Action Against Hunger is an international humanitarian organization committed to ending world hunger. Recognized as a leader in the fight against acute malnutrition, Action Against Hunger works to save the lives of malnourished children while providing communities with sustainable access to safe water and long-term solutions to hunger.

With over 30 years of expertise in emergency situations of conflict, natural disaster, and chronic food insecurity, our 4,600+ field staff—seasoned professionals and technical experts in nutrition, water and sanitation, public health, and food security—carry out life-saving programs in more than 40 countries.

In 2010, ACF’s humanitarian programs directly assisted some 6.4 million people, along with countless others through capacity building programs in collaboration with government ministries. Committed to principled humanitarian action, Action Against Hunger restores dignity, self-sufficiency, and independence to vulnerable populations around the world.
The causes of hunger and malnutrition are no mystery, and the severity of the problem is no secret. While almost one billion people across the globe suffer from some form of hunger, there are 19 million whose very lives are threatened by severe acute malnutrition. At a time when some enjoy unprecedented wealth, many struggle with day-to-day needs. And the most deadly form of hunger kills an estimated 3.5 million children every year.

Action Against Hunger | ACF International continues working to save lives, bring independence, and restore dignity, to vulnerable communities around the world.

In 2010, ACF was able to mount swift, life-saving responses to several large-scale natural disasters. When 125,000 homes in Guatemala were destroyed by a tropical storm, ACF provided safe drinking water and supplies for thousands of families. Within hours of the earthquake that devastated Haiti—killing hundreds of thousands, destroying homes, and crippling infrastructure—ACF had emergency supplies en route, and responded quickly to provide badly needed drinking water. When floods in Pakistan destroyed water and sanitation infrastructure, ACF built latrines, showers, and repaired water sources. Through cash grants and cash-for-work programs, ACF helped reinvigorate the livelihoods of thousands of Pakistani workers and businesses.

The strength of this organization lies in a rare commitment to communities affected by hunger. Our innovation can be seen in programs that not only address immediate needs, but help communities develop the resources to be self-sufficient. Last year, ACF trained over 16,000 health workers and community volunteers in the Democratic Republic of Congo alone. When providing seeds and tools to communities in Indonesia’s West Timor province—which suffer from high child malnutrition—we also provide training in sustainable farming practices, health and nutrition education, and train local health workers. And in Chad, where ACF operates over 40 nutrition centers, we also help establish grain banks to store excess crops, and advocate for policies to help the country become resilient to food shocks.

As we move forward, ACF will build on our skills and experience responding to large emergencies like those in Haiti and Pakistan. We will continue to develop new and diverse sources of private funding to ensure a rapid response whenever and wherever disaster strikes, and to have the flexibility to address the full range of underlying causes of hunger. We will reach a greater number of vulnerable communities, and use our experience to help local humanitarian actors face new challenges. ACF is more than ever committed to confronting the most serious challenge of our time: eliminating the injustice of hunger.

I am proud, on behalf of all the ACF field staff and on behalf of the International Chairmen’s Council, to present this report highlighting some of ACF’s accomplishments in 2010.
ACF’S INTEGRATED APPROACH TO FIGHTING HUNGER

For more than 30 years, ACF has led the way in restoring dignity, self-sufficiency, and independence to vulnerable populations around the world. With program expertise in nutrition, food security & livelihoods, and water, sanitation & hygiene, ACF provides comprehensive solutions that are needs-based, context-specific, and customized through direct community participation.

NUTRITION

Action Against Hunger’s methods for detecting and treating deadly malnutrition are internationally renowned.

Evaluate Nutritional Needs
To assess the root causes of a malnutrition outbreak, ACF collects baseline data on key nutritional indicators like local capacities and resources, cultural practices, infrastructure and geography. These nutrition surveys are essential for mounting an effective, customized response.

Treat Acute Malnutrition
ACF treats cases of severe acute malnutrition with inpatient care (for those with medical complications) and with community-based, outpatient programs. Without treatment, severely malnourished women and children would likely face imminent death.

Prevent Acute Malnutrition
ACF’s prevention activities provide Ready-to-Use-Foods to patients discharged from therapeutic care, children with moderate acute malnutrition, and children in communities faced with seasonal hunger. Prevention can save millions of lives while long-term solutions are developed.

