ANNUAL PROGRESS REPORT 2016
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FOREWORD

Action Against Hunger is continuously developing and evolving in response to humanitarian and undernutrition crises across the globe. Recently, we have put together a new International Strategic Plan to guide us through new goals and provide an improved strategic framework for our work across our global organisation. The 2016-2020 strategy strengthens our work with partners and our approaches to policy and programme implementation. The new strategy is articulated around our ambition to contribute to three major aims: mitigate the consequences of hunger; address the causes of hunger; and change the way hunger is viewed and addressed. To measure our impact, we have defined 5 goals:

GOALS

1. Reduction of mortality in children under five years' old

2. Reduction in prevalence of Chronic and Acute Undernutrition

3. Increase in coverage of programmes to treat Severe Acute Malnutrition

4. Unmet needs within the scope of Action Against Hunger areas of expertise will be covered during emergencies

5. Programme countries' and the international community's strategies on undernutrition are improved by our provision of reliable evidence and expertise

We will work together with the international, national and local communities in order to achieve substantial change towards the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).

We will take further action to promote gender equality across our operations, contributing to SDG 5: Achieve gender equality and empower all women and girls. Since 2013, we have been working towards an organisational shift that would help us achieve sustainable equality programming. Starting next year, the Annual Progress Report will include specific indicators to measure progress against the commitment we have made in our Gender Policy.

WE WILL WORK TOGETHER WITH OUR PARTNERS AROUND THE WORLD TO MOVE CLOSER TO OUR VISION OF A WORLD FREE FROM HUNGER
WATER, SANITATION AND HYGIENE

5.8 MILLION PEOPLE REACHED

1,385,196 cubic meters of water delivered
231,903 hygiene sessions held
50,716 water points improved
2,008 community infrastructures built or improved

FOOD SECURITY AND LIVELIHOODS

2.6 MILLION PEOPLE REACHED

336,545 livelihood kits distributed
61,528 metric tons of food aid delivered

NUTRITION

1.5 MILLION PEOPLE REACHED

311,517 treated for severe acute malnutrition
264,523 treated for moderate acute malnutrition
EVOLUTION OF TOTAL NUMBER OF BENEFICIARIES

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<th>Year</th>
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<tr>
<td>2015</td>
<td>14,881,631</td>
</tr>
<tr>
<td>2016</td>
<td>14,742,310</td>
</tr>
</tbody>
</table>

THERE ARE 7,958 ACTION AGAINST HUNGER STAFF MEMBERS GLOBALLY

INTERNATIONAL

NATIONAL

TOTAL FIELD STAFF

2013 418
2014 441
2015 433
2016 437

3.6 MILLION PEOPLE REACHED

HEALTH

91,853 health and nutrition education sessions held

MENTAL HEALTH AND CARE PRACTICES

930,924 PEOPLE REACHED

DISASTER RISK MANAGEMENT

217,635 PEOPLE REACHED
50
COUNTRY AND REGIONAL OFFICES

PROJECTS

BENEFICIARIES
INTRODUCTION

Here at Action Against Hunger, we are committed to transparency and accountability in our processes and the programmes and services we provide towards ending hunger. This Annual Report is not only a reflective piece looking at the effectiveness of the activities we have undertaken in 2016, but sets the baseline for future reporting against our 2020 ambitions, as defined in our International Strategic Plan 2016-2020.

Our new strategic plan is ambitious and provides the framework for increasing our impact towards achieving our vision of a world free from hunger. It touches upon all sectors of the organisation from operations to advocacy to fundraising. All parts of the organisation play important roles in ensuring we reach people affected by hunger around the world – no matter where they live.

In 2016, Action Against Hunger reached 14.71 million people in 50 countries, through the exemplary implementation and support of programmes by our 7,958 staff members globally. We reached 1.5 million people through nutrition programmes, of which 311,517, mostly children under five years old,2 have been treated for acute undernutrition.

Action Against Hunger’s capacity to respond to emergencies has continued to improve compared with previous years. In 2016, we responded to 27 emergencies through the deployment of our emergency pool or through the existing capacities of our country offices. Continued violence in Syria, the Kurdistan region of Iraq, Yemen, South Sudan, and other areas of the globe have tested our response capacity, but we continued to rise to the many challenges impacting the delivery of humanitarian assistance in each area.

The implementation of our programmes would not be as effective without our local, national and international partners. This past year has seen us form and undertake 968 partnerships with a multitude of partners ranging from national governments, to local and international non-governmental organisations to academic institutions. These partnerships are multipliers, allowing more people to have access to assistance and helping us to establish strong bonds that play a key role in the success of our programmes, bringing us closer to a world where every child can grow up strong.

Our fundraising initiatives and donor relations underpin our ability to design and implement programmes. In 2016, Action Against Hunger had a financial turnover of €307.6 million, of which €78.9 million came from private funds while €228.6 million came from public donors. 84.5% of these funds went directly to support field programmes.

Achieving a world free from hunger must go beyond programme delivery to achieve lasting change. This is why we influence the policies of governments and international organisations to push for a global recognition of the issues related to nutrition and hunger, as well as broader issues within the humanitarian sector. In 2016, this involved participating in the World Humanitarian Summit, where we advocated for the protection of aid workers, humanitarian access and respect for humanitarian principles. We also campaigned for the United Nations, governments and donors to find and propose resolutions to conflicts in areas such as the Lake Chad Basin and the Central African Republic.

2016 ushered in rising humanitarian needs. Never before have so many people been affected by humanitarian crises. The following pages provide a glimpse into the tremendous progress we have made towards our mission of a world free from hunger.

I would like to thank everyone who helped and contributed to enabling our organisation to help improve the lives of so many people across the world, and hope you enjoy reading this report.

PAUL WILSON, ACTION AGAINST HUNGER INTERNATIONAL CHAIR

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1 This figure corresponds to the aggregated number of individuals reached through Action Against Hunger’s sectors of interventions in all country offices.
2 92%
A WORLD FREE FROM HUNGER

Action Against Hunger is committed to working with the global community to contribute to the achievement of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).

We aim to:

**MITIGATE THE CONSEQUENCES OF HUNGER**

We believe that no one should be hungry or suffer from undernutrition. We will strive to scale-up treatment for severely undernourished children and our interventions to address stunting. Our approach will combine direct treatment where necessary, with supporting programmes run by local communities and governments. This approach will also work towards integrating nutrition services into our other sectors of operation to increase our impact on nutrition. Finally, we will increase our programmes aimed at tackling stunting.

**ADDRESS THE CAUSES OF HUNGER**

Together with our partners, we will strive to achieve nutrition security in all communities where we intervene. Nutrition security will be achieved when all household members have physical, social and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences, combined with a sanitary environment, access to clean water, adequate health services, and appropriate care and feeding practices to ensure an active and healthy life. Our integrated multi-sectoral approach enhances the effectiveness of our programmes and the longer term impact we aim to achieve.

**CHANGE THE WAY HUNGER IS VIEWED AND ADDRESSED**

The global community has the knowledge and resources to ensure that no child dies from hunger and undernutrition, but lack of political will often means that millions of children still die from severe undernutrition every year. This is why we want to build a movement to raise the profile of hunger and undernutrition in order to elicit a response from world leaders and national politicians to act and to change the way hunger is viewed and addressed. We will use evidence garnered through our research and our operations to influence international, regional, and national actors for the scale up of treatment of acute undernutrition and to reduce the prevalence of undernutrition in children.
THEORY OF CHANGE

Our theory of change is an overarching guide for how Action Against Hunger contributes to a world free from hunger. Four cross-cutting approaches are articulated in the International Strategic Plan 2016-2020 and are deemed fundamental to our work. In 2016, we continued applying these guiding approaches into our programmes and our work in an effort to maximise our impact. The four guiding principles in achieving our macro-goals and vision are:

1. **TECHNICAL EXPERTISE AND INNOVATION**

As an organisation, we will be a leader in technical expertise and innovation, constantly looking for ways the world tackles hunger. We will remain flexible and innovative to be able to adapt our programmes to ensure the greatest impact in the communities we work in. Finally, we will contribute to global research and policy setting on the causes and effects of undernutrition. Over 30 research projects were undertaken in 2016, cross-cutting across various sectors in order to continue developing our technical expertise.

3. **POWERFUL AND LEGITIMATE VOICE**

To achieve our vision of a world free from hunger, we will strive at all times to have a powerful and legitimate voice based on our technical expertise and operational capacity. We will engage at the highest levels in the countries we operate, in addition to the international stage. This engagement will allow us to promote solutions to hunger and to ensure that the most vulnerable are heard. A new brand was developed in 2016 to ensure the organisation engages with stakeholders with one powerful and legitimate voice.

2. **OPERATIONAL CAPACITY**

We will put our technical expertise and innovation into practice through operational capacity. This capacity will focus on our ability to implement high quality programmes, and to take innovative ideas and proven approaches to a scale appropriate to needs. Operational capacity was showcased in 2016 through continued improvement in our ability to respond to crises worldwide, often in fragile environments or disaster affected areas, such as in Nigeria, Yemen, and the Philippines.

4. **TRANSFER OF OUR KNOWLEDGE AND EXPERIENCE**

The knowledge and expertise gained from implementing programmes in a variety of communities will be transferred in a sustainable and appropriate way to ensure a lasting and durable legacy. We will learn from the communities with whom we work and transfer any knowledge through to other programmes. This will allow us to meet our ambition of strengthening the capacity and preparedness of the societies in which we work to the maximum extent in order to tackle hunger as long as it perpetuates. Partnerships have continued to be undertaken in 2016 to build the capacity of locals to ensure the continuation and sustainability of our programmes in the long-term.
A WORLD FREE FROM HUNGER

CHANGE IN THE WAY THE WORLD ADDRESSES HUNGER
ALLEVIATION OF HUNGER

PROJECTS AND SERVICES THAT SHOWCASE THE FOUR PILLARS OF OUR THEORY OF CHANGE:

THE SEVERE ACUTE MALNUTRITION PHOTO DIAGNOSIS APPLICATION PROJECT: IMPROVING SEVERE ACUTE MALNUTRITION DIAGNOSIS APPLYING GEOMETRIC MORPHOMETRIC TECHNIQUES

THE IDEA: Currently, in humanitarian emergency settings, anthropometry provides the only plausible diagnostic method for assessing the nutritional status in children under five years due to the need for speed and simplicity but also for efficiency and efficacy. However, anthropometric measurements require expert staff with specialised training.

THE PROJECT: Starting in December 2015, and with a duration of 16 months, Action Against Hunger and EPINUT collaborated on the Severe Acute Malnutrition Photo Diagnosis App project for the development of an innovative and easy-to-use diagnostic tool based on Geometric Morphometric techniques and mobile phone technology (with the use of photos).

PROJECT IMPACT: The project aims to improve the treatment of child undernutrition at the community level through an innovative and easy-to-use tool: the smartphone app allows the user to diagnose the nutritional status of each child allowing them to get the required treatment faster. This tool could also be used to develop periodic surveys in the community without the presence of the NGOs. The first multi-context morphological scientific results will be published at the end of 2017.
THE BUBBLE

The Bubble started from the simple premise that better quality and more accountable humanitarian preparedness and response requires better, easy-to-use evidence that is accessible to all key stakeholders to inform their decision-making. The bubble, which was pioneered in the UK headquarter, comprises a team of humanitarian professionals who work collaboratively and flexibly on a variety of projects that require Knowledge and Information Management (KIM) and Monitoring, Evaluation and Learning (MEL) skills and expertise. KIM and MEL services are paramount for programming in the humanitarian and development sectors and help Action Against Hunger and our partners to improve the impact and quality of our programmes, going beyond the numbers and capturing the changes that we bring about everywhere we work. We believe that the more we learn from the past, the better we can plan for the future. And we believe that better information will lead to more effective humanitarian action. In 2017, we aspire to build internal as well as external capacity in technical expertise, innovation, MEL knowledge and engagement with partners to promote impactful and sustainable solutions to issues facing the organisation.
THE INTER-AGENCY REGIONAL ANALYST NETWORK

The Inter-Agency Regional Analyst Network (IARAN) provides research and recommendations to help inform Action Against Hunger’s decision making and strategy for programmes worldwide, through the use of quantitative and qualitative analysis to produce foresight analysis. This analysis can then be used by country offices and headquarters in making futures-focused strategic decisions. The IARAN encapsulates all aspects of the Action Against Hunger theory of change from advocacy through operational capacity.

