ACTION AGAINST HUNGER

GLOBAL PERFORMANCE
REPORT 2020

CONTENTS

FOREWORD

Despite progress over recent decades, hunger affects around 10 per cent of the world's population – between 720 and 811 million people. Conflict, climate shocks, inequality and Covid-19 are driving hunger around the world. We are far from achieving the United Nations Sustainable Development Goals for 2030, which include ensuring access to safe, nutritious and sufficient food for all, and eradicating all forms of malnutrition.

Action Against Hunger's work has never been more critical. From hard-to-reach rural communities to overcrowded urban slums to refugee camps, we are working to prevent and treat malnutrition around the world. Our holistic programmes improve access to water, sanitation and hygiene (WaSH), strengthen livelihoods, provide lifesaving medical care and other emergency interventions, and empower women, who face a disproportionate burden of hunger.

Our pioneering research – 73 research projects in 2020 alone – results in data-driven approaches that are more efficient, localised, scalable and sustainable. Together with our partners, we are relentless in advocating for lasting change as we push for stronger policies, practices and increased funding to address hunger and its underlying causes.

In 2020, Action Against Hunger reached a record 25,387,933 individuals through our work, more than any previous year. Our nutrition programmes benefitted more than 7 million people and our WaSH activities supported more than 9.6 million people. Despite the myriad challenges that the Covid-19 pandemic brought, we adapted our interventions to ensure that lifesaving operations continued as we contributed to Covid-19 prevention and treatment efforts across the world.

This year's Global Performance Report closes our 2016-20 International Strategic Plan and provides an overview of the main achievements and challenges experienced by Action Against Hunger's international network in 2020. Through the extraordinary efforts and dedication of more than 8,300 staff, across 46 countries, we worked towards a world free from hunger. For everyone. For good.
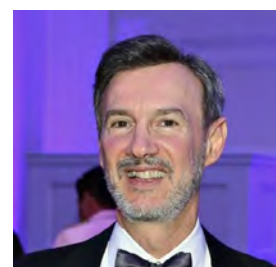
Raymond Debbane

Chair, Action Against Hunger International Board of Directors

IN 2020, ACTION AGAINST HUNGER...

WAS FINANCIALLY SUPPORTED BY
526,509
PEOPLE

RAISED
€508.4M
IN REVENUE

CONDUCTED
73
RESEARCH PROJECTS

EMPLOYED
8,300
PEOPLE GLOBALLY

DISTRIBUTED
€51.5M
CASH

RESPONDED TO
66
EMERGENCIES

PROVIDED
899
STAFF MEMBERS WITH SECURITY TRAINING

MANAGED A GLOBAL SUPPLY CHAIN VOLUME OF
€147.9M

REPORTED
4
VERY SERIOUS SECURITY INCIDENTS

WHERE WE WORKED IN 2020

ACTION AGAINST HUNGER

CANADA
USA

UK
BELGIUM
GERMANY
FRANCE
ITALY
SPAIN

SOUTH CAUCASUS
AFGHANISTAN
NEPAL

LEBANON
SYRIA
IRAQ
JORDAN

LIBYA
OCCUPIED PALESTINIAN TERRITORY

PAKISTAN
MYANMAR
BANGLADESH
PHILIPPINES
INDIA

HAITI
GUATEMALA
HONDURAS
NICARAGUA

MAURITANIA
MALI
CHAD
SENEGAL
THE GAMBIA
SIERRA LEONE
LIBERIA
IVORY COAST

YEMEN
SUDAN
ETHIOPIA
SOUTH SUDAN
SOMALIA
UGANDA
KENYA
TANZANIA
DEMOCRATIC REPUBLIC OF CONGO

VENEZUELA
COLOMBIA
PERU

BURKINA FASO
NIGERIA
NIGER
CAMEROON
CENTRAL AFRICAN REPUBLIC

MADAGASCAR
ZIMBABWE

WATER, SANITATION AND HYGIENE

9.6 MILLION
PEOPLE SUPPORTED BY OUR WaSH PROGRAMMES

616,334
HYGIENE KITS DISTRIBUTED

9,837
WATER POINTS IMPROVED

10.5 MILLION
CUBIC METRES OF WATER DELIVERED

38%
OF ACTION AGAINST HUNGER PROJECTS HAVE A WASH COMPONENT

NUTRITION

7.4 MILLION
PEOPLE SUPPORTED BY OUR NUTRITION PROGRAMMES

114
NUTRITION ASSESSMENT AND SURVEILLANCE REPORTS

203
MOBILE AND SATELLITE TEAMS FOR NUTRITION TREATMENT

704,316
ADMISSIONS TO CMAM PROGRAMMES SUPPORTED BY ACTION AGAINST HUNGER

93%
AVERAGE CMAM CURE RATE IN HIGH BURDEN COUNTRIES

FOOD SECURITY AND LIVELIHOODS

2.2 MILLION
PEOPLE SUPPORTED BY OUR FSL PROGRAMMES

424,891
PEOPLE RECEIVED UNRESTRICTED CASH

353
FOOD SECURITY AND LIVELIHOODS PROJECTS

19,187
TONNES OF FOOD ASSISTANCE DELIVERED

HEALTH

74,588
HEALTH AND NUTRITION EDUCATION TRAINING SESSIONS

5 MILLION
PEOPLE SUPPORTED BY OUR HEALTH PROGRAMMES

2,007
HEALTH CENTRES

308
HEALTH AND NUTRITION PROJECTS

MENTAL HEALTH AND CARE PRACTICES

186
MENTAL HEALTH & CARE PRACTICES PROJECTS

22,412
PEOPLE RECEIVED A MENTAL HEALTH & CARE PRACTICE KIT

682,121
PEOPLE BENEFITTED FROM MENTAL HEALTH & CARE PRACTICES

84%
OF INDIVIDUALS WHO BENEFITTED FROM IYCF RECEIVED PREVENTATIVE SUPPORT

DISASTER RISK REDUCTION AND MANAGEMENT

50
DRR AND DRM PROJECTS

550,068
PEOPLE SUPPORTED BY OUR DRR AND DRM PROGRAMMES

15,876
PEOPLE RECEIVED DRR AND DRM TRAINING

EXECUTIVE SUMMARY

In 2020, Action Against Hunger continued to provide effective assistance to affected populations around the world. We operated in 46 countries[1], delivering assistance in the sectors of nutrition; health; water, sanitation and hygiene (WaSH); food security and livelihoods (FSL); disaster risk reduction (DRR); and mental health and care practices.

Since 2015, we have been monitoring the indicators of our International Strategic Plan 2016-2020 to reach our intended targets: to reduce mortality in children under five years old, to reduce the prevalence of chronic and acute undernutrition, to increase coverage of programmes to treat severe acute undernutrition, to cover unmet needs within the scope of Action Against Hunger expertise during emergencies, and to improve programmes and strategies on undernutrition. 2020 marked the final year of the plan and a time to reflect on the achievements of key departments across the organisation.

Of the total number of deaths globally, in 2019, 7.4 million were children, adolescents or young people under the age of 25. One of our core objectives is to reduce this annual figure, specifically targeting a 20% reduction in under-five mortality rates in the selected districts of 10 high-burden countries. In 2020, across these high-burden countries, seven health districts have reduced their child mortality from 2019, although only two reached the target of a 20% reduction. At network level, our nutrition interventions reached 7,415,099 individuals in 2020, an increase of around a third of the people we reached in 2019.

Action Against Hunger seeks to reduce the prevalence of acute and chronic malnutrition, aiming for a reduction of 20% in the 10 high-burden countries[2].

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1   Some countries host administrative, regional, logistics, and HQ offices.

2   Burkina Faso, Chad, DRC, Mali, Mauritania, Myanmar, Nepal, Niger, Nigeria and Pakistan.

We do this through a variety of interventions, including DRR/DRM (disaster risk reduction management), FSL and WaSH. Surveys conducted in 2020 show that 9 out of 17 districts (52.9%) across the high-burden countries reached the 2020 target to reduce acute malnutrition by 20%. Additionally, 12 out of 19 districts across the high-burden countries reached the 2020 target to reduce severe acute malnutrition (SAM) by 20%. Finally, in 2020, 4 out of 11 districts across the high-burden countries saw a 20% reduction in chronic undernutrition among children under five.

A primary objective of Action Against Hunger is to scale up the treatment of SAM in health centres where we work. In 2020, none of the high-burden countries reported SAM coverage results. This was largely due to the Covid-19 pandemic, which restricted the ability to conduct surveys in the majority of countries where we work. Where SAM admissions were recorded, admissions increased by 24% across 32 countries from 2019 to 2020. Pakistan reported the highest number of admissions, while 60% of all admissions for SAM treatment were in the 10 high-burden countries. Community based management of acute malnutrition (CMAM) admissions (including SAM and MAM – moderate acute malnutrition), increased by 43% between 2019 and 2020, to 917,191 admissions. This is the largest number of CMAM admissions ever reported by Action Against Hunger country offices. Ethiopia, Kenya and South Sudan accounted for 50% of all reported admissions.

Our staff work in challenging contexts, where security threats are ever present. In 2020, our staff were affected by 298 security incidents, a decrease from 340 in 2019. The decrease was largely due to the Covid-19 pandemic, which resulted in less travel to and from the field. The two countries with the highest number of incidents were the Democratic Republic of Congo (DRC) and Ethiopia, both of which also experienced the largest increase in incidents from 2019 to 2020.

Four security incidents were reported to have the highest level of seriousness (level 5), down from 10 in 2019, 5 in 2018 and 13 in 2017. These incidents were an explosion in Lebanon, a kidnapping in Niger and two car accidents in Mauritania, including one that resulted in the death of an Action Against Hunger staff member. The most common security incidents faced by our staff were traffic accidents, armed conflict in the areas/vicinity of our premises and threat by individuals external to the organisation. To ensure our staff are properly equipped to deal with security incidents, we provided security training to 899 staff across the network in 2020.

In 2020, Action Against Hunger responded to 66 emergencies, up significantly from 2019 (43 emergencies), both man-made and natural. As in previous years, around 50% of the emergencies we responded to were man-made, with 22 emergencies relating to conflicts. Additionally, we responded to 19 emergencies linked to natural disasters, such as floods and severe winter in Pakistan, drought in Madagascar, the volcano eruption in the Philippines, and the hurricanes in Honduras, Guatemala, and Nicaragua. The emergencies we responded to in 2020 were across 22 countries, with the majority (75%) occurring in Africa. The emergency pool was deployed 44 times to 13 countries, including Burkina Faso, DRC, Ethiopia, Nigeria, Honduras, Nicaragua, Yemen, Lebanon, Sudan, Armenia, Madagascar, Zimbabwe and Mozambique.

Research, innovation and learning are considered key elements of Action Against Hunger's strategy, aimed at improving the evidence base for fighting hunger. In 2020, 73 research projects were conducted by Action Against Hunger, a substantial increase from 25 projects in 2019. These projects were conducted across 25 countries, with 10 focused on Mali and Senegal. The value of our research increased from €14.2m in 2019 to €27.9m in 2020. Our technical focus was primarily on nutrition (68% of projects), health (50% of projects), and mental health and care practices (18% of projects), with 38% of our research projects being multisectoral. Across our whole research portfolio, we partnered with 111 organisations in 2020, up from 59 in 2019, the most common of which were universities.

In total, we produced 75 publications from our research.

Logistics and information management systems are fundamental to deliver humanitarian and development actions. In 2020, Action Against Hunger spent €148m through its logistics and supply chain, a 1% increase on 2019. A number of countries experienced huge increases in this figure between 2019 and 2020, such as Zimbabwe (+2,303%), Guatemala (+1,194%), Haiti (+629%), Nicaragua (+402%) and Ivory Coast (+313%). Action Against Hunger's logistics assessment tool was used by 18 countries, down from 30 in 2020, although those 18 countries scored a higher average completion than the previous year. The Covid-19 pandemic caused many challenges for logistics, in particular related to the supply of protective equipment, and extensive efforts were required across the network in 2020 to ensure sufficient equipment was available.

Advocacy is a key part of our work to ensure awareness among external stakeholders of key issues affecting hunger across the globe. In 2020, Action Against Hunger created a roadmap to inform key stakeholders of the impact of Covid-19 on global hunger. We also released a report detailing key observations across 25 countries on the impacts of Covid-19. As with previous years, we continued to put pressure on governments to invest in nutrition and advocated for the protection of people's food security in situations of conflict.

Action Against Hunger uses partnerships with a range of organisations, including national governments, local and international NGOs and academic institutions, to improve the effectiveness, scale and efficiency of our fight against hunger. Of all our operational countries, 98% had active partnerships in place in 2020. The percentage of countries with local partnership strategies increased significantly, from 58% in 2019 to 74% in 2020. Our most common partnerships are with local governments. These accounted for 33% of our total partnerships. There was a minor shift away from partnerships with international NGOs, which accounted for 18% of partnerships, down from 23% in 2019.

Participation in consortia has increased from previous years, with Action Against Hunger being a member of 145 and leading 47.

Action Against Hunger had a total revenue of €508.4m in 2020, an increase of €58.2m over 2019. The increase was from both public funds (15% increase) and private funds (6% increase). Unrestricted income accounted for 80% of private funding, our largest source of private funds. Our restricted public revenue increased to €409m in 2020, up by €52.9m from 2019. Revenue from the US and French governments increased significantly from 2019, up by 47% and 38% respectively. Higher revenue in 2020 enabled us to increase the number of our projects from 676 in 2019 to 820. Overall, for every euro spent, we were able to dedicate 88 cents to programmatic activities.

Our fundraising and communication activities are essential to support our work and share our vision of a world free from hunger. In 2019, fundraising was hit hard by the Covid-19 pandemic, but despite this, net income increased by 17%, largely due to restrictions made to expenditure. Several initiatives took place across the network to raise money from public and private donors. Action Against Hunger continues to make communication a priority, to raise awareness about hunger and food security and to encourage collective actions to eradicate hunger.

ACTION AGAINST HUNGER REACHED OVER 25 MILLION PEOPLE IN 2020

KEY GLOBAL STATS[3]

In 2020, Action Against Hunger operated in 44 countries across Africa, America, Asia and Europe.

Out of the 25 million people reached by Action Against Hunger in 2020, 32% (8 million) lived in high-burden countries.

Out of the 820 projects implemented in 2020, nearly half (47%) integrated components from more than one of the following sectors: health and nutrition; water, sanitation and hygiene; food security and livelihoods; food assistance; care practices; mental health; disaster risk reduction; and advocacy. The total number of projects implemented in 2020 also increased by 18% from 2019 (676 projects).

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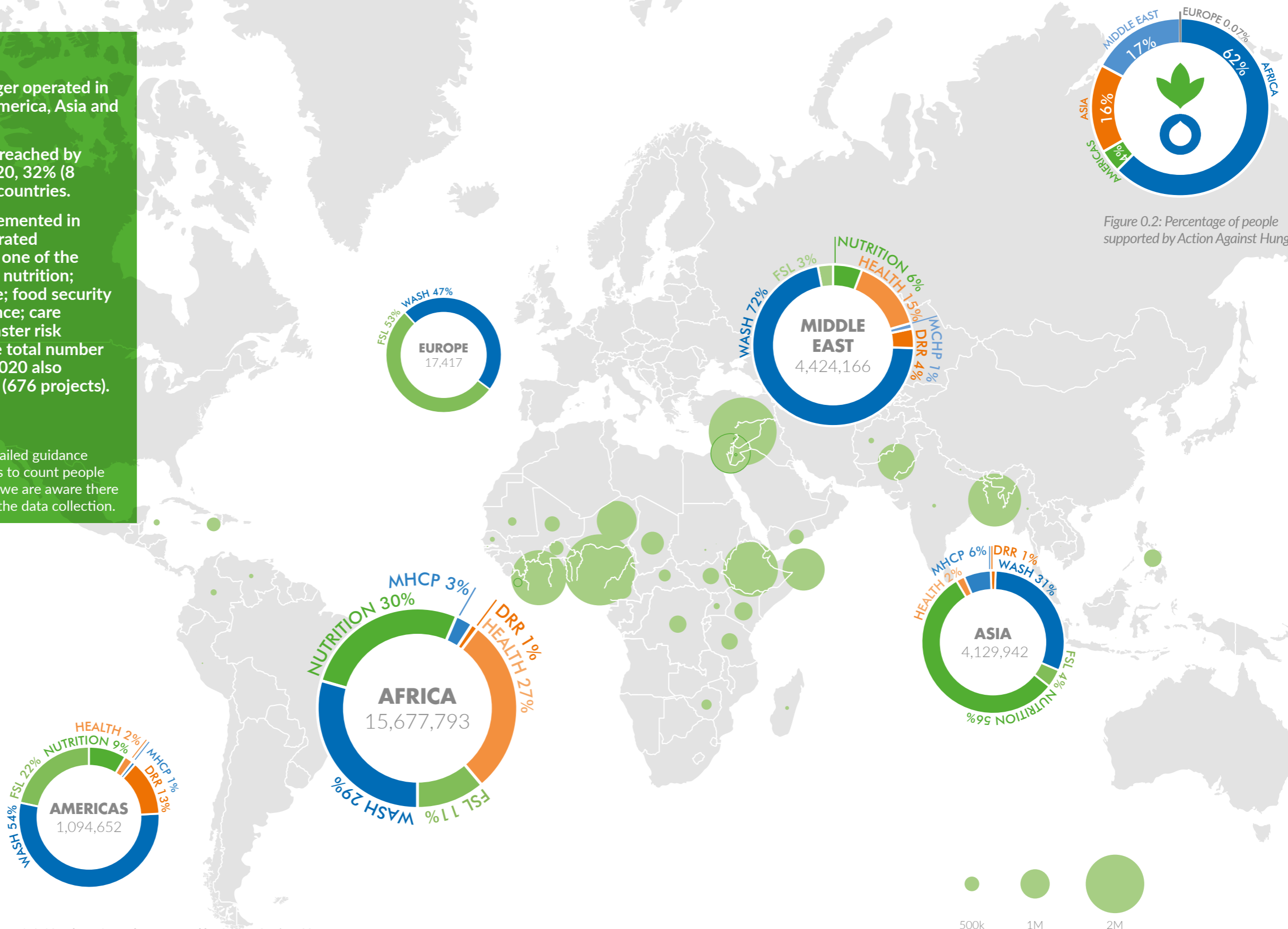

Figure 0.2: Percentage of people supported by Action Against Hunger

EUROPE 0.07%
MIDDLE EAST 17%
AFRICA 62%
ASIA 16%
AMERICAS 4%

EUROPE 17,417
FSL 53% · WASH 47%

MIDDLE EAST 4,424,166
FSL 3% · NUTRITION 6% · HEALTH 15% · MCHP 1% · DRR 4% · WASH 72%

ASIA 4,129,942
MHCP 6% · DRR 1% · WASH 31% · HEALTH 2% · NUTRITION 56% · FSL 4%

AFRICA 15,677,793
NUTRITION 30% · MHCP 3% · DRR 1% · HEALTH 27% · FSL 11% · WASH 29%

AMERICAS 1,094,652
HEALTH 2% · NUTRITION 9% · FSL 22% · MHCP 1% · DRR 13% · WASH 54%

500k · 1M · 2M

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

INTRODUCTION

Our International Strategic Plan 2016-20 (ISP-2) had three main objectives: to mitigate the consequences of hunger, to address the causes of hunger and to change the way hunger is viewed and addressed. The objectives of ISP-2 also contributed towards the achievement of the 2030 UN Sustainable Development Goals (SDGs) of zero hunger, good health and wellbeing, gender equality, and clean water and sanitation.

GLOBAL GOAL 2: **NO HUNGER**

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

GLOBAL GOAL 3: **GOOD HEALTH**

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

GLOBAL GOAL 5: **GENDER EQUALITY**

Achieve gender equality and empower all women and girls.

GLOBAL GOAL 6: **CLEAN WATER AND SANITATION**

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

We set six strategic goals, with specific targets within ISP-2 to ensure our contribution to the achievement of the SDGs:

1   Reduce mortality in children under five years old by 20%.

2   Reduce prevalence of chronic and acute malnutrition by 20%.

3   Increase coverage of programmes to treat severe acute malnutrition by 60%.

4   Respond to at least 80% of unmet needs in emergencies.

5   Improve evidence and expertise to support programme-country and international-community strategies.

6   To be a more effective organisation.

VISION

A WORLD FREE FROM HUNGER

MACRO GOALS

CHANGE IN THE WAY THE WORLD ADDRESSES HUNGER ALLEVIATION OF HUNGER

TOOLS

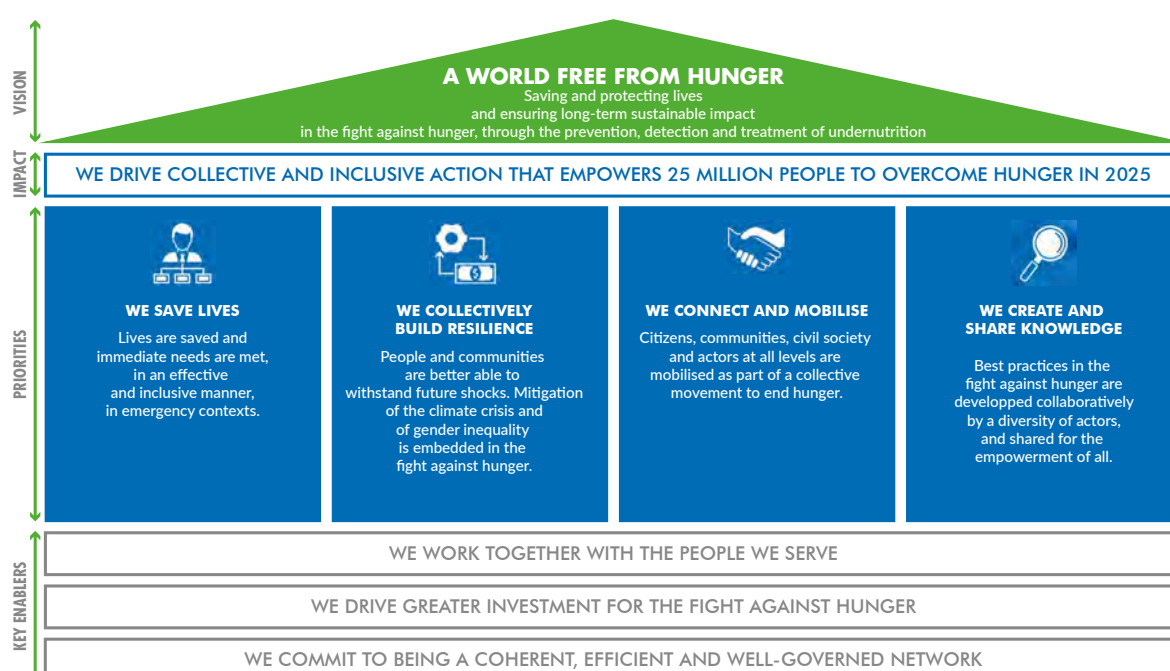| ADVOCACY AND COMMUNICATION	OPERATIONS
POWERFUL LEGITIMATE VOICE	TRANSFER OF OUR KNOWLEDGE AND EXPERTISE
TECHNICAL EXPERTISE AND INNOVATION	OPERATIONAL CAPACITY
RESEARCH AND TECHNICAL EXPERTISE	OPERATIONS

IN FOCUS

THE INTERNATIONAL STRATEGIC PLAN 2021–2025 (ISP-3)

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

The International Strategic Plan 2021–2025 (ISP-3) is informed by the increase in the number of undernourished people, especially in the context of other escalating humanitarian needs triggered by climate change, war and conflict. The effects of the environmental crisis are already increasing food insecurity in many countries.