Build Local Capacity
ACF strengthens public health systems to combat malnutrition. We field teams that consist overwhelmingly of local staff and integrate our programs into existing health structures. When crises subside, we ensure that local capacity is in place to support continued improvements in communities’ nutritional health.
**WATER, SANITATION & HYGIENE**
ACF provides access to clean water and improved sanitation for communities at risk of acute malnutrition.

**Provide Access to Safe Water**
During emergencies, ACF trucks water into affected areas and installs storage tanks and reservoirs. Where water is scarce or unsafe, we drill and decontaminate wells, install hand-pumps, protect natural springs, tap aquifers, rehabilitate damaged infrastructure, and pipe water into hard-to-reach villages and health centers.

**Promote Sanitation & Hygiene**
To prevent outbreaks of disease during a crisis, ACF’s teams distribute hygiene kits and build latrines and hand-washing stations. In communities at risk, we construct water filters made from basic materials and teach healthy practices like hand washing, cooking with clean utensils, and drawing water from protected sources.

**Ensure Lasting Change**
ACF’s commitment to community participation ensures long-term capacity: we train community-based water committees to manage their water and sanitation infrastructure themselves, and organize Village Health Teams to model good sanitation and hygiene practices for their communities long after we leave an area.

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**FOOD SECURITY & LIVELIHOODS**
ACF’s food security & livelihoods programs tackle the root causes of hunger: problems of access, income, and production.

**Evaluate Local Needs**
To determine what’s causing hunger in a given area, ACF carries out comprehensive evaluations by collecting and analyzing key data on local assets, resources, and livelihoods strategies. Our teams meet directly with community members to better understand local conditions and create a collaborative plan of action.

**Respond to Emergencies**
When disasters destroy infrastructure and food supplies, when violence forces thousands to flee, or when drought disrupts food production, ACF responds with distributions of food, cash, and other items to prevent hunger in the short-term and ensure that crops can be replanted and livestock restocked in the future.

**Provide Long-Term Solutions**
Designed in collaboration with local populations, our strategies are context-specific: micro-grant support for families recovering from conflict; seeds and tools for agricultural recovery; livestock and veterinary services where needed; small business assistance; and other programs that help families regain self-sufficiency.

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ACF’s programs provide immediate assistance and long-term relief to malnourished children and their families. Our food security & livelihoods programs offer a broad range of solutions for generating income and food production. ACF ensures effective assistance by working directly with communities to customize lasting solutions to hunger.
In 2010, Action Against Hunger assisted some **6.4 million people** in over 40 countries around the world.

The breadth of Action Against Hunger’s international expertise goes beyond the scope of our current programs. Additionally, we have worked in many other countries, including Bosnia-Herzegovina, Cambodia, Cameroon, North Korea, Mozambique, Macedonia, Rwanda, and Tanzania.
HAITI
On January 12th, the world watched in horror as a 7.0 magnitude earthquake struck Haiti, killing over 230,000 people and turning the capital and surrounding areas to rubble. Action Against Hunger, delivering humanitarian programs in the country since 1985, was well positioned to respond. Within hours of the quake, ACF had sent its first shipment containing reinforcements and emergency supplies for thousands of survivors in Port-au-Prince and outlying areas.

After a disaster of this magnitude, clean water and sanitation are urgent priorities to prevent outbreaks of deadly water-borne illnesses. ACF was one of the first organizations to provide safe drinking water for people congregated in makeshift camps amidst the destruction. Since the earthquake, ACF’s specialists installed 177 large water reservoirs and water points in stricken areas that ensured daily access to clean water for 300,000 people. ACF teams also constructed over 1,000 latrines, conducted broad public awareness campaigns on emergency hygiene practices, and distributed kits containing soap, buckets, plastic sheeting, and other essential items to thousands of families. When the cholera outbreak hit, ACF ramped up its programs in Artibonite and North West districts, the epicenters of the crisis, providing over 50,000 at-risk families with water purification tablets, rehydration packets, soap, and other essential hygiene materials to control the disease’s spread. Amidst the makeshift camps and rubble-strewn streets of Port-au-Prince, ACF set up 13 special tents designed to provide mothers and their infants with a safe place for breastfeeding, as well as medical, nutritional, and psychological support. And as the risk of life-threatening malnutrition grew, ACF established 10 emergency treatment centers and distributed high-protein biscuits to thousands of children. To assist well over 30,000 families in regaining their livelihoods and restoring their food supplies, ACF implemented cash-for-work programs and connected people to fresh food vendors in local markets through an innovative voucher program.

