ANNUAL PROGRESS REPORT
2013
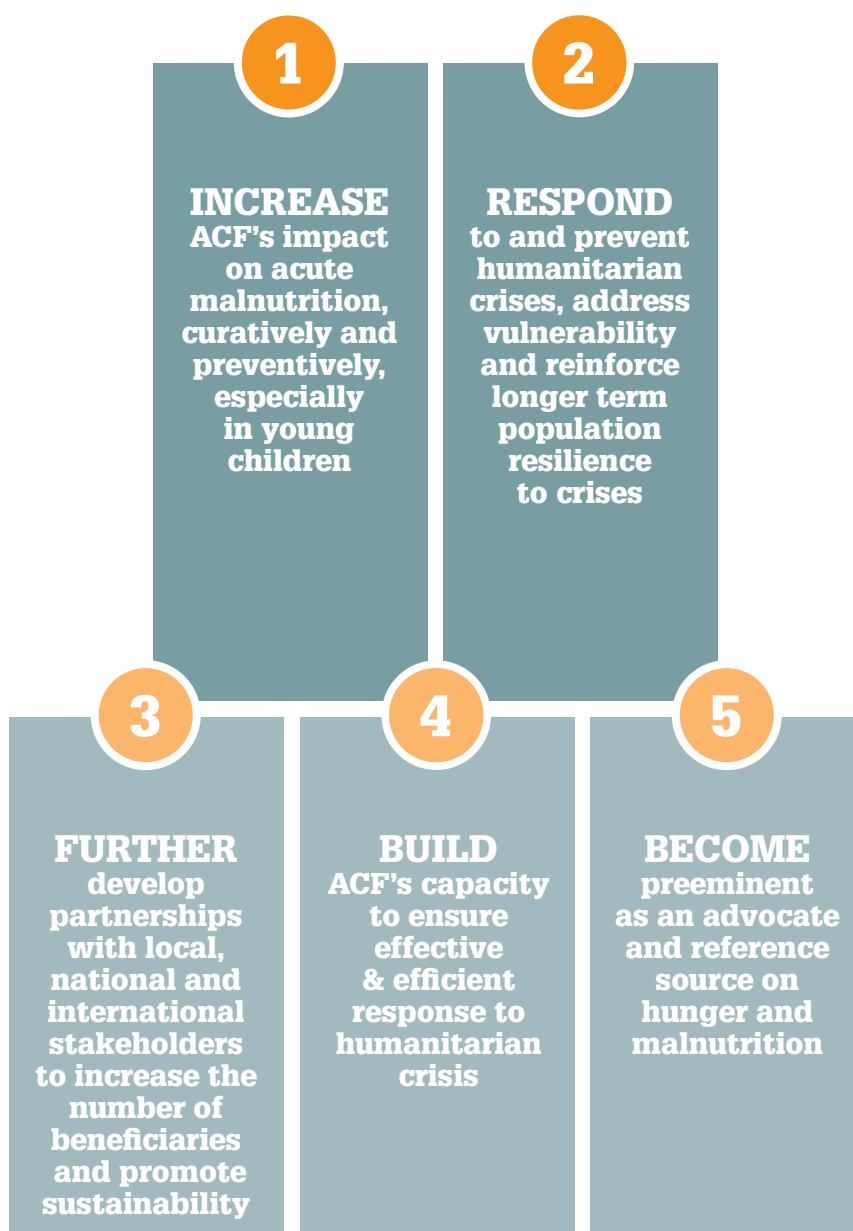
ACF INTERNATIONAL

Contents

The ACF International Strategic Plan
2010-2015

ACF International has **five main strategic pillars** (or goals) in the International Strategic Plan (2010-2015). The first two goals outline ACF's strategic orientations and the other three are means to achieve these two primary goals, addressing acute malnutrition and humanitarian crises.

1

INCREASE ACF's impact on acute malnutrition, curatively and preventively, especially in young children

2

RESPOND to and prevent humanitarian crises, address vulnerability and reinforce longer term population resilience to crises

3

FURTHER develop partnerships with local, national and international stakeholders to increase the number of beneficiaries and promote sustainability

4

BUILD ACF's capacity to ensure effective & efficient response to humanitarian crisis

5

BECOME preeminent as an advocate and reference source on hunger and malnutrition

Cover Photo: ACF-Peru

INTRODUCTION

In 2013 ACF passed the midway point of the period covered by the International Strategic Plan (2010-2015). This Annual Progress Report serves to illustrate progress over these first three years of the five year plan. We will describe progress against the objectives defined in the plan, and highlight what is yet to be done. In this report we suggest how senior managers should steer the organisation at the international level, and we present analysis to provide information and insight to all 5,800 employees of ACF across the globe, which should ultimately help to improve the impact of our programmes.

In June 2013, ACF took the decision to update the targets in the International Strategic Plan (2010-2015) to reflect the rapid development of the organisation and the fact that we have surpassed certain targets. For example, the targets for preventing undernutrition under Goal 1 were increased from reaching two million to reaching four million people annually by 2015 (page 12), and the objectives of Goal 5 were adjusted to reflect the expansion in ACF's advocacy endeavours (page 42).

This year we are better able to report on our progress in each country. We have improved and harmonised reporting mechanisms from country programmes to HQ, and newly developed Beneficiary Counting Guidelines have made for more accurate reporting.

The year 2013 has seen unprecedented pressure on the humanitarian and NGO system with three major emergencies. ACF began the year with its ongoing response to the Syria crisis; both in Syria and responding to the refugee crisis in the surrounding countries. We established programmes in Iraqi Kurdistan and Jordan and hugely expanded operations in Lebanon and Syria.

In November, with the arrival of Typhoon Haiyan, ACF demonstrated speed and agility in responding to the devastation in the Philippines. We also helped in the Central African Republic, where ACF met the needs of populations affected by the conflict and used its advocacy clout to push the UN for more decisive action.

In all three of the above cases, ACF's emergency pools were deployed to boost operational capacity.