In 2016, the Inter-Agency Regional Analysts Network covered four regions and the majority of Action Against Hunger’s country programming. In addition, staff in Madrid, London and Washington, D.C. joined to complement the IARAN’s production of regional and country focused products with infographics and blog posts.

In 2016, the IARAN provided foresight for an increasing number of departments spanning topics such as the European migrant crisis, the evolving situation in Syria and Yemen, and the donor landscape in Asia among others. This plays in the IARAN strategy of working with all departments of the organisation. Efforts continue to be made to work with all stakeholders within Action Against Hunger, while looking also to communicate all products delivered publicly with the wider audience to ensure transparency and boost name recognition.
CHAPTER 1
REDUCTION OF CHILD MORTALITY

Determining the effectiveness of our interventions requires measuring our impact. The International Strategic Plan 2016-2020 set out to measure it by assessing our influence on child mortality, prevalence of chronic and acute undernutrition, and coverage of acute undernutrition treatment programmes in the areas in which we work. For each of these goals, Action Against Hunger has defined a set of ambitious targets for the next five years.

Ten countries were selected as focus countries for our 2016-2020 international strategy to showcase achievable and positive change. These top 10 high burden countries where chosen on the basis of need—especially on their high caseload of global and severe acute malnutrition in Action Against Hunger’s programming areas. These are countries where we believe that our experience and past results make change possible, and where Action Against Hunger has thoroughly developed partnership networks and other strong resources to sustain our programming. Finally, we have developed long term strategies in regards to our humanitarian activities in these areas of intervention in these high burden countries.

The organisation collected baseline values for each of the core goals using SMART surveys for prevalence, and SQUEAC (Semi-Quantitative Evaluation of Access and Coverage) studies for programme coverage. We carried out most of these surveys in our areas of intervention, setting a baseline against which surveys in 2019 and 2020 will compare.

The countries where we expect to achieve the most considerable change are Burkina Faso, Chad, Democratic Republic of the Congo, Mali, Mauritania, Myanmar, Niger, Nigeria, Pakistan, and South Sudan. Throughout the next three chapters, we present the progress we have made towards achieving our strategic goals in these countries. When relevant, we compare this to the rest of the countries we work in, but it doesn’t mean that for each indicator presented these 10 countries should always take the largest share.

THE DEATH RATE OF CHILDREN UNDER FIVE YEARS OLD WILL BE REDUCED BY 20% BY 2020 IN OUR PROGRAMMING AREAS IN THE TEN SELECTED HIGH BURDEN COUNTRIES.

Children with the most severe form of acute undernutrition are nine times more likely to die than those without severe acute undernutrition. Hence, our interventions to treat and prevent the most severe forms of undernutrition will likely have an impact on mortality. Determining impact based on mortality figures is often challenging. Yet our engagement to obtain accurate baseline information for each region in which we operate will further strengthen our capacity to act upon evidence.
Action Against Hunger has undertaken various activities in 2016 to address the causes of hunger, particularly in the sectors of nutrition, health, and water, sanitation and hygiene, which together can be considered to have an impact on the mortality rate of those affected by severe acute malnutrition (SAM). Over 1.5 million beneficiaries were reached in 2016 by Action Against Hunger’s nutrition projects, of which 564,460 (36%) were from high burden countries. This total also includes beneficiaries of supplementation of pregnant and lactating women (413,061), of which 57% were from the 10 countries deemed as high burden, with Nigeria accounting for the majority (153,463) within that list of countries.

In addition to nutrition projects, Action Against Hunger was able to reach over 5.8 million people through water, sanitation and hygiene interventions. The top 10 high burden countries selected accounted for 33% of the total (1.9 million), with South Sudan reaching the most (387,400), followed by Burkina Faso, the Democratic Republic of the Congo, Mali and Nigeria, each with over 200,000 beneficiaries. Additionally, part of water, sanitation and hygiene activities includes the distribution of hygiene kits, with 145,121 (28%) being distributed in high burden countries.
Finally, health projects play an integral role in reducing the mortality rate of children under five years old due to severe acute malnutrition. Across the organisation, 3.6 million people were reached by health projects, with 69% of people receiving our help located in high burden countries. Part of the 3.6 million beneficiaries relates to beneficiaries of reproductive maternal new-born and child health activities, for which over 3.4 million people were reached, with 72% being from the selected high burden countries.

Mental Health and Care Practices are also key factors for the well-being of the people we seek to help. Action Against Hunger was able to reach 930,924 beneficiaries in high burden countries, representing 37.5% of the total reached across the country offices. Addressing the psychosocial needs of children and caregivers, particularly in zones affected by chronic conflict or recurrent natural disasters is key to ensuring good health, and lowering rates of mortality.

<table>
<thead>
<tr>
<th>Country</th>
<th>Location</th>
<th>2020 U5 Mortality</th>
<th>2015 U5 Mortality Target for 2020</th>
</tr>
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<tbody>
<tr>
<td>CHAD</td>
<td>Moussoro</td>
<td>1.03 (0.55 - 1.91)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chaddra</td>
<td>0.78 (0.37 - 1.62)</td>
<td></td>
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<tr>
<td></td>
<td>Mao</td>
<td>0.44 (0.15 - 1.25)</td>
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<tr>
<td></td>
<td>Mondo</td>
<td>0.54 (0.25 - 1.15)</td>
<td></td>
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<tr>
<td>DRC</td>
<td>Kalomba Health District</td>
<td>1.29 (0.47 - 3.47)</td>
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<td>Bamako</td>
<td>0.31 (0.10 - 0.96)</td>
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<td></td>
<td>Gao</td>
<td>0.08 (0.01 - 0.57)</td>
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<tr>
<td></td>
<td>Kayes</td>
<td>0.22 (0.07 - 0.67)</td>
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<tr>
<td></td>
<td>Kita</td>
<td>0.22 (0.07 - 0.67)</td>
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<td>MAURITANIA</td>
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<td></td>
<td>Guidimakha</td>
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<tr>
<td></td>
<td>Hod El charghi</td>
<td>0.67 (0.48 - 0.94)</td>
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<td>MYANMAR</td>
<td>Nouakchott</td>
<td>0.54 (0.26 - 1.09)</td>
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<td>Buthidaung</td>
<td>0.63</td>
<td></td>
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<td></td>
<td>Maungdaw</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>SOUTH SUDAN</td>
<td>Aweil East 1</td>
<td>1.18 (0.02 - 1.39)</td>
<td></td>
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</tbody>
</table>

Figure 1: Crude death rate per area of intervention (deaths per day per 10,000 people).

Sources: SMART surveys carried out in 2015 (except for Chad: 2014)
The Porridge Mum approach employed by Action Against Hunger in Borno State, Nigeria, provides a platform for women to come together, learn and discuss issues related to improved child caring and feeding practices. The programme targets internally displaced persons. Porridge Mum groups ensure that children under five and pregnant and lactating women (PLW) receive one supplementary nutritious meal per day. The groups also provide a strong foundation for promoting optimal infant and young child feeding (IYCF) practices, offering breastfeeding support, creating “safe spaces” for sharing and discussion among women, and screening regularly for undernutrition in children under five.

Much has been learned from this programme that will ensure the success of future implementations in Nigeria and other country missions. Of particular importance is the role of gender. The programme was specifically targeted to pregnant and lactating women, and did not involve husbands or other community members within the sensitisation process around infant and young child feeding, despite their cultural roles in influencing decision-making regarding mother’s practices. Efforts will be made in the future to integrate the needs and perspectives of all community members, including men and boys, to ensure a more gender-sensitive programme.

Additionally, a successful programme is a sustainable one. To ensure that the Porridge Mum programme is effective in the future, it was found that there was a need to involve community leaders much more at the development stage and when care practices messages are promoted. Community leaders have the influence necessary to ensure the sustainability of the programme once Action Against Hunger is no longer present in the area.

Taken as a whole, the Porridge Mum approach provides an example of how practitioners can identify creative solutions to overcome the ever-evolving, complex challenges associated with rapid onset emergency situations and better meet the needs of vulnerable people, even in the most insecure contexts.
CHAPTER 2
REDUCTION IN THE PREVALENCE OF CHRONIC & ACUTE UNDERNUTRITION

Both chronic and acute undernutrition in our programming areas will be reduced by 20% by 2020.

Our focus on health, water, sanitation and hygiene in nutrition, food security and livelihoods means that we will have an influence on the levels of chronic and acute undernutrition in the areas in which we operate. Collecting evidence on the prevalence of Global and Severe Acute Malnutrition (GAM & SAM) has become a crucial capacity built by Action Against Hunger over the last few years. Special attention has been given to assessments of acute undernutrition through SMART surveys, which allow Action Against Hunger programmes to estimate the prevalence of undernutrition and mortality. Thus, our impact will be measured through our capacity to influence significant reductions of at least 20% in the rates of prevalence of Severe Acute Malnutrition.

Throughout the top 10 high burden countries, prevalence of Severe Acute Malnutrition (SAM) has been identified at various levels depending on levels of crisis and need, current responses and even seasonality. The baselines against which we will report our achievements in 2020 were all calculated with SMART methodologies during 2015, except for our areas of intervention in Pakistan and Chad (2014) and Niger (2016).
Action Against Hunger undertakes various activities, and makes use of various tools in order to address the causes of undernutrition, and to lower the rates of prevalence of chronic and acute undernutrition. During 2016, 32 country offices used the SMART methodology, with eight out of ten high burden countries being part of this overall count. In addition to this, country offices also conduct Nutrition Causal Analyses (NCA), which allow our organisation to identify structural and contextual factors related with the causes of child undernutrition, and to identify the most feasible ways to address them. In the past year, nine countries have conducted NCAs, with Mali and Niger being the high burden countries where such analyses have taken place.

Additionally, multiple activities that Action Against Hunger undertakes have effects on the rates of prevalence of chronic and acute undernutrition. These are projects related to food security and livelihoods, as well as disaster risk management. In 2016, beneficiaries of food security and livelihood trainings totalled 108,480, 40% of which were in the top 10 high burden countries, while these countries also accounted for 18% of beneficiaries from distribution of food security and livelihood kits.

![Map showing regions in Myanmar]

Figure 2: Prevalence of Severe Acute Malnutrition in selected areas of intervention.

Sources: SMART surveys carried out in 2015 (except for Pakistan and Chad [2014], and Niger [2016]).
In regards to disaster risk management, 51% of total beneficiaries of disaster risk management stand-alone projects were from the selected high burden countries, accounting for 110,745. Furthermore, Action Against Hunger is achieving mainstreaming of disaster risk management within its projects, rather than have them as stand-alone. This past year, 40% of projects in high burden countries were mainstreaming disaster risk management, compared to 29% for the rest of country offices.

Other more specific nutrition activities, will contribute toward the reduction of prevalence of acute undernutrition in our areas of intervention. Nutrition supplementation to Pregnant & Lactating Women is an additional intervention that has an ample reach and important effect in the improvement of nutrition levels. During 2016, Action Against Hunger reached over 413,000 women in 19 countries. In Nigeria alone, 153,000 beneficiaries were reached, bringing the total for our top 10 countries to over 235,000 women.

CAMBODIA: NUTRITION RESILIENCE -

Undernutrition causes, either structural or shock related, are complex and require in-depth, context-based analysis. Pursuing this much needed joint analysis, Action Against Hunger’s Cambodia country office has piloted an analysis package built around the notion of nutrition resilience.

Nutrition Resilience Framework:

RESILIENCE OF WHO/WHAT?

HOUSEHOLDS AFFECTED BY UNDERNUTRITION

SYSTEM SUPPORTING GOOD NUTRITION (HEALTH, CARE PRACTICES, WASH, FSL…)

High Burden Countries

Rest of Action Against Hunger

Total Food Security and Livelihoods Beneficiaries
A Nutrition Causal Analysis (NCA) and a participatory Resilience Analysis and Measurement (PRAM) have been conducted simultaneously in an Action Against Hunger intervention area. As a result, the NCA identified 14 major and important causes of undernutrition and the PRAM identified 15 weak capacities for resilience. Each of these elements were analysed in detail, and based on those results, Action Against Hunger was able to prioritise a nutrition resilience activity package with a clear rational.

