
PEOPLE**

Conflict in Mindanao, as well as natural disasters, drive increasing humanitarian needs in the Philippines. Cases of psychosocial disorders have grown by 50 percent among displaced populations, caused by conflict, breakdowns of social and family ties, and the consequences of living in temporary shelters for long periods of time. The most frequent disorders we observe are depression, anxiety, and post-traumatic stress.

In the city of Marawi and in other communities around Lake Lanao, we are working on to rebuild infrastructure and to restore access to safe water and basic sanitation. We also work to promote economic and productive recovery and to provide psychosocial support.

In the risk management sector, we manage an innovative, community-centered initiative that seeks to discover and support creative solutions to help communities better prepare for disasters.



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ud

TÉCNICAS DE AMAMANTO



Acunado

Fecha al bebé en tu falda colocando la cabeza donde duela el pezón. Esta posición permitirá que tu bebé se levante para llegar al pezón.



Acunado cruzado

Apoya la cabeza en tu brazo y maneja la posición de la mano para controlar con facilidad la cabeza de tu bebé y ayudarle a encontrar el pezón cuando está aprendiendo a amamantar.

Acos

8 a 12
veces

se debe amamantar bebé durante el día.

10 a 15
minutos

puede tomar el bebé en lactar cada seno.

duce en su
el pezón, pre
ere con el re
a suficiente



COLOMBIA



**109
STAFF**



**PUTUMAYO
NARIÑO
CÓRDOBA
LA GUAJIRA**



**OPERATING
SINCE
1998**



**REACHED
83,072
PEOPLE**

Official data indicates that more than one million Venezuelan migrants are present in Colombia, although some estimates suggest that the actual figure could be double that amount. Half of the migrants are in the border areas of La Guajira, Cesar, North Santander, Arauca, Vichada and Guainía, all of which are characterized by extreme poverty rates well above the national level and highly deficient access to basic services.

Some migrants are based in cities such as Bogotá and live on the streets or in informal settlements with little access to services. Migrants who pass through Colombian territory in order to reach other countries risk being victims of armed groups operating in the south. The migration crisis has relegated the humanitarian impact of armed conflict and violence – which continues to escalate in the country – to a secondary concern.

Our work in 2018 focused on the urgent humanitarian response in the north and on analyzing the crisis in host cities such as Bogotá, Barranquilla, and Cartagena. Our teams monitor nutrition, provide assistance through cash, and improve access to safe water and decent livelihoods for both host communities and migrants.

GUATEMALA



Guatemala, the largest economy in Central America, has one of the highest inequality rates in the region: poverty, malnutrition, and maternal and infant mortality are all high, especially in rural and indigenous areas. An estimated 50,000 people cross the southern border of the United States from Central America on an irregular basis every year, primarily as a result of unemployment, poverty, violence, and the impact of climate change on nutrition.

Our work in Guatemala focuses on the battle against malnutrition, on disaster risk management, and on monitoring the social and environmental factors that drive migration to the United States.



**36
STAFF**



**CHIQUIMULA
ZACAPA
EL PROGRESO**



**OPERATING
SINCE
1996**



HAITI



**154
STAFF**



**NORTH-WEST
ARTIBONITE
GRAND'ANSE**



**OPERATING
SINCE
1985**



**REACHED
174,460
PEOPLE**

Heavy rains in January and a magnitude 5.9 earthquake in October affected thousands of people in the North-West and Artibonite Departments of Haiti. 2018 was also marked by a tense security and political climate.

Drivers of hunger include low precipitation, soil erosion, and a lack of available and accessible local food and supplies. In 2019, food security is expected to worsen and enter crisis levels. At 15 percent in North-West and Grand'Anse, malnutrition rates remain high. Cholera cases continue to occur in Artibonite, but the outbreak is contained in the North-West, where there have been no confirmed cases since July 30, 2018.

Our teams worked to sustainably improve food and nutrition security by supporting savings and loans groups, creating income-generating activities, building water storage systems, training mothers to screen children for malnutrition, and improving sanitation. We also provided cash-based food assistance to help families affected by drought.