The emergence of new epidemics – such as the global Covid-19 pandemic – are expected to greatly exacerbate existing vulnerabilities. The repercussions from this crisis will last for years and could lead to a doubling in the number of people living in a state of severe food insecurity and to 500 million additional people falling into poverty.

To address these complex and escalating humanitarian needs while increasing our impact, the ISP-3 provides a shared direction and framework for the crucial work we need to do over the next five years. The four priorities we set for the next ISP will be to save lives, build community resilience, connect and mobilise communities, and create and share knowledge.

VISION

A WORLD FREE FROM HUNGER
Saving and protecting lives
and ensuring long-term sustainable impact
in the fight against hunger, through the prevention, detection and treatment of undernutrition

IMPACT

WE DRIVE COLLECTIVE AND INCLUSIVE ACTION THAT EMPOWERS 25 MILLION PEOPLE TO OVERCOME HUNGER IN 2025

PRIORITIES

WE SAVE LIVES

Lives are saved and immediate needs are met, in an effective and inclusive manner, in emergency contexts.

WE COLLECTIVELY BUILD RESILIENCE

People and communities are better able to withstand future shocks. Mitigation of the climate crisis and of gender inequality is embedded in the fight against hunger.

WE CONNECT AND MOBILISE

Citizens, communities, civil society and actors at all levels are mobilised as part of a collective movement to end hunger.

WE CREATE AND SHARE KNOWLEDGE

Best practices in the fight against hunger are developped collaboratively by a diversity of actors, and shared for the empowerment of all.

KEY ENABLERS

WE WORK TOGETHER WITH THE PEOPLE WE SERVE

WE DRIVE GREATER INVESTMENT FOR THE FIGHT AGAINST HUNGER

WE COMMIT TO BEING A COHERENT, EFFICIENT AND WELL-GOVERNED NETWORK

1 REDUCTION OF CHILD MORTALITY

7.4M

PEOPLE SUPPORTED
BY ACTION AGAINST HUNGER
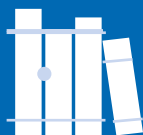NUTRITION PROGRAMMES

2019: 5.5M

74,588

**HEALTH AND
NUTRITION &
EDUCATION SESSIONS**

2019: 72,268

114

**NUTRITION
ASSESSMENT
AND
SURVEILLANCE
REPORTS**

2019: 209

According to the new mortality estimates published in the 2020 report of the UN Inter-agency Group for Child Mortality Estimation, the global under-five mortality rate declined by almost 60%, from 93 deaths per 1,000 live births in 1990 to 38 deaths in 2019. This represents the lowest point ever recorded. Despite these results, the global death toll of children and young people remains immense.

In 2019 alone, 7.4 million children, adolescents and young people under the age of 25 died worldwide, mostly from preventable or treatable disease such as malaria, measles, pneumonia, neonatal complications or dysentery and malnutrition.

Globally, 70% of mortality in the under-25s is concentrated in the age group between 0 and 5 years, with 5.2 million deaths. In 2019, on average, 14,000 children died every day before reaching the age of five, compared to 34,000 in 1990 and 27,000 in 2000. Furthermore, in 2019 the incidence of neonatal mortality (0-1 month of life), within overall infant mortality (0-5 years), had risen from 40% in 1990 to 47% in 2020.

Although the impact of Covid-19 on the mortality rates of children and youth is still unknown, in a recent study it was hypothesised that the observed reduction of infant mortality could slow down, due to greater stress on health structures and limited access to food, as well as reduced breastfeeding and reduced water and sanitation interventions.

The highest neonatal mortality rate is concentrated in sub-Saharan Africa and in Southern Asia, specifically in India, Nigeria and Pakistan, Ethiopia and the Democratic Republic of Congo. Children born in these regions of the world are 10 times more likely to lose their lives in the first month of life than children born in high-income countries. In fact, current trends show that only upper-middle-income and high-income countries have reached Sustainable Development Goal (SDG) targets.

In order to act globally to reduce child mortality, the SDGs set out targets and indicators[4] to monitor and measure progresses on 'good health and well-being'. SDG 3.2 defines the following specific target: 'By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births'.

To contribute to reaching this target, through the International Strategic Plan 2016-2020 (ISP-2), Action Against Hunger committed to reducing the under-five mortality rate by 20% by 2020 in selected districts of 10 high-burden countries[5]. We seek to reach vulnerable communities and fight the root causes of hunger through a multisectoral approach, based on a combination of nutrition and health, WaSH, food security and livelihoods interventions. In the past five years (2016-2020), Action Against Hunger implemented 1,359 health and nutrition projects, in close to 50 countries in the world. In 2020, we delivered the highest number of projects: 308 (see figure 1.1).

In 2020, in the 10 highest-burden countries, seven health districts have reduced the level of child mortality compared to 2019 (see figure 1.3). The health districts where the mortality rate of children under five decreased are Kanem, Bahr El Gazel and Logone Oriental (Chad), Bamako (Mali), Hod El Charghi (Mauritania), Mayahi[6] (Niger) and Yobe Central (Nigeria). However, only two of them reached the 2020 target of a minimum 20% reduction: Hod El Charghi and Yobe Central, by 0.17 and 0.38, respectively.

At network level in 2020, Action Against Hunger's nutrition programmes (both preventive and curative) supported 7,415,099 individuals. Specifically, preventive interventions, provided at nutrition and health centres and through community health workers (CHWs), reached people with nutritional supplements (micronutrient powders, lipid-based nutritional supplements, iron/folate and vitamin A) and promotion of activities such as the Family MUAC (mid-upper arm circumference) approach. Curative initiatives encompassed severe acute malnutrition (SAM) treatment[7] (stabilisation centres. therapeutic feeding units and centres, outpatient therapeutic programmes, community case management) and supplementary feeding programmes.
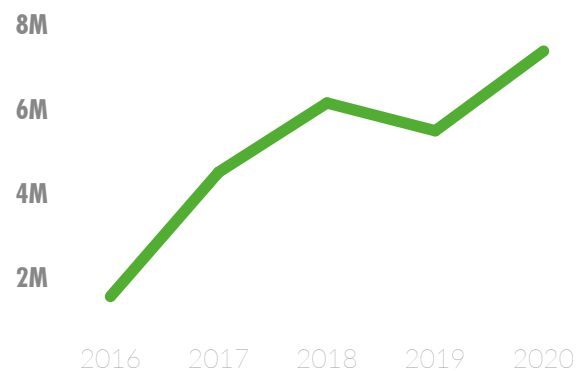

Figure 1.1: Number of nutrition projects (2016-20)

Figure 1.2: Number of beneficiaries of reproductive, maternal newborn and child health activities (2016-20)

4   Under-five mortality rate: probability of dying between birth and exactly five years of age, expressed per 1,000 live births. Infant mortality rate: probability of dying between birth and exactly one year of age, expressed per 1,000 live births. Neonatal mortality rate: probability of dying during the first 28 days of life, expressed per 1,000 live births.

5   Based on high caseload of global and severe acute malnutrition.

6   Regional data available.

7   See chapter 3.

Figure 1.3: Under-five mortality in the sampled districts of our high-burden countries (2017-20)

SNAPSHOT FROM IVORY COAST

In Ivory Coast, Action Against Hunger based its implementing strategy on three macro-objectives: i) reduction of infant and maternal mortality, ii) improvement of the health and social environment and iii) reduction of socio-economic vulnerability. The main activities aimed to improve nutritional care (upgrading 17 first-contact health centres in Abidjan to the PCI standard), training on the management of sever and acute malnutrition and equipment for outpatient therapeutic nutritional units, as well as community awareness on Covid-19, screening for malnutrition and vitamin A supplementation. Through the PROSSAN health system reinforcement programme project, the Action Against Hunger team also focused on strengthening the health system, by improving quality and access to health services and ensuring the active participation of women and young people. In addition, a mobile application has been developed to improve access to information and care in sexual and reproductive health for young people, and to provide a platform to share feedback of the services received.

Nutrition interventions have seen an increase of over a third since 2019, when 5,486,682 people were reached by our nutrition work. Such a large rise was attributed to an incremental involvement of CHWs in both preventive and curative initiatives. In this scenario, Action Against Hunger responded favourably to requests from national nutrition programmes by engaging with CHWs (eg in Ivory Coast). Individuals were mostly supported in Bangladesh (866,470), Ivory Coast (662,551), Niger (910,501) and Pakistan (1,230,563). Across the whole network, 64% of individuals who benefitted from nutrition assistance were females.
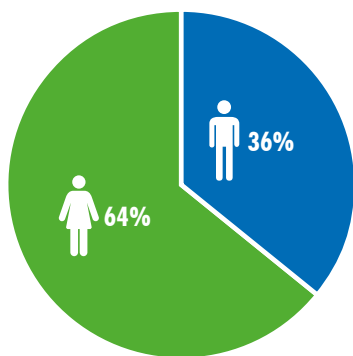
Figure 1.4: Beneficiaries of nutrition interventions, disaggregated by sex

Overall, 4,726,354 people were supported through reproductive, maternal, newborn and child health activities, an increase of 59% compared to 2019. These activities supported people in primary healthcare consultations (antenatal, natal and postnatal consultations;

treatment and referral for integrated community case management[8]; provision of zinc, and oral rehydration salts, immunisation, malaria treatment, deworming). These activities also reached health staff from governmental and non-governmental sectors, administration and management staff, doctors, nurses, pharmacists, midwives, laboratory technicians, nursing assistants. Community Health Workers and volunteers were reached through health system strengthening activities.

Our working approach allows local actors to strengthen their knowledge, expertise and ability to identify, manage, treat, monitor and report cases of undernutrition. In 2020, we delivered 74,588 health and nutrition education sessions, an increase of 122% compared to 2017. The increase in the past years can be explained by the strong focus on specific training topics (e.g. health and nutrition; infant and young child feeding; malnutrition identification, treatment and prevention; health and diet of pregnant and lactating women; maternal and child healthcare after deliver; feeding the children 6-23 months; personal and domestic hygiene; cooking demonstration) and the integration of new topics, like on Covid-19 awareness. In addition, in 2020 due to Covid-19 restrictions, group sessions were stopped by the local authorities for several months and individual sessions took over.

8   This paragraph only refers to people reached by reproductive maternal newborn and child health activities; children suffering from SAM are counted under nutrition interventions.
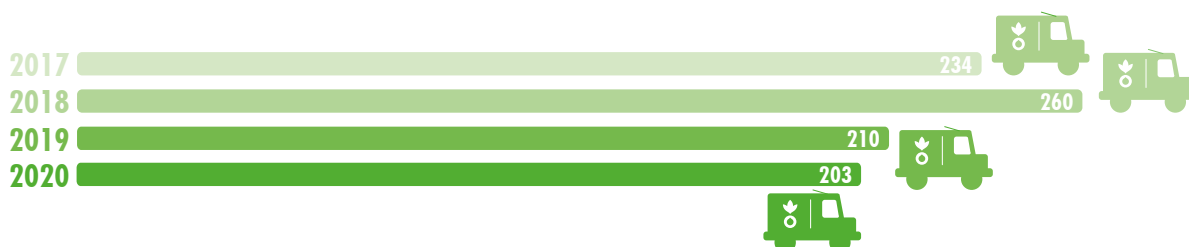

Figure 1.5: Number of mobile and satellite teams for nutrition treatment (2017-20)

The limited number of participants in each session had a significant impact on the total numbers of sessions delivered. These sessions are an integral part of our modus operandi, as we target several actors at different levels.

For local actors, capacity building is fundamental to improve their ownership, while sessions help CHWs, mothers and caregivers identify early signs of malnutrition in children, and to run educational sessions for the community on themes like nutrition and hygiene.
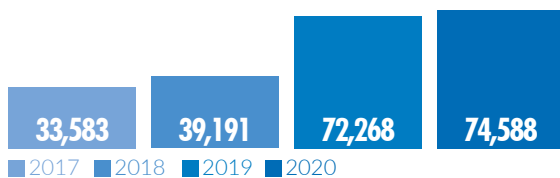

Figure 1.6: Number of health and nutrition education sessions (2017-20)

Assessment and surveillance reports are fundamental tools to tailor our interventions to the populations' needs. In 2020, the number of nutrition assessment and surveillance reports decreased by almost 50% on the previous year (114 against 209 in 2019), largely due to the difficulty of conducting sound data collection in stressed and Covid-19-affected areas, and also due to the change of programme activities from 2019 to 2020.
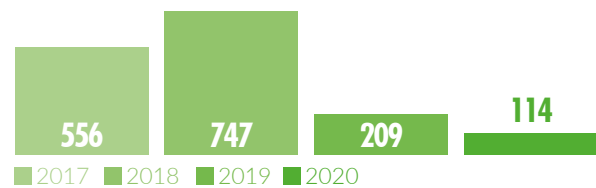

Figure 1.7: Number of surveillance and nutrition assessments (2017-20)

Since the introduction of ISP-2 in 2016, we have scaled up our field support by deploying 958 mobile teams. With a slight decrease in 2020, in comparison with 2019, Action Against Hunger provided services to detect and respond to the most serious forms of undernutrition, through 203 mobile and satellite clinics in remote communities where access to treatment barely exists. The inflection in the number of mobile clinics is the result of coronavirus-related restrictions, climate change and disasters that made it impossible to access certain areas. That said, in Bangladesh 135 teams were operational, 14 in Madagascar, and 9 each in Somali and Colombia.

SNAPSHOT FROM LIBERIA

Action Against Hunger's operation in Liberia focused primarily on strengthening health systems and services. Through the health system reinforcement programme PROSSAN, the mission contributed to improving the quality of family planning services provision, increasing knowledge on sexual reproductive health and rights for adolescent, youth and women in targeted communities, and providing psychological and psychosocial care and support for women and girls in emotional distress. In addition, Action Against Hunger launched a programme to strengthen nutrition interventions in partnership with UNICEF and the Ministry of Health using the multisectoral approach of the Scaling Up Nutrition (SUN) Platform. The programme focuses on improving the nutritional status of children under-five, pregnant and lactating women, caregivers of children under-two, as well as adolescent girls. The mission supported the SUN civil society alliance (SUNCSAL) of Liberia, which provides support to the civil society organisations on capacity development, advocacy and policy influence, and reinforced its SUNCSAL's position in-country, becoming the recognised advocacy body of the SUN multisectoral platform.

Action Against Hunger Community Mobilisers Kanti Pashi and Vishaka Kamble, distributing RUTF packets to Rosi Khatun, whose 2-year-old son, Ayan, has been severely malnourished for the past few months. They have been regularly counselling Rosi on how to take care of her son and what food he could consume to gain weight.

SNAPSHOT FROM INDIA

In 2020, Action Against Hunger in India conducted two rapid assessment surveys to understand the main challenges and needs of the target population during the Covid-19 pandemic. In part, the surveys aim to analyse the levels of access to health and nutrition services, identify the challenges in accessing those services, and evaluate the affected financial and food security status of the vulnerable populations. Action Against Hunger also assessed the mental health and psychosocial support needs of the population, with a specific focus on families with pregnant and lactating women, caregivers of SAM and MAM children, and migrating populations. The surveys also targeted government frontline workers to assess their workload, basic needs and the challenges they faced while delivering services to communities. Findings informed Action Against Hunger India's short- and long-term response strategies and guided the update of the organisation's implementation plan.

COVID-19 AND THE PREVENTION AND TREATMENT OF MALNUTRITION IN INDIA

In 2020, the Covid-19 pandemic in India saw inequalities of socio-economic status, age, geographic location and caste, influence the decision-making around Covid-19 and people's access to information and critical healthcare services. For women and children, receiving care and treatment for malnutrition was made even harder.

Action Against Hunger's projects in India include community based management of acute malnutrition and a 'first 1,000 days of life' care approach. We plan our activities in the field to reach the greatest number of people in need of support. These include:

1. Screening, identification and referral of malnourished children at an appropriate facility.

2. Group information and demonstration sessions with caregivers of children with severe and moderate acute malnutrition (SAM and MAM).

3. Home visits and one-to-one counselling for caregivers of SAM/MAM children.

In the face of Covid-19, India declared a nationwide lockdown, affecting vulnerable populations in every state. Within a week, all of Action Against Hunger's nutrition and health activities came to a standstill in the three states in which we work, leaving the most vulnerable people – especially women and children – at risk.

Our field activities typically involve a physical presence, for example with home visits, demonstrations to groups and group discussions. Because of Covid-19 protocols, we were not able to complete the full (three) screening cycles for all the malnourished children in our intervention areas – other than in Dharni, thanks to support from the district administration.

As the Anganwadi (rural childcare) centres were closed, regular routine check-ups of children and pregnant and lactating mothers were disrupted.

### NEW WAYS OF IMPLEMENTING PROGRAMMES

When monitoring at local centres was no longer possible, we focused on supporting parents to spot signs of malnutrition themselves and to use mid-upper arm circumference (MUAC) measurement to assess their children's health.

In our preventative work in rural and urban locations, we reached out to pregnant and lactating mothers, and SAM and MAM caregivers, through socially distanced face-to-face interventions, with reduced group sizes (from 5-8 down to 2-3) or through WhatsApp and telephone counselling. We continued to provide caregivers with information on good nutrition and the danger signs of malnutrition, as well as demonstrating how to measure MUAC. This was done in sessions with mothers and other family members using a dummy doll and MUAC tape, demonstrating how to identify the nutritional status of a child using the tape's colour-coding. Staff also ran demonstration WaSH and cooking sessions, informing mothers of how to keep healthy and properly nourished in pregnancy, and encouraging breastfeeding.

When caring for our existing beneficiaries, home visits were significantly disrupted and dependent on the coronavirus situation in each area. Where it was possible to continue our monitoring visits, they were socially distanced, following government guidelines. Telephone counselling was used to replace or support care to ensure the well-being of beneficiaries and provide guidance on childcare.

2 REDUCTION IN PREVALENCE OF ACUTE AND CHRONIC MALNUTRITION
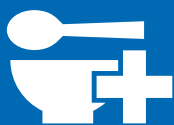
308

PROJECTS
IN HEALTH
AND NUTRITION

2019: 288

9.6m

PEOPLE
SUPPORTED BY OUR
WASH PROGRAMMES

2019: 5.9m

186,813

PEOPLE
RECEIVED
WASH TRAINING

2019: 120,687

197,571

PEOPLE
RECEIVED
FSL TRAINING

2019: 179,384

Action Against Hunger aims to contribute to reducing the prevalence of acute and chronic malnutrition worldwide in two essential ways. In the short term, we intervene in crises and emergencies, and in the long term we address the underlying causes of hunger.

Overall, the global number of chronically malnourished children under five declined from 203.6 million (one-in-three children) in 2000 to 149.2 million (just over one-in-five children) in 2020. In addition, 6.7% of all children under five globally were affected by acute malnutrition (45.4 million), among which 2% (13.6 million) were severely acutely malnourished. Contrasting trends are visible according to different geographic areas of the world. In 2020, children living in South Asia and sub-Saharan Africa showed the highest rates of both chronic and acute malnutrition[9]. While the number of stunted children increased by 29% in West and Central Africa over the last 20 years, it decreased by 38% in South Asia[10].

In our International Strategic Plan 2016-2020 (ISP-2), we set ourselves the target to reduce acute and chronic malnutrition by 20% in the sampled regions of the 10 high-burden countries (Burkina Faso, Chad, Democratic Republic of Congo (DRC), Mali, Mauritania, Myanmar, Nepal, Niger, Nigeria and Pakistan) by 2020. Globally, our programmes contribute to reducing the prevalence of acute and chronic malnutrition through interventions in a wide range of sectors, including disaster risk reduction and management (DRR/DRM); food security and livelihoods (FSL); and water, sanitation and hygiene (WaSH).

9   Due to physical distancing policies, not all planned data collection took place in 2020 and these figures do not account for the impact of the Covid-19 pandemic.

10   UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, 2021.

Year	
2016	2.6M
2017	2.3M
2018	2.7M
2019	2.4M
2020	2.2M

Figure 2.1: People supported by FSL programmes (2016-20)

Due to climate change, the frequency and intensity of climate-related disasters, including floods, storms, droughts and heatwaves, are on the rise throughout the world. In 2020, Action Against Hunger directly reached 460,245 people through our DRR and DRM programmes. This represents a 53.1% increase from 215,666 DRR/DRM beneficiaries reached in 2019 and a 79.4% increase from the 94,924 reached in 2017. These substantial increases over the years are consistent with the commitment of Action Against Hunger to provide support and relief to populations affected by natural and man-made disasters. Most DRR/DRM beneficiaries lived in the occupied Palestinian territory (35%) and Haiti (26.3%).
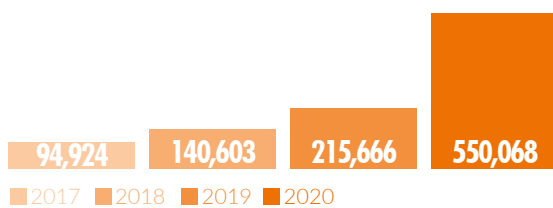
Figure 2.2: People supported by DRR/DRM programmes (2017-20)

In 2020, our FSL programmes reached 2,225,134 people worldwide. This is a slight decrease of 7.5% from 2,391,692 people in 2019. However, the total number of implemented FSL projects grew, as did the reach of our related capacity building activities. Action Against Hunger projects integrating a FSL component in 2020 numbered 353, a 28.6% increase on the previous year. Moreover, we delivered FSL training to 197,571 people in 2020, up 9.2% from the previous year. South Sudan alone accounted for 33% of the FSL trainings conducted in 2020, with 64,639 beneficiaries trained, which represents an eightfold increase from 2019.