PAKISTAN
In July 2010 Pakistan was hit by the worst flooding in its history. An estimated 20 million people were affected by the monsoon rains, which swept away homes, bridges, and roads, leaving millions displaced and in need of immediate assistance. With water and sanitation sources completely destroyed in many areas, millions were forced to drink contaminated floodwater. Action Against Hunger’s first priority was to contain the spread of water-borne disease while working to rehabilitate water networks and distribution systems. After the floods, ACF provided over 300,000 people with access to clean drinking water by trucking in over 50 million liters and rehabilitating 325 water points, built over 1,000 emergency latrines and showers, and distributed more than 27,000 hygiene kits to families at risk of contracting illnesses like cholera and dysentery.

ACF also helped thousands of families whose homes, livestock, crops, small trades, and only sources of income were washed away in the floods. ACF disbursed over 2,500 cash grants to small business owners to re-start their micro-enterprises, distributed food to 5,000 families, and provided cash-for-work opportunities to nearly 3,500 people.

ACF-Uganda, T. Frank
UGANDA

Northern Uganda has been wracked by nearly 20 years of armed conflict that forced some two million people into squalid camps. Since the fragile peace process began in 2006, nearly all of them have returned home, only to find they lack basic resources to begin rebuilding their lives. In 2010, Action Against Hunger provided over 195,000 northern Ugandans with access to safe water and sanitation services.

To improve clean water access, ACF drilled wells, installed hand pumps, trained community members in water resource management, and engaged rural water departments to ensure sustainable infrastructure. Because inadequate sanitation is a leading cause of water-borne illnesses like cholera and dysentery, ACF trained thousands of people in healthy hygiene practices and provided materials to build sanitation facilities, including latrines, hand-washing stations, and trash pits. “People no longer have to walk far or be dependent on bicycles to carry the water, making it easy for them to bathe and wash their clothes. It’s easier to water our animals, to get water for construction, and the water we now drink is safe. Life has really improved a lot,” said Gira Walter, a resident of the village of Akadikum in northern Uganda.

DEMOCRATIC REPUBLIC OF CONGO

The Democratic Republic of Congo is still a nation in crisis, reeling from years of brutal conflict and neglect, and struggling with widespread poverty, food insecurity, uneven economic development, and regional instability. As a result, the country experiences routine outbreaks of acute malnutrition that threaten thousands of lives. Since 2003, Action Against Hunger has been building the capacity of local health systems to tackle this deadly condition. In 2010 alone, ACF equipped 476 treatment centers and trained over 16,000 public health workers and community volunteers, ensuring that 42,000 lives were saved—the most ever in a single country through ACF’s nutrition programs.

In the remote stretches of southern D.R. Congo, thousands of people are at risk of Konzo, a severe neurological ailment triggered by exposure to cyanide present in improperly processed cassava, a staple crop in the region. ACF helped affected communities address this public health crisis by distributing seeds and tools to support diversified diets; rehabilitating water networks, drilling wells, and installing water tanks to improve access to clean water for proper cassava processing; and leading a broad public awareness campaign on the causes of the illness. Meanwhile, in eastern D.R. Congo, where conflict still rages, ACF set up a voucher system for destitute farmers to purchase surplus seeds from other growers, distributed agricultural inputs, provided training in basic farming techniques, supported communities in their efforts to battle a crop disease ravaging banana plants across the region, and supplied fledgling entrepreneurs with the tools they needed to begin generating income.
PALESTINIAN TERRITORIES

Thousands of people experienced water shortages in the southern West Bank as a result of unusually low rainfall and soaring prices in 2009. Action Against Hunger improved access to clean water and sanitation for families spending up to 30% of their income to buy water, improving economic security and curbing the spread of water-borne illness for over 12,500 people in some of the places hardest hit by last year’s drought.