The result of these analyses were then presented and discussed with each village supported by an Action Against Hunger intervention during a Participatory Community Action Planning (PCAP) process. Nutrition resilience community action plans were hence obtained to guide Action Against Hunger’s intervention, but also to help community leaders approach other governmental or social initiatives. Overall, this approach increased the resilience of the Cambodian community, Preah Vihear, in which Action Against Hunger works.
CHAPTER 3
INCREASE IN COVERAGE OF PROGRAMMES TO TREAT SEVERE ACUTE MALNUTRITION

OUR PROGRAMMES SUPPORTING THE TREATMENT OF SEVERE ACUTE MALNUTRITION WILL HAVE REACHED A COVERAGE RATE OF 60% BY 2020.

Treatment of Severe Acute Malnutrition is a crucial driver for reducing prevalence. Therefore, Action Against Hunger has built a name upon successfully implementing and scaling-up Community-based Management of Acute Malnutrition projects (CMAM), providing treatment to families within their communities. Treating and reaching people within their communities has proven pivotal to achieving high cure rates and strengthening local participation and further integration into national health and nutrition structures.

Action Against Hunger is fully committed to becoming a driving force in scaling-up treatment of Severe Acute Malnutrition. We want the world to provide treatment to at least 6 million children every year. Today, Action Against Hunger’s contribution to that target is fulfilled through community-based projects in 20 countries reaching over 295,000 children under five years old during 2016. The Top 10 High Burden countries accounted for 85% of these admissions, which further validates the choice made to focus our energies on treating Severe Acute Malnutrition in these countries.

CMAM admissions 2013-2016
<table>
<thead>
<tr>
<th>Country</th>
<th>Location</th>
<th>CMAM Coverage</th>
<th>CMAM Coverage Target (60%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Diapaga</td>
<td>43.6% (34.2% - 53.2%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Fada Ngourma</td>
<td>38% (36.4% - 56.4%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Pama</td>
<td>40.6% (28.9% - 54.2%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Chad</td>
<td>Moussoro</td>
<td>37.7% (29.0% - 44.5%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Chaddra</td>
<td>37.7% (29.0% - 44.5%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Mao</td>
<td>35.9% (25.7% - 46.7%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Mondo</td>
<td>35.3% (25.3% - 46.7%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>DRC</td>
<td>Kalomba Health District</td>
<td>41.3% (32.4% - 50.6%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Mali</td>
<td>Kayes</td>
<td>31.3% (21.8% - 40.5%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Kita</td>
<td>31.6% (23.9% - 38.1%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Tombouctu</td>
<td>41.3% (32.4% - 50.6%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Guidimakha</td>
<td>39.2% (31.1% - 47.3%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Buthidaung</td>
<td>53.1% (44.7% - 61.6%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Maungdaw</td>
<td>55.0% (47.7% - 62.6%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Sittwe</td>
<td>60.0% (59.5% - 79.9%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Niger</td>
<td>Keita</td>
<td>28.1% (21.0% - 33.8%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Mayahi</td>
<td>97.6% (92.3% - 100.0%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Borno State</td>
<td>31.4% (23.2% - 39.6%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Jigawa State</td>
<td>23.9% (17.6% - 34.3%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td></td>
<td>Yobe State</td>
<td>26.6% (24.5% - 28.8%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Dadu</td>
<td>44.4% (35.5% - 53.3%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Aweil East</td>
<td>35.8% (23.6% - 50.2%)</td>
<td>60% (44.7% - 61.6%)</td>
</tr>
</tbody>
</table>

Admissions to community-based projects are only one side of the coin. Action Against Hunger has set an ambitious target for coverage itself, which means that CMAM programmes will provide services to a larger proportion of children under 5 suffering from severe acute malnutrition. Our aim is to reach at least 60% of children suffering from Severe Acute Malnutrition in our areas of intervention by 2020. This is a complex target in a period when prevalence rates remain high, yet achievable in those areas where Action Against Hunger has implemented sound programmes with strong monitoring and follow-up.

Action Against Hunger measures levels of coverage through regular SQUEAC assessments, which combine quantitative and qualitative methodologies to identify the proportion of children that are able to access treatment for Severe Acute Malnutrition, as well as the most important barriers to effectively accessing treatment.
Most CMAM programmes in Action Against Hunger’s areas of intervention in the top 10 high burden countries present coverage levels below the commonly accepted threshold for rural areas (50%, according to SPHERE standards). Assessed between 2013 and 2016, these programmes’ coverage will have to increase (sometimes even by more than 100%) to meet our target.

High levels of coverage should also come with increased quality of treatment. The percentage of children who are effectively cured by completing community-based treatments ranges from 74% (South Sudan) to 96% (Pakistan). This is a considerable improvement when compared to reported cure rates in 2013, which were as low as 45% (Mauritania).
When evaluating access and coverage, physical restrictions on movement such as distance, mountains or flooding between a person’s home and a site where they can access treatment for severe acute undernutrition are the most direct and obvious barriers. Although difficult to overcome completely, these can often be addressed to some degree with investment in practical measures such as transportation, infrastructure or considering mobilisation of treatment delivery (e.g. using mobile clinics or integrating SAM treatment into Community Case Management programmes through community health workers at village level).

Insecure environments pose a similar level of restriction on movement where a person will avoid areas of active conflict or likely hostility and therefore not undertake the journey to the treatment for severe acute undernutrition site. In the case of active conflict, the risk to life for making the journey directly impacts access and coverage, as well as carrying an additional risk to the child. These risks also apply to programme staff and community health workers when conducting case-finding and outreach activities, and in such locations there is little to no justification for conducting a coverage assessment where the team would be at risk.

To better assess and mitigate these risks, Action Against Hunger encourages CMAM programme managers and assessment teams to engage in lengthy preparation and consultation with logistics and security experts in order to be updated on the latest situation in insecure areas.

In many contexts, however, communities experience ongoing threat of hostility or conflict that is not manifest at all times. The periods between open conflicts provide important opportunities to gain a better understanding of ongoing or longer-term insecurity and the impact on treatment for severe acute undernutrition programming. Similarly to other accessibility barriers, the risks of uncertain or volatile contexts that apply to communities are shared with an assessment team, and therefore so are some of the strategies to mitigate restrictions of movement.

One stand out learning point from communities and individuals consulted during coverage assessments in insecure environments is to stay as fully informed with as accurate as possible at all times. This not only requires some level of proximity to the area, flexible planning and establishment and maintenance of long term, trusted and enduring relationships with key local figures such as village leaders, but also with those who can monitor restrictions and anticipate volatility.

When these structures are in place, carefully conducted coverage assessments are able to reveal potential solutions to the restrictions of insecurity.
CHAPTER 4
EMERGENCIES

Throughout 2016, Action Against Hunger responded to 27 emergencies globally. In most instances, our emergency pool is deployed to respond or provide a surge capacity to country offices to ensure the needs of those affected are met. Out of the 27 emergencies, the emergency pool was deployed to 17 countries in 2016.

The year saw multiple large scale emergencies due to armed conflict as well as the occurrence of natural hazards. In Yemen, the protracted crisis due to continued violence has led to the deployment of the emergency pool members from various technical sectors of the organisation, including Water, Sanitation and Hygiene, Nutrition, and Health among others. In Central Africa, the effect of the Nigerian crisis around the Lake Chad region continues to be felt in surrounding countries. Activity by Boko Haram in and around the Lake Chad region has led to the displacement of thousands of people, leading to not only a refugee and internally displaced crisis, but a food insecurity crisis as well. This has led to emergency pool members...
being deployed in Chad, the Central African Republic, Niger, and Nigeria to undertake Water, Sanitation and Hygiene, as well as Nutrition and Health programmes.

In regards to emergencies caused by natural hazards, the emergency pool was deployed in 50% of cases. The year saw deployments in Ethiopia and Mozambique due to the effects of the El Nino drought, a deployment to Ecuador in response the earthquake affected populations of Esmeraldas and Manabi, and a response in Haiti due to the effects of Hurricane Matthew. The emergency pool's ability to deploy within hours of an emergency is an asset for Action Against Hunger.
<table>
<thead>
<tr>
<th>Country</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>Drought</td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>Land/Koppu Typhoon</td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Protracted Crisis</td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td>El Nino Drought</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Lake Chad Basin Crisis</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Protracted Crisis</td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>Lake Chad Basin Crisis</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Protracted Crisis</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>Assistance to Crisis-Affected Population</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Boko Haram</td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>Refugee and Migrant Crisis</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>El Nino and La Nina</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>Assistance to Asylum Seekers</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td>Emergency Response to Berm Crisis</td>
<td></td>
</tr>
<tr>
<td>Jordan</td>
<td></td>
<td>Assistaance For Borno</td>
</tr>
<tr>
<td>Niger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tunisia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ON OF NSANJE DISTRICT
RISKS
SEEKERS FROM MOZAMBIQUE IN LUWANI, NENO DISTRICT
TO THE EARTHQUAKE AFFECTED POPULATION OF ESMERALDAS AND MANABI
FOR IDPS IN DIFFA REGION AFTER BOKO HARAM ATTACKS
NO STATE EMERGENCY RESPONSE
RAPID ASSESSMENT ON INTERVENTION CRITERIA FOR LIBYA RESPONSE
SOUTH SUDANESE REFUGEES INFLUX
HURRICANE MATTHEW
CHOLERA RESPONSE IN HODEIDAH
MOSUL CRISIS
FLOODING MITIGATION RESPONSE IN TOMBOUCTOU
TYPHOON HAIMA (LAWIN) AFFECTED POPULATION IN CAGAYAN AND KALINGA PROVINCES
INFLUX OF SOUTH SUDANESE REFUGEES
In some cases, when the country offices have an already existing capacity to respond, the emergency pool does not need to deploy. In 2016, such was the case for the slow onset drought in Guatemala, the Lando/Koppu Typhoon in the Philippines, the South Sudanese refugee influx in Ethiopia, and the flooding mitigation response in Tombouctou, among others. The country offices, through the use of pre-existing emergency preparedness plans and sufficient logistics capacity, were able to use their expertise to respond to the needs of those affected without outside support.

Action Against Hunger has and will continue to respond to emergencies worldwide in support of the organisation’s fourth goal in the 2016-2020 International Strategic Plan of ensuring that unmet needs within the scope of Action Against Hunger areas of expertise will be covered during emergencies. This is done by ensuring that 80% of rapid and slow onset emergencies, as defined by the organisation’s categorisation matrix, will have a positioning and programming strategy, and additionally are appropriately responded to within 48 hours. Finally, 100% of emergencies where unmet needs are identified and are beyond the organisation’s support capacity, will have a developed advocacy strategy aimed at improving the coverage of needs.
Action Against Hunger’s operations in the Kurdistan Region of Iraq started in 2013 as a response to the influx of people fleeing Syria. In 2014, the operations evolved to assist internally displaced persons having fled their communities due to the rise of the Islamic State. As one of the rare organisations working close to the frontlines in sensitive areas such as Ninawa and part of Diyala, Action Against Hunger has been able to develop strong acceptance and networks, which has continued to open doors to hard to reach areas.