Action Against Hunger has increasingly resorted to cash-based interventions, instead of in-kind assistance, as part of FSL projects. An additional €9,135,239 of cash and vouchers was distributed in 2020 as compared to 2019, representing a 17.7% increase and bringing the total cash distributed in 2020 to €51,529,150. Over the last four years, since the introduction of our ISP-2 in 2016, Action Against Hunger country offices have distributed €187,208,988 in cash, and on average nearly €47m annually.
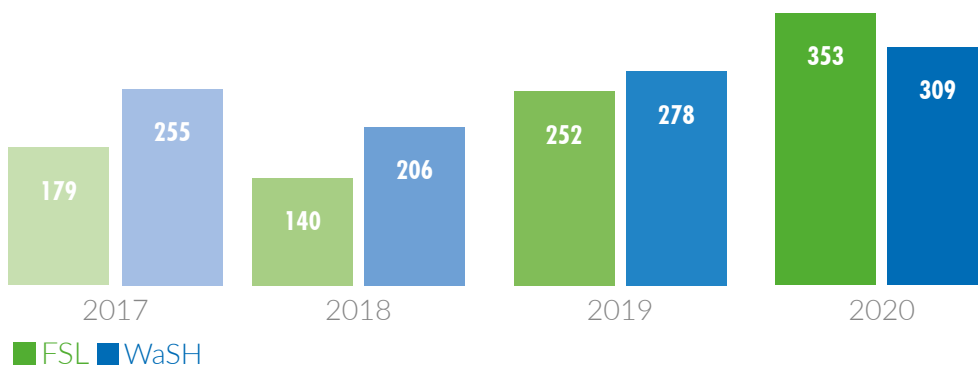
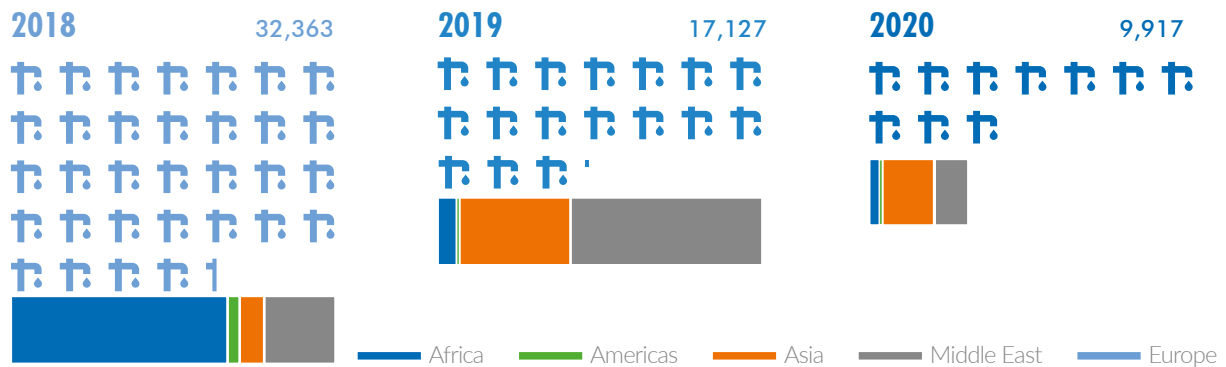

Figure 2.3: Number of FSL and WaSH projects (2017-20)

2018 32,363

2019 17,127

2020 9,917

Africa   Americas   Asia   Middle East   Europe

Figure 2.4: Improved water points by region (2018-20)

Action Against Hunger recognises that that there is a strong link between the prevalence of malnutrition and WaSH. Our WaSH programmes supported 9,598,944 people in 2020, a 37.9% increase compared to 2019 (5,959,088) and a 7.2% increase compared to 2018 (8,909,932). Moreover, the number of WaSH trainings provided by Action Against Hunger grew substantially from 120,687 in 2019 to 186,813 in 2020 (an almost 36% increase). This is in part due to large increases in the number of awareness-raising activities implemented as a result of the Covid-19 pandemic. Over the course of 2020, 9,917 water points were improved, a 72.7% decrease from 17,127 the previous year. This reduction is consistent with the trend that began in 2019, when the number of improved water points fell by nearly 89% from 2018. The 2020 decrease in improved water points was driven by the occupied Palestinian territory (715.3%).

Given that undernutrition is unequally distributed across the world, reducing malnutrition prevalence requires targeting our resources to high-burden countries.

Action Against Hunger distributed €32,646,541 in cash and vouchers to the 10 high-burden countries in 2020, which represented 63.3% of all cash-based distributions made by us in the year. This is consistent with the cash and voucher distributions in high-burden countries in 2019, which represented 60.4% of all cash-based assistance. Moreover, in 2020, 47.7% of all FSL beneficiaries (45.2% in 2019) and 21.2% of people supported by our WaSH activities (40.5% in 2019) lived in high-burden countries.

The onset of the Covid-19 pandemic has meant that many countries that, historically, did not focus on WaSH assistance implemented more projects with a WaSH component in 2020, which explains the discrepancy between 2019 and 2020.

Action Against Hunger has made progress against its goal to contribute to the reduction of global acute malnutrition (GAM) in children under five by 20% by 2020. Surveys conducted in 2020 showed that within the 17 districts in the 10 countries for which data was available for 2020, nine districts (52.9%) had reached that target.
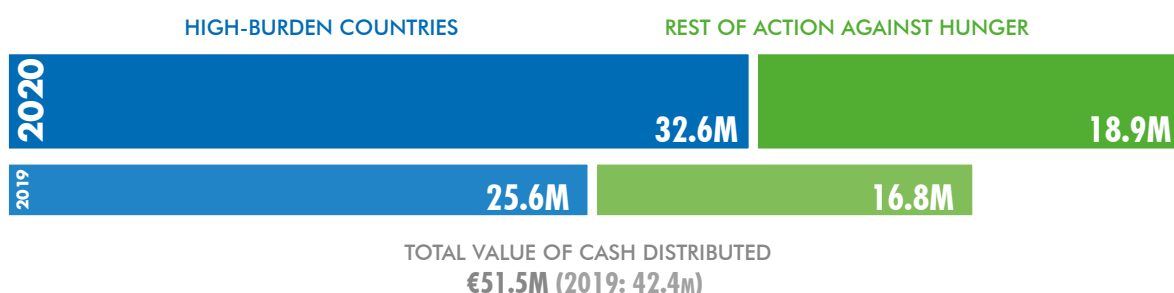
HIGH-BURDEN COUNTRIES   **REST OF ACTION AGAINST HUNGER**

2020   32.6M   18.9M

2019   25.6M   16.8M

TOTAL VALUE OF CASH DISTRIBUTED
€51.5M (2019: 42.4M)

Figure 2.5: Value of cash distributed (including vouchers), in high-burden countries compared to the rest of Action Against Hunger (2019-20)

© Peter Caton for Action Against Hunger

All of the districts in Nigeria (Borno and Yobe) reached the target, as well as almost all of the districts in Mali (Bamako, Gao, Kayes and Kita), a substantial improvement from the 2019 prevalence of acute malnutrition in both high-burden countries. The other three districts that reached the 20% target were Guidimakha (Mauritania), Bahr El Gazel (Chad) and Fada N'gourma (Burkina Faso). In Chad, although the prevalence in Kanem was lower than in 2019 and 2018, it remained far from the target set. This year, no GAM data was available for districts in South Sudan, Pakistan, Myanmar and the DRC.

Action Against Hunger also set out to reduce the prevalence of severe acute malnutrition (SAM) among children under five by 20%, by 2020, in the 10 high-burden countries. For 2020, 12 out of the 19 districts (63.1%) for which data was available had reached that target.

All of the districts in Mali (Bamako, Gao, Kayes, Kita and Timbuktu) reached the target, as well as all the districts in Burkina Faso for which data was available (Fada N'gourma and Est). The other districts to reach the target were Kanem and Bahr El Gazel (Chad), Hod El Charghi (Mauritania) and Yobe (Nigeria). For the remaining seven districts, SAM prevalence in 2020 surpassed baseline levels from 2015/2016 and remained far from the 20% reduction target. As was the case for GAM, SAM data was not available for South Sudan, Pakistan, Myanmar and DRC.

In four of the 11 districts surveyed in 2020 (36.4%) Action Against Hunger reached its target of a 20% reduction in the prevalence of chronic undernutrition among children under five by 2020. The target was achieved in Kanem and Bahr El Gazel (Chad) and Fada N'gourma and Est (Burkina Faso). However, the Burkina Faso national average was slightly below the target. In Niger and Nigeria, where the rest of the surveys were conducted in 2020, targets were consistently not achieved. In Nigeria, after decreasing in 2019 (and reaching the 2020 target that year), the prevalence of chronic undernutrition increased significantly in 2020.
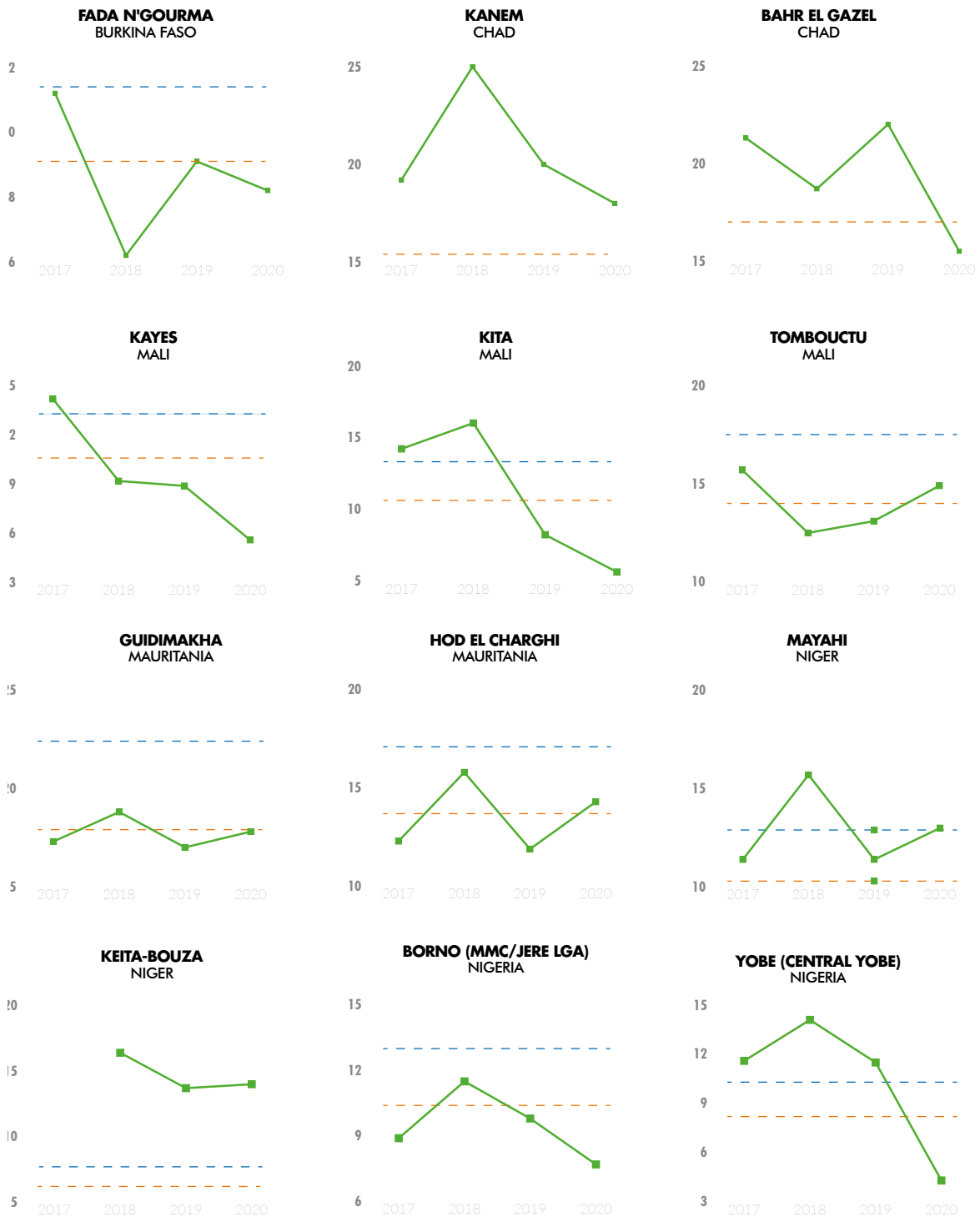
Baseline 2015-16

Target value for 2020

No value available for
Keita-Bouza for 2017

*Figure 2.6: Prevalence of global acute malnutrition (GAM) among children under five,
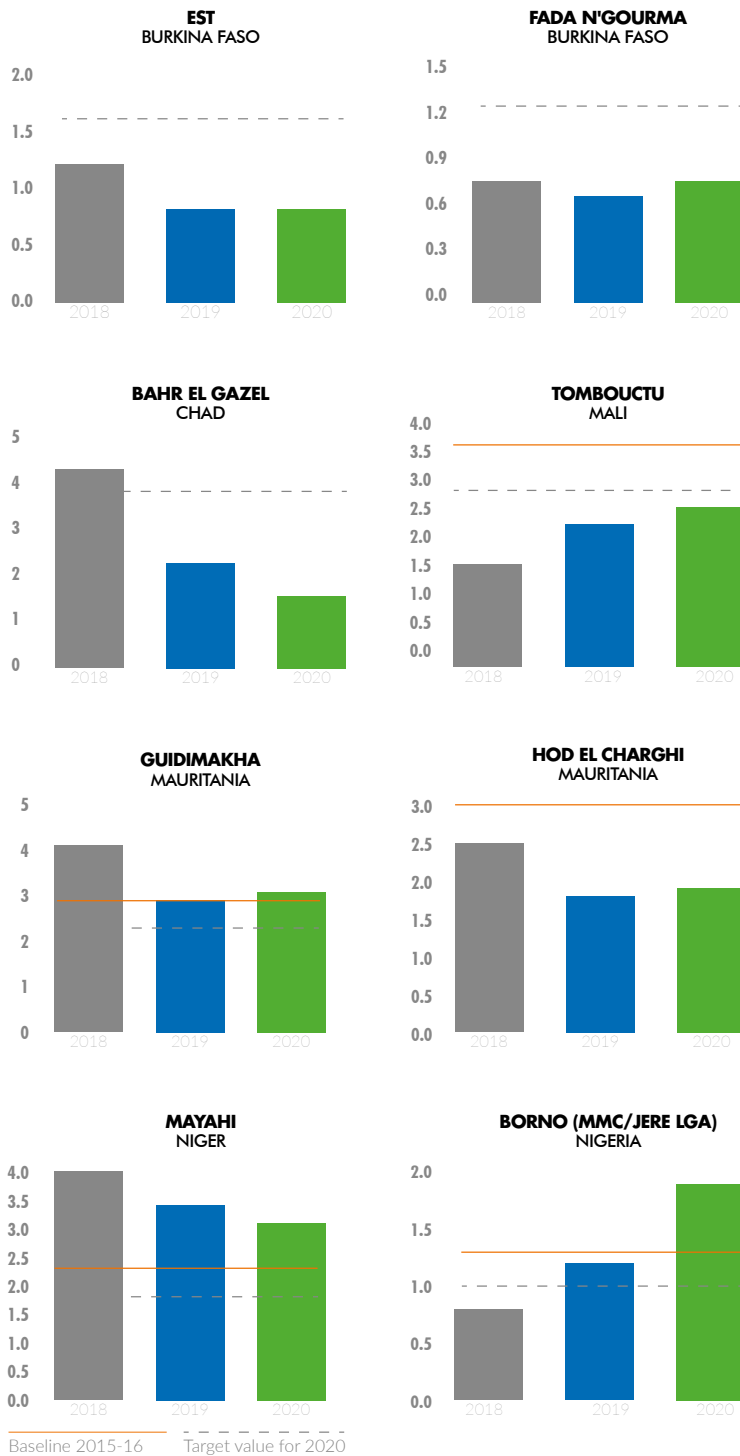sampled districts of high-burden countries (2017-20)*

EST
BURKINA FASO

FADA N'GOURMA
BURKINA FASO

BAHR EL GAZEL
CHAD

TOMBOUCTU
MALI

GUIDIMAKHA
MAURITANIA

HOD EL CHARGHI
MAURITANIA

MAYAHI
NIGER

BORNO (MMC/JERE LGA)
NIGERIA

Baseline 2015-16   Target value for 2020

Figure 2.7: Prevalence of SAM among children under five (2018-20)

BAHR EL GAZEL
CHAD

20.2%
29%
33.8%

FADA N'GOURMA
BURKINA FASO

24.2%
22.7%
38.2% | 30.6%

BORNO
NIGERIA

35%
22.7%
42.8% | 34.2%

YOBE
NIGERIA

43%
23.2%
50.1% | 40.1%

—— Baseline (2015/16)
—— Target
■ 2020   ■ 2019
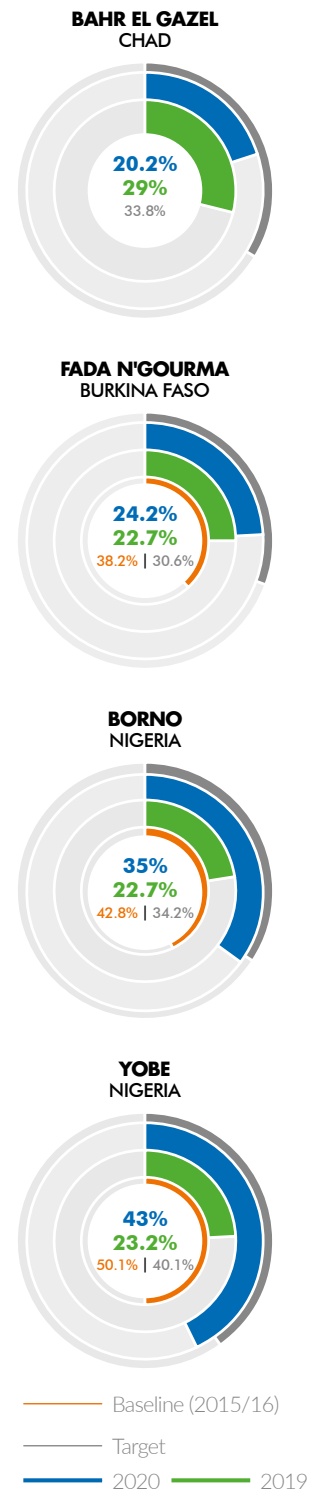
Figure 2.8: Prevalence of chronic malnutrition among children under five, in sampled districts of high-burden countries (2019-20)

IN FOCUS

LINK NUTRITIONAL CAUSAL ANALYSIS

The Link Nutrition Causal Analysis (Link NCA) is a participatory methodology developed by Action Against Hunger to identify context-specific and community-defined causes of malnutrition and the most feasible and effective ways to address them. Link NCAs were conducted by five Action Against Hunger country offices in 2020: Bangladesh, Ethiopia, Liberia, Madagascar and Nigeria. A summary of the Link NCA conducted in Liberia and how Action Against Hunger is integrating the findings into its programming can be found below.

LINK NCA TO INFORM THE THEORY OF CHANGE IN LIBERIA

Off the Atlantic coast, the districts of Grand Cape Mount, Grand Bassa, Rural Montserrado, River Cess and Sinoe are among the five districts of Liberia with the highest prevalence of chronic malnutrition in the country. Persistent challenges in the areas of food security, water, hygiene and sanitation, as well as gender, undermine maternal and child nutrition in the eight livelihoods areas of these five districts. During the Link NCA quantitative survey conducted in the Liberian districts, the prevalence of global chronic malnutrition was estimated at 33.8% in the Grand Cape Mount district, 34.1% in the Grand Bassa and Rural Montserrado districts and 36.4% in the River Cess and Sinoe districts. The five districts thus bear 'very high' stunting burdens according to the 2018 World Health Organization thresholds. The Link NCA included a review of secondary evidence present in the current literature on undernutrition, in addition to the collection of primary quantitative and qualitative data in-country.

The analyses conducted in the Link NCA study examined the underlying causal mechanisms in the different regions to identify and categorise 19 risk factors that may affect undernutrition prevalence in the areas under study. Following a triangulation of data from various sources, three risk factors were identified as having a major impact:

limited access to water, sub-optimal sanitation practices, and limited access to food.

In light of these evidence-based findings, Action Against Hunger in Liberia is leading the Liberia WaSH Consortium, in collaboration with Concern Worldwide, Water Aid and Action Against Hunger UK. The intention is to implement a multisectoral programme focused on addressing the three main risk factors through social and behaviour change activities at the community, household and individual level, in an effort to prevent stunting in Grand Bassa and Rural Montserrado. These two districts make up one of three regions studied as part of the Link NCA and were selected due to their livelihoods characteristics, as well as the ability of implementing organisations to build trust within the communities (a crucial element of any successful programme aiming for social and behavioural change). The programme will be implemented in stages. The first stage will be dedicated to the community as a whole, the second stage will focus on households, and the third stage should enable changes to individual behaviour. The programme will also pay particular attention to using and strengthening existing structures to ensure community engagement is sustained into the future.

3 SCALING UP TREATMENT OF SEVERE ACUTE MALNUTRITION

917,191

TOTAL CMAM ADMISSIONS REPORTED

2019: 642,364

32

COUNTRIES REPORTED SAM ADMISSIONS

2019: 27

RUTF

87%

SAM AVERAGE CURE RATE IN 23 COUNTRIES REPORTING DATA

2019: 94%

Note: All average cure rates are weighted based on the number of admissions reported to each country.

The third goal of the International Strategy Plan (ISP-2) was to scale up treatment for severe acute malnutrition. Progress on this goal was assessed based on two indicators:

1. In the 10 high-burden countries, to increase the treatment coverage of severe acute malnutrition to 60% in health districts supported by Action Against Hunger, by the end of 2020.

2. To contribute to advocacy to increase the number of severely undernourished children accessing treatment globally to 6 million by the end of 2020.

In 2020, none of the high-burden country offices reported SAM treatment coverage results. This is partly due to Covid-19 restrictions, which affected the completion of service-coverage monitoring surveys, and partly due to country offices failing to regularly complete such surveys. Because of the resources required to complete them, coverage surveys tend only to take place when coverage results need to be reported to donors at the beginning, end and sometimes middle of a programme. However, other methods exist to assess the coverage of community based management of acute malnutrition (CMAM), using fewer resources and integrated into real-time monitoring of CMAM projects[11].

As at June 2021, no global SAM treatment admissions data was available for 2020. However, during 2019, UNICEF reported that 5.7 million children aged 0-59 months had been admitted to treatment from 74 countries (this is a correction to the 4.9 million figure reported in the 2019 Global Progress Report).