ACF also continued its work this year in ongoing emergency situations with achievements such as reaching 373,919 people through nutrition treatment interventions - 62% of the per annum target (600,000). Interventions aimed at preventing undernutrition reached 3,140,373 beneficiaries in 2013, representing 79% of the per annum target of four million people. These remarkable accomplishments would not be possible without the human resources, security, logistics, and advocacy successes achieved in 2013, which are also detailed in this report.
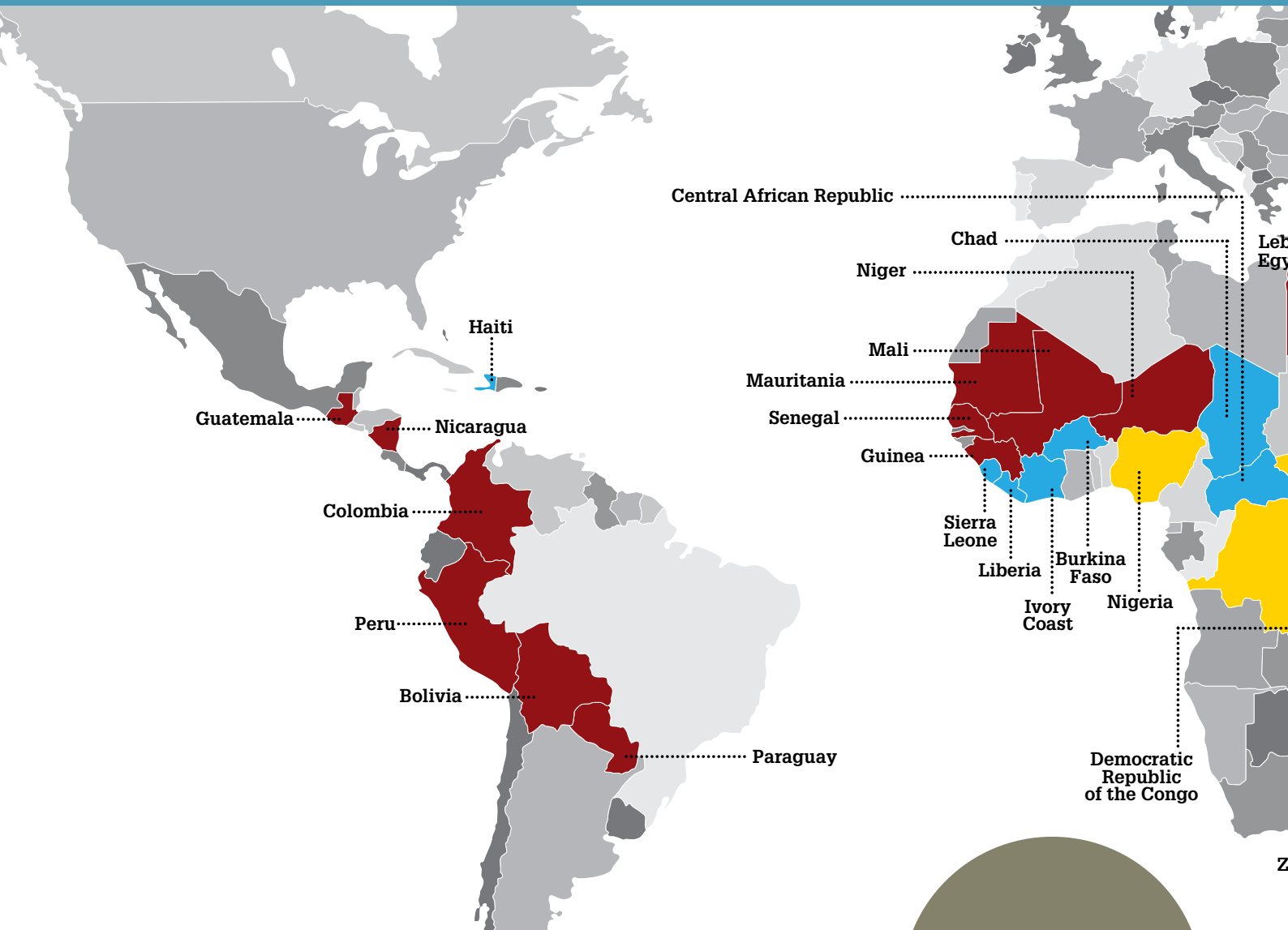
I would like to thank all of our staff across the globe who have taken the time to contribute to this Annual Progress Report, and especially to the Evaluations, Learning and Accountability Unit[1] for leading what has become an important process in evaluating the effectiveness of ACF International.
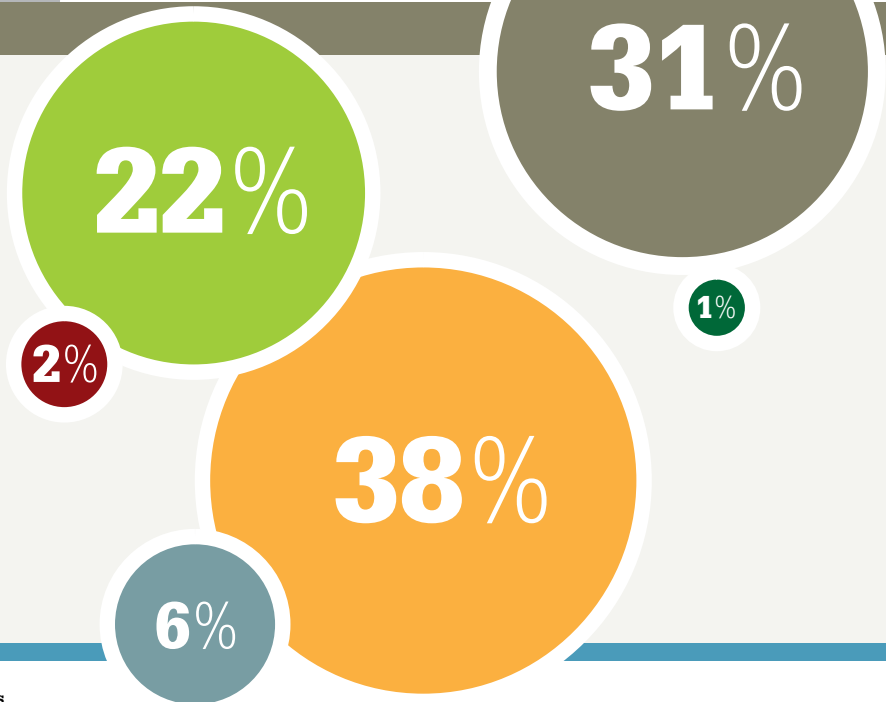
**PAUL WILSON
ACF
INTERNATIONAL**

Photo: ACF-Haiti

Operations & Beneficiaries

Central African Republic

Chad

Niger

Leb
Egy

Haiti

Mali

Mauritania

Senegal

Guinea

Guatemala

Nicaragua

Colombia

Peru

Bolivia

Paraguay

Sierra
Leone

Liberia

Ivory
Coast

Burkina
Faso

Nigeria

Democratic
Republic
of the Congo

Z

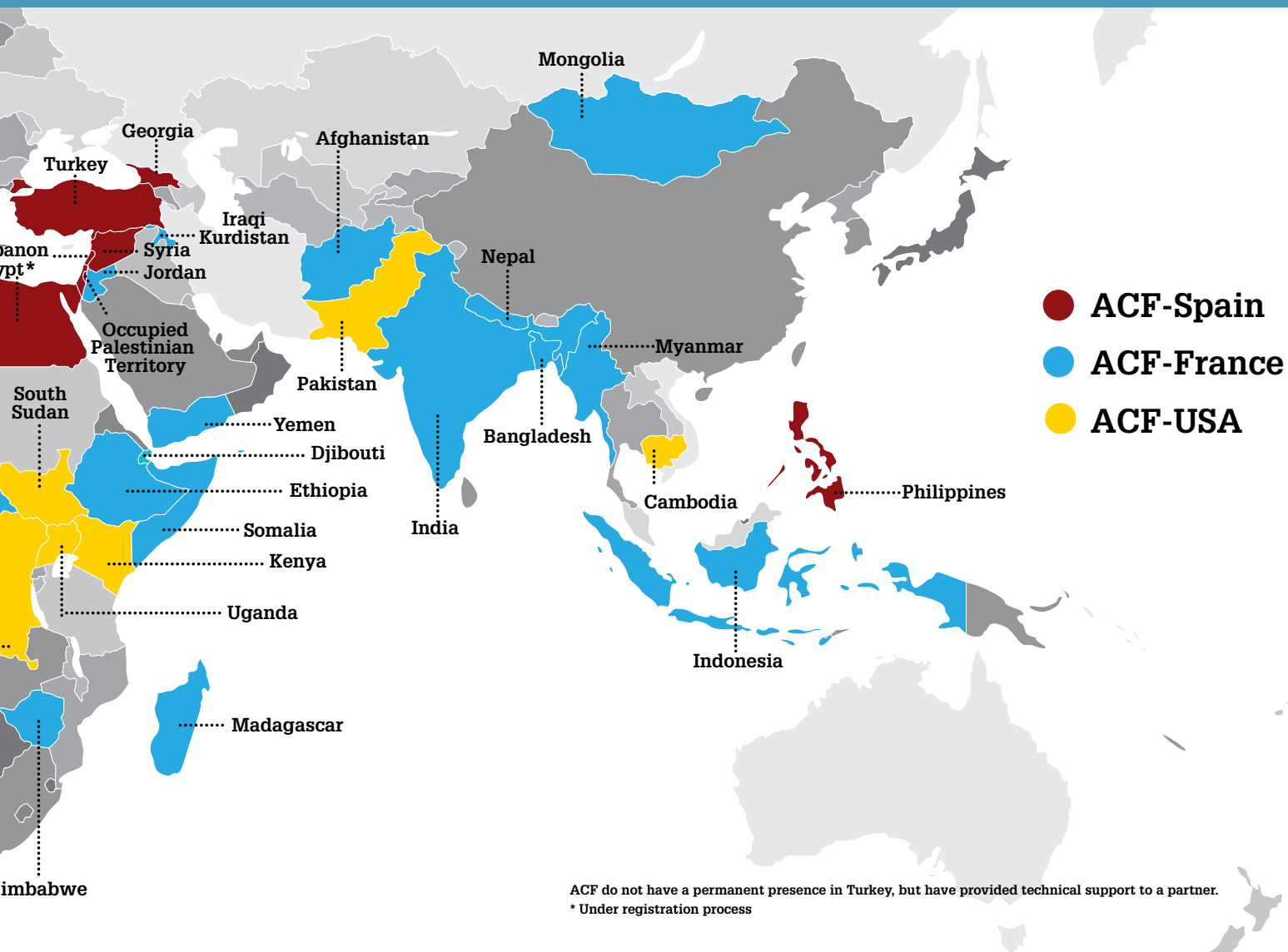## ACF BENEFICIARIES 2013

31%
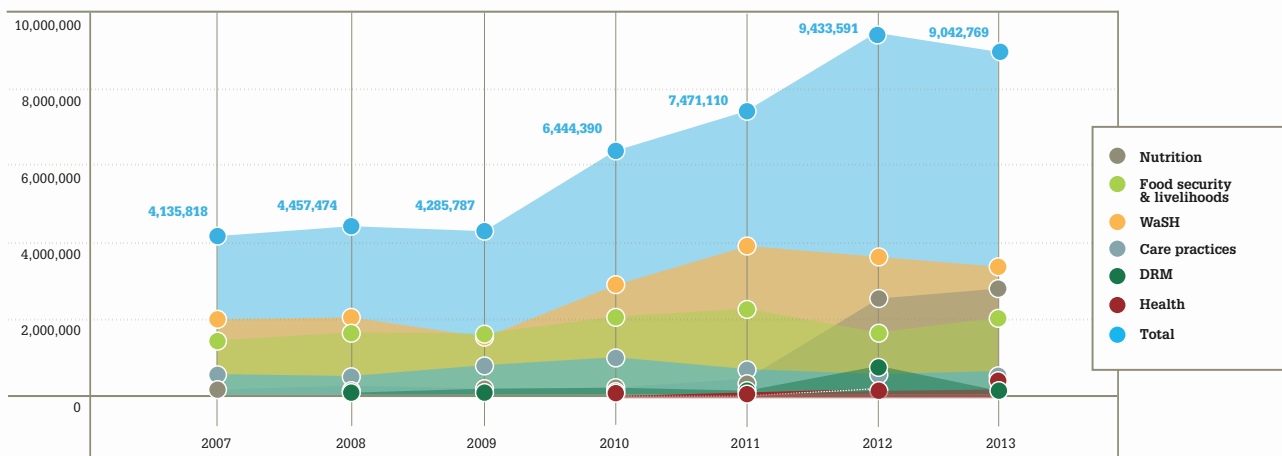
22%

38%

2%

6%

1%

- ● Nutrition*
- ● Food security & livelihoods
- ● WaSH
- ● Care practices
- ● DRM
- ● Health