ACF constructed and rehabilitated pipelines and water points; built and rehabilitated cisterns for people to collect rainwater; increased water access for pastoralists and their animals to help protect livelihoods; conducted educational sessions for women and students on efficient water usage and safe hygiene practices; provided training for engineers and technicians from six municipalities on water management, maintenance, and system design; and built shelters for vulnerable Bedouin families living in remote areas to help protect against the harsh climate and decrease environmental health risks.

GUATEMALA

On June 1, 2010, tropical storm Agatha battered much of Central America, including Guatemala, where 250 people were killed or went missing and at least 125,000 others lost their homes, livelihoods, and small trades. Action Against Hunger mounted an emergency response for 50,000 people in the hard-hit area of Escuintla, where severe flooding contaminated drinking water and threatened food supplies for thousands of families.

In Guatemala since 1998, Action Against Hunger responded to the immediate needs of the affected population by helping families left homeless by the storm relocate to shelters and other safe spaces; distributing emergency food provisions of corn, beans, sugar, oil, and vitamin supplements; and supplying tools to assist the local population with clean-up efforts. Already providing ongoing support to people affected by Hurricane Stan, which destroyed large swaths of the country in 2005, ACF teams rehabilitated damaged wells and restored safe water in areas where supplies were contaminated by the recent flooding.

CHAD

While Chad’s Sahelian region frequently experiences high rates of acute malnutrition during the “hunger gap”—a period of routine scarcity between harvests—2010 was particularly harsh. Insufficient rainfall over the past two years helped push nearly two-thirds of families in Chad into food insecurity, and the lack of access to arable land, water, and health care also contributed to skyrocketing malnutrition rates.

After finding that one in four children under five in Western Chad suffered from acute malnutrition, ACF scaled up its treatment programs. Already supporting 33 nutrition centers in the arid Kanem and Bahr El Ghazal regions, Action Against Hunger extended its programs to an additional 10 health centers in areas with soaring malnutrition rates. This significantly increased the accessibility and quality of care for severely malnourished children.

To help avert future malnutrition crises, ACF supported local markets and helped struggling families regain their livelihoods by setting up grain banks for farmers to store their excess crops, establishing vaccination and de-worming programs for livestock, and training fledgling female entrepreneurs in small business management. ACF also advocated for long-term investments aimed at bolstering the country’s health care system—crippled by insufficient funding, medicine, nurses, and administrative staff—and at strengthening the country’s resilience to food shocks.

BOLIVIA

A protracted drought in Bolivia resulted in severe water scarcity and ruined staple crops across the country. Action Against Hunger, in coordination with local institutions, ensured an emergency water supply for 50 communities facing extreme shortages and helped 4,500 farming families whose harvests were destroyed through corn and seed distributions. ACF also installed early warning systems to mitigate future disasters and trained community leaders on how to prevent and respond to emergencies brought on by water shortages.

To help poor farmers conserve their scarce arable land for the future, Action Against Hunger implemented a sustainable community-based agriculture program. In areas affected by recurrent drought, ACF promoted a variety of measures to preserve moisture and avoid soil erosion, from introducing environmentally-friendly manure, to teaching crop rotation techniques, to offering solutions to the problem of livestock overgrazing.

INDONESIA

Action Against Hunger mounted an emergency response in the fall of 2010 after the eruption of Mount Merapi forced over 340,000 Indonesians to flee, most to camps and makeshift settlements. In the immediate aftermath of the disaster, ACF drew from its pre-positioned stock of emergency supplies to provide access to life-saving sanitation services in displacement camps, supported 35 outpatient health centers to head off the risk of deadly malnutrition among displaced children, and rehabilitated water systems damaged by the eruption. More
than 6,200 families whose livelihoods were destroyed by the volcanic ash also received seeds, livestock, or fishing supplies to restart their trades and feed their families.

Meanwhile, in the West Timor province, where poor infrastructure and a lack of access to basic services such as health and education have resulted in high childhood malnutrition rates, ACF addressed the problem through an integrated set of programs. The organization trained health staff and equipped community centers to detect and refer severe malnutrition cases, distributed seeds and tools to families affected by malnutrition, provided training in effective agricultural techniques, helped parents diversify their families’ diets and keep their children safe from disease through comprehensive health education activities, and built clean water systems managed by local water committees.