11 Contact the Nutrition Assessment team at Action Against Hunger UK for more information: NutritionAssessment@actionagainsthunger.org.uk
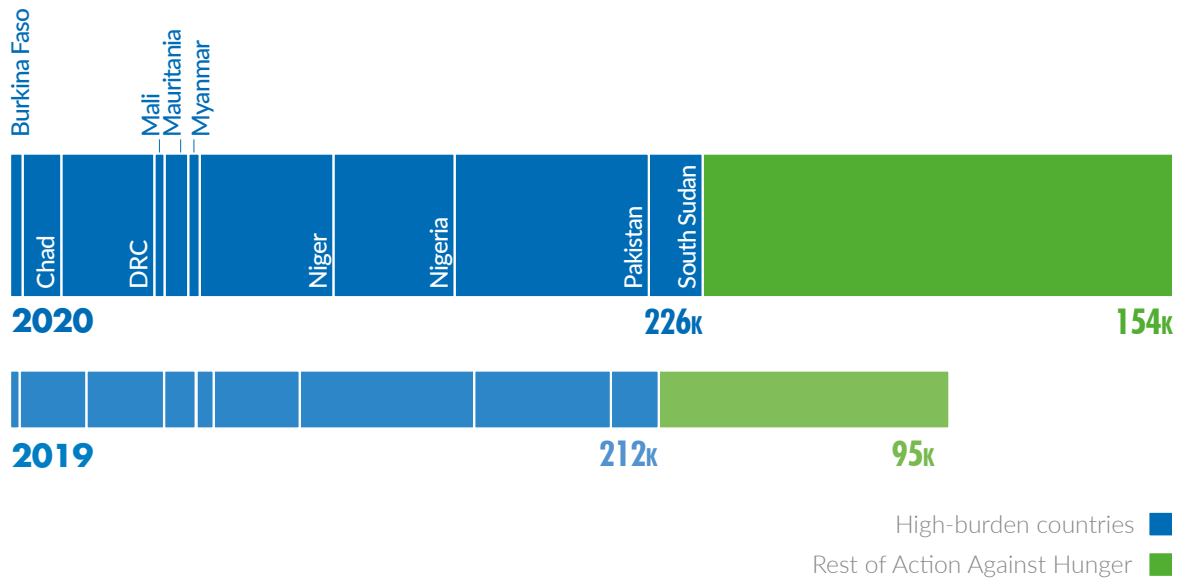
Figure 3.1: SAM admissions by country (2019-20)

Annually, admissions have been increasing consistently year-on-year, with reported admissions nearly doubling in 2019, compared to 2013. It is therefore likely that in 2020 the global target of 6 million SAM admissions will have been reached. What is unclear is the impact the Covid-19 pandemic has had on SAM treatment. Many countries reported reduced admissions because of fears and rumours relating to the pandemic. On the other hand, the negative impact of the pandemic on food security may have increased the global burden of acute malnutrition, leading to an increase in admissions.

SAM treatment admissions to CMAM programmes supported by Action Against Hunger can provide some indication of progress towards the third goal of the ISP-2. These can be combined with admissions to moderate acute malnutrition treatment to get overall CMAM admissions.

In 2020, 32 of Action Against Hunger's country offices reported SAM treatment admissions. Admissions increased by 24%, from 307,000 in 2019 to more than 380,000 in 2020. Of all the Action Against Hunger country offices, Pakistan reported the highest admissions to SAM treatment, with more than 63,000 admissions.

All of these admissions were from eight highly populated districts in Sindh province, supported through the EU-funded PINS-ER2 project. In 2020, 60% of all admissions for SAM treatment were in the 10 high-burden countries, a slight drop from 69% in 2019.

CMAM admissions (SAM and MAM treatment admissions) increased by 43% between 2019 and 2020, from 642,364 to 917,191. This is the highest number of CMAM admissions ever reported by Action Against Hunger's country offices. This was largely due to increases in MAM treatment admissions, particularly in Ethiopia, where just over 200,000 admissions were reported.

As well as Ethiopia, two other countries reported CMAM admissions higher than 100,000 (Kenya and South Sudan). Together these three countries represented 50% of all reported CMAM admissions.

The reported admissions increases did not necessarily mean that Action Against Hunger's existing CMAM programmes were reaching more children or, to put it another way, have increased treatment coverage. The increases were attributable to a number of factors (see page 30):

- **THE OPENING OF NEW SITES SUPPORTED BY ACTION AGAINST HUNGER:** For example, in Kenya more sites were opened to support the Covid-19 emergency response, thanks to additional funding, and in Ethiopia new sites were opened due to the influx of refugees/internally displaced people in Pagak, on the South Sudanese border. Also, in Somalia, Action Against Hunger teams started to admit MAM cases for the first time.

- **THE COVID-19 PANDEMIC:** some country offices saw a surge in cases when lockdown measures were lifted. Covid-19 also had a negative impact on food security, leading to an increase in SAM and MAM cases.

- **THE IMPACT OF CONFLICT** (eg in Ethiopia) **AND FLOODS** (eg Ethiopia, Somalia and South Sudan) contributed to increased caseloads of malnourished children.

- **CHANGES IN PROTOCOLS:** CMAM admissions increased in Ethiopia due to a national change in admission criteria (shifting from National Centre for Health Statisics standards to WHO standards: <110mm to <115cm for SAM treatment) and temporary changes to protocols for MUAC-only admissions, due to the Covid-19 pandemic. The roll out of Family MUAC across various countries could have also contributed to increases in admissions, especially MAM admissions. The case study below on page 32 provides more details about how Action Against Hunger's country offices adapted their CMAM programmes during the Covid-19 pandemic.

Of the 32 countries that reported SAM admissions, 23 reported performance data. The average cure rate for the countries that did report SAM performance data was 87.1% This is lower than the average cure rate in 2019 (93.7%), however it indicates that the majority of the SAM treatment programmes supported by Action Against Hunger exceeded the international Sphere standard for CMAM cure rates (75%). The average cure rate for SAM treatment in high-burden countries was 93% in 2020, a slight drop from 2019 (94.2%), but still impressive considering the challenges of maintaining high-quality programming in difficult contexts.

Five countries (India, Senegal, Haiti, Colombia and Venezuela) reported cure rates that fell below Sphere standards for cure rate and exceeded Sphere standards for default rate. Given that the total number of admissions reported by these countries were low (6,000), the overall impact on performance figures was minimal. However, it is concerning that more country offices reported poor performance figures in 2020 compared with 2019 (three countries). The reasons for poor performance are not currently known, but may be due to Covid-19.

Out of the 23 countries that reported MAM admissions, 11 reported MAM treatment cure rates. The average of these was 88% (weighted based on total MAM admissions). Given the larger MAM caseloads, it would be expected that the average MAM cure rates would be lower than the average SAM cure rates. However, these can still be considered very high performance rates for MAM treatment.
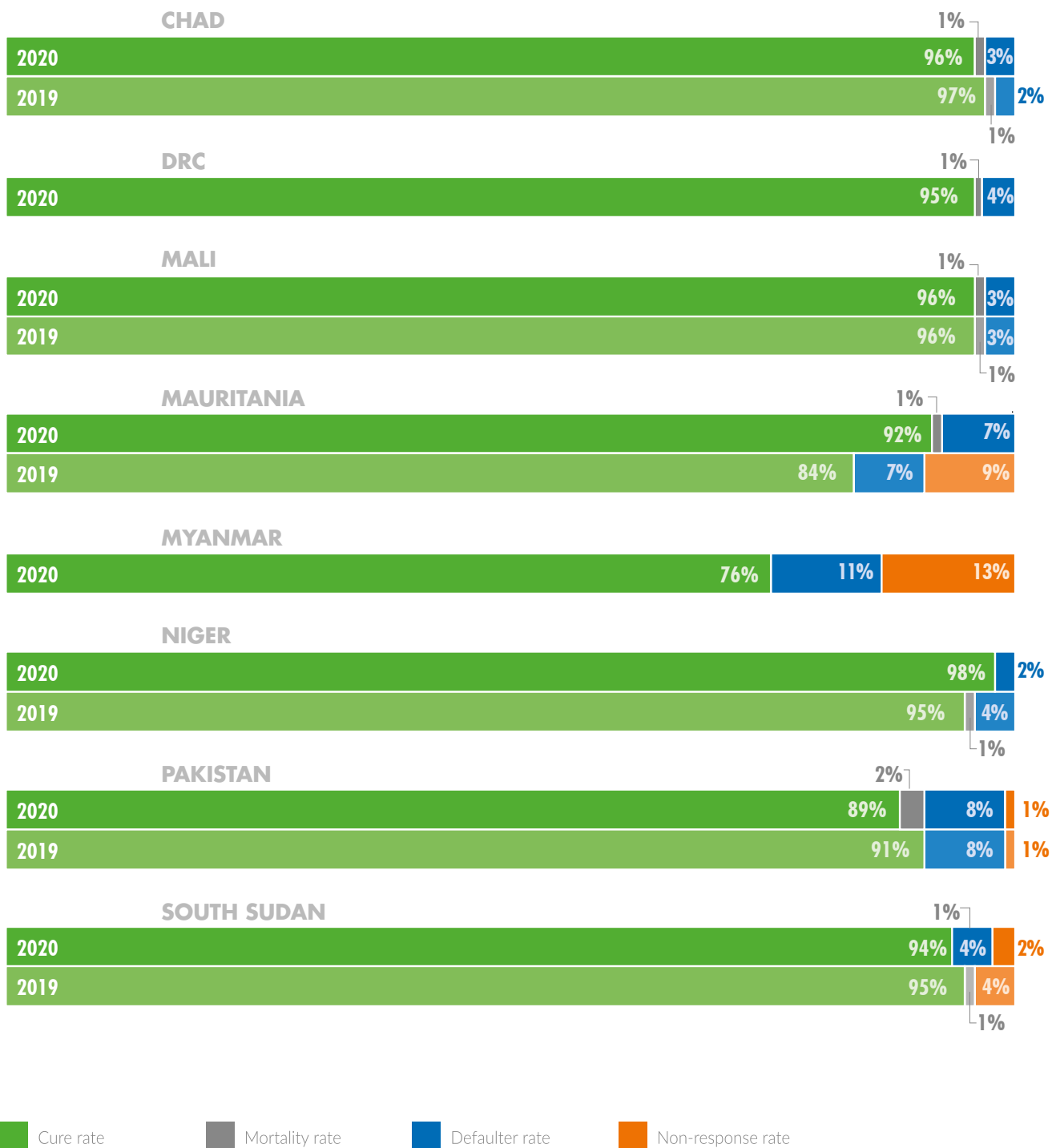
CHAD

2020	96%	3%	1%
2019	97%	2%	1%

DRC

2020	95%	4%	1%

MALI

2020	96%	3%	1%
2019	96%	3%	1%

MAURITANIA

2020	92%	7%	1%
2019	84%	7%	9%

MYANMAR

2020	76%	11%	13%

NIGER

2020	98%	2%
2019	95%	4%	1%

PAKISTAN

2020	89%	2%	8%	1%
2019	91%	8%	1%

SOUTH SUDAN

2020	94%	4%	2%	1%
2019	95%	4%	1%

■ Cure rate ■ Mortality rate ■ Defaulter rate ■ Non-response rate

Figure 3.2: Average cure, mortality, defaulter and non-response rates for selected Therapeutic Feeding Programmes (TFP)
Note: Rates correspond to TFP, which provide treatment to children affected by severe acute malnutrition. The seven high-burden countries that reported data for 2020 are included (Burkina Faso did not report TFP performance rates in 2020). The non-response rate (ie the percentage of cases that are discharged from the programme as they do not respond to treatment) is calculated as the residual of the sum of the rates reported for cure, mortality and defaulter. In some instances, it may include cases that have been transferred to other programmes.

INNOVATIONS IN THE TREATMENT OF ACUTE MALNUTRITION

ADAPTATIONS TO COMMUNITY-BASED ACUTE MALNUTRITION TREATMENT DURING THE COVID-19 PANDEMIC

The majority of Action Against Hunger-supported CMAM programmes made adaptations to their programming in order to minimise transmission of Covid-19 during 2020. During the second half of 2020, the Action Against Hunger US office summarised the adaptations made by Action Against Hunger's country offices and all other organisations, and collated the learnings. The findings from their study are summarised in this article and on the State of Acute Malnutrition website.

Adaptations to CMAM programmes aimed to reduce transmission of Covid-19 by reducing the risks of virus transmission of the disease during case finding, treatment and follow-up. Adaptations included the introduction of measurement of mid-upper-arm circumference (MUAC) by caregivers (referred to as 'Family MUAC'); reduced frequency of follow-up visits during treatment; modified admission criteria; reduced dosage and acute malnutrition treatment by community health workers (CHWs). The table below summarises the adaptations piloted and/or adopted in the CMAM programmes supported by Action Against Hunger.

While Family MUAC was the most widely implemented adaptation in Action Against Hunger's programmes, the REDUCED FREQUENCY OF FOLLOW-UP VISITS was most common and was implemented in 11 out of 14 countries. This adaptation enabled staff to control crowding in clinics and reduce the burden on caregivers' time. However, successful implementation often relied on strong community health platforms providing clear messaging to caregivers. Questions remain regarding the potential implications for acute malnutrition treatment outcomes. Field staff have suggested including more frequent follow-up clinic-visits or home-visits for high-risk children.

FAMILY MUAC received positive feedback from caregivers and clinic staff. Respondents to the study conducted by Action Against Hunger US indicated that this approach, above all others, would likely continue beyond the pandemic. Increased supply of MUAC tapes and the development of guidance and standard monitoring and evaluation indicators would support successful implementation and scaling.

MODIFICATIONS TO ADMISSIONS AND DISCHARGE CRITERIA successfully reduced contact between staff and children. While the recording of only MUAC and oedema measurements improved caregivers' experience at the clinics and reduced initial staff workload, staff still expressed concerns about lack of admissions based on weight for height (WHZ). Furthermore, expanded MUAC thresholds led to increased caseloads and the need to sensitise communities on those new thresholds. Staff indicated the need to conduct scenario analyses of different thresholds, in order to maximise inclusion of at-risk children at the same time as respecting existing programme capacity (eg supplies, staffing, space, etc).

For more information about the study please contact Heather Stobaugh at hstobaugh@actionagainsthunger.org

	MODIFIED FREQUENCY OF FOLLOW-UP APPOINTMENTS	MODIFIED DOSAGE OF THERAPEUTIC AND/OR SUPPLEMENTARY FOODS	MODIFIED ADMISSION AND/OR DISCHARGE CRITERIA	FAMILY MUAC	COMBINED SAM AND MAM TREATMENT IN ONE PROTOCOL OR PROGRAMME	REMOTE FOLLOW-UP OF ACTIVE CASES BY AAH TEAMS	SAM TREATMENT BY CHWS AND USE OF LOW LITERACY TOOLS BY CHWS
BANGLADESH	✖	✖		✖			✖
CAR	✖ i						
CHAD			✖				
ETHIOPIA	✖		✖			✖	
INDIA	✖	✖		✖	✖	✖	✖
KENYA				✖			
MADAGASCAR	✖						
MYANMAR	✖						
NEPAL	✖					✖	
PAKISTAN	✖	✖					
SOMALIA	✖			✖			
SOUTH SUDAN	✖	✖	✖	✖			
TANZANIA			✖	✖			
UGANDA	✖		✖	✖			
TOTAL COUNTRIES	**11**	**4**	**5**	**7**	**1**	**3**	**2**

Figure 3.3: Adaptations to CMAM programmes supported by Action Against Hunger, due to the Covid-19 pandemic, during 2020

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i   In CAR, the change in the frequency of follow-up was implemented for one month. However, this was found to hinder the quality of SAM treatment and the team reverted to weekly appointments at the treatment centres, but increased the number of treatment days to avoid overcrowding.

4 COVID-19

>2M
PEOPLE REACHED BY COVID-19 AWARENESS RAISING CAMPAIGNS

358,571
COVID-ADAPTED HYGIENE KITS DISTRIBUTED

574,676
ITEMS OF PPE DISTRIBUTED

Covid-19 has exacerbated hunger crises. According to World Food Programme estimates, the number of people facing acute food insecurity as a result of the pandemic increased to 265 million in 2020, up from 135 million in 2019.

In 2020, a quarter of Action Against Hunger's financial resources were redirected towards tackling Covid-19. The Action Against Hunger network allocated €52.2m to the pandemic last year. Our emergency response has been focused on two lines of action:

1. To contain and prevent transmission of the virus by working at three levels: people, communities and structures.

2. To mitigate the socio-economic and psychosocial consequences caused by the pandemic and the measures restricting movement.

Following the recommendations of the World Health Organization, Action Against Hunger Covid-19 interventions have been structured by the following five pillars:

- Pillar 2: Communication of risks and community participation
- Pillar 3: Tracking, rapid response teams and investigation of cases
- Pillar 6: Infection prevention and control
- Pillar 7: Case management
- Pillar 8: Operational and logistical support

A major focus of the network's work last year was focused on preventing and controlling Covid-19 infection. Action Against Hunger dedicated €23.6m to Pillar 6 in 2020. This amounts to approximately 45.2% of network spending on Covid-19. Within the infection prevention and control pillar, Action Against Hunger conducted activities such as constructing and rehabilitating sanitation facilities, implementing awareness and information campaigns and distributing personal protective equipment (PPE).
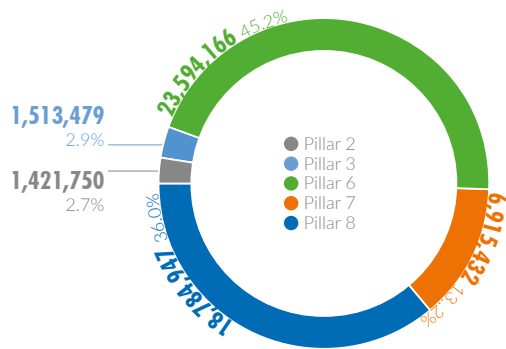
Figure 4.1: Action Against Hunger expenditure on the Covid-19 response (2020)

Operational and logistical support related to Covid-19 was also a substantial component of Action Against Hunger's activities last year. A total of €18.8m was spent on Pillar 8 between the beginning of the crisis and the end of 2020. This is equivalent to 36% of the network's spending on Covid-19. Operational and logistical support included providing canteens, multipurpose cash assistance, livelihoods support and food assistance to individuals and communities negatively affected by the pandemic.

The seventh pillar, Covid-19 case management, featured prominently in Action Against Hunger activities in 2020. €6.9m (equal to 13.2% of pandemic expenditure) was allocated to this area in 2020. This included interventions such as mental health and psychosocial support, the creation of Covid-19 isolation centres and strengthening health structure case management capacity.

The network distributed 574,676 items of PPE in 2020. The three Action Against Hunger country offices that issued the most were India (246,789 items), the Democratic Republic of Congo (DRC) (140,000 items), India (18,621), Lebanon (131,701 items) and Bangladesh (40,956 items). In particular, PPE kits consisted of face masks, face shields and hand gloves. In India, those kits were provided to frontline workers and officials of the Health and Police departments. In DRC, Action Against Hunger supported three health centres to mitigate the effects of the pandemic.

Alongside providing PPE, our DRC country office created triage facilities and handwashing points, as well as providing psychosocial care to health professionals.

An estimated 358,571 hygiene kits, specifically adapted to Covid-19, were given out by Action Against Hunger last year. The Philippines, Bangladesh and Niger were the country offices that made the largest contribution to this activity, distributing 89,657, 42,239 and 41,424 kits, respectively. In the Philippines, our country office responded to three concurrent emergencies: Armed conflict and displacement in Mindanao, the natural disasters of December and the Covid-19 crisis. Two new, temporary bases were opened in the country to control and prevent the disease as well as to provide food assistance to the most vulnerable communities and individuals.

Approximately 39,000 disinfection kits were distributed by Action Against Hunger in 2020. The country offices that contributed the most to their distribution were India (18,621), Lebanon (12,328), Kenya (2,715) and Mauritania (2,683). In Lebanon, the disinfection kits were provided to communities living within the informal tented settlements of West Bekaa, Arsal and Saida. This support was complemented by household awareness sessions on the pandemic.

In total, more than 2 million people were reached by Action Against Hunger awareness raising campaigns focused on Covid-19. Over 65% of those that received information were women and girls. In Bangladesh, India, Liberia and Pakistan there were 770,923, 760,507, 284,485 and 192,324 individuals reached, respectively, by this type of campaign. Our country office in Bangladesh adapted flexibly to the demands of the pandemic. This involved the introduction of remote telecounselling on nutrition, the provision of psychosocial Covid-19 case management in Dhaka and Cox's Bazar, and the shift of nutrition screening towards the mid-upper arm circumference (MUAC) approach.

AN IN-DEPTH ANALYSIS OF ACTION AGAINST HUNGER'S RESPONSE TO COVID-19 WILL BE PUBLISHED IN AUTUMN 2021.

5 EMERGENCIES

66
EMERGENCIES
2019: 43

22
COUNTRIES
2019: 21

44
EMERGENCY POOL DEPLOYMENTS
2019: 18

Emergency response continues to be central to the identity of Action Against Hunger. As part of our International Strategic Plan 2021-2025, we continue our commitment to respond to 'food crises fuelled by the climate crisis, the emergence of new diseases and epidemics, and large-scale population displacements, as well as protracted conflict and violence'. One of our principles is to ensure that affected populations have access to the assistance they need. In this sense, we will work closely with first responders, community volunteers, local populations, local governments and partners to strengthen their response capacity. We have identified three key initiatives:

1. Strengthen our capacity as a specialised emergency responder to respond to the evolving challenges facing the most vulnerable communities.

2. Enhance leadership of local responders to increase their response capacity.

3. Ensure that our emergency approach integrates long-term objectives to break the cycle of hunger and malnutrition.

During 2020, the Covid-19 pandemic affected our work on emergencies, as programmes had to adapt their standard operating procedures to ensure the continuity of operations at the same time as preparing Covid-19-specific responses. Other constraints in response to the coronavirus included travel restrictions. These led to fewer deployments, but also to the provision of remote support both for responses and for the preparation of emergency preparedness and response plans. In order to minimise the risk of Covid-19 transmission, other adjustments to our emergency work aimed to reduce crowding.

Despite the pandemic, Action Against Hunger responded to 66 emergencies in 2020. Almost half of our emergency response activities (48.5%) targeted human-made humanitarian crises. This proportion is similar to previous years, since half of our responses in 2018 addressed human-made crises and in 2019 the figure was 55.8%. We responded to 22 emergencies that were the direct result of conflict and 10 complex emergencies (defined here as conflict exacerbated by other factors, such as famine).