*Refers to "Total Direct Nutrition" as stipulated in
the ACF International Beneficiary Counting Guidelines

Mongolia

Georgia

Turkey

Afghanistan

Iraqi
Kurdistan

Lebanon
Egypt *

Syria
Jordan

Nepal

Occupied
Palestinian
Territory

Myanmar

South
Sudan

Pakistan

Yemen

Djibouti

Ethiopia

India

Bangladesh

Somalia

Kenya

Cambodia

Philippines

Uganda

Indonesia

Madagascar

Zimbabwe

● **ACF-Spain**

● **ACF-France**

● **ACF-USA**

ACF do not have a permanent presence in Turkey, but have provided technical support to a partner.
* Under registration process

EVOLUTION OF TOTAL BENEFICIARIES 2007 - 2013

- ● Nutrition
- ● Food security & livelihoods
- ● WaSH
- ● Care practices
- ● DRM
- ● Health
- ● Total

| Year	Total
2007	4,135,818
2008	4,457,474
2009	4,285,787
2010	6,444,390
2011	7,471,110
2012	9,433,591
2013	9,042,769

GOAL (1)

Increase ACF's impact on acute malnutrition curatively and preventively, especially in young children

1.1 Treat at least 600,000 acutely malnourished people yearly by the end of 2015

In 2013, ACF International revised its International Strategic Plan to reflect an increased commitment to ending deaths from acute malnutrition. ACF set a new target for 2015: to treat 600,000 people annually.

In 2013, two thirds of ACF's country programmes (31) implemented nutrition treatment programming through Community-based Management of Acute Malnutrition (CMAM) projects. They treated 373,919 people, 91.87% of whom were children under five. Of these, 63% were treated for Severe Acute Malnutrition (SAM) and 37% for Moderate Acute Malnutrition (MAM) through more than 1,100 health centres and at least 135 mobile health teams. Cumulatively, eleven countries reported 177,056 discharges from CMAM programmes, with a 75% cure rate and 2% death rate. Defaulting remained the largest issue, at a rate of 16%.

The best outcomes were reported by the DRC and Pakistan, while the worst were reported by Mauritania and the Philippines. Though six countries reported default rates above the 15% SPHERE standard (Guinea, Kenya, Mali, Mauritania, the Philippines and Nigeria), another six reported very high cure rates (DRC, Mali, Niger, Pakistan, Senegal and South Sudan).

Photo: ACF-Afghanistan, courtesy D. Sauvers
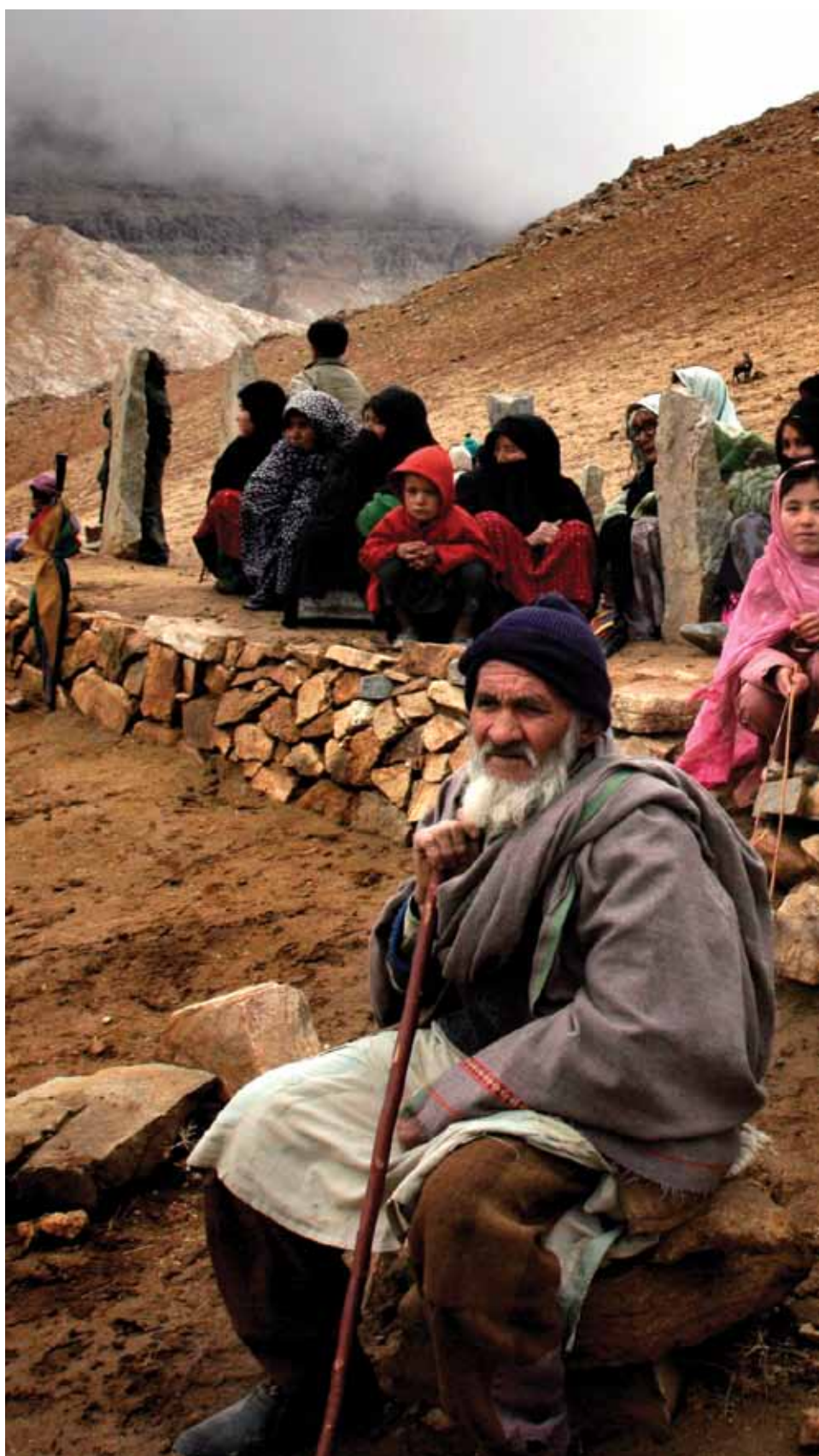
- Nutrition
- Food security & livelihoods
- WaSH
- Care practices
- DRM
- Health
- Mental health
- Food assistance