ZAMBIA

In Zambia and other countries badly affected by HIV/AIDS, an estimated 20% of children under 17 are orphans. These orphans, often stigmatized because of their association with the disease, thrown into poverty, and traumatized by the death of their parents, tend to strain extended families’ resources and overwhelm national health and education systems. Since 2006, Action Against Hunger has been working with a local partner, Children in Distress (CINDI), to provide support to orphans and their caregivers in Kitwe, one of the poorest areas of Zambia.

With support from ACF, CINDI trained 11 community-based organizations to improve the health and nutrition of HIV-affected households in 2010. As a result, some 4,000 people received counseling and referrals for HIV testing and other related services, over 7,000 people accessed information on HIV/AIDS and nutrition to improve their health, and 40 households hosting over 200 orphans were supported with small business loans to increase their household income.
A QUESTION OF SCALE: 
THE PROMISE OF COMMUNITY- 
BASED MODELS FOR MANAGING 
ACUTE MALNUTRITION

Revolutionary new tools and methods allow for a public health 
approach to managing deadly acute malnutrition.

The fight against deadly malnutrition is at a crossroads today. For the first time in 
history, the prospect of ending child deaths from acute malnutrition is within our 
reach—existing solutions can be brought to scale to save the millions of lives lost each 
year to this preventable condition.

Recent advances in therapeutic care, both technical and organizational, have opened up 
new possibilities for expanding our reach and impact in ways previously unthinkable. 
These new advances can be summarized by two key developments: the creation of more 
stable therapeutic ready-to-use-foods, and the community-based models developed 
to deploy them. These twin developments have reshaped how we manage acute 
malnutrition today, with far-reaching implications for the 3.5 million lives lost each year 
to deadly hunger.

THE LIMITS OF AN INTENSIVE-CARE MODEL

The field of emergency nutrition has evolved significantly over the past 20 years, with 
occasional breakthroughs making new care practices possible. One such breakthrough 
occurred in the early 1990’s, when Action Against Hunger’s Scientific Committee 
created two revolutionary therapeutic milk formulas, F-75 and F-100, that reduce 
mortality rates by 75% among children in treatment for severe acute malnutrition. 
Unpatented and field tested by Action Against Hunger in 1993, these nutritional 
products and their protocols were eventually adopted by the UN’s World Health 
Organization as the industry standard.

While these new therapeutic formulas and protocols represented life-saving 
developments, they implied an “intensive-care unit” approach to managing deadly 
malnutrition: treatment required medically-intensive hospital settings where 
malnourished children and their caretakers would receive round-the-clock medical 
care for a month or more. The reach and impact of this “ICU” model had inherent 
limitations: it required medical personnel and access to clean water (for mixing 
and administering the therapeutic milk formulae); it required patients to travel 
significant distances to reach treatment facilities; it required caretakers to be away 
from home and work for the month of treatment; and it only addressed the severest 
cases of malnutrition—it could not accommodate children with moderate acute 
malnutrition until their condition deteriorated.

In essence, these new tools and protocols made humanitarians more effective at 
saving lives, but the model ensured that only a tiny percentage of the millions 
suffering from acute malnutrition received treatment.

TOWARDS A READY-TO-USE REVOLUTION

The next great shift in therapeutic nutritional care came in the late 1990s with the 
development of therapeutic ready-to-use-foods (RUTF) and the rise of community-
based models for managing acute malnutrition. The revolutionary nutritional 
product Plumpy’nut was created when the nutritionist André Briend, in partnership
with Nutriset, repackaged the F-100 milk formulation as a more stable peanut butter-based product, making this life-saving formula available without the need for preparation, clean water, or refrigeration. In 1997, Action Against Hunger carried out initial field tests to develop protocols for using Plumpy’nut in the treatment of severe acute malnutrition, and since then, RUTFs like Plumpy’nut have become essential to ensuring cure rates of more than 90% among the populations ACF treats for deadly malnutrition.

The advent of therapeutic RUTFs like Plumpy’nut gave rise to another revolutionary breakthrough: community-based models for managing acute malnutrition, which enabled humanitarians to bring the fight against deadly malnutrition out of the hospitals and into the homes of children in need of life-saving treatment.