In 2020, the network responded to deteriorating contexts, such as in Burkina Faso where violence spread into the north-central and eastern regions, increasing the number of internally displaced people; and in Ethiopia, where 200,000 people fled the Tigray region.
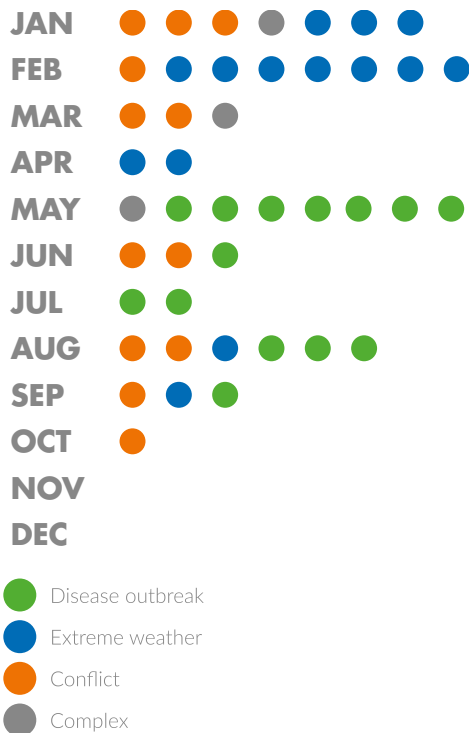
Figure 5.1: Number of emergency responses initiated per month (2020)

Legend:
- Disease outbreak (green)
- Extreme weather (blue)
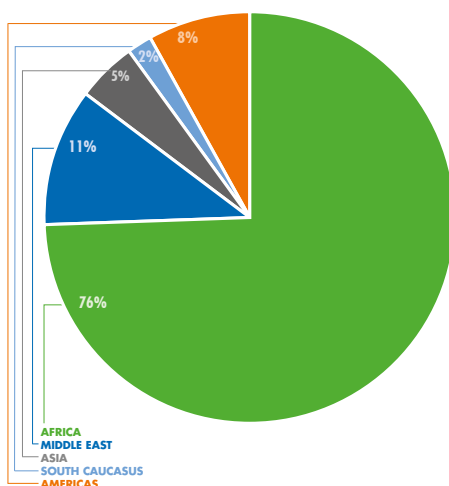- Conflict (orange)
- Complex (grey)

Figure 5.2: Proportion of emergency responses per geographical region (2020)

Additionally in 2020, the network responded to 19 emergencies linked to natural disasters. This was similar to the number of responses for these types of emergencies that we made in 2019 (20.9%), but it represents an important reduction in the number from 2018, when natural-disaster emergencies represented almost half of our total. In 2020, Action Against Hunger teams responded to floods and severe winter in Pakistan, drought in Madagascar, the volcano eruption and typhoons in the Philippines and the hurricanes in Guatemala, Honduras, and Nicaragua.

Across the different regions where we work, 15 (22%) of the network's emergency response activities were due to Covid-19. Our work this year was more demanding because of the difficulties affecting access to communities and affected people; a challenge increased by Covid-19. In addition, ongoing insecurity, violence against humanitarians and administrative restrictions have presented significant challenges.

In terms of geographic scope, we provided support to 22 countries, a small increase from 21 countries in 2019. The number is still lower than the 26 countries of 2018, but this continues to show the focus of our work on emergencies. Of these initiatives in 2020, 75% targeted Africa, representing 50 responses in this region, particularly in Ethiopia. This is a trend continued from previous years, as 74% of our responses were in the African continent in 2019 and 59% in 2018. These addressed natural events, such as droughts, or situations of conflict affecting internally displaced people (IDPs). Our responses to other countries in this continent include water, sanitation and hygiene, and the response to the Ebola outbreak in the Democratic Republic of Congo (DRC). Of our work in emergencies, 10% was undertaken in the Middle East and North Africa region, around 7% in the Americas, and the remaining 6% in Asia and South Caucasus.

The nutrition 'emergency pool' was deployed 44 times to 13 countries in 2020, including Burkina Faso, DRC, Ethiopia, Nigeria, Honduras, Nicaragua, Yemen, Lebanon, Sudan, Armenia, Madagascar, Zimbabwe and Mozambique. Although deployments have been limited due to restrictions caused by the pandemic, the pool has responded to emergencies either in person or through remote support – for example, the typhoons in the Philippines, (Goni and Vamco) and the eruption of the Taal Volcano, hurricanes Eta and Iota in Central America, the explosion in Beirut and the response to the Nagorno-Karabakh conflict from Armenia. This represents a significant increase, as our team was deployed 18 times to 12 countries in 2019 and 16 times to 11 countries in 2018.

The average length of an emergency response is 234 days. Nevertheless, the duration varies according to the type of crisis. On average, our response to natural disasters lasted 311 days, while the average duration of our response to conflict-related emergencies was 236 days.
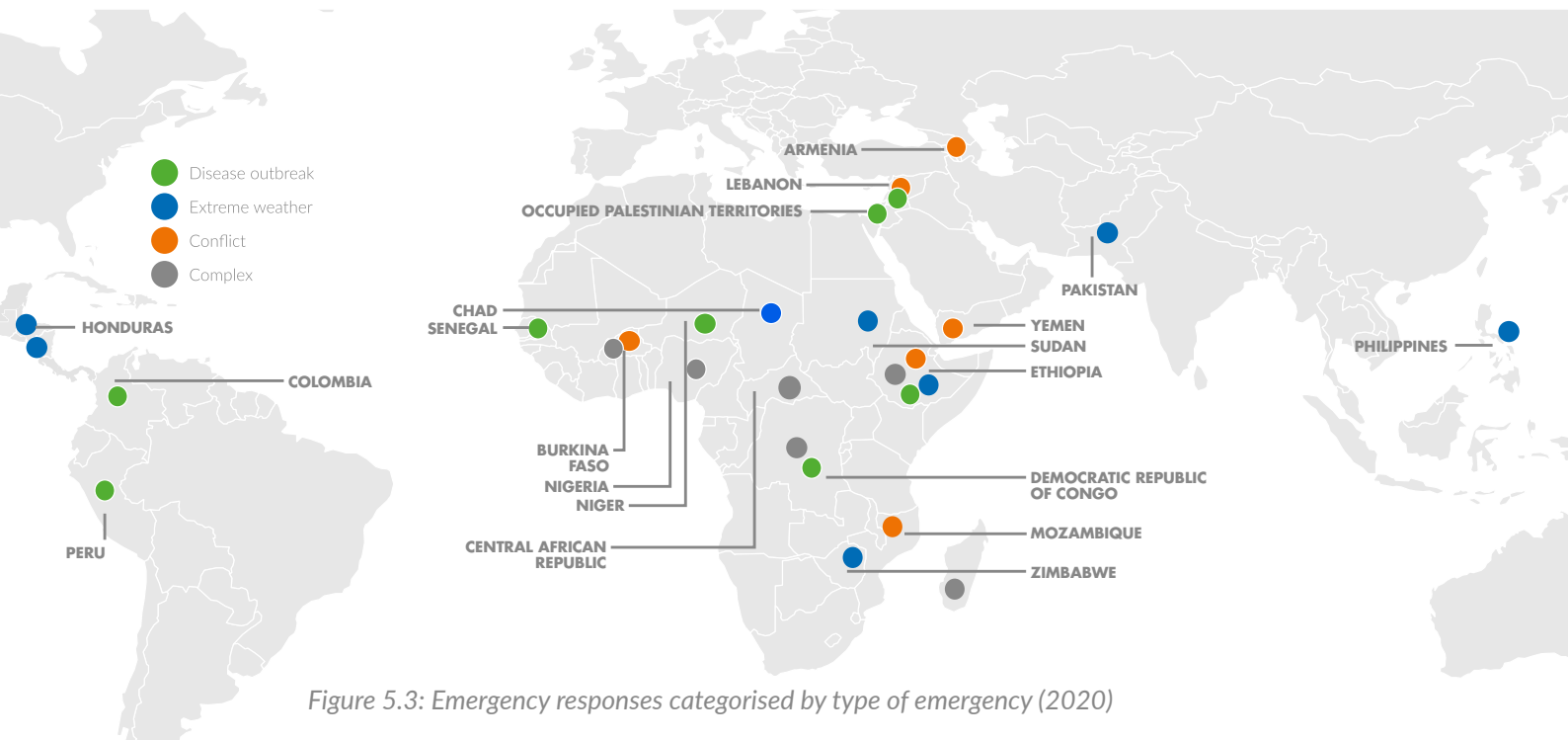
Figure 5.3: Emergency responses categorised by type of emergency (2020)

LEARNING

ACTION AGAINST HUNGER'S RESPONSE TO HURRICANES ETA AND IOTA IN CENTRAL AMERICA

Action Against Hunger's work highlights the importance of working in partnerships and coordination with local organisations, authorities and other stakeholders. Our response to emergencies in Central America, precisely in Honduras and Nicaragua, after the Eta and Iota hurricanes, is a good example of the processes that need to take place in the initial five months of an emergency response and of working in coordination with local organisations.

Both hurricanes hit Central America in November of 2020, affecting more than 400,000 people in Nicaragua and almost 600,000 families in Honduras. The effect on infrastructure was also significant, damaging bridges and roads in both countries, leaving the population isolated. Hurricanes Eta and Iota also affected crops, such as coffee, sugarcane, peanuts, rice, beans, corn, citrus fruits and legumes. The estimated impact of these hurricanes is US$742.6m in the case of Nicaragua and more than US$2m in Honduras.

Action Against Hunger responded to these emergencies in the worst hit locations, and opened two new bases in Cortes Department in Honduras and the Región Autónoma de la Costa Caribe Norte in Nicaragua.

In order to widen the reach of affected populations, one of our first activities was to coordinate with working groups and clusters in Honduras, and to approach like-minded local authorities and stakeholders to define a joint response. Coordinating with local stakeholders facilitated access to communities and provided more support in terms of logistics. The teams also learned that responding to emergencies in new contexts requires strengthening security measures, even if this delays some activities. The experience of a joint humanitarian response, with an experienced local NGO in Honduras, has laid the foundations for new collaborations in disaster preparedness and protection projects for the migrant population.

Another important element of our work was the community approach, and community involvement in different phases of the intervention, including the selection of beneficiaries and during the distributions. The positive relationships with the local stakeholders also relied on our efforts to be accountable to the communities, through regular visits and the implementation of a feedback mechanism.

ADAPTATIONS IN THE MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Our work in Ethiopia is an example of how we adapted to the context of the Covid-19 pandemic. Our team made adaptations to minimise the risk of Covid-19 transmission, while ensuring the provision of services for the management of child wasting. Our nutrition programmes within the host community, refugee settlements and camps for IDPs, went through two main adjustments:

1. MODIFIED FREQUENCY OF FOLLOW-UP APPOINTMENTS DURING ACUTE MALNUTRITION TREATMENT

Action Against Hunger decreased the frequency of follow-up visits to reduce crowding at clinics, especially in the refugee camps where we are operating. In the case of children in outpatient treatment programmes and supplementary feeding programmes, monitoring has been done biweekly instead of weekly. Additionally, we increased the sizes of the rations we distribute, to allow for the longer time between visits. Caregivers also received specific dates and times for visits.

While this approach was successful at reducing crowding, our team identified different challenges: confusion with the new schedule and caregivers expressing difficulties with storing the larger rations for a longer time. There were also reports of increased sharing and selling of the rations, due to increased economic needs and the limitations caused by the pandemic. Since these issues could affect programme outcomes and slow children's recovery, we worked to address them through sensitisation. To facilitate the logistics, these adjustments increased workload.

2. MODIFIED COMMUNITY-BASED SCREENING, USING ONLY MID-UPPER ARM CIRCUMFERENCE (MUAC) RATHER THAN MUAC, WEIGHT AND HEIGHT Z-SCORES (WHZ)

Action Against Hunger changed its community-based screening. Previously, this process had two stages: active case finding with MUAC and then screening with WHZ. The team suspended the latter to reduce contact during screenings. This has affected case detection in communities, and teams are working with other partners to find alternatives to overcome this limitation. For instance, using expanded MUAC ranges for the screening and admissions could capture children who would normally be identified through WHZ. Another alternative identified by the team is the training of caregivers to measure and monitor children's MUAC at home.

LESSONS LEARNED

1. SUCCESSES

- Modifications to follow-up schedules have reduced crowding and allowed community-based screening and nutrition-treatment programmes to continue more safely throughout the pandemic.

- Close monitoring and rigorous follow-up are critical to ensuring that children are receiving optimal treatment, especially in refugee camps, despite coming to the sites less frequently. This is particularly relevant for cases of severe acute malnutrition, for which children often still receive weekly follow-up visits. Community members have favourably received the continued engagement.

- Frequent sensitisation has raised community awareness of the value of handwashing, which may have an impact on the severity of malnutrition cases. Covid-19 restrictions have also driven creativity in delivering behaviour-change communication messages. Staff report decreases in morbidity and medical complications among the children in the programmes, potentially influenced by these improved sanitation measures.

2. CHALLENGES AND LIMITATIONS

- Repeated sensitisation and community engagement is necessary to minimise the sale and sharing of nutrition supplies. Having more staff would alleviate the extra workload associated with this.

- Suspended use of weight and height measurements in community-based screening has, anecdotally, reduced admissions significantly. Action Against Hunger is therefore considering and advocating for the use of expanded MUAC ranges in community-based screening and admissions. Increased admissions, due to expanded criteria, may increase demand for nutrition supplies and staff workload.

- In addition to challenges specific to the adaptations, staff working in camps and settlements have reported the need for additional resources for transportation, in order to adhere to social distancing measures. Fewer staff are able to travel in a vehicle at once, which reduces the number of staff present at the clinics in the camps and therefore the number of patients they can serve. This has implications not only with nutrition-programme management but also with management of child illness at health clinics. This could potentially drive an increase in morbidity and its impacts on child malnutrition.

- Staff have also proposed developing surge capacity to replace staff who may get sick and need to quarantine. This would enable clinics to continue providing services throughout the pandemic, regardless of the personal health status of staff.

6 SECURITY

298
SECURITY INCIDENTS
2019: 340

4
HIGHEST-LEVEL SECURITY INCIDENTS
2019: 10

6
COUNTRIES
WITH HIGHEST LEVEL SECURITY CLASSIFICATION
2019: 2

899
STAFF
RECEIVED SECURITY TRAINING
2019: 1,497

Action Against Hunger operates in many challenging contexts, including war zones, natural disaster-prone areas and regions under the control or influence of terrorist groups. We work in places where the world's most vulnerable people live. The mitigation and management of security incidents that have potential to harm Action Against Hunger staff are a priority for the network. This is why we had two security related indicators in our International Strategic Plan 2016-2020 (ISP-2):

• Number and nature of security incidents

• Level of insecurity per country of operation

In 2020, Action Against Hunger experienced 298 security incidents with addition to two new very high security incidents affecting its staff, a decrease from 340 in 2019. The decrease was largely due to the Covid-19 pandemic, which restricted movement to and from project locations, reducing risks related to car accidents, robbery and other factors. The decrease was expected to be more significant, but better reporting has offset some of this decrease. We saw a decrease in the number of security incidents in 25 countries between 2019 and 2020, but there was an increase in incidents in 13 countries. The most notable increases in security incidents from 2019 to 2020 occurred in the Democratic Republic of Congo (DRC) (from 12 to 31 incidents) and Ethiopia (from 45 to 58 incidents). These were the two countries that also had the highest total incidents in 2020. The largest decrease in incidents from 2019 to 2020 was in the occupied Palestinian territory (oPt) (from 28 to 6), while in Lebanon and Yemen the number of incidents reduced from 29 to 15 and 14 to 2, respectively.

Four security incidents were reported to have the highest level of seriousness (level 5), down from 10 in 2019, 5 in 2018 and 13 in 2017. These incidents were an explosion in Lebanon, 1 kidnapping in Niger and 2 car accidents in Mauritania, including one that resulted in the death of an Action Against Hunger staff member. Of the 9 countries that experienced a level 5 security incident in 2019, only 1 (Lebanon) experienced 1 incident in 2020. The number of incidents at level 4 fell from 19 in 2019 to 15 in 2020. Overall, the number of security incidents recorded at levels 3-5 was 67, similar to the number in 2019 (71). In Colombia, the number of level 3-5 incidents increased from 1 in 2019 to 11 in 2020. This was largely due to increased conflict in regions of operation.

Despite an overall decrease in incidents, oPt had by far the highest percentage of incidents classified at levels 3-5, with all six of its incidents classified this way. The countries that saw significant decreases in level 3-5 incidents were Yemen (6 in 2019 and 1 in 2020) and the Philippines (4 in 2019 and 0 in 2020).

Traffic accidents were the most common security incident faced by Action Against Hunger staff in 2020, as in previous years. Staff faced 59 traffic-related incidents in 2020, although this was down from previous years, again likely due to reduced travel by field teams because of Covid-19. The countries with the highest number of traffic incidents involving staff, in 2020, were also the two countries with the highest increase in traffic accidents as a whole; these were Ethiopia and the DRC, facing 8 and 12 traffic-related incidents, respectively. Traffic accidents accounted for a significant number of serious security incidents and this is highlighted as a focus for organisational learning in 2021.

Armed conflict in the areas of our premises were the second most common security threat in 2020, with 49 incidents. This was up significantly from 17 incidents in 2019. The increase was primarily seen in Ethiopia and the DRC, countries where the most armed conflict security threats were faced in general. In Ethiopia, 20 such incidents were experienced, more than the total experienced globally in 2019, while the DRC faced 7, despite facing none in 2019. This increased level of conflict is because of ongoing civil war in the DRC and a significant escalation of violence in Ethiopia in 2020.

Threat from individuals external to the organisation was the third most common security threat in 2020, with 37 incidents. This was up marginally from 31 in 2019. As with traffic accidents and armed conflict, Ethiopia and the DRC faced the most incidents related to threat made towards the organisation. Ethiopia experienced 6 (up from 0 in 2019), while the DRC experienced 8 such threats.
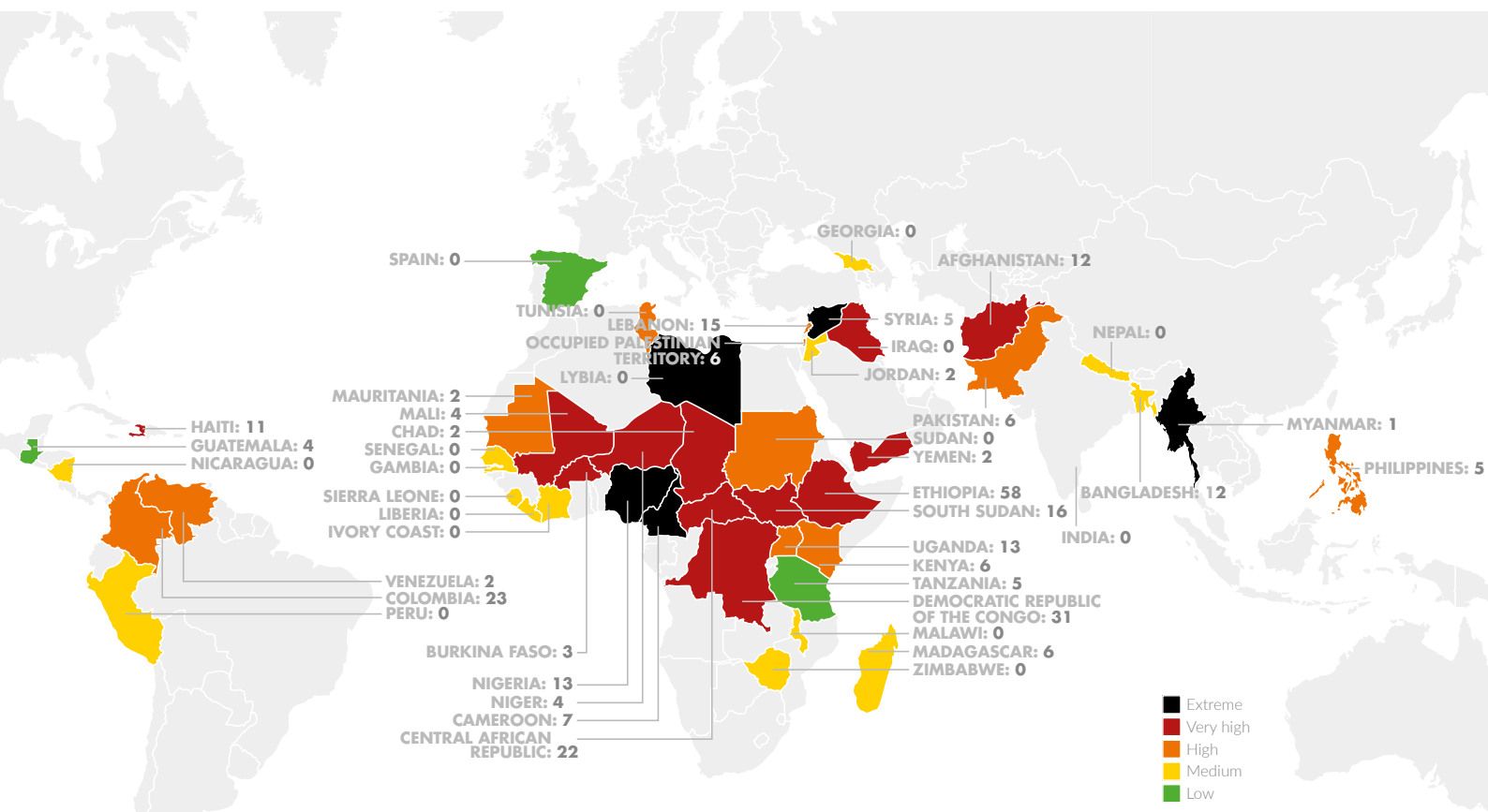

Figure 6.1: Security classification and number of security incidents, by country, where Action Against Hunger works (2020)

INCIDENT
LEVEL 3

INCIDENT
LEVEL 4

INCIDENT
LEVEL 5

2020   48   15   4
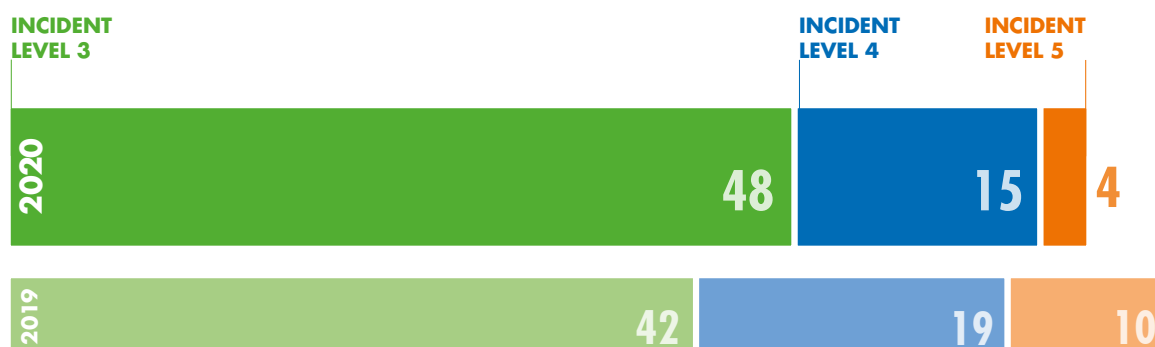
2019   42   19   10

Figure 6.2: Number of security incidents at seriousness levels 3, 4 and 5 (2019-20)

Action Against Hunger provides security briefings and related training (HEAT, HEIST, HEFAT [HEAT + first aid], PFST, and UNDSS SSAFE training where other trainings were not available) to help staff who travel and work in high-risk areas to orient themselves to new contexts and to adapt. Safety and security trainings include methods for both prevention and response to security incidents, as well as first-aid training. Overall, the number of staff who attended security trainings decreased significantly from 2019 (1,497) to 2020 (899). Three countries accounted for nearly half of staff trained: the DRC (209 staff), Ethiopia (166 staff) and Uganda (58 staff). The reason for such high levels of training in the DRC and Ethiopia is that they are at-risk countries and faced a high number of security incidents in 2020 (as outlined above). We also trained three country teams in critical-incident management in 2020 and will continue with more countries in 2021. Worldwide, Action Against Hunger has now trained 5,900 current and former staff in security and first aid.