In 2016, Action Against Hunger deployed its emergency team to Erbil to respond to the needs of internally displaced persons coming from Mosul during the Iraqi Army’s offensive to retake the city from the Islamic State. The main challenge of the emergency team was, and continues to be, the need to anticipate population movements and to reach those fleeing. To do so, the emergency team identified probable displacement routes and pre-positioned stocks of supplies. The emergency team designed a flexible response strategy to be able to respond swiftly to the rapidly evolving situation, and had mobile teams based in Dohuk and Erbil able to respond immediately to the needs of people as soon as they left Mosul. Action Against Hunger’s ability to undertake such responses is due to its emergency pool members who are on call 24 hours a day, and who strive to evaluate emergency needs, provide emergency aid, and prevent and mitigate risk.
CHAPTER 5
FOR A MORE EFFECTIVE ORGANISATION

FINANCE

RATIO OF REVENUE BY DONORS 2016

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Donor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>United Nations</td>
</tr>
<tr>
<td>22%</td>
<td>European Community</td>
</tr>
<tr>
<td>12%</td>
<td>USA</td>
</tr>
<tr>
<td>1%</td>
<td>France</td>
</tr>
<tr>
<td>6%</td>
<td>Canada</td>
</tr>
<tr>
<td>24%</td>
<td>Private Grants and Unrestricted</td>
</tr>
<tr>
<td>1%</td>
<td>Spain</td>
</tr>
<tr>
<td>10%</td>
<td>Other Governments</td>
</tr>
<tr>
<td>2%</td>
<td>Other</td>
</tr>
</tbody>
</table>

BREAKDOWN OF EXPENSES 2016

- Management & General: 3.8%
- Programmes: 9.6%
- Fundraising: 84.5%

€307.6 M
ACTION AGAINST HUNGER’S BUDGET IN 2016

+4%
TOTAL BUDGET INCREASE

Action Against Hunger has made important efforts to adapt to a rapidly evolving environment for funding humanitarian activity. This shift is far from done as the share of private investments in the sector will continue to rise over the coming years. To thrive in this landscape, Action Against Hunger will strengthen its innovative and engaging approach to private partnerships, whilst improving its involvement with public actors.

Action Against Hunger will strive to increase its total revenue by 63% between 2016 and 2020, from €307.6 million to €500 million. Our organisation is shifting its approach so it can raise as much as €130 million from private sources by 2020, which will continue to represent 26% of its total expected revenue. This double challenge—increasing both the total revenue and maintaining the revenue from private sources at a constant rate—requires a strong fundraising strategy geared toward our commitment to sustainable impact.
Simultaneously, a strong involvement with government donors and multilateral organisations will be upheld. By 2020, Action Against Hunger will raise €370 million from public funds, representing a 62% increase from 2016 levels, where the organisation secured more than €228.6 million. Today, the European Community and the United Nations Agencies are our major public donors, contributing to 22% and 19% of our fundraising respectively. The United States and the United Kingdom are our two largest government contributors, representing 12% and 6% each, with all other governments combined committing to 14% of Action Against Hunger’s funding.

In 2016, the share of our expenses dedicated to programmes activity was 84.5%, with 9.6% channelled toward fundraising activities. This reflects Action Against Hunger’s investment in its fundraising capacities around the world, which is crucial to achieve a core goal of our 2020 strategy: to establish new fundraising income streams and markets outside our traditional working environments.

Despite such distributions remaining largely unchanged from previous years, Action Against Hunger fully assumes the unpredictability of current political and economic events. We will strengthen our resilience by optimising the use of resources and establishing efficient cost recovery and cost effectiveness systems across all our operations.

**ALL FINANCIAL INFORMATION REPORTED IS PRELIMINARY, AS RESULTS FROM FINAL AUDITS ARE YET TO BECOME FULLY AVAILABLE.**
LOGISTICS

In 2016, logistics teams of Action Against Hunger continued to play a crucial role in our operations across the globe. The ability to procure and deliver goods to beneficiaries in an efficient and timely manner is critical, particularly in a year with continued humanitarian crises and natural disasters. Throughout our country and regional offices, in addition to our logistic centres, the organisation managed a global supply chain with a volume of over € 112 million, of which five countries accounted for 30%.

Action Against Hunger uses the Logistics Assessment Tool (LAT), made up of various indicators such as project funding, storage and quality control, among other, which allows staff to understand the current situation in terms of logistics procedures and to define relevant action plans. The aggregated average completion rates help orientate the organisation’s strategy and improve support to the country offices. Across the organisation in 2016, the average completion rate of the LAT was 68%. Yemen reported a LAT of 38%, due to a very demanding environment posing challenges to access, security and recruitment, inhibiting the full delivery of logistics services. The rest of the organisation had LAT completion rates of 50% or more, with 16 countries registering rates above 70%.

In regards to trainings, a programme of 170 hours focusing on humanitarian logistics was undertaken, with three trainees now deployed to the field and 2 at headquarter level. Other trainings were held, such as one in Cameroon for the Central Africa region, and one in Thailand for the Asia region. Our organisation’s capacity was also increased through participating in conferences such as the Health and Humanitarian Logistics conference at Georgia Tech and the Aidf conference in Nairobi. Beyond trainings, standardised platforms are another component that helps grow the organisation’s logistics capacity. In 2016, we successfully tested a platform for fleet management in Senegal and Colombia, with the platform being deployed to other countries in 2017; we piloted a system for electronic signature across the supply chain workflow; we deployed the first module of LINK in several countries, and completed the definition of information system for tracking the supply chain in emergencies, with this system continuing to be developed and piloted in 2017.
### SUPPLY CHAIN’S VOLUME OF ACTIVITY PER MISSION €

<table>
<thead>
<tr>
<th>Country</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>10,715,704</td>
</tr>
<tr>
<td>Nigeria</td>
<td>6,945,158</td>
</tr>
<tr>
<td>Haiti</td>
<td>5,570,506</td>
</tr>
<tr>
<td>Kurdistan Region of Iraq</td>
<td>5,460,507</td>
</tr>
<tr>
<td>Mali</td>
<td>5,339,945</td>
</tr>
<tr>
<td>South Sudan</td>
<td>4,646,985</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>4,228,812</td>
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<tr>
<td>Chad</td>
<td>3,989,081</td>
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<tr>
<td>Mauritania</td>
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<td>Malawi</td>
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<tr>
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<td>3,278,882</td>
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<tr>
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<tr>
<td>Yemen</td>
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<td>Occupied Palestinian Territory</td>
<td>3,144,738</td>
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<tr>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>Syria</td>
<td>2,630,105</td>
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<tr>
<td>Somalia</td>
<td>2,594,444</td>
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<tr>
<td>Niger</td>
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<tr>
<td>Sierra Leone</td>
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<td>Burkina Faso</td>
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<td>Madagascar</td>
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<td>Ukraine</td>
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<td>Philippines</td>
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<td>Guinea</td>
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<td>Ivory Coast</td>
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<td>Djibouti</td>
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<tr>
<td>Ecuador</td>
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<td>Spain</td>
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<td>Bolivia</td>
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<td>Peru</td>
<td>316,746</td>
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<td>West African Regional Office</td>
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<td>Guatemala</td>
<td>273,993</td>
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<td>India</td>
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<td>Cambodia</td>
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<td>Egypt</td>
<td>83,460</td>
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### COST PER BENEFICIARY €

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<th>Country</th>
<th>Cost</th>
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</thead>
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<tr>
<td>Nigeria</td>
<td>2.2</td>
</tr>
<tr>
<td>Haiti</td>
<td>12.9</td>
</tr>
<tr>
<td>Kurdistan Region of Iraq</td>
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</tr>
<tr>
<td>Mali</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>20.2</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>10.1</td>
</tr>
<tr>
<td>Chad</td>
<td>25.6</td>
</tr>
<tr>
<td>Mauritania</td>
<td>11.2</td>
</tr>
<tr>
<td>Malawi</td>
<td>15.1</td>
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<td>Lebanon</td>
<td>9.7</td>
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<td>Pakistan</td>
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<td>Myanmar</td>
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<tr>
<td>Yemen</td>
<td>7.6</td>
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<td>Syria</td>
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<tr>
<td>Somalia</td>
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<td>Niger</td>
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<td>Sierra Leone</td>
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<td>Nepal</td>
<td>10.9</td>
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<tr>
<td>Jordan</td>
<td>8.8</td>
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<tr>
<td>Afghanistan</td>
<td>24.3</td>
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<tr>
<td>Madagascar</td>
<td>37.4</td>
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<tr>
<td>Ukraine</td>
<td>12.3</td>
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<tr>
<td>Philippines</td>
<td>11.4</td>
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<tr>
<td>Liberia</td>
<td>2.9</td>
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<tr>
<td>Georgia</td>
<td>1.5</td>
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<tr>
<td>Guinea</td>
<td>96.4</td>
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<tr>
<td>Ivory Coast</td>
<td>9.7</td>
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<tr>
<td>Djibouti</td>
<td>2.6</td>
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<tr>
<td>Ecuador</td>
<td>19</td>
</tr>
<tr>
<td>Kenya</td>
<td>75.7</td>
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<tr>
<td>Spain</td>
<td>105.5</td>
</tr>
<tr>
<td>Bolivia</td>
<td>16.2</td>
</tr>
<tr>
<td>Peru</td>
<td>4.1</td>
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<tr>
<td>West African Regional Office</td>
<td>16.6</td>
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<tr>
<td>Guatemala</td>
<td>6.7</td>
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<tr>
<td>India</td>
<td>28.7</td>
</tr>
<tr>
<td>Cambodia</td>
<td>34.6</td>
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<tr>
<td>Indonesia</td>
<td>83.460</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>155.391</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>124,449</td>
</tr>
<tr>
<td>Egypt</td>
<td>83,460</td>
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</tbody>
</table>
The safety and security of Action Against Hunger’s staff has been and will continue to be a top priority for us. Each year, we undertake projects in a variety of contexts, including in fragile and volatile countries. To ensure the safety of all the people involved, we work towards gaining the acceptance of the communities in which we work, to ensure safe access for ourselves and our beneficiaries.

This year saw 273 security and safety incidents occur within the countries of operation of Action Against Hunger. This is a slight increase from the previous year (257 incidents). Security incidents account for 72% of all cases, while safety incidents account for the remaining 28%. Multiple countries have accounted for large numbers of these incidents. Ethiopia accounts for 25 security incidents, the Central African Republic accounts for 24, Yemen for 15; and Afghanistan for 11, areas where conflict or unrest has been frequent. As with previous years, these countries are all classified as “high” or “very high” risk, and have a majority of their bases classified at “Level 3”, which is the score given when the security context around the base relates to tensions and instability. In 2016, the security risk context classification assessed in countries improved in four, while deteriorating in eight.

Access to beneficiaries continues to be made difficult because of volatile security contexts, bureaucratic and political constraints, logistics, natural hazards, and poor infrastructure. Violence in Afghanistan, Central African Republic, Mali, Niger, South Sudan, Syria, and Yemen, among others has affected Action Against Hunger’s work within those countries. The volatile context in Afghanistan in 2016, frequently halted our work, while in the Central African Republic, the hiring of a security manager the previous year in addition to our continuous training of staff, has increased our
areas of activities, particularly with our emergency response programme. Nonetheless, some areas remain inaccessible due to the high presence of indeterminate armed groups. In Syria, despite the high risk environment, we have not had a major incident, in part due to our security management and daily security follow-ups.

In order to ensure the safety of staff, and to reinforce the culture of security within Action Against Hunger, trainings and sensitisation sessions are held at country and headquarter level. In 2016, 324 individuals participated in those sessions, a significant increase to the previous year (203 participants). Continued vigilance by security staff within country offices ensure that staff on the ground are successful and effective in the implementation of our programmes. This is reinforced through the hiring of local security/access officers in all contexts classified as ‘very high’ or ‘extreme’, who are in charge of the awareness and training sessions. The work of Action Against Hunger’s security staff has been rendered more effective through the creation of SIRO 2.0, a new security incident reporting online mechanism for all missions. With its implementation in 2017, it will facilitate security analysis, communication among country bases, country national office, and headquarters, in addition to enhancing security information sharing among headquarters. The addition of these security posts, in addition to the new security platform ensure that staff remain safe while performing their duties.
COMMUNICATIONS AND FUNDRAISING

Communications and fundraising play important roles within Action Against Hunger. To address our vision of a world free from hunger requires a powerful and legitimate voice, from which communications and fundraising act as tools to do so. One of the key steps taken in 2016 to ensure the organisation spoke with a powerful and legitimate voice, was the delivery of a new brand. The new brand was accompanied with its own platform, the brand forum, in order for all members of Action Against Hunger to have access to the tools necessary to ensure the work of the organisation remains focused on the mission in a unified voice and design.

The organisation’s reach continues to grow, and in 2016, over 3.5 million people were actively contacted by headquarters. Whilst many regular supporters continue to be reached through means such as mailings (1.8 million), e-mail (730,000+), phone call (411,000+). SMS and face-to-face meetings, the mediums of communication exhibiting the largest growth are social medial media platforms. Twitter followers have reached over 200,000 people, while Facebook members have reached over 588,000. Other social media platforms such as Instagram and Google+ among others, reach a combined 200,000+ people. The re-branding of our websites also play a factor in the reach the organisation has. In 2016, the headquarters’ websites received 2.5 million unique visitors.