2%

8%

22%

27%

9%
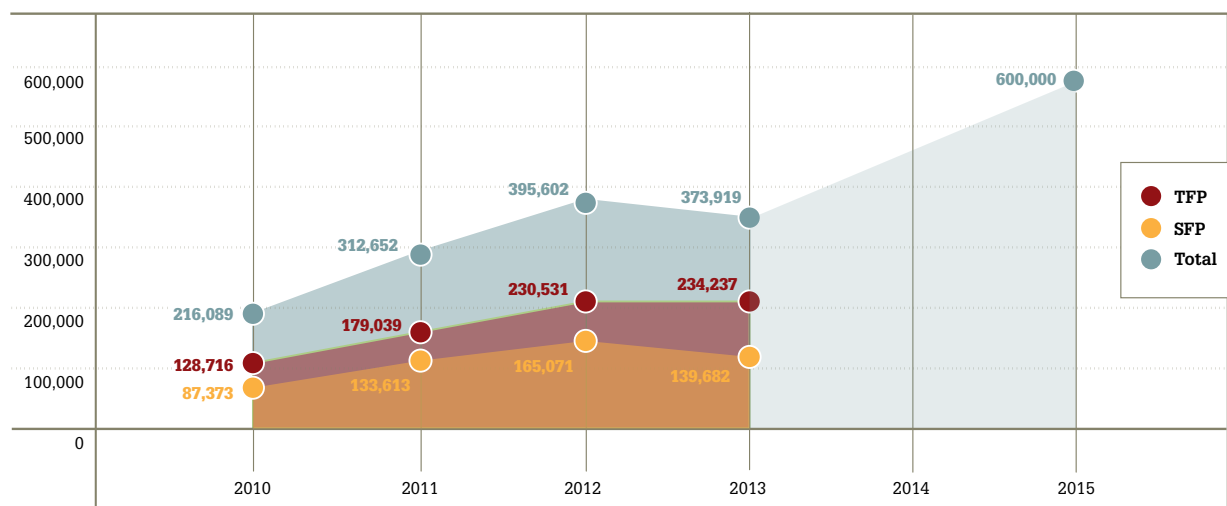
1%

28%

3%

RATIO OF PROJECTS BY SECTOR 2013

GOAL 1

TOTAL BENEFICIARIES RECEIVING TREATMENT FOR ACUTE MALNUTRITION 2010-2013

- TFP
- SFP
- Total

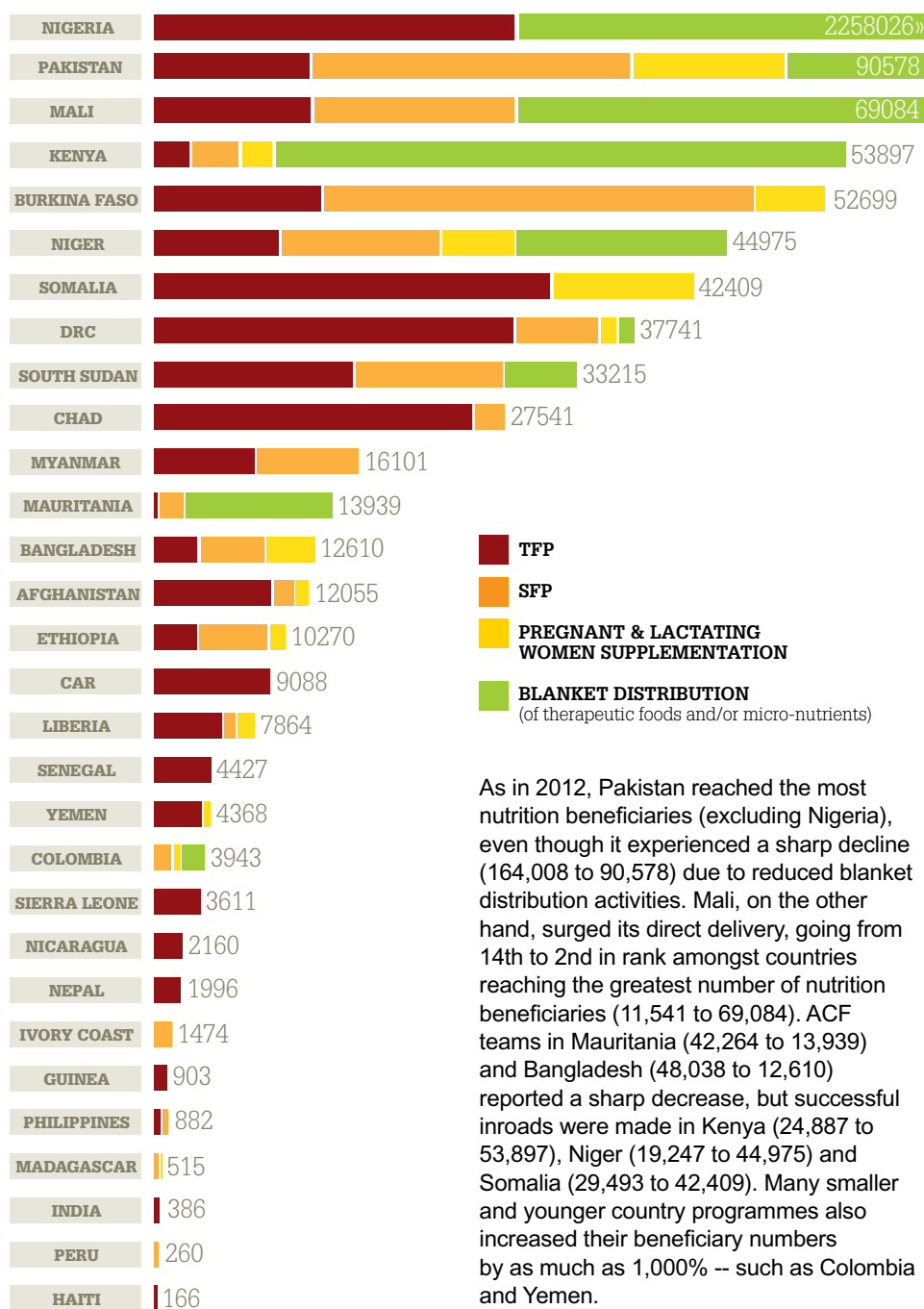| Year	TFP	SFP	Total
2010	128,716	87,373	216,089
2011	179,039	133,613	312,652
2012	230,531	165,071	395,602
2013	234,237	139,682	373,919
2015			600,000

Nutrition interventions varied based on the needs of the country. For instance, Therepeutic Feeding Programme (TFP) treatment was highest in Somalia, Nigeria and the DRC while Supplementary Feeding Programme (SFP) treatment was highest in Burkina Faso, Pakistan and Mali. Supplementation activities reached the most pregnant and lactating women in Pakistan, Somalia and Niger, while blanket distribution of therapeutic foods and micro-nutrients was a strong focus in Nigeria, Kenya, Pakistan and Mali.

FOCUS ON:
Madagascar

ACF INTERNATIONAL NUTRITION BENEFICIARIES 2013

Country	Value
NIGERIA	2258026»
PAKISTAN	90578
MALI	69084
KENYA	53897
BURKINA FASO	52699
NIGER	44975
SOMALIA	42409
DRC	37741
SOUTH SUDAN	33215
CHAD	27541
MYANMAR	16101
MAURITANIA	13939
BANGLADESH	12610
AFGHANISTAN	12055
ETHIOPIA	10270
CAR	9088
LIBERIA	7864
SENEGAL	4427
YEMEN	4368
COLOMBIA	3943
SIERRA LEONE	3611
NICARAGUA	2160
NEPAL	1996
IVORY COAST	1474
GUINEA	903
PHILIPPINES	882
MADAGASCAR	515
INDIA	386
PERU	260
HAITI	166

Legend:
- TFP
- SFP
- PREGNANT & LACTATING WOMEN SUPPLEMENTATION
- BLANKET DISTRIBUTION (of therapeutic foods and/or micro-nutrients)

As in 2012, Pakistan reached the most nutrition beneficiaries (excluding Nigeria), even though it experienced a sharp decline (164,008 to 90,578) due to reduced blanket distribution activities. Mali, on the other hand, surged its direct delivery, going from 14th to 2nd in rank amongst countries reaching the greatest number of nutrition beneficiaries (11,541 to 69,084). ACF teams in Mauritania (42,264 to 13,939) and Bangladesh (48,038 to 12,610) reported a sharp decrease, but successful inroads were made in Kenya (24,887 to 53,897), Niger (19,247 to 44,975) and Somalia (29,493 to 42,409). Many smaller and younger country programmes also increased their beneficiary numbers by as much as 1,000% -- such as Colombia and Yemen.

WORKING WITH THE GOVERNMENT TO IMPROVE TREATMENT

In 2013, ACF aimed to enhance its input on national nutrition protocols and guidelines in several countries and to further build the local capacities for the treatment of acute malnutrition.

In Madagascar ACF played a significant role in the development of national approaches to treatment of acute malnutrition. The organisation attended several meetings on the update of the national protocol for the treatment of acute malnutrition (board meetings with UN agencies, ministries, technical partners, NGO, clinicians and representative of the decentralised Public Health Ministry) with several aims and objectives. These included improving tools for proper breastfeeding practices and techniques and ensuring the integration of Infant and Young Child Feeding in the protocol. In addition, the intention was to integrate the treatment of SAM for children under 6 months in stabilisation centres, review the admission criteria for pregnant and lactating women and clarify the difference in protocols in the different treatment programmes. All these efforts served to influence the capacity building of national stakeholders and increase commitment and ownership by the government.