Each country where Action Against Hunger operates is given a security classification ranging from green to black[12]. In 2020, 5 countries were classified at the level 'black' (extreme insecurity): Cameroon, Libya, Myanmar, Nigeria and Syria. Staff in these countries are exposed to conflict and direct threats. Of these countries, only Syria was classified at black in 2019 (in fact Syria has been at black since the start of ISP-2 in 2016). In both 2019 and 2018, only 2 countries were classified at black.

Elsewhere, 12 countries were classified at red (very high), 12 at orange (high) and 11 at yellow (medium). Of the 12 countries classified at red, 8 are in Central and East Africa.

The number of countries classified at green (low) in 2020 was 3 (the same number as in 2019). Spain and Tanzania kept their green classifications from 2019, and Guatemala's rating was reduced to green in 2020, having previously been at yellow.

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12 Countries are given a security level on the following spectrum black, red, orange, yellow and green, where black is the most extreme and green is the least extreme.

SECURITY CHALLENGES FOR ACTION AGAINST HUNGER TEAMS IN WAGHIMRA ZONE, ETHIOPIA

On 4 November 2020, an Action Against Huger nutrition team was delivering therapeutic supplementary feeding supplies to beneficiaries in Serial kebele, Waghimra zone, in Ethiopia. This is a remote area, in very difficult terrain, where return to the sub-base is only possible by crossing through Tigray region checkpoints. On reaching a checkpoint, the team were denied access and asked to get approval from the local police office, who subsequently delayed approval and confiscated their vehicle. The team were unable to communicate with anyone remotely due to a lack of network coverage, leaving the Action Against Hunger team at the sub-base without knowledge of their location and situation. Due to the ongoing government operation and the armed conflict in Tigray region, people at the sub-base and capital level were soon concerned.

On 5 November, when the team had not returned, the Field Coordinator managed to get a hand written message to the to the kebele (neighbourhood administration) asking what had happened to their colleagues and requesting the authorities to find an alternative route via the Amhara Region. There was no response. On 8 November, Action Against Hunger heard that, in the midst of armed conflict, the team had possibly been detained by the Tigray Special Security Forces, but they could not confirm their safety.

This incident was quickly escalated to Action Against Hunger's Horn and East Africa regional office headquarters in New York as well as to the UN Office for the Coordination of Humanitarian Affairs and other key actors. Many groups were consulted and involved in the tracing response, including Action Against Hunger at sub-base, capital, regional and HQ levels, and the Ethiopian army. The Regional and Country Directors led the crisis response and directed security advisors at HQ level to go to Sekota to help manage the response. While it remained a priority to continue lifesaving support to communities, where it was deemed safe, many Action Against Hunger operations in the region were suspended.

The Action Against Hunger nutrition team were missing for three weeks before eventually being able to make contact with the base Field Coordinator to confirm that they were unharmed. They had survived with little money, no transport and no means of contacting their families or the office. They had been put up and fed by local contacts and had been constantly at risk because of the ongoing armed conflict.

This case highlights some of the many challenges faced by Action Against Hunger staff, many of whom have to work in situations of volatile armed conflict and violence, where there is limited infrastructure to reach beneficiaries. The uncertainty that exists in many operational regions makes it vital for our teams to respond quickly to a variety of crises. This case also showcases the importance of an effective escalation process, internally and externally, such that key Action Against Hunger leaders, donors, the government and military can play their part in the response to security incidents. The final key learning is the importance of field staff to be ready for things to go wrong. The team in Ethiopia used appropriate coping mechanisms to stay safe, sheltered and fed while they were out of contact, and this helped to mitigate the risk of negative outcomes.

7 LOGISTICS AND INFORMATION SYSTEMS

€147.9M

GLOBAL SUPPLY CHAIN VOLUME

2019: €146.5M

€

33%

OF GLOBAL SUPPLY CHAIN VOLUME TO TOTAL **PROGRAMMATIC EXPENDITURE** ACROSS ORGANISATION

2019: 38%

84%

OF STAFF HAVE A **POSITIVE PERCEPTION** OF THE LOGISTICS DEPARTMENT

2019: 76%

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

The logistics system is composed of several components that support daily management. These include procurement and supply chains, and premise and fleet management – including the selection of vehicles and equipment and the procedures necessary to establish, manage and monitor a fleet of vehicles, so as to ensure that systems and procedures follow safety and legal requirements. It also includes the development of skills and competences to guarantee proper supplies for operations: access to energy in remote areas; provision of energy devices (generators, solar panels, inverters, etc); replacement and anticipation of the needs of the equipment; waste management; and the establishment of operational rapid response mechanisms.

In 2020, Action Against Hunger spent €148m through its logistics and supply chain, recording a minor increase of 1% compared to 2019. The volume was shared by 47 Action Against Hunger operational country offices, three regional offices (Middle East, East and West Africa), as well as seven logistics centres (in Accra, Barcelona, Dubai, Lyon, New York, Panama and Paris). In terms of supply chain volume, country offices that experienced a significant increase in 2019 were Zimbabwe (+2,303%), Guatemala (+1,194%), Haiti (+629%), Nicaragua (+402%) and Ivory Coast (+313%).

Overall, expenditure followed the reduction trend started in 2017, when the spend was €177.9m. Most of the reduction came in 2019, where the decrease was down to movement restrictions in some emergency contexts. The figure did not rise in 2020 as it might have expected to, primarily due to the impact of Covid-19 restrictions, which limited movement across the majority of countries in which we operate.

In 2020, 18 country offices used Action Against Hunger's logistics assessment tool (LAT26). This was down from 30 countries in 2019. These countries scored an average completion rate of 80% (up from 70% in 2019). The tool provides an assessment of the implementation of standardised logistics processes and tools, using 19 indicators that give guidance to our logistics teams on current performance. The average completion rate showed a significant improvement compared to 2019. The increase can be attributed to the high scores recorded by Tanzania (95%), Mauritania (92%), South Sudan (92%) and Syria (90%).

Twenty-three country offices reported using vehicle trackers in 2020, down from 25 in 2019. Action Against Hunger has been progressively deploying trackers to save costs, by monitoring vehicle movements in real time. In 2020, on average 59% of vehicles were tracked in countries adopting tracking devices (57% in 2018). Iraq and Jordan country offices reported tracking of all their vehicles, as was the case for Jordan in 2019.

Supply management also benefitted from positive results for timely delivery of orders. In 2020 the percentage of timely orders delivered across 20 country offices was 70%, with outstanding scores for Tanzania (92%), South Sudan (89%), Georgia (87%) and oPt (85%).

Covid-19 caused many challenges for logistics in the network. There were significant supply issues for protective equipment, and country teams found it very difficult to maintain minimum stock and guarantee alternative supply systems to maintain operations. Extensive efforts were made by logistics teams to ensure sufficient equipment was available and this highlighted a need to prepare ourselves for any future global crises.

To support the logistics management system to provide timely access to comprehensive, relevant and reliable information, information management and technology need to be integrated into established work processes. The main phases of the information management system are information capturing, transmitting, storing, retrieving, manipulating and displaying.

Information management can also support wider programmatic needs, such as monitoring, evaluation, accountability and learning (MEAL), and nutrition activities.

Information management plays a fundamental role in relation to MEAL. In 2020, 83% of the country offices used a digital tool (ODK, KoBoToolbox, CommCare, DHIS2) to conduct data collection in the majority of implemented projects, supporting the change towards a digitised process. The majority of these used KoBo toolbox, as in 2019.

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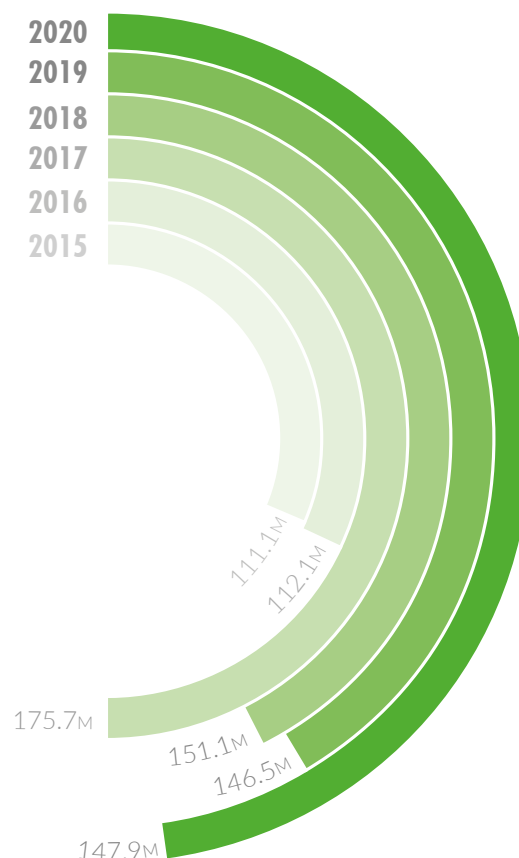

Figure 7.1: Total supply chain volume managed by Action Against Hunger (€) (2015-20)

IN FOCUS

MONITORING ACTION AGAINST HUNGER'S COVID-19 RESPONSE

By July 2021, the Covid-19 pandemic had claimed around 4 million lives worldwide, with more than 188 million confirmed cases. Beyond the health emergency, Covid-19 has generated an unprecedented socio-economic crisis that has doubled the number of people going hungry in just one year. According to official estimates, the number of people in a state of food crisis rose from 135 million to 260 million between January and December 2020.

The consequences of Covid-19 have significantly affected Action Against Hunger's strategy for addressing hunger across the globe. In order to address the acute needs generated by the pandemic, around 42% of our interventions in 2020 focused on hunger prevention and on alleviating immediate consequences of the crisis. Primarily, this has been done through activities focused on food security and livelihoods; nutrition; health; WaSH and disaster risk management.

In order to ensure the Covid-19 response was well coordinated, Action Against Hunger produced a master action plan. Divided by sector, this outlined the key activities to be undertaken to address the needs resulting from the pandemic. It also listed the metrics that would be used to measure the response. The vast majority of these metrics focused on the number of people reached by an activity. (Each activity and metric were sub-divided by the relevant World Health Organization pillar, outlined in their Covid-19 strategic guidelines and preparedness plan.)

In order to track activities and corresponding metrics, Action Against Hunger set up an online monitoring tool, which was used by all implementing country offices across the network. Every office had to complete a 'response setup' outlining each of their projects and activities conducted over a specified time period. Based on the logged activities, metrics were automatically generated by the tool in line with the master action plan. Country offices were then able to input baseline and end-line figures against each indicator for each project.

Once consolidated, data generated by the online monitoring platform provides global reporting measures that can be used for reporting against relevant International Strategic Plan indicators. The results will provide a picture of the scale of our Covid-19 response and the potential impact it has had, especially on reducing Covid-19 deaths and the widespread hunger that has resulted from the crisis.

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8 RESEARCH, INNOVATION AND LEARNING

73
RESEARCH PROJECTS
2019: 72

35
COUNTRIES
2019: 25

111
PARTNERS
2019: 58

€27.9M
VALUE
OF ONGOING, MULTI-YEAR RESEARCH PORTFOLIO
2019: 14.2M

Action Against Hunger is a champion of research, innovation and learning related to undernutrition. The International Strategic Plan 2016-2020 describes our commitments in these areas and ensures that research, innovation and learning projects have practical implications for our work and enable us to deliver evidence-based interventions.

This chapter highlights our progress towards the achievement of our research, learning and innovation targets and our Research Strategy 2016-2020. The following three strategic workstreams inform the research strategy:

- Prevention of undernutrition
- Treatment of undernutrition
- Effectiveness of humanitarian assistance and emergency response

In 2020, 73 research projects were conducted by Action Against Hunger. This figure is much the same as in 2019, when there were 72 projects. Over the longer-term, this represents a substantial increase: there were 31 projects in 2016, 52 projects in 2017 and 25 projects in 2018.

The research conducted by the Action Against Hunger network in 2020, covers our technical sectors and a wide range of countries. In the year, research projects were conducted in 35 countries. Action Against Hunger continues to develop its research expertise in the Sahel region, and in 2020 Mali and Senegal were the countries that hosted the most of our research, with 10 projects each.

The majority of research projects (70%) were located in Africa. This proportion is similar to 2019, when 73% were located there. The remainder of our research projects were in Latin America (17%), Asia (12%) and Europe (2%).

As may be expected, given our technical expertise and experience, over two-thirds (68%) of Action Against Hunger research projects had a nutrition component in 2020. Approximately half of our research is related to health, while 18% of projects had a mental health and care practice dimension. Nearly four in ten of our research projects (38%) were multisectoral.

The value of our multi-year research portfolio increased by 96%, from €14.2m in 2019 to €27.9m in 2020. This trend was a result of increased research funds from USAID's Office of Foreign Development Assistance and the Children's Investment Fund Foundation. From 2018 until 2020, these two institutions were the network's largest research funders.
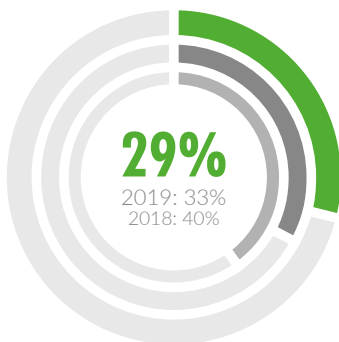
In 2020, €4.7m was spent on research activities, up from €3.8m in 2019. In total, we worked with 111 partner organisations to deliver research in 2020, up from 58 in 2019. University partners were the most common type of research partnership: 84% of our research projects were facilitated by partnerships with academic institutions. Of research projects, 44% had a public body research partner. An additional 27% of our research was facilitated by a partnership with another non-governmental organisation.

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

(2019: 25%)
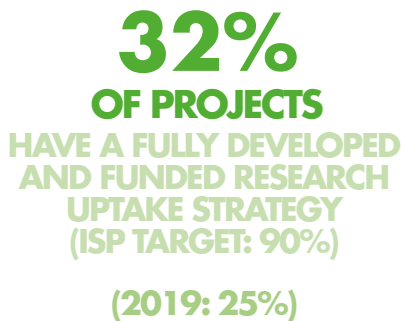
Our funding streams for research are diversifying over time. There were 36 different donors funding our research activities in 2020, up from 21 donors in 2019, 17 in 2018 and 10 in 2017. Nearly a third of Action Against Hunger research projects (32%) have a fully-funded uptake strategy. This figure is up from 25% in 2019. The progress we are making in this area is a result of research uptake becoming an organisational priority.

75
PUBLICATIONS
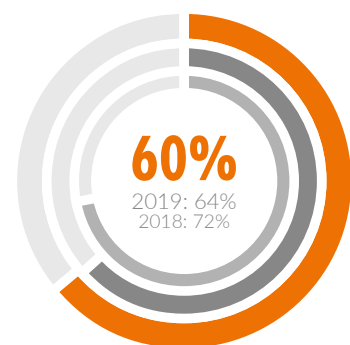64% PEER REVIEWED

2019: 19 PUBLICATIONS (33% PEER REVIEWED)

In 2020, there were 75 publications associated with our research. This is a substantial increase from the previous year when there were 19. Approximately two-thirds (64%) of Action Against Hunger research publications in 2020 were peer-reviewed. In 2019, the equivalent proportion of publications peer-reviewed was one-third. As in 2019, all of the research publications produced by Action Against Hunger were available on open-source platforms.

TRIAL REGISTRY

29%
2019: 33%
2018: 40%

PUBLISHED PROTOCOL

12%
2019: 12%
2018: 12%

ETHICAL APPROVAL

60%
2019: 64%
2018: 72%
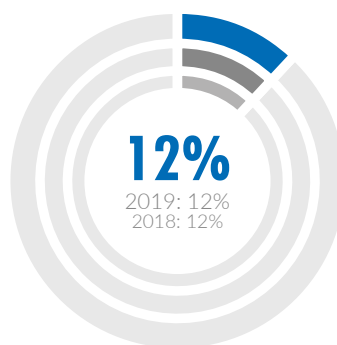
Figure 8.1: Proportion of research projects with a trial registry, published protocol and ethical approval (2018-20)

CASE STUDY

MODELLING EARLY RISK INDICATORS TO ANTICIPATE MALNUTRITION (MERIAM)

SUMMARY: The central aim of the MERIAM project is to identify, test and scale up cost-effective means to improve the prediction of acute malnutrition in children of 6-59 months of age, in conflict- and climate-affected regions, through the use of open-access secondary data. MERIAM ultimately provides transparent, objective and data-driven analysis that identifies leading indicators of variation in the risk and prevalence of acute malnutrition.

TIMEFRAME: February 2017 – March 2021.

BACKGROUND: It is largely understood that fragile and conflict-affected states have some of the highest rates of hunger, child undernutrition and child mortality in the world today. Yet despite gains that have been made elsewhere in the world in these contexts, undernutrition continues to be a persistent and iniquitous problem, with serious consequences for the health, well-being and survival of current and future generations.

OVERVIEW: The purpose of MERIAM is to provide decision-makers with timely, evidence-based and objective information on acute malnutrition that would allow them to anticipate and act ahead of a crisis. Acute malnutrition is a condition that changes rapidly at both individual and population levels. Consequently, collecting data that adequately reflects the scope of the problem (with the granularity and confidence required for anticipatory action), is traditionally a costly and time-consuming exercise.

MERIAM's modelling approach is designed to help overcome these obstacles by making the most of existing publicly available data. It offers the potential to improve the capabilities of stakeholders in the humanitarian community to be proactive in responding to risks of acute malnutrition.

MERIAM uses two separate but complementary modelling approaches – statistical and computational modelling – that operate at different points of emphasis and levels of granularity.

Statistical modelling is conducted for (1) acute malnutrition outcomes disaggregated to the individual/ household level, as well as nesting those units in hierarchical structures; (2) prevalence of acute malnutrition at the sub-national regional level; and (3) the incidence and extent of hunger-related mortality during the years of civil wars. Computational modelling is conducted for four prototypes, that capture different combinations of primary livelihoods and conflict conditions. Both approaches use a diverse assortment of existing, accessible data to capture acute malnutrition outcomes and relevant factors.

FINDINGS: The results of the analysis and the evidence that MERIAM has generated demonstrate, first and foremost, that it is possible to predict acute malnutrition outcomes well, using openly accessible data. The models are able to produce forecasts of acute malnutrition up to eight months in advance (see Figure 1), which can ultimately be used by the humanitarian community. The modelling teams tested their models to ensure accuracy and to demonstrate confidence in the models' abilities. Through the use of standard validation metrics, as well as an in-depth comparison to existing state-of-the-art benchmarks[13], the MERIAM models exhibit strong predictive performance.

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13   The econometric modelling team conducted a systematic evaluation of the accuracy of FEWS NET projections from 2009-2020 to establish a benchmark for judging the quality of performance of the statistical models. This resulted in two peer-reviewed journal articles: Backer, D. and Billing, T. Validating Famine Early Warning Systems Network projections of food security in Africa, 2009-2020, Global Food Security. 29 (2021), and Backer, D. and Billing, T. Visualising trends in food security across Africa, 2009-2020: Data and animations at a grid-cell level. Data in Brief. 36 (2021).
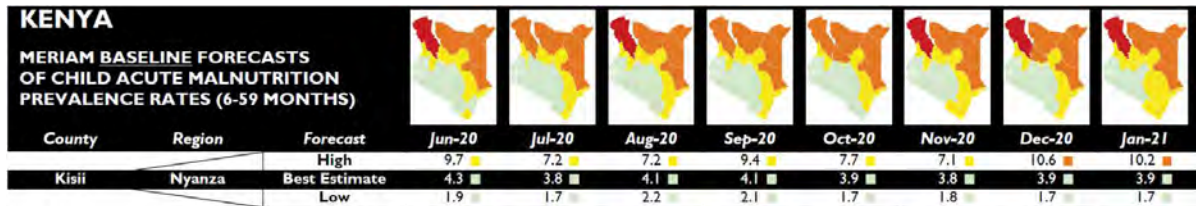
Figure 8.2: Sample forecasts generated by the statistical model from a pilot testing exercise with FEWS NET (June 2020)

Furthermore, climate and conflict conditions stand out as influential, leading indicators that forewarn outcomes months in advance and account for a significant extent of variation. The team has found statistical evidence that there is a meaningful relationship between vegetation, precipitation, temperature and violent events.

PUTTING EVIDENCE INTO ACTION:
These insights about forecasts and leading indicators, as well as the ability to anticipate outcomes under different conditions, are integral to facilitate a more effective response to manage and mitigate nutritional risk in the future. These contributions can strengthen the capacity of national authorities and international humanitarian actors, assisting them in guiding decisions about where, when and how to respond most effectively. The MERIAM project has also yielded model-based tools that are theoretically grounded, empirically contextualised and validated, and that effectively and usefully anticipate acute malnutrition across diverse contexts, in a systematic and transparent manner. The modelling conducted as part of MERIAM is useful to augment the capabilities of traditional nutrition surveillance employed by the humanitarian community, and there is significant potential to use MERIAM evidence in the future.

The modelling enables the forecasting of nutritional outcomes through leading indicators. A comparative advantage of this is that it provides information for anticipating risk in advance of a humanitarian crisis unfolding. The modelling is an inexpensive option that relies on existing data rather than extensive primary data collection.

Relying on the models improves agility. It allows forecasts of acute malnutrition outcomes and identification of associated drivers of risk, even for geographical areas not at the time immediately accessible to humanitarian actors.

Further, model-based forecasts can be used to evaluate the projected impact of directing resources to areas most at risk. This has great potential for increasing effectiveness and cost-efficiency.

EVIDENCE GAPS AND FUTURE RESEARCH:
The MERIAM project demonstrated proof-of-concept – that modelling acute malnutrition is possible. There are many additional opportunities to build on the evidence generated by MERIAM and ensure better anticipatory action. The following summarise some of these extensions:

- **DEEP DIVE INTO ONE SPECIFIC COUNTRY CASE.** The MERIAM project modelled several countries and regions. The intention here would be to go deeper into a single country case and use new data streams to see if they can improve the accuracy and precision of forecasts.

- **USE MERIAM'S DATA-DRIVEN APPROACH TO GUIDE THE EFFECTIVENESS AND EFFICIENCY OF HUMANITARIAN INTERVENTIONS.** There is potential to analyse humanitarian interventions to reveal the extent to which they mediate or moderate risks of acute malnutrition.

- **INSTITUTIONALISATION OF MERIAM PRODUCTS INTO EXISTING GLOBAL AND REGIONAL EARLY WARNING SYSTEMS.** There are several early warning systems that are already operational. There is potential to explore integration of MERIAM products into those systems.

- **OPERATIONALLY TESTING THE PROSPECTIVE FORECASTS.** The MERIAM team has pilot-tested the model forecasts with FEWS NET, but there is significant potential to continue to test with other operational actors to better understand how they would use MERIAM evidence to inform their decisions.