In addition to this outreach, the extensive activities we undertake, whether in programmes in the field or fundraising activities in headquarters, are often showcased in media. In 2016, there were 11,182 media mentions regarding the organisation in press, television, radio, and web platforms, in outlets such as Le Monde, El País, Costa Almeria News, Al Jazeera, The Guardian, and the New York Times, among others.

While the aforementioned means of communication are one way to reach potential donors and spreading our brand, another is through fundraising events and campaigns. Campaigns and events often get creative in the ways to reach the largest audiences, and raise the most funds. Through partnering with an online gaming platform, we have been able to raise over $500,000 from gamers buying bundles of games, with the proceeds going to charity. We also partner with students and schools in order to raise funds. The event ‘Race Against Hunger’ continued to grow in 2016, with over 109,000 students running in 5 countries. A large supporters base of the organisation is restaurants, chefs, and food critics. Events geared towards this industry has helped the organisation raise funds and educate a large audience on the needs worldwide in fighting hunger.
ACTION AGAINST HUNGER ANNUAL PROGRESS REPORT

For nearly 40 years, Action Against Hunger has led the global fight against hunger. Much has changed over the years, but political and social turmoil, poverty, inequality and natural disasters continue to have devastating consequences for the world’s hungry. The decisions which impact those suffering from hunger are taken at the global level. News and communications are borderless, and for that reason, we decided to develop a truly global identity for our organisation, so that no matter which country we are in, we look and sound the same.

Our new identity more clearly and powerfully explains who we are and what we stand for, through new visuals such as a brand new logo as well as through stricter guidelines on language used to portray ourselves and our work. It will enable us to have a bigger impact on the lives of vulnerable people, bringing us ever closer to our vision of a world free from hunger.

FUNDRAISING WITH THE FOOD INDUSTRY

Action Against Hunger’s fundraising teams have worked closely with the food and hospitality industry for nearly two decades. They recognised the potential for a great partnership between chefs and restaurants, who have a passion and gratitude for the food they work with every day, and our work in the field. It made sense for these food industry professionals to be ambassadors for our work. Now, 18 years on, the initiative raises crucial funds across the world, as we have a growing community of chefs and restaurant supporters which spans 4 continents, and each year brings thousands of individuals and restaurants together to raise funds for Action Against Hunger.

The annual restaurant campaign raises millions of Euros every year by asking people eating out in restaurants supporting the campaign to make an optional donation when paying their bills. Through placing a small table card on restaurant tables, it is seen by millions of people every year in the UK, Canada, Spain, Germany, Italy, the Philippines and Colombia.

Action Against Hunger is extremely proud to be the charity of choice for the hospitality industry, working with both large corporate food and drink businesses and small independent restaurants and cafes. As a charity whose mission is to build a world that is free from hunger, we are grateful that we are able to work with those whose lives and careers have been built by working with food on a daily basis.

SAME MISSION, NEW BRAND

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INNOVATION, RESEARCH & LEARNING

Action Against Hunger invests heavily in innovation, research and learning, as we strive to explore more efficient and effective ways to undertake our work, as well as researching new methods to address undernutrition. In 2016, 31 research projects were undertaken in a variety of sectors, with the majority being related to nutrition and health (42%), such as the ‘C Project’ looking at coverage and community management of acute undernutrition, to projects assessing the availability and market for ready to use therapeutic food. To undertake these projects, we strive to work with an abundance of partners, ranging from those in academia and other NGOs to those in the private sector. In addition to undertaking research, Action Against Hunger has published 31 times in 2016, regarding topics such a nutrition surveillance in Burkina Faso to the mental health of humanitarian workers and the links available to those workers and therapists.

Research projects by sector

- Transversal/Multisector: 41.9%
- Mental Health & Care Practices: 9.7%
- Nutrition & Health: 12.9%
- Water, Sanitation and Hygiene: 29%
- Food Security & Livelihoods: 6.5%
In the case of innovation, in Georgia, the country office successfully piloted and adapted the employment methodology “Employment Shuttles”, for which the adaptation process produced the documented practice in the form of a methodological guide to be further utilised by Action Against Hunger, as well as by different partners and stakeholders. In Djibouti, the country office continued the development of their “Social Marketing Applied to WASH” initiative aimed at boosting the entrepreneurial and commercial sector to enable the majority of Balbala’s population to get improved latrines in their homes. The West Africa Regional Office, has rolled out the use of Open Data Kit (ODK), a mobile data collection platform, for their field programmes. Additionally, the office has launched Geographic Information Systems (GIS) trainings to country offices in Mali and Niger.
WHERE DO WE WANT TO BE BY 2020?

Research and innovation are a pillar of Action Against Hunger’s current international strategy. Together with increasing learning from our programmes, they constitute a virtuous cycle for strengthening our technical expertise and better position ourselves in every context in which we work, with special attention to the improvement of practical approaches to prevent and treat undernutrition.

This is why by 2020 at least 2% of our operational volume will be dedicated to research and development. We firmly believe that sustained investment will lead to more effective and impactful research. In order to do so, increased funding will be matched by more comprehensive research strategies: at least 90% of our research projects will have a comprehensive and resourced uptake strategy. And because nutrition is our core priority, special attention will be given to track Action Against Hunger’s performance according to a Nutrition Security Index. By 2020, the Index will be completed and in use to track at least 50% of our programmes.

2016: A SIGNIFICANT MILESTONE FOR THE LINK NCA

From 2010 to 2013, the Link NCA methodology was initiated and tested in order to be fully operationalised in 2014 with the opening of the Technical Unit with the Expertise and Advocacy Department of Action Against Hunger- France's headquarters in Paris. During the course of 2015, several studies were conducted in complex contexts such as Afghanistan and Yemen. Building on these experiences, the Technical Unit has refined its capacity to work on the implementation of “pilot studies.” In 2016, the method of origin that was more adapted to rural contexts could therefore be used in a variety of environments, such as:

- Northeast Nigeria where a study in a volatile context was initiated by Action Against Hunger in the Yobe region.
- The border of Senegal and Mauritania where a Link NCA was carried out on both sides by Action Against Hunger, the French Red Cross, and the Mauritanian Red Cross.
- The slums of Nairobi, where Concern Worldwide led the first Link NCA in an urban context.
MAM'OUT PROJECT

The MAM'OUT project was implemented in the Eastern region of Burkina Faso from May 2013 to October 2015. Its aim was to assess the effectiveness and cost-effectiveness of unconditional multi-annual and seasonal cash transfers to prevent acute undernutrition in young children. Cash was distributed monthly from July to November in 2013 and 2014 to mothers of 16 selected villages. Households of 16 other in the same areas were followed up as a comparison group. Analyses of qualitative and quantitative data showed a positive effect of the programme on the quality of the diet of children during the cash transfer period, on the expenses for food and health, and on the role of women within the household. However, we don’t have any evidence on the protective effect of these cash transfers on children’s nutritional status. Raising the transfer size or integrating cash transfers with other interventions answering local needs, are pathways to further investigate. Capitalisation of the lessons learned all through the project cycle and dissemination of the results at the local, national, regional (West-Africa) and international level began in 2016 and will continue in 2017.

KACHE: AN ACTION AGAINST HUNGER SOLUTION

KACHE is a toolkit developed for cash-based projects with a multi-sector focus. It is composed of an online platform, hand-held terminals, smart cards and an operational system. Terminals are delivered to points of sale where beneficiaries can obtain their necessities, paying or simply receiving cash through their individual smart cards. This kit allows other agencies or donors to monitor the e-transfers at real time and analyse project demographic data and market status.

In 2016, Action Against Hunger undertook KACHE activities in four countries. In Lebanon, a project was undertaken to support Syrian and Lebanese populations, by working through vendors in areas of limited humanitarian access, no cash points, and where there are strong monitoring needs. In Niger, KACHE was implemented in support to a multi-sector (Food Security and Livelihoods, Nutrition, and Health) project in response to nutrition insecurity, through the distribution of cash, super cereal, oil and Plumpy’nut® all monitored through the platform. In Colombia, an e-voucher project was set up for temporary displaced beneficiaries in an urban setting, while in Mali, an e-voucher project was started for food assistance in the pastoral communes of the circle of Ansongo.

While KACHE is limited due to its dependence on a service provider, and its restrictions to the number of points of sale due to the number of terminals, it is still full of advantages. It enables quick delivery of cash and items, but is also quick to train on and to set up. KACHE is reliable and minimises the risks (i.e. security, fraud, misuse). Its ability to work off-line is also of great advantage due to the areas of low-connectivity in which Action Against Hunger works. Additionally, the system can manage all modalities within the same platform (paper and e-voucher, cash and in-kind), allows for communication and notifications to beneficiaries through SMS, and allows for stronger monitoring and evaluation.
KNOWLEDGE TRANSFER & PARTNERSHIP

The partnerships Action Against Hunger undertakes at country level are key to the success of programmes. This past year has seen 968 formal partnerships established globally by Action Against Hunger. Increasing our commitment to partnerships over recent years has allowed Action Against Hunger to enhance access to beneficiaries, especially in conflict-prone and insecure contexts, build capacity, and engage strategically with a wide variety of stakeholders to improve our influence and impact.

Nearly half of the partnerships established are with governments, ministries and public agencies (45%), while international aid agencies account for 20%, national and local aid agencies for 13%, and the private sector for 15%. Partnering with government, ministries, as well as local aid organisations is important as it allows us the opportunity to not only influence host governments on topics such as nutrition and increase their capacity to respond to such issues, but allows for access to beneficiaries and the sustainability of our programme in the long term.

Partnerships with Academic, think tanks and scientific bodies only account for 5%, but are important partnerships in relation to sharing technical expertise and for research purposes. An example of this is the Inter-Agency Regional Analyst Network, who as part of Action Against Hunger, has established partnerships with several think tanks and academic partners, such as the French International Relations and Strategic Institute (IRIS), Futuribles, and the Universities of Denver and Naples. These partnerships are crucial for the IARAN to produce their analyses, through the sharing of expertise, and has led to additional programmes such as the Junior Analysts Programme hosted by IRIS, as well as the Humanitarian Leadership Programme.
FOCUS ON: NO WASTED LIVES

No Wasted Lives is a coalition committed to doubling the number of children treated for Severe Acute Malnutrition (SAM), reaching 6 million children by 2020. The objectives of No Wasted Lives are to ensure SAM is a political and public health priority; to discover and disseminate effective ways of preventing and treating SAM; and to mobilize resources and maximise effectiveness of spending.

Action Against Hunger UK is responsible for supporting a portfolio of operational research to drive this agenda and for the coordination of the Independent Council of Research and Technical Advice on Severe Acute Malnutrition (CORTASAM), a group of leading experts in the field of health and nutrition.

The goal of the council is to drive the use of evidence for action, in order to ultimately reach more children with effective treatment. They do this by 1) identifying research and knowledge gaps to guide global research priorities for acute undernutrition; 2) providing systematic and transparent review of emerging evidence to provide operational guidance; and 3) coordinating with WHO, UNICEF, WFP and other global organisations to ensure emerging evidence is integrated into normative guidance.

Through the advocacy and donor coordination mechanisms of No Wasted Lives, the Council is able to provide donors with the evidence and information they need to release funding, and work with NGOs and governments to implement new approaches at scale.
We are convinced that the backstage of Action Against Hunger’s humanitarian operations is as significant as its activities and its results in the field. Although less visible, our efforts concerning internal communications, efficient learning platforms and swift financial systems are at the core of our current international strategy. It is about improving our operational capacity by strengthening our mechanisms for knowledge transfer and consolidating our expertise.

This year the network has fully incorporated the No Hunger Forum into its everyday work: an intranet with enhanced features for document management, collaborative workspaces, and the ability to quickly and easily share information. For this platform to be efficiently used, we have finalised HQ and country-specific working spaces, and we are also working toward improving our bandwidth and our quality standards for IT and energy supplies, so that even our remotest areas of intervention have access to proficient networks.