In response to the October 2018 earthquake, we supported local authorities with field evaluations, needs assessments, partner coordination, shelter management, and advocacy. We also provided cash vouchers, clean water, access to sanitation infrastructures, and emergency supplies.

Thanks to efforts by Action Against Hunger and partners, the end of the cholera epidemic is near. Our work in 2018 included active case finding and sensitization activities to prevent outbreaks. We promoted household water treatment by providing supplies to 7,500 families and pursuing market-based solutions by identifying local suppliers of treatment products. Finally, we strengthened access to water and sanitation by rehabilitating and constructing latrines and water points.



NICARAGUA

In recent years, there have been constant changes in weather patterns in Central America. The reduction and concentration of the frequency and volume of rainfall have caused recurrent periods of drought, which has been devastating to food and nutrition security. Access to water has also been severely affected. In the Dry Corridor region, which includes Nicaragua and Honduras, drought events have eroding the fragile livelihoods of vulnerable families.

The main challenge faced by our teams is to meet the needs of the Nicaraguan population, given the limitations to humanitarian access that exist in the country



**4
STAFF**



MADRIZ



**OPERATING
SINCE
1996**

PERU



**9
STAFF**



**PIURA
PUNO
AYACUCHO**



**OPERATING
SINCE
2007**



**REACHED
3,277
PEOPLE**

With nearly half a million Venezuelans living within its borders, Peru hosts the second highest number of migrants in the region, with Colombia hosting the largest population. By the end of 2019, it is expected that this number will triple and there will be one and a half million Venezuelan refugees in the country, most of whom intend to stay permanently.

Our country office in Peru actively participates in humanitarian platforms working to coordinate the response to this crisis and to analyze the humanitarian situation, especially in Lima. In 2018, we worked to reduce child malnutrition through a variety of projects. In Lima, we also provided support for social protection, labor markets, and psychosocial needs.

VENEZUELA



Humanitarian access is extremely difficult in Venezuela, which ranks as one of the world's least accessible countries along with Syria, Yemen, and Eritrea. The country's government rejects any form of foreign aid, and the economic context greatly hinders operations.

In Venezuela, where inflation reached 1,000 percent in 2018, almost no money is handled. Currency exchange was prohibited until only a few months ago, and economic policies undergo constant changes. Several indicators reveal the severity of the crisis in the country, which produces only 30 percent of the food consumed and depends on food imports. The equivalent of 11 minimum wages are needed to cover a family's basic needs in Venezuela, and it costs half a day's wages to buy hand soap.

After carrying out an exploratory mission in May 2018, we launched operations in Venezuela in August, in the states of Miranda (Caracas), Carabobo, Aragua, Monagas, Tachira, and Zulia. Tachira and Zulia share a border with Colombia and as such experience some of the highest levels of emigration in the region. Our work focuses on schools, where we monitor nutrition, support the feeding of children, and provide clean water.



**3
STAFF**



**MIRANDA
CARABOBO
ARAGUA
MOAGAS
TACHIRA
ZULIA**



**OPERATING
SINCE
2018**



**REACHED
3,685
PEOPLE**



EUROPE

SPAIN	47
GEORGIA	47



SPAIN



**164
STAFF**



**GALICIA
PRINCIPADO
DE ASTURIAS
CATALUÑA
NAVARRA
COMUNIDAD
DE MADRID
CASTILLA-LA
MANCHA
EXTREMADURA
COMUNIDAD
VALENCIANA
ANDALUCÍA**



**OPERATING
SINCE
2013**



**REACHED
5,667
PEOPLE**

In 2018, more than 3.3 million people in Spain were out of work, with an unemployment rate of 14.45 percent. Unemployment, low wages, and other precarious conditions led to poverty and exclusion for some parts of the population. Ultimately, this leads to food insecurity, since households without an income cut their food budgets. Our mission in Spain focuses on empowering people to facilitate their access to the labor market and improve their livelihoods.

In 2018 we empowered 5,667 people to gain employment or create a business, 48 percent more than in 2017. These strong results encouraged us to expand our experience to other countries where promoting employment and inclusion is an important tool to fight the causes of hunger. Adjusting to different contexts in each country, we are bringing these methodologies to Georgia, Azerbaijan, Occupied Palestinian Territory, Nicaragua, Peru, Egypt, and Senegal.