The concept of community-based care—first developed by Valid International—adopted a public health approach to managing acute malnutrition and aimed to maximize impact and coverage. Now known as the Community Management of Acute Malnutrition, or CMAM, this model combined the promise of therapeutic ready-to-use-foods with a more expansive outpatient framework designed to broaden access to treatment.

After years of field testing, it is this very model that holds such promise as a scalable solution with the prospect of expanding access to life-saving treatment for the millions of children in need.

ACF’S THERAPEUTIC NUTRITION PROGRAMS

Action Against Hunger’s therapeutic nutrition programs employ the Community-based Management of Acute Malnutrition model to save lives from deadly malnutrition, which consists of the following components:

OUTPATIENT THERAPEUTIC POINTS

ACF’s Outpatient Therapeutic Point (OTP) programs allow children with severe acute malnutrition to receive therapeutic care at home, outside of a hospital setting, using the therapeutic ready-to-use food Plumpy’nut. As such, this outpatient program is often referred to as “home treatment,” and as a rule, some 90% of all severe acute cases can be referred for treatment in these OTP programs with 90% cure rates.

INPATIENT THERAPEUTIC CENTERS

In addition to the outpatient programs, ACF’s therapeutic programs employ Stabilization Centers that provide inpatient therapeutic care. An estimated 10% of all children with severe acute malnutrition suffer from other medical complications as well (e.g., malaria, anemia, severe diarrhea, etc.) and are referred to Stabilization Centers for additional medical oversight using a range of nutritional products—from therapeutic milk formulas F-75 and F-100 to solid therapeutic products like Plumpy’nut. Children receive inpatient care for the first 1-2 weeks until they stabilize and can be referred back to the OTP programs to finish their treatment regimen. Both Stabilization Centers and Outpatient Therapeutic Programs run simultaneously, being core components of ACF’s Therapeutic Nutrition Programs, as each addresses the specialized needs of children suffering from severe acute malnutrition.
INCREASING FUNDS TO EXPAND GLOBAL EFFECTIVENESS

Over the past five years, ACF International’s financial resources have increased by nearly €65 million. This steady growth at an average rate of more than 13% annually has allowed ACF to implement strategies that prevent and treat acute malnutrition and help restore communities to self-sufficiency, while still having the capacity to respond rapidly and effectively to nutritional crises whenever and wherever they occur.

The chart below presents a five-year history of the growth in ACF International’s annual operating budget. While the revenues received in any given year include dollars (in some cases both US and Canadian), euros, and pounds, the totals have been converted into a single currency for the purposes of comparison. The conversion rates used in this table reflect the historical average rates of exchange for the year in question.

Please note that the 2010 numbers are final figures but pending a full audit.

ACF INTERNATIONAL FINANCIAL RESOURCES

ACF INTERNATIONAL REVENUES & EXPENSES

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<th>FY 2009</th>
<th>FY 2010</th>
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<td><strong>BALANCE</strong> (transfer to reserve)</td>
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**ACF INTERNATIONAL ALLOCATION OF EXPENSES: COMMITTED TO DIRECT FIELD SERVICES**

In 2010, nearly 84% of all expenses directly supported our field programs in nutrition, water, sanitation & hygiene, and food security & livelihoods. The balance covered the general management and administration costs of the five headquarter offices, along with expenses related to fundraising, press relations, and public outreach.

As on the opposite page, these figures reflect preliminary, pre-audited totals.

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**ACF INTERNATIONAL INSTITUTIONAL FUNDING BY DONOR**

*Other Governments include: Canada, Norway, Sweden, and Switzerland*

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**ACF INTERNATIONAL EXPENSES BY REGION**

- **SAHEL** €12,053,966
- **CENTRAL AFRICA** €16,206,445
- **EAST AFRICA** €17,822,436
- **ASIA** €23,017,747
- **CARIBBEAN** €18,919,831
- **SOUTHERN AFRICA** €8,472,229
- **LATIN AMERICA** €8,217,406
- **MIDDLE EAST** €7,325,025
- **WEST AFRICA** €6,400,258
- **OTHER** €2,477,658