GOAL 1

The mission is working to build the capacity of the MoH and/or local NGOs to treat acute malnutrition	This includes training of MoH and/or NGO staff	There has been a partial/full handover of programme services to the MoH and/or local NGOs	The mission had direct input into development and/or updating of national protocols
Afghanistan	⬆ Afghanistan	Djibouti	⬆ Afghanistan
Bangladesh	Bangladesh	Ethiopia	Bangladesh
Burkina Faso	Burkina Faso	⬆ Indonesia	Burkina Faso
CAR	CAR	Liberia	Chad
Chad	Chad	⬆ Mali	⬆ DRC
Djibouti	Djibouti	⬆ Nepal	⬆ Ethiopia
DRC	DRC	Nicaragua	⬆ Ivory Coast
Ethiopia	Ethiopia	⬆ Peru	Liberia
Haiti	Haiti	Philippines	⬆ Madagascar
India	India	⬆ Sierra Leone	⬆ Mali
⬆ Indonesia	⬆ Indonesia	⬆ Turkey	Mauritania
Ivory Coast	Ivory Coast	⬆ Zimbabwe	⬆ Myanmar
Kenya	Liberia		Nepal
Liberia	⬆ Mali		⬆ OPT
⬆ Mali	Mauritania		⬆ Pakistan
Mauritania	Nepal		⬆ Peru
Nepal	Nicaragua		Philippines
Nicaragua	Niger		Sierra Leone
Niger	Nigeria		Senegal
Nigeria	Pakistan		⬆ Somalia
Pakistan	⬆ Peru		⬆ Zimbabwe
⬆ Peru	Philippines		
Philippines	Senegal		
Senegal	Sierra Leone		
⬆ Sierra Leone	⬆ Somalia		
⬆ Somalia	⬆ Yemen		
South Sudan	⬆ Zimbabwe		
⬆ Yemen			
Zimbabwe			

⬆ = change from 2012

In 2013, ACF continued to enhance the capacity of local and national governments and NGOs to treat and prevent acute malnutrition in 62% of all country programmes. Over 69,000 health and nutrition education sessions were held and over 52,000 people received training in 27 countries. Nearly half of all country programmes had direct input into the development and updating of national protocol and over a quarter handed over programme services to national providers. This included 19 distinct projects handed over to the Ministries of Health in 11 countries and 15 projects handed over to local NGOs in eight countries.

Coverage

In 2013 ACF committed to increasing the coverage of its nutrition programmes to at least 50% by 2015. In 2013, 18 coverage assessments were conducted in 17 programmes across 13 countries. These assessments allowed ACF to determine what percentage of undernourished children its programmes are reaching, as well as to identify the most common barriers to accessing treatment.

The Coverage Monitoring Network (CMN), an inter-agency project lead by ACF-UK, continued to build the capacity of the sector in coverage assessments. In 2013 the CMN supported 105 coverage assessments for 44 organisations including Ministries of Health, NGOs, UN agencies and members of the Red Cross & Red Crescent movement across 25 countries. Thirteen publications were released including the three-part "Access for All" and the UNICEF/CMN joint publication on "The State of SAM Management Coverage 2012". In addition, four regional trainings were completed in Burkina Faso, DRC, Kenya and Nepal, and four global conferences organised (What We Know Now? A Decade of Community-based SAM Treatment).

Kabul, Afghanistan	**36%**
Bogande, Burkina Faso	**30%**
Manni, Burkina Faso	**26%**
Bahr el Gazal, Chad	**38%** (from 29 in 2012)
Kanem, Chad	**37%** (from 38 in 2012)
	to **35%** in October
Bafwasende, DRC	**41%**
Opala, DRC	**32%**
West Pokot, Kenya	**22%**
Kita, Mali	**25%**
Guidimakha, Mauritania	**35%**
Saptari, Nepal	**41%**
Keita, Niger	**28%**
Mayahi, Niger	**31%**
Dadu, Pakistan	**50%**
Tando Mohammad Khan, Pakistan	**63%**
North Cotabato, Philippines	**33%**
Matam, Senegal	**12%** (from 17 in 2012)

NUTRITIONAL STATUS

TOP 5 BARRIERS TO ACCESS ACF NUTRITION PROGRAMMES

Lack of awareness about malnutrition

Lack of awareness about the programme

High opportunity costs

Distance to the programme delivery site

Previous rejection from the programme for not meeting admission criteria

By the end of 2015, ACF has committed to be operational in every country with Global Acute Malnutrition (GAM) rates above 10%. In 2013, ACF opened programmes in Yemen and Cambodia, reaching 21 of these 28 countries (75%). According to current statistics, new country programmes are needed in Timor-Leste, Sudan, Eritrea, Sri Lanka, Maldives, Sao Tome and Principe and the Gambia. Concentrating its efforts on countries with the highest prevalence of malnutrition will enable ACF to save the lives of more acutely malnourished children annually.

Country	Year	Wasting (% moderate or severe)	ACF Programmes Operational in 2013
South Sudan	2010	23	✔
India	2005-2006	20	✔
Timor-Leste	2009-2010	19	✘
Sudan	2010	16	✘
Bangladesh	2011	16	✔
Chad	2010	16	✔
Mali	2006	15	✔
Yemen	2003	15	✔
Pakistan	2011	15	✔
Madagascar	2008-2009	15	✔
Eritrea	2002	15	✘
Sri Lanka	2006-2007	15	✘
Nigeria	2008	14	✔
Indonesia	2010	13	✔
Somalia	2006	13	✔
Niger	2011	12	✔
Mauritania	2010	12	✔
Syrian Arab Republic	2009	12	✔
Burkina Faso	2010	11	✔
Cambodia	2010	11	✔
Nepal	2011	11	✔
Maldives	2009	11	✘
Sao Tome & Principe	2008-2009	11	✘
Haiti	2006	10	✔
Senegal	2010-2011	10	✔
Djibouti	2010	10	✔
Gambia	2010	10	✘
Ethiopia	2011	10	✔
Total with ACF operations: 21/28 (75%)			

Source: Childinfo (UNICEF, 2013), http://www.childinfo.org/malnutrition_nutritional_status. php

GOAL ①

1.2 Address the underlying causes of acute malnutrition

Addressing the underlying causes of acute malnutrition is as much a priority for ACF as treating it.

In 2013, ACF reported 408 distinct projects, 32% of which were multisectoral (130). A full 10% of these (42) included an early warning and/or surveillance system. This multi-sectoral emphasis meant that 28% of all projects covered WaSH, 27% covered FSL and 22% covered nutrition (see graphic on page 7). Almost 80% of all countries (37) implemented at least one multi-sectoral project and almost half (22) implemented at least one project, including a surveillance system.

In 2013, seven countries reported conducting a Nutrition Causal Analysis (NCA). ACF aims to have 40% (currently 19 countries) of all country programmes conduct NCAs by the end of 2015.

In 2013, ACF set another new target: to reach four million people annually by the end of 2015 through mother and child care practices and other direct interventions to prevent malnutrition. While beneficiaries from health projects decreased from 2012 to 2013, those reached through care practices increased by 43%. While an ambitious target, good progress was being made towards that goal.

Photo: Burkina Faso courtesy Beatriz Perez

FOCUS ON: NCA

THE NUTRITION CAUSAL ANALYSIS (NCA): A TOOL TO ADDRESS THE VARIOUS CAUSES OF UNDERNUTRITION

Being a structured, participatory, holistic study that focuses on identifying the underlying causes of undernutrition, NCA aims to provide a comprehensive and appropriate response in the context where it takes place. To this end, NCA gives the opportunity for local communities to determine the causes of undernutrition and for technical experts to understand the challenges faced by the communities and their aspirations.
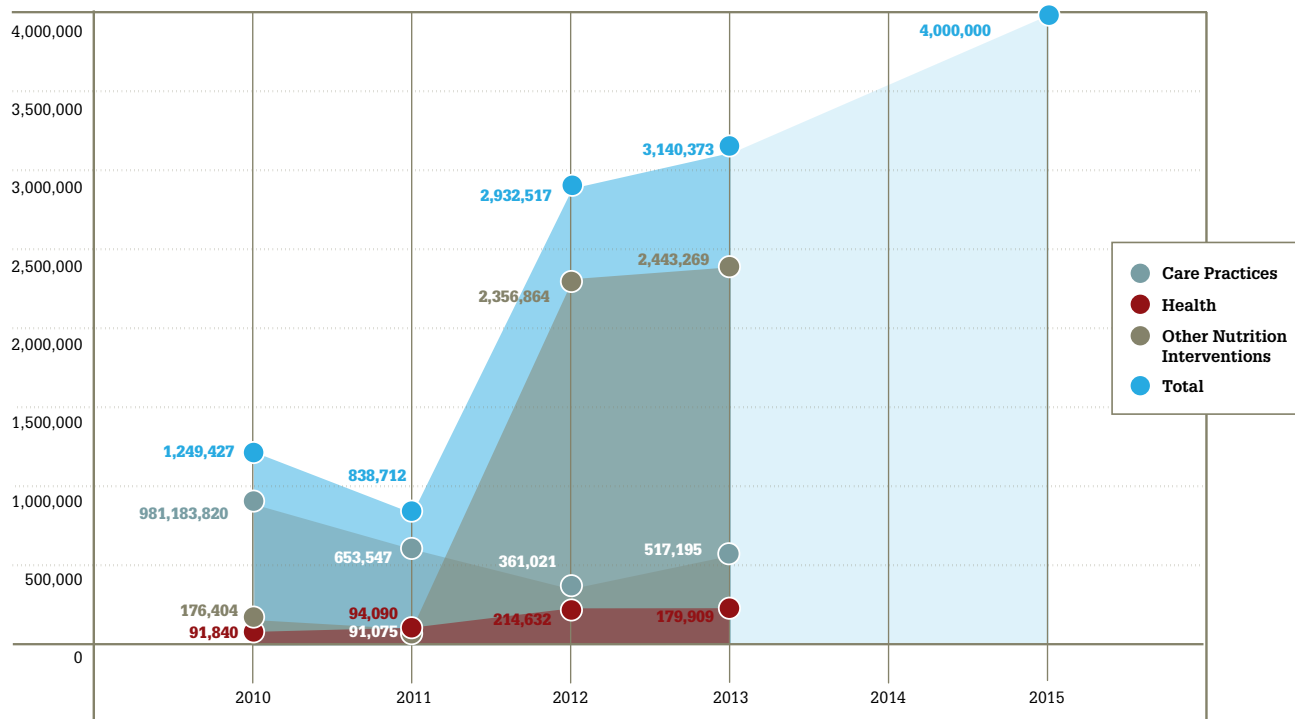
Burkina Faso, Zimbabwe, Bangladesh, Colombia, Guatemala, Nicaragua and Kenya reported conducting NCAs in 2013. Also, NCAs are ongoing currently in Ethiopia and India.