Alongside the Forum, Action Against Hunger has developed and tested various systems and platforms to enhance its performance across different fields of activity: Human Resources, where the Enterprise Service Bus system allows for interoperability across both Human resources and financial processes; Logistics platforms, thanks to which our colleagues in 15 countries are managing more than 200,000 orders, with the procurements functionality expected to be ready during 2017; Information Management, such as the expansion of Program Information and Management Systems in some countries to provide coordinated communications, dashboards and other tools for analysis of deliverables and indicators; and project management tools with focus on automating administrative tasks and processes, as well as integrate information from our interventions with our contracts management systems (such as GESPRA).

2017 will be a crucial year for Action Against Hunger’s IT development, as these and many more initiatives will be scaled-up and better aligned with the strategic objectives of the organisation, focusing especially on building efficient systems for the flow of information between our HQs and our field operations.
The advocacy function at Action Hunger, encapsulates several of our aims laid out in the International Strategic Plan for 2016-2020, particularly that of addressing the causes of hunger and that of changing the way hunger is viewed and addressed. It does so through engaging in collective efforts that address the root causes including poverty, conflict, inequality, climate change, poor governance and insufficient political will. Our advocacy draws legitimacy and credibility from our operations in the field, research, and our direct work with communities in a variety of contexts.

In 2016, the Ise-Shima Progress Report was published analysing the G7’s accountability on development and development-related commitments, regarding various topics such as health, water and sanitation, education and food security, which are all drivers of the battle against hunger. Action Against Hunger advocacy worked diligently to ensure that some of our key messages were integrated in the first common financial accountability framework, which came out of this report. Other initiatives by Action Against Hunger led to the integration of nutrition in the ECOWAS Regional Agricultural Investment, Food Security and Nutrition Plan (PRIASAN); and finally our advocacy work led to nutrition being one of three pillars of the French Development Agency’s strategy on food security.

With climate change now playing such a negative role on food security and nutrition, some of the initiatives undertaken in 2016, have included following up on the role of food security and agriculture in climate negotiations, particularly after food security was added in the Paris climate accords. A significant achievement for Action Against Hunger this past year has been the work undertaken regarding the impacts of El Nino and the lack of preparedness of the response of the humanitarian system regarding this. We participated in the international debates on this topic, in part due to our position paper, which overall has led to an increased global pledge to cover the needs of those affected by such a phenomenon. Progress will continue to be made in our advocacy addressing the drivers of hunger.

The advocacy team launched a campaign on Yemen to alert on the deterioration of the humanitarian situation, the impact of the ongoing conflict on the population, and an attempt to push P5 countries to act on finding a resolution to the conflict there by stopping arms sales to the armed coalition, and to relaunch peace talks. This included several published advocacy pieces on updates and the dissemination of key messages ahead of high level discussions between France and Saudi Arabia; and it involved approaching French and European Members of Parliament, in an attempt to influence the European Parliament resolution on the humanitarian situation and the need to stop arms sales from the European Union countries.

Regarding the situation in Iraq, considering the acute crisis, and in preparation to the battle for Mosul, it was important to ensure that impediments to aid were raised and addressed. To do so, the advocacy team wrote and disseminated a report regarding issues to access and acceptance in Ninewa governorate, aimed at high-level members of government. Additionally, an advocacy strategy was developed around the Mosul offensive; key messages were disseminated along with regular updates on the impact of the offensive, particularly ahead of high-level donor meeting in Brussels in December of 2016.

Similar advocacy has been undertaken for other countries affected by conflict such as Ukraine, Syria, the Lake Chad Basin, the Central African Republic and Afghanistan, among others. Disseminating regular updates regarding the situation on the ground ensures that crises are not forgotten and remain on the agendas of donors as well as governments, in hopes of leading to additional funding and resolute and comprehensive action to end the suffering.
In May 2016, Action Against Hunger participated at the World Humanitarian Summit (WHS) across a diverse range of themes, and with a clear organisational priority: to highlight the Protect Aid Workers (PAW) campaign, which calls for a special mandate holder for the protection of aid workers and activities. Our related advocacy objectives were to promote PAW messages amongst (1) UN member states, (2) the non-governmental organisation community, and (3) to assert Action Against Hunger as a key humanitarian player on themes around humanitarian access, humanitarian principles and protection of aid workers.

While inertia persisted with most member states on the PAW issue, NGO support for our message was stimulated by the WHS and Action Against Hunger succeeded in creating a strong support base of several major aid agencies and key policy experts and researchers.

Following the WHS, Action Against Hunger in collaboration with the Advanced Training Programme on Humanitarian Action (ATHA, Harvard) mobilised those concerned by this campaign, to gather a group of agencies (UN, NGOs, and the ICRC) in September with a seminar on PAW, with the aim of transforming the Action Against Hunger campaign into a working group with broad representation by the humanitarian community. Ahead of the UN General Assembly, Action Against Hunger launched a public campaign of the need for enhanced protection of humanitarian workers.

THE WORLD HUMANITARIAN SUMMIT

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ANNEX: INTERNATIONAL BENEFICIARIES BY COUNTRY AND SECTOR 2016

0 500000 1000000 1500000 2000000 2500000 3000000 3500000

Nigeria
Syria
Ethiopia
South Sudan
Ivory Coast
Kurdistan Region of Iraq
Burkina Faso
Haiti
Chad
Occupied Palestinian Territory
Sierra Leone
Mali
Pakistan
Malawi
Niger
Bangladesh
Somalia
Guinea
Lebanon
Democratic Republic of the Congo
Central African Republic
Yemen
Nepal
Uganda
Kenya
Mauritania
Afghanistan
Jordan
Cameroon
Senegal
Myanmar
Liberia
Philippines
India
Colombia
Ecuador
Madagascar
Ukraine
Indonesia
Guatemala
Bolivia
Cambodia
Djibouti
Zimbabwe
Peru
Nicaragua
Georgia
Egypt
West African Regional Office
Tanzania

Nutrition
Health
Mental Health and Care Practices
Food Security and Livelihoods
Water, Sanitation and Hygiene
Disaster Risk Management
ANNEX: RESEARCH

NUTRITION/HEALTH
- Click MUAC- University of Tampere, Brixton Health
- COMPAS- Improving the treatment of Moderate Acute Malnutrition: Developing and piloting a new protocol- International Rescue Committee
- C-Project- Aga Khan University
- Efectividad en la hemoglobina y desarrollo infantil del consumo de LNS y Sprinkles en menores de 6 a 11 meses de edad
- Research on the availability and market of RUTF STF
- Research on the impact of anaemia programmes
- SAM Photo Diagnosis
- The DDMAS project: determining household risk factors for Severe Acute Malnutrition (SAM) of children below 5 years’ old- Association Sahélienne de Recherches Appliquées pour le Développement Durable
- The MANGO project: Modelling and alternative nutrition protocol generalizable to outpatient- Centre for Disease Control, University of Copenhagen, University College London, Institut de Recherche de la Santé
- The Optidiag project: biomedical investigations for Optimized Diagnosis and Monitoring of Severe Acute Malnutrition (SAM)- AgrosParisTech, Ghent University, Duke University Medical Centre, IPHN Bangladesh, CBHC Bangladesh, UL-PIRE Libéria, University College London
- Le projet de recherche sur l’identification des moyens de mise en œuvre d’un projet intégré nutrition-Planning Familial dans le département de Mayahi Région de Maradi au Niger
- The Health system strengthening project
- The MALINEA Project: Malnutrition and Infection among children in Africa- Pasteur Institute Network, GRET, Local Partners

WATER, SANITATION AND HYGIENE
- The handwashing in humanitarian crisis project: improving handwashing promotion in humanitarian crisis- London School of Health and Tropical Medicine, Centre for Affordable Water and Sanitation Technology
- The urban and peri urban solid waste recyclers project: a case from Mongolia- WASH Action Mongolia, Royal International University, Social Science and Humanity, University of Vancouver, Research Council Data

MENTAL HEALTH
- The FUSAM project: effectiveness and cost-effectiveness of a combined nutrition psychosocial intervention on child health and development- International Centre for Diarrhoeal Disease Research, Bangladesh
- The Mental health & care practices Project: identifying effective strategies to improve child development and nutritional status in refugee camps in Cox’s Bazar, Bangladesh- International Centre for Diarrhoeal Disease Research, Bangladesh
- The mother to child transmission of trauma project: study of transmission mechanism of trauma mother-child- Université Paris Descartes, Sorbonne Paris Cité

MULTISECTOR/TRANSVERSAL
- Project LINK NCA- Improving the diagnosis of undernutrition at a local level:
  o Projet intégré de renforcement de la résilience des communautés rurales dans les cercles de Kita et Tombouctou au Mali
  o Etude Link NCA dans le département de Mayahi
- Research on Food Assistance for Nutritional Impact (REFA)- Concern Worldwide, ENN, University College London
- The MAM’OUT project: evaluation of multiannual and season cash transfers to prevent acute malnutrition- Ghent University, AgrosParisTech, Institut de Recherche en Sciences de la Santé du Burkina Faso, Centre for Disease Control
- PUR 2- Evaluating the effectiveness of safe drinking water in SAM treatment- Johns Hopkins University
- The OUADI’NUT project: benefits of adding a household WASH component to routine outpatient SAM management- Institute of Tropical Medicine Antwerp, Association
ANNEX: PUBLICATIONS

MULTISECTOR
- 8 Keys for Colombian Post Conflict
- La place du bénéficiaire au sein de la recherche: une considération d'ordre éthique
- Newsletter

NUTRITION
- Accelerating the scale-up of treatment for Severe Acute Malnutrition
- Beyond the numbers: Why qualitative research matters
- Deficiencia de yodo en mujeres gestantes
- Encuesta Nutricional y de mortalidad basada en la metodología SMART
- Impact of lipid-based nutrient supplements versus micronutrient powders on nutritional and developmental outcomes among Peruvian infants
- Low Mid-Upper Arm Circumference identifies children with a high risk of death who should be the priority target for treatment
- Mitigating the impact of Ebola Virus Disease on the most vulnerable households through an integrated food and nutrition security intervention in the district of Moyamba
- Researching how cash transfers impact communities in Sindh, Pakistan: Q&A with REFANI Pakistan’s qualitative researcher
- SMART 2015 year in review
- Taking Severe Acute Malnutrition treatment back to the community: Practical experiences from nutrition coverage surveys
- The REFANI project in Pakistan: Adapting research to a multi-sectoral programme for impact measurement- Field Exchange 51

FOOD SECURITY AND LIVELIHOODS
- Cambio climático, sequía e inseguridad alimentaria en el Corredor Seco nicaragüense; caracterización del problema y propuesta de acciones para enfrentarlo
- El Niño 2015-2016: An Avoidable Crisis
- Levels and daily intake estimates of aflatoxin B1 and fumonisin B1 in maize consumed by rural households in Shamva and Makoni districts of Zimbabwe
- Nutrition surveillance using a small open cohort: experience from Burkina Faso
- Protección del Medio Ambiente y Comercio Justo como Estrategia de Desarrollo Rural en el Departamento de Madriz
- Reducing maize-based aflatoxin contamination and exposure in Zimbabwe
- Supporting the start or restart of income generating activities of EVD survivors’ households
- Water, Sanitation and Hygiene
- La gouvernance de l’eau et l’assainissement appliquée aux projets humanitaires et de développement DRR/DRM
- Empoderamiento campesino a través de la información generada por sitios centinela que monitorean la seguridad alimentaria y nutricional comunitaria

MENTAL HEALTH
- Santé mentale et humanitaire : quelle rencontre possible entre les populations et les psychologues ? Retours d’expérience a Action Contre la Faim

OTHER
- A call to action: Make the 2016 WHA the first achievement of the Decade of Action on nutrition
- Bridging the gap from academia to humanitarian project management
- Designing and managing research projects- A practical guide to field workers
- Financing global nutrition targets: ACF statement
- If not now, then when? Will the Ise-Shima Summit put an end to the poor monitoring of G7 food security investments?
- Research uptake in a humanitarian context: Summary on the panel discussion
- What does it mean to implement a research uptake strategy? Experiences from the REFANI consortium- Summary on the panel discussion