Action Against Hunger leads the European Network of Innovation for Inclusion. With more than 100 partners, this network allows us to exchange knowledge with other organizations and position ourselves as a significant player in European social innovation.

GEORGIA

Poverty has been reduced by almost half in the last ten years, although large socioeconomic inequalities remain among the population of Georgia. Likewise, the situation in Abkhazia, which remains unresolved, impedes significant improvements in the economic situation in the region.

Our team in the country has reached its objectives: development interventions in Georgia and Abkhazia to improve employment and rural development, with an element of humanitarian aid for populations affected by crop loss in the food security sector.



**36
STAFF**



**GALI
TBILISSI
SUKUMI**



**OPERATING
SINCE
1994**



**REACHED
5,937
PEOPLE**



ACTION AGAINST HUNGER USA FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

ASSETS	2018	2017
Cash and cash equivalents (Note 2*):		
Headquarters	\$ 9,504,402	\$ 13,738,416
Field offices	\$ 4,288,989	\$ 2,723,194
Total cash and cash equivalents	\$ 13,793,391	\$ 16,461,610
Grants receivable (Note 3)	\$ 91,269,514	\$ 73,644,893
Travel advances and other receivables	\$ 3,132,837	\$ 3,129,551
Prepaid expenses	\$ 198,060	\$ 169,490
Furniture, equipment, vehicles and leasehold improvements, net (Note 5)	\$ 1,193,750	\$ 1,388,051
Right-of-use asset, net (Note 11)	\$ 8,365,194	\$ 9,062,293
TOTAL ASSETS	\$ 117,952,746	\$ 103,855,888
	2018	2017
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	\$ 3,602,498	\$ 4,619,576
Provision for unanticipated loss	\$ 4,383,000	\$ 883,100
Due to Network (Note 4)	\$ 3,518,475	\$ 8,956,120
Operating lease obligation (Note 11)	\$ 9,057,619	\$ 9,631,916
Deferred rent (landlord construction), net (Note 11)	\$ 817,554	\$ 885,683
Total liabilities	\$ 21,379,146	\$ 24,976,395
NET ASSETS		
Undesignated	\$ 2,793,561	\$ 9,351,139
Designated (Note 9)	\$ 760,000	\$ 760,000
Total unrestricted net assets	\$ 3,553,561	\$ 10,111,139
Temporarily restricted (Note 6)	\$ 93,020,039	\$ 68,768,354
Total net assets	\$ 96,573,600	\$ 78,879,493
TOTAL LIABILITIES AND NET ASSETS	\$ 117,952,746	\$ 103,855,888

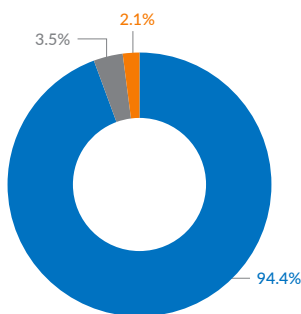
*Please visit actionagainsthunger.org/financials to see our full audited statements and for reference to "Notes."

STATEMENT OF ACTIVITIES 2018

REVENUE AND SUPPORT	UNRESTRICTED	TEMPORARILY RESTRICTED	TOTAL
Contributions	\$ 6,525,077	\$ 20,000	\$ 6,545,077
Special events, net	\$ 1,285,797	-	\$ 1,285,797
Grants (Notes 7 and 15):			
U.S. Government	-	\$ 60,157,400	\$ 60,157,400
Non-U.S. Government	-	\$ 70,191,315	\$ 70,191,315
In-kind contributions (Note 10)	\$ 8,159,216	-	\$ 8,159,216
Interest income	\$ 275	-	\$ 275
Other revenue	\$ (117,435)	-	\$ (117,435)
Net assets released from donor restrictions (Note 8)	\$ 99,851,644	\$ (99,851,644)	-
TOTAL REVENUE AND SUPPORT	\$ 115,704,299	\$ 30,517,071	\$ 146,221,370