In Burkina Faso, the NCA showed that undernutrition is linked to different factors in the two ethnic groups that co-exist in Tapoa province; access to water was amongst the common ones, and food availability and excess workload were found to be relevant causes of undernutrition to a different extent for each group.

In Bangladesh, the NCA unfolded that local practices and advice from traditional birth attendants (TBAs) relating to giving birth often lead to low birth weight (more than 40% of newborn children), which is a major cause of stunting in some areas. This is where NCA can play an important role in planning appropriate interventions for different communities and also in identifying and tackling the causes of undernutrition through a locally-driven, scientific-based and long-term approach.
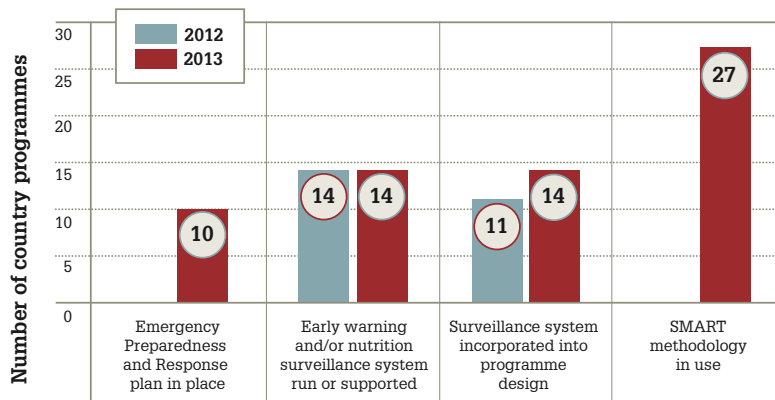
In Isiolo County, Kenya, a pastoral area with high prevalence of wasting, an NCA showed that high child morbidity linked to inadequate access to safe water coupled with poor access to age-specific foods, including milk in the dry season, were major causal factors underpinning acute undernutrition. Findings confirmed that the impacts of recurrent drought are increasing women's workload and in turn affecting maternal health and care of young children.

TOTAL BENEFICIARIES FROM INTERVENTIONS TO ADDRESS UNDERLYING CAUSES OF UNDERNUTRITION 2010-2013

Legend:
- Care Practices
- Health
- Other Nutrition Interventions
- Total

Data points:

2010: Total 1,249,427; Care Practices 981,183,820; Other Nutrition 176,404; Health 91,840

2011: Total 838,712; 653,547; 94,090; Health 91,075

2012: Total 2,932,517; Other Nutrition 2,356,864; 361,021; Health 214,632

2013: Total 3,140,373; Other Nutrition 2,443,269; 517,195; Health 179,909

2015: Total 4,000,000

ACF also emphasized mainstreaming methodologies that improve the design and implementation of nutrition programming. Over 20% of country programmes (10) had an emergency preparedness and response plan (EPRP) in place, and 30% ran or supported an early warning and/or nutrition surveillance system in country (14). All of these incorporated the surveillance system in programme design. While 75% of ACF country programmes that implement nutrition projects explicitly use SMART methodology (27 out of 36), ACF committed to mainstreaming this across every country that implements nutrition projects by the end of 2015. ACF-Canada continued to lead this process by providing technical support and capacity building throughout ACF International and the wider humanitarian community. In 2014, a SMART global technical forum across more than 20 agencies was established for information sharing, as well as to foster debate on issues such as the integration of digital data collection and sampling in complex environments.

DESIGN OF NUTRITION PROGRAMMING

Number of country programmes

Legend:
- 2012
- 2013

- Emergency Preparedness and Response plan in place: 2013 = 10
- Early warning and/or nutrition surveillance system run or supported: 2012 = 14, 2013 = 14
- Surveillance system incorporated into programme design: 2012 = 11, 2013 = 14
- SMART methodology in use: 2013 = 27

GOAL ②

Respond to and prevent humanitarian crises, address vulnerability and reinforce longer term population resilience to crises

2.1 Improve ACF's capability to respond rapidly to humanitarian crises

In three years, ACF responded to over 50 humanitarian emergencies. From large-scale crises like Typhoon Haiyan in the Philippines to localised emergencies like flooding in Uttarakhand, India, ACF response to rapid-onset emergencies nearly doubled in 2013.

The emergency pool was deployed through ACF-France and ACF-Spain in 13 of these emergencies in 2013, three of which saw full-scale coordinated deployment (CAR in April, Jordan and Turkey in May and the Philippines in November). Since 2011, CAR and the Philippines have received the greatest response to emergencies from ACF – a total of seven and six different emergencies respectively. ACF also continued to respond to slow-onset emergencies within the strategy of each country programme.

ACF responded more rapidly in 2013. Some 40% of deployment decisions were made within 24 hours, and 60% of all deployment happened within the first 72 hours. Although January and October of 2013 saw the greatest number of emergencies, data from the previous three years showed that emergencies requiring ACF response occur year round. Regardless of seasonality, ACF must always be ready to respond to emergencies for the vulnerable populations affected.
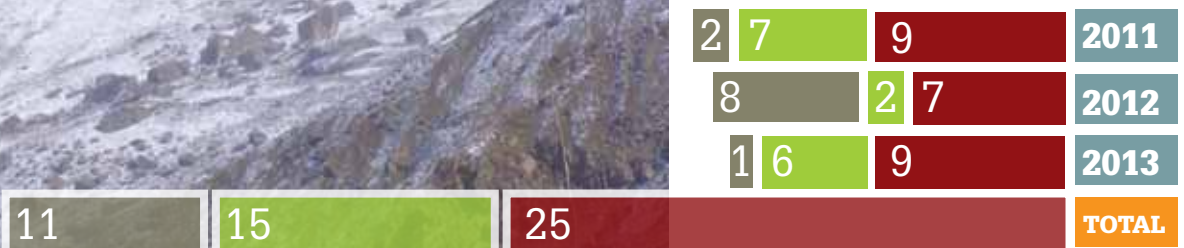
Photo: Afghanistan, courtesy Gigliola Pantera.

*in 2013 only responses to rapid onset emergencies were reported
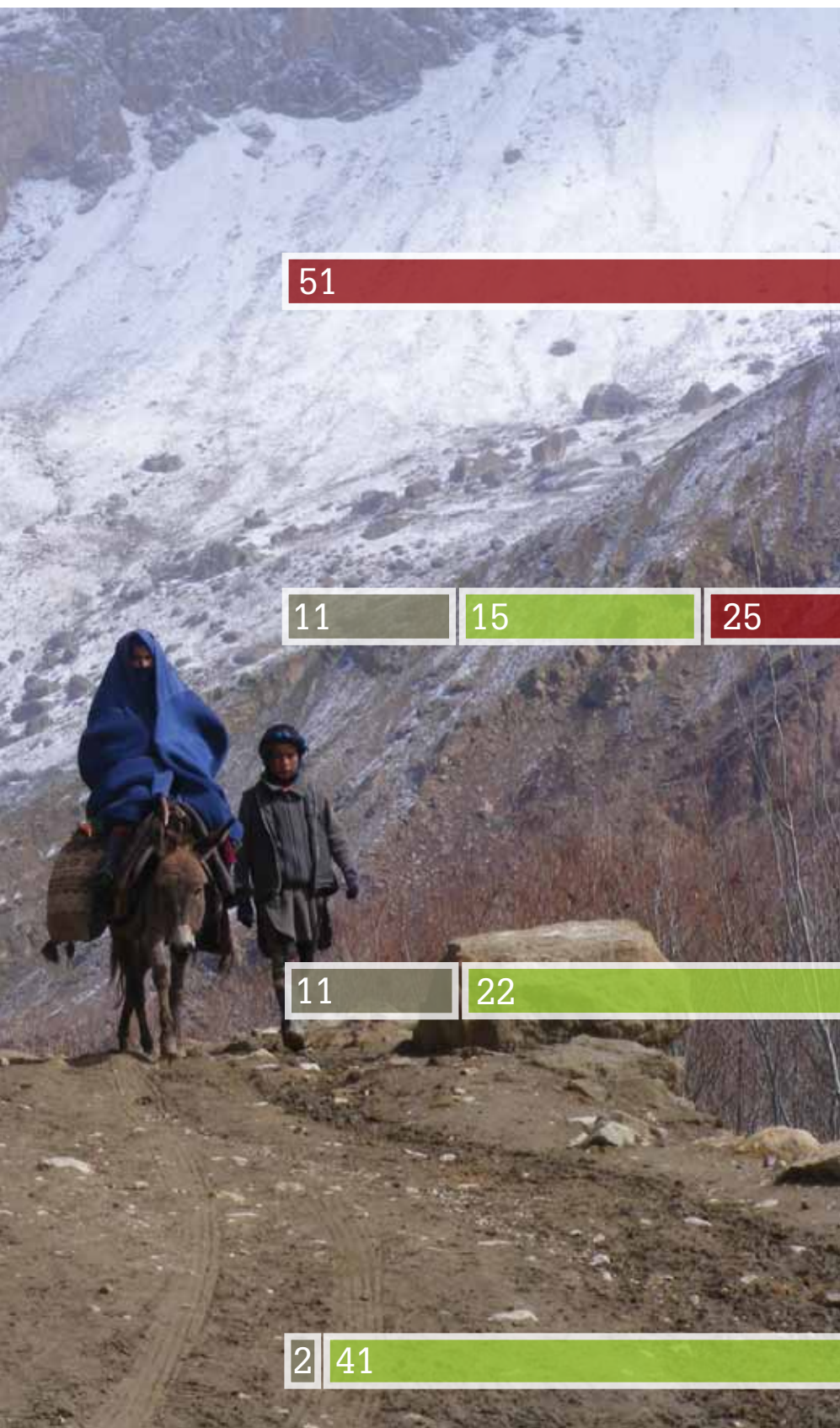
NUMBER OF EMERGENCIES TO WHICH ACF RESPONDED (RAPID AND SLOW ONSET)*