Sahélienne de Recherches Appliquées pour le Développement Durable
- The PIB Study project: impact evaluation of a multi-sectorial program on undernutrition- University of Michigan
- The Trust project: a global collaboration to improve adherence to high ethical standards around the world- Centre for Professional Ethics (UCLAN), Council on Health Research for Development Association (COHRED), The Forum for Ethics Review Committees in India (FERCI), UNESCO, Partners for Health and Development in Africa (PHDA), INSERM
- The cost effectiveness analysis project: analysing the cost effectiveness of new tested interventions in our research programmes
- ECHO ERC ‘UPTAKE’
ANNEX: LIST OF PARTNERSHIPS BY COUNTRY

AFGHANISTAN
- Afghanistan Centre for Training and Development (ACTD)
- Agency for Assistance and Development of Afghanistan
- BND
- Care of Afghan Families
- Common Humanitarian Fund (CHF)
- Humanitarian Assistance and Development Association for Afghanistan (HADAAF)
- Medical Management and Research Courses Afghanistan (MMRCA)
- Move Welfare Organisation (MWO)
- Organisation for Health Promotion and Management (OHPM)
- Première Urgence Internationale (PUI)
- Save the Children Afghanistan
- Solidarités International (SI)
- South Asia Foundation (SAF)
- Swedish Committee for Afghanistan (SCA)

BURKINA FASO
- Agence de l’Eau de Gourma
- Airtel Money
- Alliance Technique d’Assistance au Développement
- Association BEO-NEERE
- Association Communautaire Namangb-Zanga (ACONAZ)
- Association Faune et Développement au Burkina (AFAUDEB)
- Burkina Météo
- Centre d’Etudes d’Expérimentations Economiques et Sociales pour l’Afrique de l’Ouest - Association Internationale (CESAO-AI)
- Centre for Disease Control
- Centre Hospitalier Régional de Fada
- Chant de Femmes
- Christian Aid
- Conseil National de Secours d’Urgence et de Réhabilitation
- Direction de la Nutrition (DN)
- Direction de la Sante de la Famille (DSF)
- Direction des Etablissements Sanitaires (DES)
- Direction Générale de l’Assainissement
- Direction Générale des Etudes et des Statistiques Sectorielles du Ministère de l’agriculture et des Aménagent Hydrauliques

BANGLADESH
- BBC Media
- BIOFICOM
- Christian Aid
- DanChurchAid
- Hellen Keller International (HKI)
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
- International Organisation for Migration (IOM)
- Manob Mukti Sangshad (MMS)
- Mukti’s Cox’s Bazar
- Muslim Aid
- Nushrul Smirty Sangshad (NSS)
- Plan International
- Shushilan
- Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)
- Society for Health Extension and Development (SHED)
- Water and Life (Eau et Vie)

BOLIVIA
- Centro de Promoción Agropecuaria

Campesina (CEPAC)
- Gruppo di Volontariato Civile (GVC)
- Ministerio de Desarrollo Rural y Tierras
- Ministerio de Salud
- Municipio Guayaramerín
- Municipio Gutiérrez
- Municipio Ixiamas
- Municipio Lagunillas
- Municipio Riberalta
- Municipio San Borja
- Municipio San Buena Ventura
- Municipio San Ignacio de Moxos
- Municipio Santa Ana del Yacuma
- Sedes CBBA
- Sedes Potosí
- UNICEF
- Visión Mundial
Cambodia

- Ministry of Rural Development
- Provincial Administration Office- Preah Vihear
- Provincial Department of Rural Development-Kampong Thom
- Provincial Department of Rural Development-Preah Vihear
- Provincial Health Department- Kampong Thom
- Provincial Health Department- Preah Vihear
- World Food Programme (WFP)

Cameroon

- CARE- France
- Communautés Refugies et Hôtes
- Communes
- Expresse Union
- Mairies
- Ministère de l’Environnement
- Ministère de la Foret
- Ministère de la Sante- Délegation Régionale de Maroua
- Ministère de la Sante Public

Canada

- Global Nutrition Cluster

Central African Republic

- Agence Nationale de l’Eau et de l’Assainissement (ANE)
- Central Agency for Agricultural Development (ACDA)
- Complexe Pédiatrique de Bangui
- Danish Refugee Council
- Direction Générale de l’Hydraulique (DGH)
- Ministère de la Sante Publique
- Solidarité International

Chad

- Action de l’Association pour la Recherche et le Developpement du Kanem (ARDEK)
- Alliance Sahélienne de Recherches Appliquées pour le Developpement Durable (ASRAAD)
- CARE
- Délégation de l’Elevage et de l’Hydraulique du Bahr el Gazal
- Délégation de l’Elevage et de l’Hydraulique du Kanem
- Délégation de l’Elevage et de l’Hydraulique du Lac
- Délégation Régionale Sanitaire du Bahr el Gazal
- Délégation Régionale Sanitaire du Kanem
- Direction de la Nutrition et de l’Alimentation (DNTA)

(DGESS/MAAH)
- Direction Provinciales de l’Environnement
- Direction Régionale de l’Eau
- Directions Provinciales de l’Éducation de base- Tapoa et Kompienga
- Directions Provinciales de l’Éducation et l’Alphabétisation de Gourma et de Tapoa
- Directions Provinciales de l’Agriculture
- Directions Provinciales des Ressources Animales
- DRS-Est
- DS de Diapaga
- DS de Fada
- DS de Gayéri
- DS de Pama
- Groupe de Recherche et d’Échanges Technologiques
  - Help
  - Institut de Recherche en Sciences de la Sante
  - Institut des Sciences et des Sociétés
  - Internews Europe
  - IRSS
  - King’s College London
  - Met Office
  - Ministère de L’Education Nationale et de l’Alphabétisation
  - Office de Développement des Églises Évangéliques
  - Office National de l’Eau et de l’Assainissement (ONEA)
  - Oxfam
  - Ratamanegre
  - Save the Children
  - Secrétariat Exécutif du Conseil National de Sécurité Alimentaire (SE/CNSA)
  - Service déconcentré du Ministère de l’Action Sociale
  - Société Nationale de Gestion du Stock de Securité Alimentaire
  - Télévision du Burkina
  - Terre des Hommes
  - Tin Tua
  - Toutes les communes d’Intervention
  - Toutes les CSPS d’Intervention
  - Toutes les écoles d’Intervention
  - Toutes les Formations Sanitaires de Fada, Gayéri, Diapaga, et Pama
  - Université de Copenhague

Cameroon
• Le Ministre de l’Elevage et de l’Hydraulique
• Médecins du Monde (MDM)
• PATH

COLOMBIA
• ARAWANA
• Corporación Desarrolló y Paz de Córdoba (CORDUPAZ)
• CORSOC
• Integral Attention and Reparation to Victims Unit (UARIV)
• Local Hospitals
• Ministry of Health
• PS Montelibano
• SEPAsvi
• UNICEF
• University of Córdoba
• University of Rosario
• University Pontificia Bolivariana

DEMOCRATIC REPUBLIC OF THE CONGO
• Agency for Technical Cooperation and Development (ACTED)
• Bureaux Centraux de Zone de Santé
• Catholic Relief Services (CRS)
• Concern Worldwide
• Cooperação Internazionale (COOPI)
• Croix Rouge Congolaise
• Divisions Provinciales de la santé
• Health Zone Central Office
• Ministry of Planning
• National PRONANUT
• Provincial PRONANUT
• Provincial Public Health Division
• Réseau des Femmes
• Solidarités International
• UNICEF

DJIBOUTI
• Dadal Afito
• Ecologie du Village Association (EVA)
• La Caravane du Développement
• Ministère Agriculture, Eau, Pêche, et Elevage
• Ministry of Health
• Office National de l’Eau et de l’Assainissement de Djibouti
• Paix et Lait

ECUADOR
• Comité Esmeraldas Flandes Orientales (CEFODI)
• EPMAPA-PED
• Ministerio de Inclusión Económica y Social
• Ministerio de Salud
• Secretaría del Agua (SENAGUA)
• Universidad Técnica de Manabí

EGYPT
• Arab Centre for the Studies of Arid Lands and Dry Areas (ACSAD)
• Arab Network for Environment and Development (RAED)
• Arab Office for Youth and Environment (AOYE)

ETHIOPIA
• Administration for Refugee and Returnee Affairs (ARRA)
• CARE
• Concern Worldwide
• Cordaid
• DanChurchAid
• District Government Line Offices
• District Health Offices
• GOAL
• International Committee for the Development of People (CISP)
• International Medical Corps (IMC)
• Mercy Corps
• Ministry of Health
• OSHO
• Plan International
• Regional Government Line Offices
• Regional Health Offices
• Save the Children
• SOS Sahel
• UNHCR
• UNICEF
• WFP
• WHO
• Zonal government line offices
• Zonal Health Offices

GEORGIA
• Association Rural Development for Future Georgia (RDFG)
• ATINATI
• EFD
• Elkana
• Kakheti Regional Development Foundation (KRDF)
• LUNGO Alert
• Oxfam UK
• Red Española de Desarrollo Rural (REDR)
• Rural Communities Development Agency (RCDrA)
• Social Programmes Foundation (SPF)

GUATEMALA
• Grupo di Voluntariato Civile
• Médicos del Mundo
• Ministerio de Agricultura
• Ministerio de Salud
• Municipalidades Chiquimula
• Municipalidades de San Jorge
• Municipalidades de San Jorge
• Municipalidades Zacapa
• Secretaria de Seguridad Alimentaria y Nutricional (SESAN)
• Telecoms Sans Frontieres
• Trocaire

GUINEA
• Concern Worldwide
• Department of Feeding and Nutrition
• Ebola Prefectural Coordination
• National Coordination for Ebola Response (CNLE)
• Prefectural Health Directorate
• Regional Health Directorate

HAITI
• CARE
• Ministry of Labour and Social Affairs
• Ministry of Public Health and Population
• National Office for Water and Sanitation (DINEPA)
• Oxfam
• UNICEF
• Welthungerhilfe (WHH)
• World Food Programme (WFP)

INDIA
• Centre for Community Economics and Development Consultants Society (CECOEDECON)
• Children’s Investment Fund Foundation (CIFF)
• Coalition for Nutrition and Food Security
• Fight Hunger Foundation (FHF)
• Foundation for Mother and Child Health (FMCH)
• Ministry of Health- Madhya Pradesh
• Ministry of Health- Rajasthan
• Médecins Sans Frontieres
• Mumbai Smiles
• Nutrition Mission Maharashtra
• Sion Hospital
• Sphere
• Tata Institute of Social Sciences (TISS)
• UNICEF
• Washington University
• Water Aid
• WISH Foundation
• World Vision

INDONESIA
• District Health Office- Kupang
• District Health Office- Langsa
• District Public Works
• Handicap International
• Lembaga Konsultasi Terpadu Pengembangan Masyarakat- Community Integrated Development Consultancy (LENTERA- CIDEC)
• Ministry of Health

IVORY COAST
• Communautés
• Districts Autonomes
• ESCom
• Les Mairies
• Ministère de l’Éducation Nationale
• Ministère de la Culture
• Ministère de la SANTÉ
• Ministère des Transport

JORDAN
• Disaster Waste Recovery (DWR)
• Jordan Hashemite Charity Organisation (JHCO)

KENYA
• Agency for Technical Cooperation and Development (ACTED)
• Ministry of Health
• National Drought Management Authority (NDMA)
• Rural Agency for Community Development and Assistance (RACIDA)
• Sikom
• UNICEF
• VSF- Germany
• Youth Bunge

LEBANON
• Arc en Ciel
• European Union
• OCHA
• UNICEF
• WFP

LIBERIA
• Concern Worldwide
• Country Health Team
• Ground Water Exploration Incorporated (GWEI)
• Ministry of Health
• Nutrition Division
• Oxfam
• Population Service International (PSI)
• Tear Fund
• Water Aid
• Welthungerhilfe (WHH)
• Women Empowerment for Self Employment (We4Self)
MADAGASCAR
• Association Socio-Sanitaire Organisation Secours (ASOS)
• CARE
• Communauté Urbaine d’Antananarivo
• Direction Régionale de l’EAH- Atsimo Ampasina
• Direction Régionale de l’Élevage- Atsimo Ampasina
• Directions Régionales de la Santé- Antsiranana
• Directions Régionales de la Santé- Atsimo Ampasina
• Directions Régionales de la Santé- Bongolava
• GRETS
• Handicap International
• Medair
• Médecins du Monde
• Mouvement Français pour le Planning Familial
• Plateforme des OSC pour le SUN (HIVIA)
• Santé Sud
• Service de santé du district
• Université d’Avignon et des Pays de Vaucluse
• Voahary Salama
• World Food Programme (WFP)