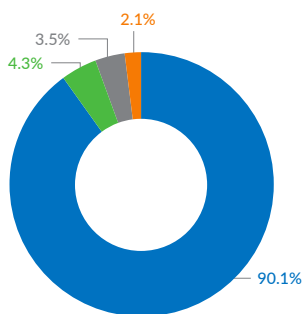


TOTAL EXPENSES FOR 2018



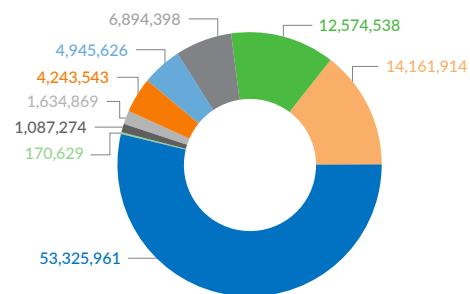
- Programs
- Management and General
- Fundraising

HOW WE USED OUR RESOURCES



- Programs
- Program Support
- Management and General
- Fundraising

WHERE WE USED OUR RESOURCES



- Nigeria
- Somalia
- South Sudan
- Uganda
- Haiti
- Kenya
- Pakistan
- Cambodia
- Tanzania



GLOBAL FINANCE REPORT



€424.5M

**TOTAL ANNUAL
INCOME**
2017: €412M



€332.7M

**RESTRICTED
PUBLIC FUNDS**
2017: €322.2M



€82M

PRIVATE SOURCES
2017: €79.4M



€9.7M

OTHER REVENUE
2017: €11.1M

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 Action Against Hunger Network's main currency, the sums expressed are converted into Euros at the historic annual average rate.

Action Against Hunger's revenue has now grown uninterrupted for the past 15 years. This growth has been fairly constant, with an average 11.5 percent increase per year. Total income has more than tripled in the ten years since 2008, from €126.7 million in 2008 to €424.5 million in 2018. Over the last five years, Action Against Hunger's total yearly revenue has increased by 61 percent. The total revenue of €424.5 million in 2018 exceeded all previous records, surpassing the already exceptional figures in 2017 by €11.7 million. This is an increase of three percent.

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

In 2018 Action Against Hunger increased the revenue from public restricted funding by €10.5 million from 2017, with the total public revenue at €332.8 million. The revenue from international bilateral donors increased sharply, by 41 percent. The United States remained our largest bilateral donor and became our second largest donor overall, providing revenue of €79.1 million during 2018. This is 78 percent more than in 2017 and represents an increase of €34.5 million. Similarly, revenue from the Swedish government doubled in 2018

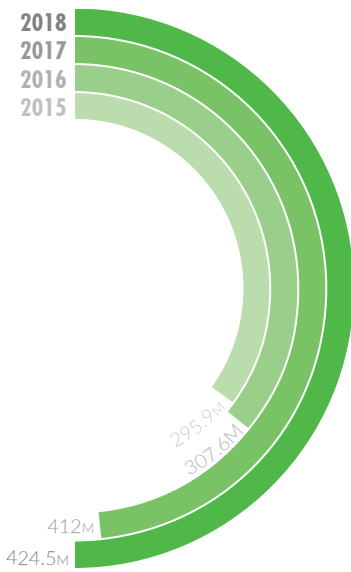


Figure 8.1: Action Against Hunger's total revenue (€) (2015-2018)

(from €13.2 million to €27.9 million) and the Canadian government increased their funding by 38 percent (from €13.2 million to €18.3 million). Multilateral agencies, namely the EU institutions and the United Nations, remain significant donors of restricted income, with collective revenue from the EU and UN exceeding €136.6 million. In 2018, however, revenue from both agencies decreased and fell more into line with pre-2017 trends.