18	2011
17	2012
16	2013
51	TOTAL

WAS THE DECISION TO RESPOND MADE WITHIN 24 HOURS OF THE EMERGENCY?

NO DATA OR N/A	YES	NO	
2	7	9	2011
8	2	7	2012
1	6	9	2013
11	15	25	TOTAL

■ YES   ■ NO   ■ NO DATA OR N/A

WAS THE EMERGENCY RESPONSE DEPLOYED WITHIN 72 HOURS OF THE DECISION?

NO DATA OR N/A	YES	NO	
1	11	6	2011
9	2	6	2012
1	9	6	2013
11	22	18	TOTAL
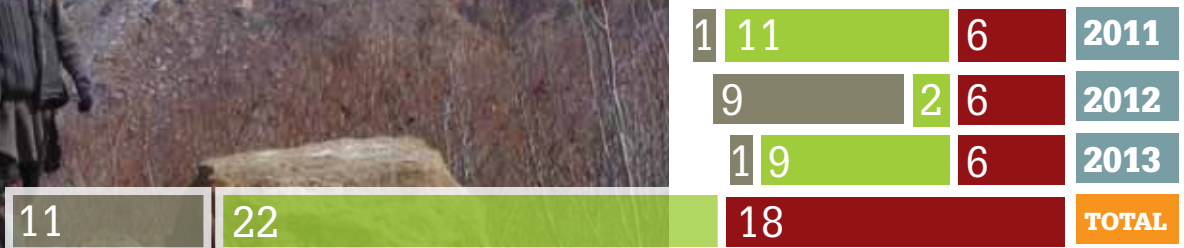
■ YES   ■ NO   ■ NO DATA OR N/A

WAS THE EMERGENCY POOL DEPLOYED AS PART OF THE EMERGENCY RESPONSE?

NO DATA OR N/A	YES	NO	
1	13	4	2011
	15	2	2012
1	13	2	2013
2	41	8	TOTAL

■ YES   ■ NO   ■ NO DATA OR N/A

GOAL (2)

FOCUS ON:
Philippines

ACF'S RESPONSE TO THE HAIYAN/YOLANDA TYPHOON IN THE PHILIPPINES
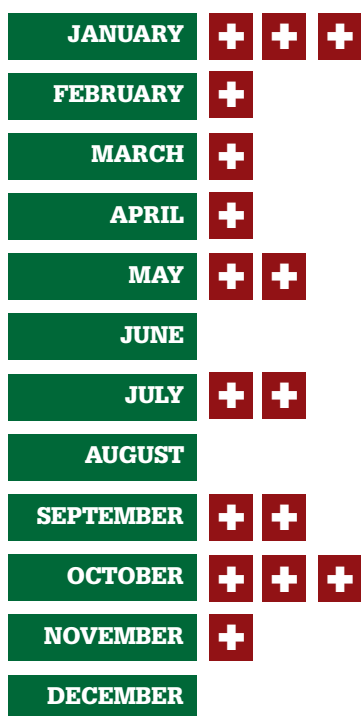
In November 2013, the Philippines were hit by one of the most powerful typhoons ever recorded. ACF International, led by ACF-Spain (already present in the Philippines), mounted a substantial response to the typhoon. Approximately 340 staff (25 expatriates, the rest of them national staff) were deployed, and food and water provisions were sent to respond to an emergency that gained considerable international attention. By May 2014 ACF operations had grown from a volume of €1.5 million to €23 million. By the end of the year, at least 220,000 beneficiaries had been supported by ACF's response to the disaster.

Approximately six weeks after ACF's response to typhoon Haiyan, a real-time evaluation (RTE) was carried out in accordance with ACF International's Standard Operating Protocol for Emergency Response. Overall, the RTE found ACF's response to be effective and timely, with emergency WaSH and nutrition kits and food security activities reaching the affected communities, though coordination required improvement. One lesson highlighted in the RTE was that the response was felt to be too centralised, therefore sufficient support for the local operational bases and staff should be enabled to a larger extent in the future. In addition, the contingency planning in place needs to be linked to the international protocol so that ACF will be able to respond to disasters of such magnitude in the future even better. On the positive side, the web-based intranet system supported the coordination process well, enabling the sharing of information amongst teams and serving to improve transparency between ACF teams. This tool should be developed further and utilised in future operations.

Month	
JANUARY	✚ ✚ ✚
FEBRUARY	✚
MARCH	✚
APRIL	✚
MAY	✚ ✚
JUNE	
JULY	✚ ✚
AUGUST	
SEPTEMBER	✚ ✚
OCTOBER	✚ ✚ ✚
NOVEMBER	✚
DECEMBER	

STAFF AVAILABLE FOR EMERGENCY DEPLOYMENT IN 2013

Role	
Desk & HR	👤 👤 👤
Nutrition	👤 👤
WaSH	👤 👤
FSL	👤 👤
Admin	👤 👤
Logistics	👤 👤
Care Practices	👤

In 2013, ACF also focused efforts on increasing capacity to respond. Fourteen staff members were available for emergency deployment, including technical experts in nutrition, WaSH, FSL and care practices. While only 14 country programmes (30%) had emergency response plans (EPRPs) in place (10) or in development (4), ACF prioritised the most vulnerable contexts – eleven of the 2013 responses (73%) occurred in country programmes in which surveillance and early warning mechanisms were incorporated into programme design. In 2013, ACF thus committed to mainstreaming EPRPs across all country programmes by the end of 2015.

ONSET OF EMERGENCIES IN 2013

FOCUS ON:
Syria

DEPLOYMENT OF EMERGENCY POOL IN EMERGENCIES IN 2013

✔ Deployment of Emergency Pool   ✘ Existing capacity of country programme responded

Typhoon

✔ **Philippines** - Bislig
✔ **Philippines** - Visayas

Conflict

Philippines
✘ - Zamboanga
✔ **Mali**
✔✔✔✔ **CAR**

Refugees

✔ **Turkey** - Hatay
✔ **Jordan** - Amman
✔ **Iraqi Kurdistan**
✔ **Lebanon**
   - Bekaa Valley

Earthquake

✘ **Philippines** - Bohol

Food crisis

✔ **Madagascar**
✔ **Chad**

Floods

✔ **India** - Uttarakhand

ACF'S RESPONSE TO THE SYRIAN CRISIS

ACF has been present in Lebanon since 2006 and in Syria since 2008 (ACF-Spain). The expanding crisis required the organisation to increase its operations in the region. After a joint assessment mission which took place in May 2013, ACF-France opened country programmes in Jordan and Iraqi Kurdistan, managed by a coordination team in Amman. At the same time, ACF-Spain operated (offering technical support) through a local partner in Turkey. In 2013, ACF-Spain also began the registration process in Egypt in order to provide assistance to refugees beginning in 2014.

Due to the complexity of the crisis and the simultaneous presence of ACF-France and ACF-Spain in the region, it was decided that a regional presence should be established in Amman. This team is comprised of a regional communications officer, a nutritional focal point, and a regional representative. The regional representative serves to represent ACF towards other NGOs, the UN, donors and regional fora. This role has been critical in positioning ACF within the international response.