9 FINANCE

€508.4M
TOTAL ANNUAL INCOME
2019: €450.2M

€409.0M
RESTRICTED PUBLIC FUNDS
2019: €356.1M

€91.5M
PRIVATE SOURCES
2019: €88.6M

€7.9M
OTHER REVENUE
2019: €5.6M

Action Against Hunger's International Strategic Plan 2016-2020 (ISP-2) had a goal to generate a total annual income of €500m by 2020. Reaching this target would allow us to increase our interventions to reduce hunger and malnutrition and allow our activities to grow in scale and impact – expanding our work with local, national and international partners, donors and civil society organisations around the globe. A related objective for 2020 was for our funding from public sources to be 74% of the total revenue (€370m), with the remaining 26% (€130m) developed through our relationships and partnerships with the public and private sector. Both goals have require us to build on our record of achievement in new and innovative ways.

2020 saw some significant changes in how we raised private revenue. As a result of consolidated and cooperative action within the network, outcomes of public and private fundraising were largely managed, despite the restrictions of Covid-19. In an exceedingly challenging year, private restricted fundraising increased overall from 2019 by 3% to 91.5m. Specifically, this increase in private revenue was driven by increases in both restricted and unrestricted streams of corporate revenue. While there was a slight decrease from 2019 in the income received through individuals, the amount is still higher than in previous years, and reflects the significant successes made in 2019.

The total revenue of €508.4m in 2020 exceeded all previous records, surpassing the total of 2019 by €58.2m. This is an increase of over 13%. There were also increases in public funds raised in 2020, with expansion in income from public sources up 15%.

Unrestricted income remains our largest source of private revenue, comprising 84% of private funding (€83.4m) in 2020. Unrestricted income continues to make an important contributor to Action Against Hunger's global fight against hunger. It allows resources to be deployed efficiently, openly and rapidly to areas where there will be most impact, while supporting Action Against Hunger's financial independence.
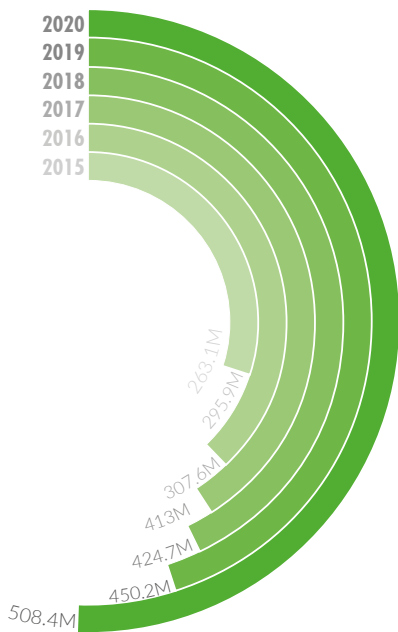
2020
2019
2018
2017
2016
2015

263.1M
295.9M
307.6M
413M
424.7M
450.2M
508.4M

Figure 9.1: Action Against Hunger's total revenue (€) (2015-2020)

In 2020, Action Against Hunger increased the revenue from public restricted funding by €52.9m over 2019, with total public revenues of €409m. Multilateral agencies, namely the EU institutions and the United Nations, remain significant donors of public funding, with collective revenue from the EU and UN amounting to €154m. This represents a slight decrease from 2019 of 2%.

The United States of America remained our largest bilateral public donor for the second year running. The USA provided a revenue of €111.5m during 2020, an increase of 47% from the year before. Revenue from the French government increased by 39% in 2020 (from €18.1m to €25.1m) and the Swedish government increased their funding by 10% (from €23.4m to €25.8m). Similarly, revenue from the German government almost doubled in a year, providing a total of €14.3m.

Higher revenue in 2020 allowed Action Against Hunger to deliver 820 projects against 676 in 2019. Action Against Hunger recorded a total expenditure of €509.9m in 2020, compared to €447.4m in 2019.

For every euro we spent across the Action Against Hunger network, 88 cents were dedicated to programmatic activities. A further 6 cents was dedicated to fundraising and communication expenses, while management, governance and support services comprised 6 cents of every euro spent.

Despite the impact of the Covid-19 pandemic, Action Against Hunger met the majority of its 2020 goals as set out in the ISP-2.

- Total revenue in 2020 was 102% of the €500m 2020 target.
- Public restricted revenue in 2020 was 111% of the €370m 2020 target, a difference of €39m.
- Revenue from private and other sources in 2020 was just under €102m, which is short of the original €130m target.
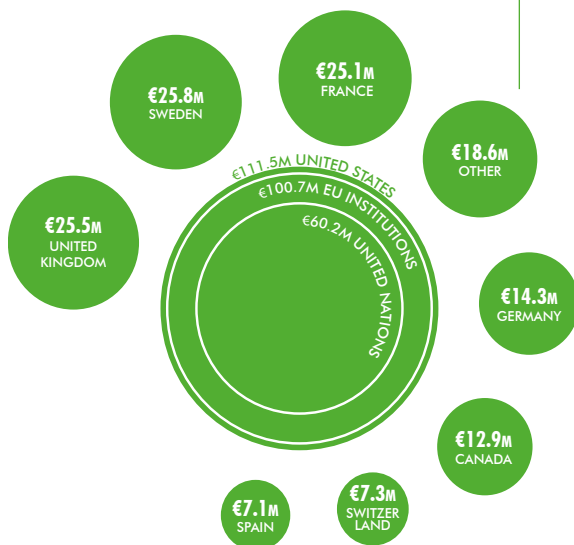

€25.1м
FRANCE

€25.8м
SWEDEN

€18.6м
OTHER

€25.5м
UNITED KINGDOM

€111.5M UNITED STATES
€100.7M EU INSTITUTIONS
€60.2M UNITED NATIONS

€14.3м
GERMANY

€12.9м
CANADA

€7.1м
SPAIN

€7.3м
SWITZERLAND

Figure 9.2: Public restricted income (€) by source of funds (2020)
Note: We only report contributions above €1 million.

MANAGEMENT, GOVERNANCE AND SUPPORT SERVICES
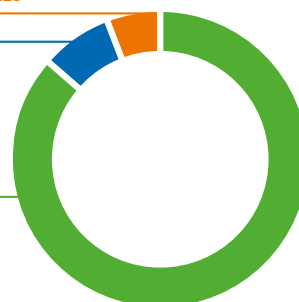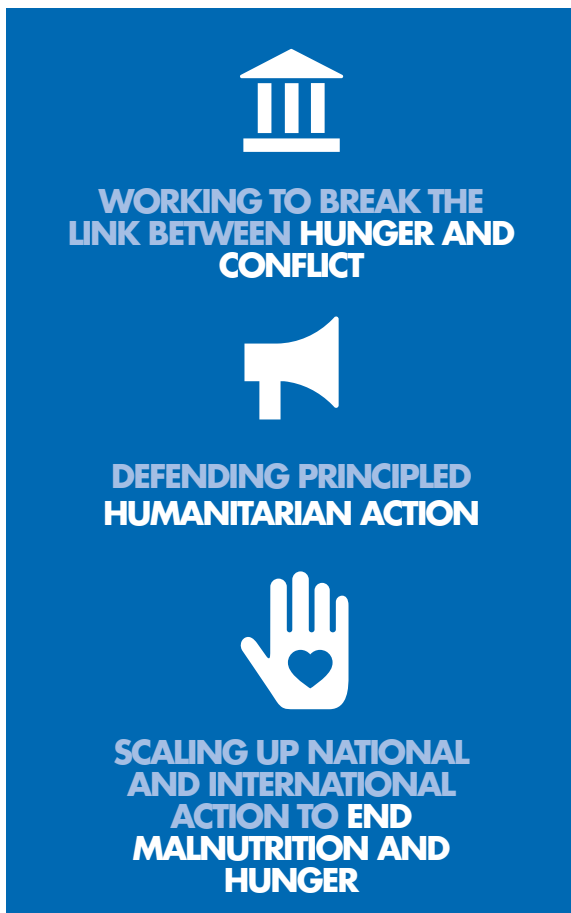**5.9%**

FUNDRAISING AND COMMUNICATIONS
6.1%

PROGRAMMES
88.0%

Figure 9.3: Breakdown of expenditure (2020)

ALL FINANCIAL INFORMATION REPORTED IS PRELIMINARY, AS YEAR-END AUDITED ACCOUNTS ARE YET TO BE FINALISED.

10 ADVOCACY

WORKING TO BREAK THE LINK BETWEEN HUNGER AND CONFLICT

DEFENDING PRINCIPLED HUMANITARIAN ACTION

SCALING UP NATIONAL AND INTERNATIONAL ACTION TO END MALNUTRITION AND HUNGER

Action Against Hunger uses advocacy as an important tool to change the way hunger and malnutrition are viewed and addressed. Our advocacy work draws legitimacy from our operations, research and direct work with communities. In our International Advocacy Strategic Framework 2016-2020, there are four goals for advocacy:

1. Achieve nutrition security

2. Improve humanitarian response

3. Address the drivers of hunger

4. Develop advocacy capability

The first three goals are geared towards influencing governments and institutions on our external change priorities. The fourth is on growing the advocacy capacity of our organisation and the wider movement at global, regional and national levels, in order to influence and deliver change.

WE WARNED OF THE IMPACTS OF THE COVID-19 PANDEMIC ON GLOBAL HUNGER

The disruptions resulting from the Covid-19 pandemic, on economic, food and health systems, are exacerbating all forms of malnutrition. Action Against Hunger developed a network-wide road map on Covid-19, which builds on the evidence base of the impacts of the pandemic on global hunger. We released an extensive report on the first observed impacts of Covid-19 – on access to services, food and assistance, based on country case studies and analyses from 25 countries of operation. This report provides an overview of the multiplicity of impacts observed, and sounds the alarm about the risk of major food and nutrition crises in the world, with recommendations on the response from governments.

We engaged donor governments, including the USA, UK, France and Spain, to raise awareness of the secondary impacts of the pandemic on food insecurity and nutrition, and that nutrition is a core component of the aid response. In the Sahel and Middle East, we have been instrumental in widening humanitarian exceptions to Covid-19 risk reduction measures.

In September 2020, Action Against Hunger and allies in the Generation Nutrition coalition, organised a roundtable on nutrition and Covid-19 with panellists including the WHO special envoy for Covid-19 and about 50 participants representing EU institutions, European aid agencies and NGOs. We engaged in a number of high-level meetings with UN officials and donors, articulating the impact of Covid-19 on food security and nutrition.

At US level, we strongly advocated for scaling up US foreign assistance to meet the additional humanitarian needs resulting from Covid-19, as well as additional resources for longer-term investment in strengthening systems.

WE SUSTAINED PRESSURE ON GOVERNMENTS TO INVEST IN NUTRITION

Throughout 2020, Action Against Hunger advocacy teams have been involved in the international negotiations of the Committee on Food Security for the adoption of guidelines on 'Food Systems and Nutrition' (recommendations for states to make their food systems healthy, sustainable and fairer). Across our HQs, regional offices and country programmes, a collective effort was made to sustain pressure on governments to invest in nutrition and to keep commitments despite the postponement of the Nutrition for Growth (N4G) Summit to 2021.

We undertook coordinated campaign actions on World Food Day, 16 October 2020, including a virtual international roundtable as part of the Committee on Food Security's high-level dialogue on the impacts of Covid-19 on hunger. This event was in the presence of the Special Rapporteur on the Right to Food, the Chair of the Committee on Food Security, several representatives of global civil society, and our Country Director for Pakistan. In all there were over 100 participants.

We further led on a letter signed by 65 global nutrition experts, published in the UK's *The Daily Telegraph* newspaper, calling for nutrition to be a UK-aid priority; and we called on our supporters to write to their MPs asking them to back our asks, in alliance with ICAN UK. Action Against Hunger USA continued to participate in discussions around the UN Global Action Plan on child wasting, focusing on the need for national ownership and the development of accountability mechanisms.

In East Africa we participated in global, regional and national debates and dialogues on financing for nutrition. Our regional budget advocacy has been recognised by the UN Scaling Up Nutrition (SUN) Movement Coordinator.

Action Against Hunger led the first national training on budget tracking and analysis for all nutrition coordinators in Tanzania. Our role in budget advocacy resulted in national budget increases, specifically for Somalia, – where nutrition budgets hit a campaign target of 3% – and for Kenya, where the agricultural budget was set at 2.2% and a budget line for universal health coverage was introduced.

In the Sahel, we advanced the continued dialogue with GoNiger. Its Council of Ministers adopted a roadmap for its progressive financing for the coverage of severe acute malnutrition. In Mali, Mauritania and Niger, our local advocacy, involving local authorities and actors, focused on the inclusion of food and nutrition security in their development and financing plans. This continues to bear fruit, with increased and meaningful engagement. In Lebanon, we managed to include nutrition challenges as a core part of the Humanitarian Response Plan.

Action Against Hunger India has been a constant support to the national government, as technical partners in the POSHAN Abhiyan Jan Andolaan (National Nutrition Mission people's movement) roll out in Rajasthan, as well as contributing to the formation of the National Nutrition Mission Plan 2018.

WE ADVOCATED FOR THE PROTECTION OF PEOPLE'S FOOD SECURITY IN CONFLICT

Conflict is the leading driver of rising global hunger. It leads to the displacement of large populations and results in communities caught up in violence losing their homes and livelihoods and, too often, being unable to access humanitarian aid. Action Against Hunger has an ongoing global advocacy initiative that aims to break the cycle of conflict and hunger and ensure people have access to the food and basic services they need.

In 2020, the merger of the UK's Department for International Development and Foreign and Commonwealth Office (FCDO) was an opportunity to advocate for improved diplomatic action to tackle conflict-induced hunger.

When a Special Envoy for Famine Prevention and Humanitarian Affairs was appointed by the new department, Action Against Hunger led on cross-sector efforts to brief the envoy and the ministerial team, with written and oral briefings and presentations on global food insecurity and the political action that the UK can take to reduce famine risk. Through these briefings, drawing on evidence from Action Against Hunger's direct engagement with affected communities, we were able to help shape the FCDO strategy and priorities on famine prevention. This includes a commitment to advance UN Security Council Resolution 2417 on conflict and hunger, and to ensure that the resolution has a more tangible impact on current crises.

We contributed to the implementation of resolution 2417 by developing the Monitoring and Evaluation of Food Insecurity in Conflict (MEFIC) tool. This enables us to track the impacts of conflict on food security and report evidence of these impacts to relevant authorities. In 2020, the methodology was tested in Syria and promoted through a series of stakeholder meetings with UN Agencies, governments and NGOs. We held bilateral and collective briefings with donor countries and UN agencies, and joined the World Foof Programme Contribution to Improving the Prospects for Peace programme consultation process, which has contributed to the development of the MEFIC tool.

In Lebanon, we succeeded in promoting a framework for monitoring the push factors driving Syrian refugees to return to Syria, by being part of a major NGO consortium.

In the occupied Palestinian territory, we have managed to increase the engagement of the donor community in the mitigation of demolitions in Area C.

However, we are currently facing an extremely aggressive context for humanitarian aid and weak connections with the international actors closest to our organisation.

Our teams supported country responses for coordinated advocacy from the local to the global level, in particular for the crises in the Sahel, Lake Chad and Yemen. Action Against Hunger organised a Yemen advocacy tour across France, the UK, Belgium and Germany, to highlight the humanitarian situation and the difficulties of access, and to make joint recommendations to decision-makers and donors in these countries and the European Union.

In the Sahel, we have developed a position on counter-terrorism measures and the development-humanitarian-peacebuilding 'triple nexus' that is shared with an alliance of NGOs, member states and UN agencies. We have also played a leading role in a strategic dialogue with the G5, EU and key donors in the region to implement the 'triple nexus' in a manner that is respectful of the rights of civilians, supports humanitarian principles and promotes stronger and coherent civil-military coordination, especially in Niger and Mali.

In the face of the continuing deterioration of the situation in the Sahel, Action Against Hunger carried out joint actions with other NGOs, decision-makers and the media, in order to question (and question the French government, in particular about) the harmful consequences of the security approach in the Sahel on civilians and their access to basic services. We also participated in the creation of the citizen coalition on the Sahel, which aims to bring local voices and analyses to the table, and to better-protect civilian populations.

THE IMPACT OF COVID-19 ON LIVELIHOODS IN THE HORN AND EAST AFRICA

The unprecedented global, social and economic crisis triggered by the Covid-19 pandemic has posed grave risks to the lives of communities across the globe and within the region. Initially, an estimated 20 million people faced acute food insecurity in nine countries before Covid-19 arrived in East Africa and the Horn. By the end of 2020, an estimated 52.9 million people in the Horn and Eastern Africa region were in need of urgent food assistance.

Prolonged conflict, the economic impact of Covid-19, desert locusts and climate change are worsening the food security outcomes in the region. The Horn and East African region, in particular, has witnessed the biting effects of increased food prices, food shortages and loss of jobs. Disruptions to food systems and food chains, due to restrictions of movement and lockdowns, have immensely affected small and medium enterprises, thereby affecting livelihoods.

Vast numbers of people are absent from work, due to lockdowns or stay-away instructions from the government and employers. Informal economy workers have faced additional vulnerability because the majority lack social protection and access to quality healthcare, and they have lost access to productive assets. Covid-19 movement restrictions have disrupted demand for labour, export commodities and services; constrained physical access to sources of income; slowed cross-border trade flows and reduced remittances. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food or at least less (and therefore less-nutritious) food.

Border closures, trade restrictions and confinement measures have been preventing farmers from accessing markets, including buying inputs and selling produce. Likewise, agricultural workers have been prevented from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets. With loss of income, the food security and nutrition of children and families are under threat, particularly the most vulnerable populations, which include the elderly, people with disability, displaced persons and immigrants.

Due to steep declines in household incomes and changes in the availability and affordability of nutritious foods, interruptions to health, nutrition and social protection services are evident. Households that have been experiencing income losses have resorted to negative coping strategies, such as distress sale of assets (urgent sale of assets for cash), predatory loans or child labour.

Governments need to keep commercial and humanitarian goods flowing, so that people receive food and livelihoods assistance at the right time. There is a need to scale support to the most vulnerable populations through food programmes, linking these to foods that promote health. The region needs strengthened food security and nutrition information, and early warning systems – given the increasing frequency and severity of food security and nutrition shocks. Lastly, there is a need for investment in sustainable production and resilient food systems to ensure strong capital and revenue flows that help to strengthen livelihoods in communities.

11 PARTNERSHIPS

84%

PARTNERSHIPS WITH NGOS AND GOVERNMENTS

2019: 82%

74%

COUNTRY OFFICES WITH LOCAL PARTNERSHIP STRATEGY

2019: 58%

145

REPORTED CONSORTIA MEMBERSHIPS

2019: 98

Local partnerships are a key dimension of localisation. Localisation has become a significant priority within the humanitarian and development sectors, with increasing calls to shift funding, power and leadership to local actors and communities. This approach ensures greater ownership and sustainability of interventions, and allows often side-lined participants the opportunity to identify, prioritise and provide for their own needs. Despite having support and commitments from global donors and international NGOs, localisation remains a challenge for many organisations, as long-standing norms, due-diligence restrictions and other factors have prevented an authentic shift to occur. Action Against Hunger has understood the importance and mutual benefit of local partnerships as a fundamental pillar of localisation, and is now taking key steps to transform the dialogue and implement approaches throughout the network.

Action Against Hunger continued to prioritise local and international partnerships in 2020, working closely with diverse stakeholders to ensure greater impact and accountability. The percentage of country offices that had partnerships in place in 2020 held at 98%, and there was a slight increase from 42 county offices in 2019 to 46 in 2020.

Looking at specifically local partnerships, 74% of country offices indicated they had a local partnership strategy, a significant increase compared to 58% in 2019 and 49% in 2018. This increase is reflective of the Action Against Hunger network's commitment to local partnerships and the creation and strengthening of network-wide tools and resources for identifying, building, managing and monitoring such partnerships (see the case study on Action Against Hunger's Local Partnership Project, below on page 60). The Covid-19 pandemic and its associated restrictions further highlighted the critical importance of working with local partners.
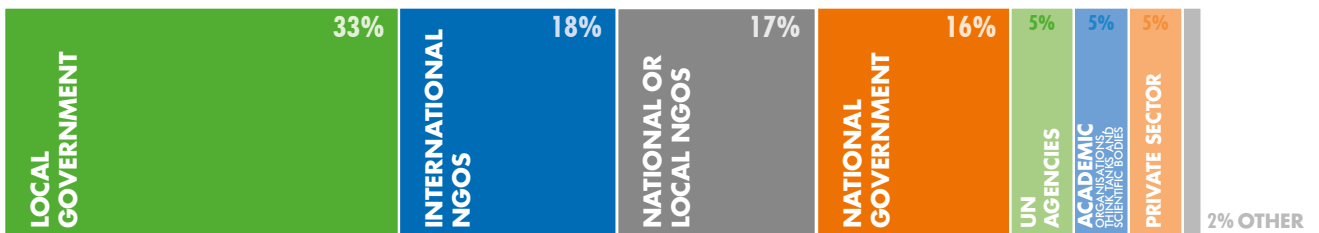
LOCAL GOVERNMENT	INTERNATIONAL NGOS	NATIONAL OR LOCAL NGOS	NATIONAL GOVERNMENT	UN AGENCIES	ACADEMIC ORGANISATIONS, THINK TANKS AND SCIENTIFIC BODIES	PRIVATE SECTOR	
33%	18%	17%	16%	5%	5%	5%	2% OTHER

Figure 11.1: Partnerships by partner type (2020)

The majority (33%) of partnerships in 2020 were with local governments. As in previous years, most common (at roughly 49%) were partnerships with governments, both local and national, closely followed by those with NGOs (35%). Country offices had an almost equal number of partnerships with international NGOs as with national and local NGOs, at 18% and 17%, respectively. This indicates a shift from 2019, in which international NGOs made up 23% of partnerships and local NGOs 18%.

Collectively, governments and NGOs made up 84% of partnerships, a slight increase from 82% in 2019 and certainly from 20% in 2018. Partnerships with the private sector, academic institutions and UN agencies remained relatively low (<5%).

Despite the percentage of partnerships with UN agencies decreasing from 6% to 5% between 2019 and 2020, there was nonetheless an increase in the number of country offices in partnership with UN agencies, from none in 2018, and 19 in 2019, to 26 in 2020.