MALAWI
• Concern Worldwide
• Foundation to Build
• Village Hygiene Project

MALI
• Aide Action
• Associations de Santé Communautaire (ASACO)
• Brigade d’hygiène de la DRS (Direction Régionale de la santé)
• Centre de santé de référence du cercle de Tombouctou (CSREF)
• Centre de Santé Reference de Bourem
• Centre de Santé Reference de Tombouctou
• Collectivités, Centres de Santé Communautaire (CSCOM)
• Comité International de la Croix Rouge
• Conseil d’Animation Pédagogique (CAP)
• Croix Rouge Malienne
• Csréf kita, Sagabary et Seféto
• Développement Social Tombouctou
• Direction Nationale de la Santé (DNS)
• Direction Régionale de la Production et Industrie Animalière (DPIA)
• Direction Régionale de la Protection Civile (DRPC)
• Direction Régionale de la Santé de Tombouctou (DRS)
• Direction Régionale de l’Agriculture (DRA) Tombouctou

• Direction Régionale de l’Assainissement du Contrôle des Pollutions et des Nuisances (DRACPN)
• Direction Régionale de l’Hydraulique (DRHE)
• Direction Régionale de l’Urbanisme et de l’Habitat
• Direction Régionale du Développement Social et de l’Economie Solidaire (DRDSES)
• Tombouctou
• Direction Régionale du Génie Civil (DRGC)
• Direction Régionale du Génie Rural (DRGR)
• Districts sanitaire
• DRC Tombouctou
• DRPIA
• Faculté de Médecine
• Fédération locale des Associations de Santé Communautaires (FELASCOM)
• Handicap Internationale
• Hôpital de Gao (URENI de GAO)
• Hôpital régional de Kayes
• Institut de Recherche en Santé Publique (INRSP)
• L’Hôpital Régional
• Mairie Commune
• Observatoire du Marche Agricole (OMA)
• OCHA
• OXFAM Tombouctou
• Première Urgence
• Radios de proximité
• Service de Développement Social et de l’Economie Solidaire (SDSES)
• Service de l’assainissement, contrôle des pollutions et nuisance
• Service d’Hygiène du District Sanitaire
• Service du Développement Social
• Services de l’Élevage, de l’Agriculture et du Génie Rural- Kita
• Services de l’Élevage, de l’Agriculture et du Génie Rural- Tombouctou
• Services Techniques de l’Hydraulique
• Solidarité Internationale
• Systèmes d’Alerte Précoce (SAP)
• Troupes théâtrale
• UNHCR
• Welthungerhilfe (WHH)

MAURITANIA
• ADICOR
• Alpha Chapos
• AMEG
• Arab Centre for the Studies of Arid Zones and Dry Lands (ACSAD)
• Association Mauritanienne d’Aide aux Malades Indigents (AMAMI)
• Association pour la Recherche et le Développement (ARDM)
• Association pour le Développement des Populations (ASDEP)
• Association pour le Développement du Guidimakha (ADG)
• Au SECOURS
• Collectivité local
• Délégation Régionale de l’Agriculture
• Direction Régionale de l’Hydraulique et l’Assainissement (DRHA)
• Direction Régionale de l’Action Sanitaire (DRAS)
• Famine Early Warning Systems Network (FEWSNet)
• Food Security Commission (CSA)
• GRDR
• Hôpital de Néma
• Hôpital Régional de Sélibaby
• MASEF
• Médecins Du Monde
• Ministère de la Santé
• Ministère de l’Agriculture
• Mutuelle Féminine de Solidarité, d’Entraide, d’Epargne et de Crédit (MFSEEC)
• TENMIYA
• UNICEF
• World Food Programme

MYANMAR
• Action Aid
• CARE
• GRET
• Help Age
• International Organisation for Migration
• Karenni State Farmer Union (KSFU)
• Ministry of Health
• OXFAM
• Plan International
• Relief and Resettlement Department (RRD)
• Save the Children
• Solidarité International
• UN Habitat

NEPAL
• Department of Water Supply and Sewerage (DWSS)
• Development and Environment Conservation Centre Nepal (DECON)
• District Agriculture Development Office
• District Development Committee and Village Development Committees (Kimtang, Barsunchet, Salme, Thulagaun and Dadagaun) in Nuwakot and Rasuwa
• District Health Office (DHO)- Nuwakot
• District Health Office (DHO)- Rasuwa
• District Livestock Service Office
• District Public Health Office (DPHO)- Makwanpur
• District Public Health Office (DPHO)- Saptari
• Emergency Architect and Support Activities for Poor Producers of Nepal (SAPPROS)
• Gerkhutar Youth Club (GEYC)
• Helen Keller International
• Integrated Tadi Development Society Nepal (ITDSN)
• International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDRb)
• Langtang Area Conservation Concern Society (LACCoS)
• Ministry of Women and Children
• Nepali Technical Assistance Group (NTAG)
• PATH
• Voices of Children

NICARAGUA
• FAMS
• Uniión de Cooperativas Agropecuarias del Norte de Segovia (UCANS)

NIGER
• Centre de Recherche Medicale et Sanitaire (CERMES)
• Développement pour un Mieux-Etre (DEMI-E)
• Food Security Alliance
• Karkara
• Local Management Committees
• Micro-finance Institutes
• Ministry of Agriculture
• Ministry of Health
• Ministry of Hydraulics
• Ministry of Livestock
• Nutrition Alliance

NIGERIA
• Borno State Agricultural Development Programme
• Borno State Environmental Protection Agency (BOSEPA)
• Ministry of Agriculture and Rural Development
• Ministry of Health
• National Bureau of Statistics
• National Emergency Management Agency (NEMA)
• Primary Health Care Development Agency
• Rural Water Supply and Sanitation Agency (RUWASA)
• Save the Children International
• State Emergency Management Agency
• UNICEF
• WFP
OCCUPIED PALESTINIAN TERRITORY
- Coastal Municipalities Water Utilities
- Cooperative for Savings and Lending (CSSL)
- Governor Office
- Khan Yunis Agricultural Cooperative Society
- Land Resource Centre (LRC)
- Livestock Cooperatives in WB
- Local Gaza Based Community Based Organisations
- Local Protection Committees
- Palestinian Livestock Development Centre (PLDC)
- Palestinian Water Authority
- Roles for Social Changes Association (ADWAR)
- Rural Women Development Society (RWDS)

PAKISTAN
- Agha Khan University
- Department of Agriculture and Livestock
- Department of Health- Nutrition Support Programme
- Easy Plasa
- ENN
- John Hopkins University
- P&G
- Tameer Bank
- University of Peshawar- Centre of Disaster Preparedness and Management

PERU
- Centro Nacional de Estimación, Prevención y Reducción del Riesgo de Desastres (CENEPRED)
- Gobierno Local de Ajoyani
- Gobierno Local de Huanta
- Gobierno Regional de Puno
- Iniciativa Contra la Desnutrición Infantil (IDI)
- Instituto Nacional de Defensa Civil del Perú (INDECI)
- Mesa de Concertación para la Lucha contra la Pobreza (MCLCP)
- Ministerio de Salud
- Servicio Nacional de Meteorología e Hidrología del Perú (SENAMHI)

PHILIPPINES
- Barangay and Municipal Local Government Units
- CARE International
- Department of Education
- Department of Interior and Local Government
- Department of Social Welfare and Development
- Government Unit of the Municipality of Antipas
- Government Unit of the Municipality of Arakan
- Government Unit of the Municipality of Aroroy
- Government Unit of the Municipality of Cagayan Milagros
- Government Unit of the Municipality of Magpet
- Government Unit of the Municipality of Malabon City
- Government Unit of the Municipality of Matamal
- Government Unit of the Municipality of Monreal
- Government Unit of the Municipality of President Roxas
- Government Unit of the Municipality of Quezon City
- Integrated Resource Development for Tri-People
- International Medical Corps
- M Lhuillier Financial Services
- Mindanao Land Foundation
- Municipal Disaster Risk Reduction Council
- Office of Civil Defence
- Plan International
- Save the Children International

SENEGAL
- ADENA
- Africare
- Association pour le Développement (ASDEV)
- Association pour le Développement de Namarel
- Association Sénégalaise pour le Bien-Être Familial (ASBEF)
- Centro de Estudios y de Cooperacion Internacional
- Fédération des Associations du Fouta pour Développement
- Fédération des Associations du Fouta pour le Développement (FAFD)
- GRET
- Le Partenariat
- Pasteur
- USE

SIERRA LEONE
- Africa Young Voices (AYV) radio and TV station
- Cash Working Group
- Ebola Response Consortium (ERC)
- Focus 1000
- Food Security Working Group
• Freetown WaSH Consortium (FWC)
• Guma Valley Water Company
• Harmonized Framework (CH)
• HealthCo
• MAFFS/NGO Working Group
• Ministry of Health
• Ministry of Water Resources
• National Early Warning System
• Njala University
• Nutrition Technical Working Group

SOMALIA
• Adventist Development and Relief Agency (ADRA)
• American Refugee Committee (ARC)
• CARE
• Concern Worldwide
• Cooperazione e Sviluppo (CESVI)
• Cooperazione Internazionale (COOPI)
• Danish Refugee Council (DRC)
• El Barde Primary Health Care Organisation (EPHCO)
• HIDIG
• International Refugee Committee (IRC)
• Mubarak for Relief and Development Organisation (MURDO)
• Oxfam
• Puntland Ministry of Livestock
• Save the Children
• Somali Relief Development Organisation (SORDO)
• Somaliland Youth Development Association (SOYDA)
• Wardi Relief Development Initiatives (WARDI)
• World Vision

SOUTH SUDAN
• Christian Mission Aid
• Hold the Child
• International Rescue Committee
• John Dau Foundation
• London School of Hygiene and Tropical Medicine
• Malaria Consortium
• Ministry of Agriculture
• Ministry of Health
• Rural Water Supply and Sanitation for Aweil East
• Rural Water Supply and Sanitation for Aweil West

SYRIA
• Arab Centre for the Studies of Arid Zones and Dry Lands (ACSAD)
• Ministry of Agriculture and Agrarian Reform
• Ministry of Water Resources
• Syrian Arab Red Crescent (SARC)

TANZANIA
• CUAMM- Doctors with Africa
• Tanzania Food and Nutrition Centre

UGANDA
• Agrinet
• Community Rural Empowerment and Support Organisation (CRESO)
• Ministry of Health
• Ministry of Water
• Office of the Prime Minister (OPM)
• Post Bank Uganda
• UNHCR
• UNICEF

WEST AFRICA REGIONAL OFFICE
• Association pour le Redynamisation d’Élevage
• Centre de Formation Professionnelle pour la Promotion d’Agriculture au Sahel
• Direction de Developpement Pastorale
• Direction de Production Animale et Direction des Services Veterinaires
• European Space Agency
• Flemish Institute of Technology
• Geoville
• Mali National Early Warning System
• Orange Mali
• SNV
• Tassaght
• Université Abdou Moumoni

YEMEN
• CARE
• General Authority for Rural Water Supply Projects (GARWSP)
• Governorate Health Offices
• Ministry of Agriculture
• Ministry of Planning and International Cooperation
• Ministry of Public Health and Population
• Norwegian Refugee Council

ZIMBABWE
• Africa AHEAD
• International Rescue Committee
• Ministry of Agriculture
• Nutrition Action Zimbabwe
• University of Zimbabwe
FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

FOR CHILDREN THAT GROW
UP STRONG.
AGAINST LIVES CUT SHORT.

FOR CROPS THIS YEAR,
AND NEXT.
AGAINST DROUGHT
AND DISASTER.

FOR CHANGING MINDS.
AGAINST IGNORANCE AND
INDIFFERENCE.

FOR FREEDOM FROM HUNGER.
FOR EVERYONE. FOR GOOD.

FOR ACTION.
AGAINST HUNGER.