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

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

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

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

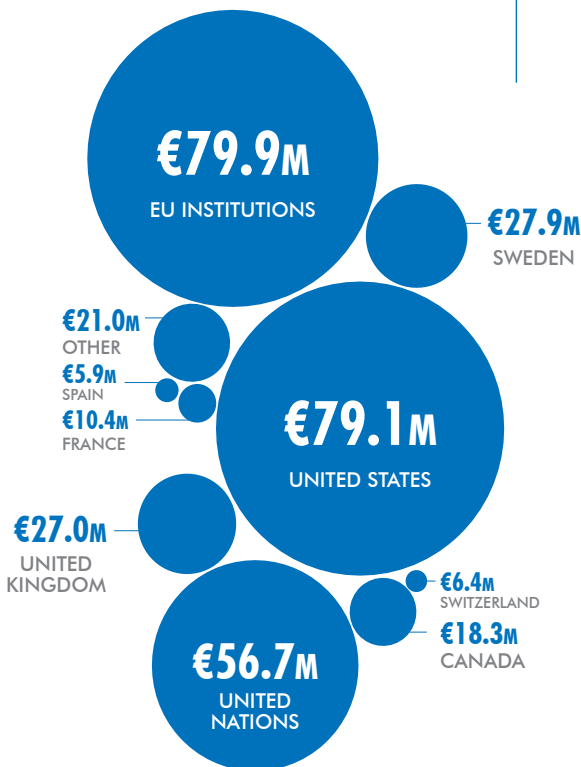


Figure 8.2: Public restricted income (€) by source of funds (2018)
 Note: The donors we include are not exhaustive, as we only report contributions over €1 million

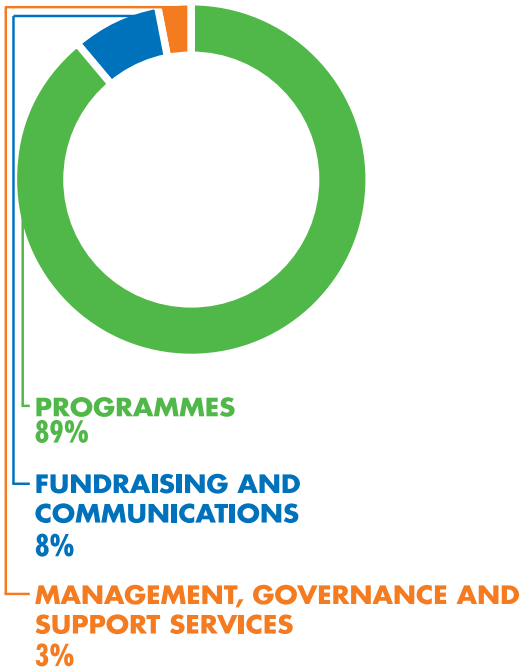


Figure 8.3: Breakdown of Action Against Hunger's expenditure (2018)

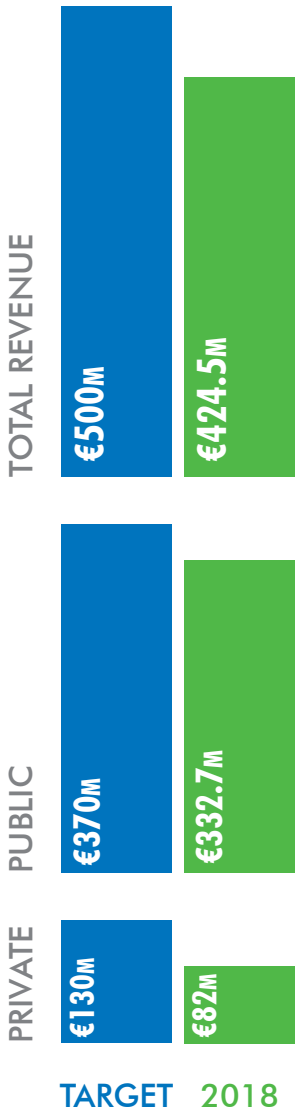


Figure 8.4: Progress against fundraising targets set out in Action Against Hunger's International Strategic Plan 2016-2020



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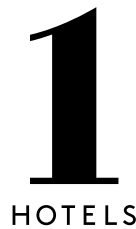
US PARTNERSHIPS

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



ELEANOR CROOK
FOUNDATION



ADVOCACY PARTNERSHIPS



INSTITUTIONAL PARTNERSHIPS



European Union
Civil Protection and
Humanitarian Aid



US LEADERSHIP

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Gary Camus
Chief Financial Officer

Richard Haselwood
Director of Operations

Hajir Maalim
Regional Director, Horn & Eastern Africa

Eveline Tavares
Director of 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 with 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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Action Against Hunger USA is a 501(c)3 not-for-profit organization.
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.**