The most common purpose for partnerships was to help access people in need (at 42%), a rise from 39% in 2019. The Philippines had by far the highest number of partnerships supporting access, followed by South Sudan. Only 24% of partnerships were formed for capacity building, which was a stronger priority in 2018 and 2019. Advocacy, as a purpose for partnership, rose slightly to 11%, compared to 8% in both 2019 and 2018.
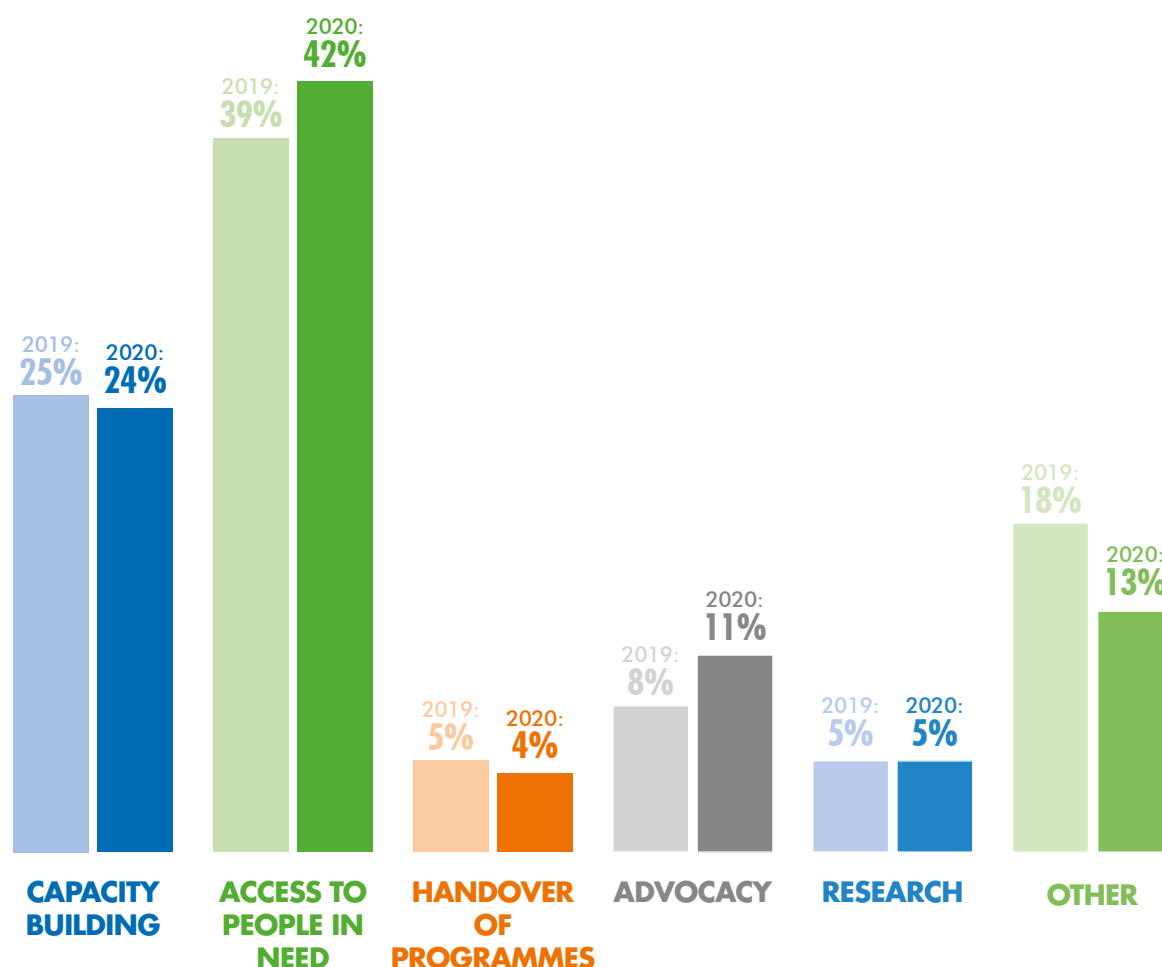
Figure 11.2: Partnerships by purpose (2020)

Additional reasons for partnerships include research and handover, which did not significantly deviate from last year. Action Against Hunger had partnerships across all sectors, with FSL, WaSH and nutrition partnerships the most common, at 85%, 77% and 74% of country offices, respectively. More than half of the country offices also had partnerships for multisector activities.

Participation in consortia increased significantly from last year, with Action Against Hunger as a member in 145 consortia and a lead agency in 47, compared to 98 and 52, respectively, in 2019. Additionally, Action Against Hunger participated in 192 humanitarian coordination initiatives, with Yemen participating in 40 initiatives.

CASE STUDY

LOCAL PARTNERSHIPS: A NECESSITY AND AN OPPORTUNITY. A JOINT EMERGENCY RESPONSE IN ARMENIA

The conflict over Nagorno-Karabakh began in late-September 2020 and has killed and injured more than 1,000 military personnel and civilians on both sides of the line of contact that separates Azerbaijan and the disputed territory of Nagorno-Karabakh. Of a population of 150,000, approximately 90,000 people were displaced, of which the majority are women and children, now residing with families or renting accommodation or living in collective shelters, in Armenia. On 10 November 2020, Azerbaijan and Armenia agreed to a ceasefire, following extensive territorial gains by the Azerbaijan forces.

Action Against Hunger in the South Caucasus region, which has its coordination office in Tbilisi, responded to the crisis in Nagorno-Karabakh with support and deployments from Action Against Hunger's 'emergency pool'. When the crisis of Nagorno-Karabakh struck, Action Against Hunger had no active operations in Armenia. In order to respond to the needs of the people affected by the Nagorno-Karabakh conflict, Action Against Hunger quickly established a new base in Yerevan, with only a small team and limited capacity for implementing an immediate response. Due to this limited capacity and certain access restrictions, it was key to collaborate with local actors.

Action Against Hunger therefore partnered with two local non-governmental organisations, Mission Armenia and Armenian Progressive Youth. Mission Armenia led the response and was funded directly by UNHCR, while Action Against Hunger acted as a supporting partner.

Action Against Hunger provided technical assistance to both its partners throughout their response activities and provided coaching on monitoring and project management to strengthen capacity long-term. At the same time, Action Against Hunger benefitted greatly from the expertise and experience of its local partners. For example, in the kick-off meeting with Mission Armenia, both Action Against Hunger and Mission Armenia provided training on their own areas of expertise. Action Against Hunger focused on international principles of shelter, and Mission Armenia on shelter in the country context. The teams went on to co-develop monitoring tools and questionnaires based on their respective experiences. Roles and responsibilities during implementation were clearly defined, with a project manager appointed at both Action Against Hunger and at the local partner, who worked closely together. Both partnerships are good examples of a well-coordinated joint intervention that the wider Action Against Hunger network can learn from.
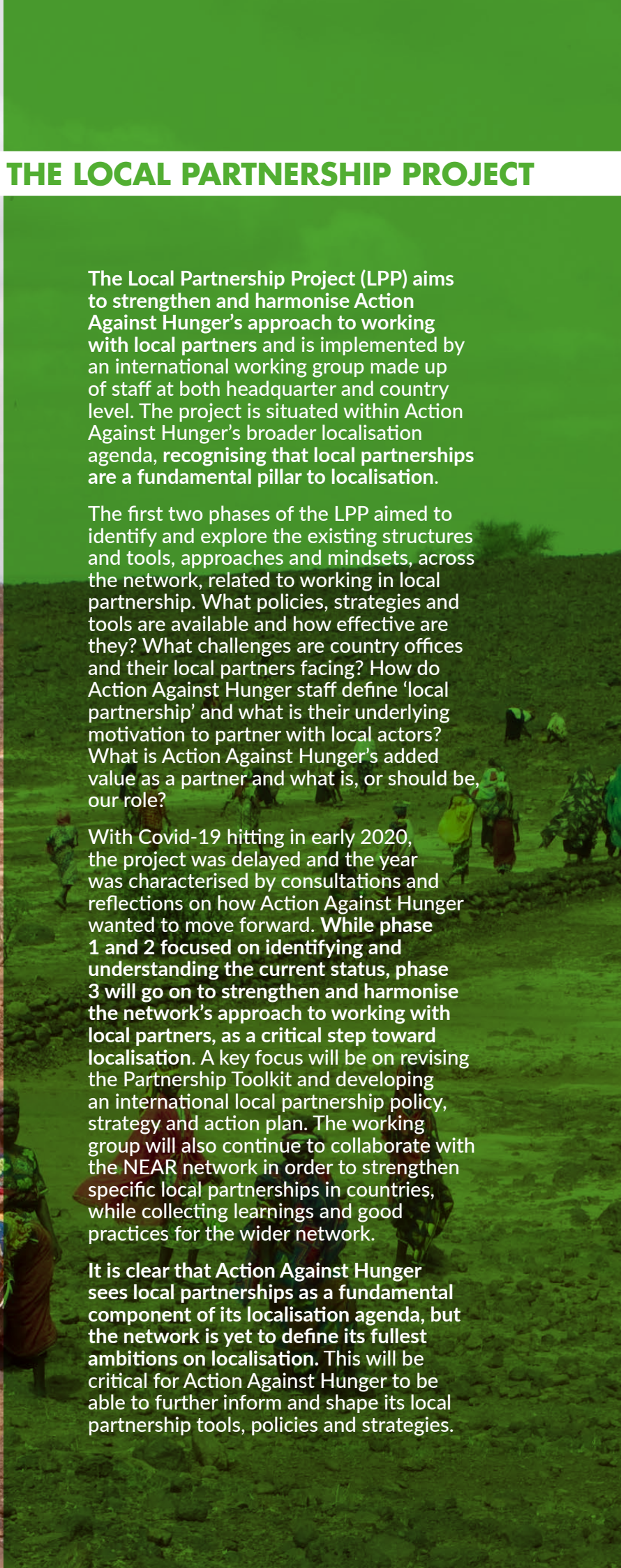
IN FOCUS: THE LOCAL PARTNERSHIP PROJECT

The Local Partnership Project (LPP) aims to strengthen and harmonise Action Against Hunger's approach to working with local partners and is implemented by an international working group made up of staff at both headquarter and country level. The project is situated within Action Against Hunger's broader localisation agenda, **recognising that local partnerships are a fundamental pillar to localisation.**

The first two phases of the LPP aimed to identify and explore the existing structures and tools, approaches and mindsets, across the network, related to working in local partnership. What policies, strategies and tools are available and how effective are they? What challenges are country offices and their local partners facing? How do Action Against Hunger staff define 'local partnership' and what is their underlying motivation to partner with local actors? What is Action Against Hunger's added value as a partner and what is, or should be, our role?

With Covid-19 hitting in early 2020, the project was delayed and the year was characterised by consultations and reflections on how Action Against Hunger wanted to move forward. **While phase 1 and 2 focused on identifying and understanding the current status, phase 3 will go on to strengthen and harmonise the network's approach to working with local partners, as a critical step toward localisation.** A key focus will be on revising the Partnership Toolkit and developing an international local partnership policy, strategy and action plan. The working group will also continue to collaborate with the NEAR network in order to strengthen specific local partnerships in countries, while collecting learnings and good practices for the wider network.

It is clear that Action Against Hunger sees local partnerships as a fundamental component of its localisation agenda, but the network is yet to define its fullest ambitions on localisation. This will be critical for Action Against Hunger to be able to further inform and shape its local partnership tools, policies and strategies.

12 FUNDRAISING AND COMMUNICATIONS

€

€91M

PRIVATE SOURCES
2019: €89M

526,509

PEOPLE GIVING A FINANCIAL CONTRIBUTION
2019: >1M

RESTRICTED 17%

UNRESTRICTED 83%

Figure 12.1: Action Against Hunger's private restricted and unrestricted income (2020)

ACTION AGAINST HUNGER'S SUPPORT CONTINUES TO GROW, INCREASING ITS INFLUENCE AND NET INCOME

The year of the pandemic caused by Covid-19 has been a huge challenge for Action Against Hunger in every way, not least in terms of fundraising. Nevertheless, thanks to the incredible backing of our supporters and partners, we were able to increase our private income by 3% from 2019. At the same time, due to the implementation of extraordinary expenditure control measures, net income increased by 17%. Thanks to the incredible work of our communications and fundraising teams, this invaluable effort has allowed us to mitigate the impact of the pandemic.

In this sense, it is important to mention that the social distancing measures imposed in all countries prevented us from developing our communication and fundraising work as normal, and required us to reinvent our ways of approaching and communicating with our supporters, through digital channels. Even so, and despite missing the direct contact, their unconditional support gave us the positive results highlighted in the above paragraph; and showed us that Action Against Hunger continues to receive strong support and to grow its brand and visibility. With the support of individuals, partners, media, restaurants, schools and more, we can generate the resources necessary to maintain and expand lifesaving programmes to achieve a world in which no child dies from hunger, even in these challenging times.

In 2020, the ability to maintain our level of income, even in the difficult circumstances we have experienced, has largely been due to the incredible and loyal support of our more than half a million supporters globally, who contributed 77% of our private income sources. These individuals largely donate on a regular basis, representing a global community of people committed to creating a world without hunger. This foundation of support gives Action Against Hunger the ability to respond quickly in emergencies such as the Covid-19 pandemic, and to address ongoing crises worldwide, because 90% of the income from these individual donors is unrestricted.

Many companies, foundations, restaurants and schools have placed their trust in Action Against Hunger. Notable highlights in fundraising and communications include:

- **THE HUMAN RIGHTS FILM FESTIVAL BERLIN AND THE NEW HUMAN RIGHTS FILM FORUM.** Despite this year's challenges, the event gathered 10,000 participants. With keynote speeches by the Nobel Peace Prize laureate and festival patron Nadia Murad, former UN Secretary-General Ban Ki-moon, current UN Secretary-General António Guterres and the Belarusian opposition leader Svetlana Tikhanovskaya, the festival took a strong stand for human rights and freedom of expression.

- Over 150 of the UK's favourite chefs, restaurants, bars and hospitality figures got together for **TODAY'S SPECIAL**, an incredible on-line auction and live-streamed evening, hosted by The Great British Menu's Andi Oliver and Oliver Peyton, alongside much-loved comedian Tom Allen. The event was conceived and implemented by long-term supporter Hugh Gott, co-founder of Hawksmoor, and raised almost €300,000 for Action Against Hunger's Covid-19 response.

- The USA team launched a **COVID-19 EMERGENCY APPEAL** that was funded by the board of directors, major donors, private foundations, corporations and individual donors. The appeal was prompted by the global pandemic's effects on our programmes and as an alternative giving opportunity for donors who typically supported the annual gala, which was cancelled in 2020. We set a goal of US$6m, based on historic giving levels as well as the past results from the gala. In the end, we raised 130% of the target by December. All channels combined brought in $7,791,156, including $1,575,000 from the board and their community; a total that surpassed the original gala goal.

- In France, we launched the **CAMPAIGN #HUNGERPANDEMIC,** highlighting the weakness of foods systems based on the experience of millions of people during the Covid-19 pandemic.

We explained that the reasons behind empty supermarket shelves in Europe were very different to those that lead to undernutrition in other parts of the world. In most of the countries we work in, undernutrition is due to lack of access to food (ie no financial means, no land to produce essential crops, etc).
Nearly 14 million people were reached by the campaign through social, traditional and online media.

One of our main objectives, of course, is to raise awareness of the rise in global hunger (746m people suffered from food insecurity in 2019) and to demonstrate that Action Against Hunger is *the* hunger specialist – the authority on preventing and treating malnutrition. In situations as extraordinary as the coronavirus pandemic, our efforts have focused on communicating the disruption to the food system, the impact on the world's most vulnerable communities, and the effect on levels of malnutrition in children and their families. Our communications activities are essential to driving action from all stakeholders, while growing a community of supporters through social media, partnerships, media outreach, content development and storytelling. In 2020, we reached millions of people through social media, email and media outreach. We increased our media visibility among top-tier press, including The New York Times, The Wall Street Journal, CNN, Newsweek, Reuters, BBC News, Der Tagesspiegel, El Pais and Liberation, among others.

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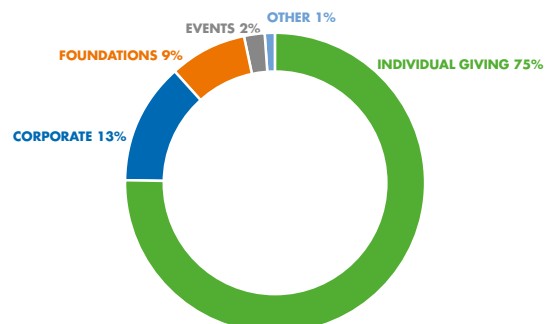

Figure 12.2: Breakdown of private income by source of funds (2020)

BEHIND
THIS PANDEMIC
LIES ANOTHER
ONE.

#HungerPandemic

The COVID crisis has shown us the limits of our food system. If we don't act together, 1 billion people could experience hunger globally. Take action against hunger with us. Join at actionagainsthunger.ca/

ACTION
AGAINST
HUNGER

CASE STUDY

A FOOD CRISIS THREATENS THE WORLD

The Covid-19 crisis, with border closures and social distancing, highlighted the limitations of the global food system. These measures blocked harvesting and transport of produce, making some foodstuffs completely unavailable. The economic consequences of Covid-19's impact on food security were underestimated. In 2019, 690 million people suffered from hunger. The Food and Agriculture Organization estimates that the number of people suffering from hunger as a result of the pandemic may increase by 130 million. If we don't take action together, almost 1 billion people risk facing serious insecurity.

In a #HungerPandemic campaign, Action against Hunger used photographs of empty supermarket shelves to connect the temporary experience of millions of consumers in the world to the daily experience of the people we support.

The campaign went on to explain the dysfunction of the global food system through a motion graphics design video, and called for small changes in consumer habits – such as buying seasonal fruits and vegetables, eating less meat, supporting local farmers, etc. Our message, in the longer term, is about transforming our food systems. As the fight against hunger continues and the Covid-19 pandemic has exacerbated existing inequalities, the fight for access to sustainable, quality food is more important than ever.

There were nearly 2 million views of the campaign video and it reached 14 million people through social, traditional and online media.

CASE STUDY

HUMAN RIGHTS FILM FESTIVAL BERLIN, IN TIMES OF COVID-19

The Covid-19 pandemic has highlighted existing social inequalities, the consequences of climate crisis, and human rights issues, in a unique way. Against this background and despite all the challenges, Action Against Hunger in Germany decided to run the Human Rights Film Festival Berlin as a hybrid on- and off-line event in 2020. For the first time, the festival was accompanied by the Human Rights Forum. From the beginning of the pandemic, the team worked on hygiene concepts and the technical requirements to switch from an off-line to a hybrid festival – successfully.

This year's patron was Nobel Peace Prize laureate and human rights activist Nadia Murad. Former UN Secretary General Ban Ki-moon gave the opening speech. Current UN Secretary-General António Guterres opened the conference with '10 years to reach the Sustainable Development Goals', which was one of the highlights of the newly introduced forum. The conference was held over six days, had 100 speakers and 2,000 on- and off-line participants.

With the slogan 'The Future is Now', the festival screened 40 international documentary movies in 10 days.

The selection of films highlighted stories from around the world that deal with fundamental questions of justice, freedom, environment and conflict. The Kenyan documentary Softie, by director Sam Soko, about political activist Boniface Mwangi and his wife Njeri Mwangi, was awarded the Willy Brandt Documentary Award for Freedom and Human Rights. Additionally, the film Maxima – which shows the struggle of Máxima Acuña against an international mining company – received the audience award. With more than 10,000 viewers it was the most successful festival yet.

A leitmotif of this year's festival is the importance of women in all areas – in the fight against hunger, the resistance against the interests of powerful companies, and in the tireless struggle for justice. This also applies to the new Honorary Award for Peace and Democracy, which was assigned to the Belarusian opposition politician Svetlana Tikhanovskaya, for her tireless work amid the non-violent protest movement in Belarus.

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ANNEX 1: RESEARCH PUBLICATIONS LIST

FOOD SECURITY & LIVELIHOODS

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

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

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

MENTAL HEALTH & CARE PRACTICES

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

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

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

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

NUTRITION AND HEALTH

Acute malnutrition recovery energy requirements based on mid-upper arm circumference: Secondary analysis of feeding program data from 5 countries, Combined Protocol for Acute Malnutrition Study (ComPAS) Stage 1, R. P. Chase et al., June 2020

A simplified, combined protocol versus standard treatment for acute malnutrition in children 6–59 months (ComPAS trial): A cluster-randomized controlled non-inferiority trial in Kenya and South Sudan, J. Bailey et al., July 2020.

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

Classifying Acute Food Insecurity Using the Household Hunger Scale, D. Maxwell et al., June 2020

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

Empirical studies of factors associated with child malnutrition: highlighting the evidence about climate and conflict shocks, M. E. Brown et al., May 2020

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

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

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

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

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

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

Towards Anticipatory Information Systems and Action: Notes on Early Warning and Early Action in East Africa, D. Maxwell and P. Hailey, January 2020

WaSH

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

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

Impacts on water, sanitation and hygiene on acute malnutrition, H. Stobaugh, Action Against Hunger France, published on the Research for Action website, December 2019 Regional Office for West and Central Africa in Dakar (Senegal), *Archives of Public Health, August 2018*, http://bit.ly/2DgSEmb

Livelihoods and health status of informal recyclers in Mongolia, S. M. Nazim Uddin et al., Action Against Hunger France, University of Victoria & WaSH Action Mongolia, *Resources, Conservation and Recycling, July 2018*, http://bit.ly/2Go1pN6

Ouadi'Nut: Effectiveness of a household WaSH package fn an outpatient programme for severe acute malnutrition: a pragmatic cluster-randomised controlled trial in Chad, M. Altmann et al., Action Against Hunger France, *Am J Trop Med Hyg, April 2018*, http://bit.ly/2PbhrwR

Point-of-use water treatment improves recovery rates among children with severe acute malnutrition in Pakistan: results from a site-randomised trial, S. Doocy et al., Action Against Hunger US & John Hopkins University, *Public Health Nutrition, August 2018*, http://bit.ly/2v30paU

Relapse after severe acute malnutrition: a systematic literature review and secondary data analysis, H. C. Stobaugh et al., Action Against Hunger UK, No Wasted Lives, The Council of Research & Technical Advice on Acute Malnutrition & Research Triangle Institute International, *Maternal and Child Nutrition, September 2018* http://bit.ly/2UkhSpk

Sustainable groundwater resources exploration and management in a complex geological setting as part of a humanitarian project (Mahafaly Plateau, Madagascar), S. D. Carrière et al., Action Against Hunger France, Unité Mixte de Recherche 1114 Environnement, Méditerranéen et Modélisation des Agro-Hydrosystèmes & Institut National de la Recherche Agronomique, *Environmental Earth Sciences*, November 2018, http://bit.ly/2PaCIXw

ANNEX 2: LIST OF FIGURES

ANNEX 3: ACRONYMS

CHV	Community Health Volunteer
CHW	Community Health Worker
CMAM	Community-based management of acute malnutrition)
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EPRPS	Emergency Preparedness and Response Plans
FSL	Food Security and Livelihoods
GAM	Global Acute Malnutrition
ICCM	Integrated Community Case Management
IYCF	Infant and Young Child Feeding
IDP	Internally Displaced People
ISP-2	International Strategic Plan 2016-2020
MAM	Moderate Acute Malnutrition
MCHP	Mental Health and Care Practices
MHPSS	Mental Health and Psychosocial Support
MEFIC	Monitoring and Evaluation of Food Insecurity in Conflict
MUAC	Mid-upper Arm Circumference
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WaSH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WHZ	Weight-for-height measurement

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.

ACTION
AGAINST
HUNGER