By the end of the year, the ongoing crisis in Syria, the co-existence of two different ACF headquarters in the same region, the need to operate through local partners and the extremely volatile context were considerable challenges that required special attention. The real-time evaluation conducted in February 2014 was a key step in efforts to understand the situation, further develop a regional plan and shape the way forward for ACF.
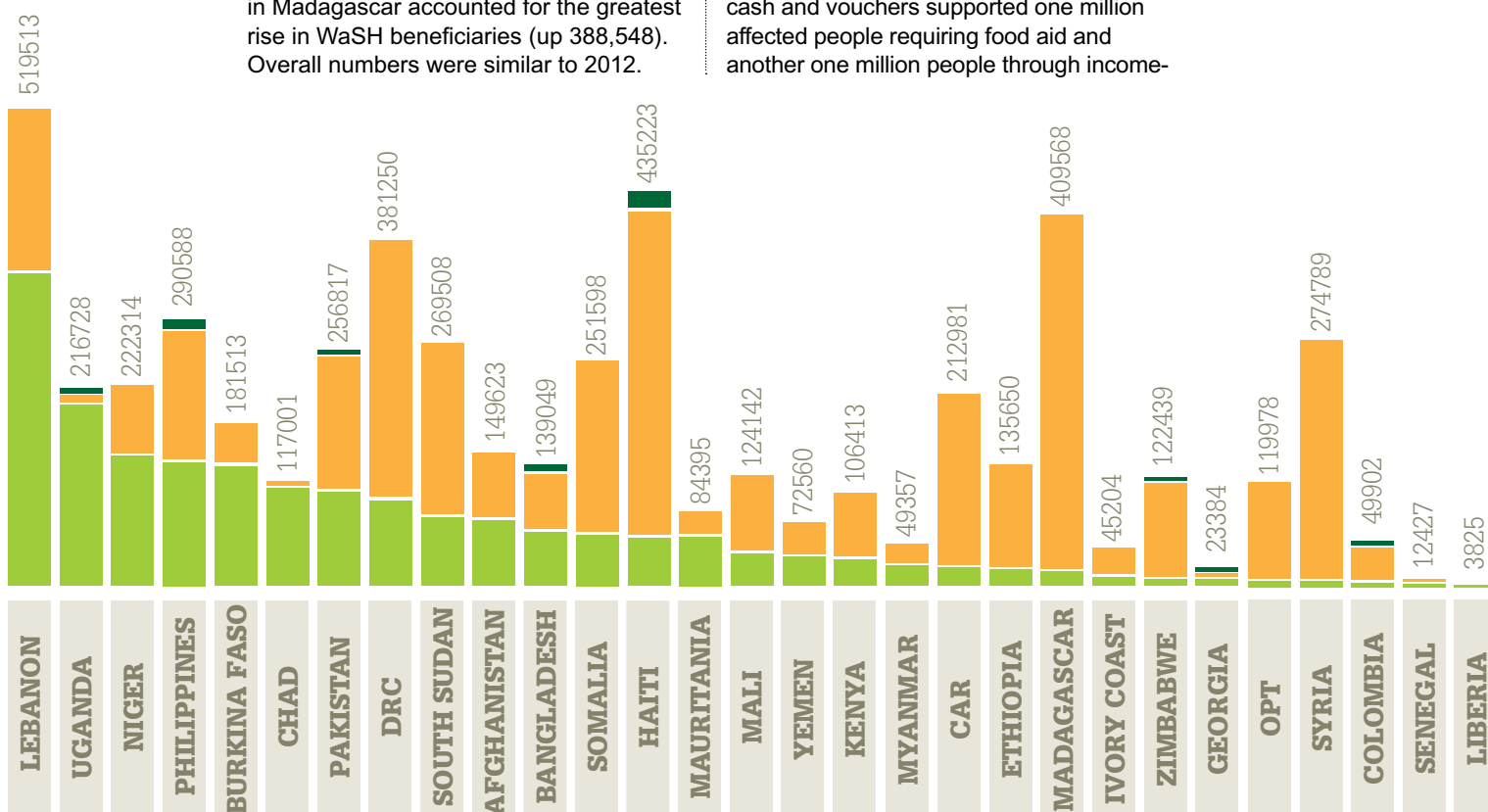
GOAL ②

2.2 Increase ACF support to the affected populations and more particularly to the most vulnerable individuals

In 2013, ACF substantially increased its FSL and WaSH beneficiary targets. Last year, FSL projects reached more than two million people, nearly 400,000 more than in 2012 and closer to reaching its target. ACF WaSH projects reached more than 3.4 million people, down nearly 300,000 from 2012 but still meeting its new target.

Scaling up in humanitarian emergencies was reflected in 2013 numbers. No country saw a greater rise in FSL activities than Lebanon (up 343,198 from 2012), where ACF efforts focused on responding to the Syria crisis. Similarly, emergency response in Madagascar accounted for the greatest rise in WaSH beneficiaries (up 388,548). Overall numbers were similar to 2012.

Seven countries reported 100,000 FSL beneficiaries (Lebanon, Uganda, Niger, Philippines, Burkina Faso, Chad and Pakistan), and seven others reported WaSH beneficiary numbers nearing or exceeding 200,000 (Madagascar, Haiti, DRC, Syria, South Sudan, Somalia and CAR).

Specific FSL activities rose in response to context-based needs in 2013. Together, ACF distributed 70,000 metric tonnes of food aid – 14 times more than in 2012. Most of this occurred in the Philippines (60,000 metric tonnes). Lebanon and Niger, on the other hand, accounted for 62% of the nearly €17.5 million (cash and vouchers) distributed in 19 countries. Only a fraction of this was unconditional. The majority of cash and vouchers supported one million affected people requiring food aid and another one million people through income-

Bar chart of beneficiaries by country:

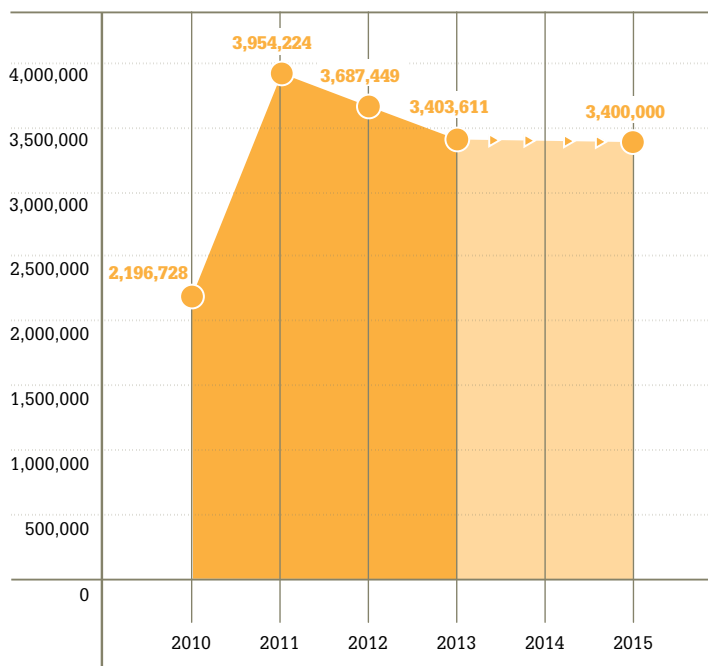| Country	Value
LEBANON	519513
UGANDA	216728
NIGER	222314
PHILIPPINES	290588
BURKINA FASO	181513
CHAD	117001
PAKISTAN	256817
DRC	381250
SOUTH SUDAN	269508
AFGHANISTAN	149623
BANGLADESH	139049
SOMALIA	251598
HAITI	435223
MAURITANIA	84395
MALI	124142
YEMEN	72560
KENYA	106413
MYANMAR	49357
CAR	212981
ETHIOPIA	135650
MADAGASCAR	409568
IVORY COAST	45204
ZIMBABWE	122439
GEORGIA	23384
OPT	119978
SYRIA	274789
COLOMBIA	49902
SENEGAL	12427
LIBERIA	3825

generating activities and agricultural and livestock interventions. In addition, ACF built 1,790 community infrastructures (eg waterdams and seed banks); conducted 599 FSL contextual analyses, assessments and surveillance reports; and trained 168,563 people in 30 countries.
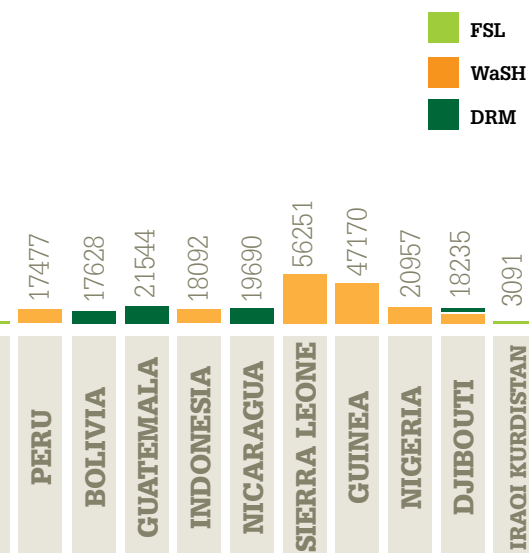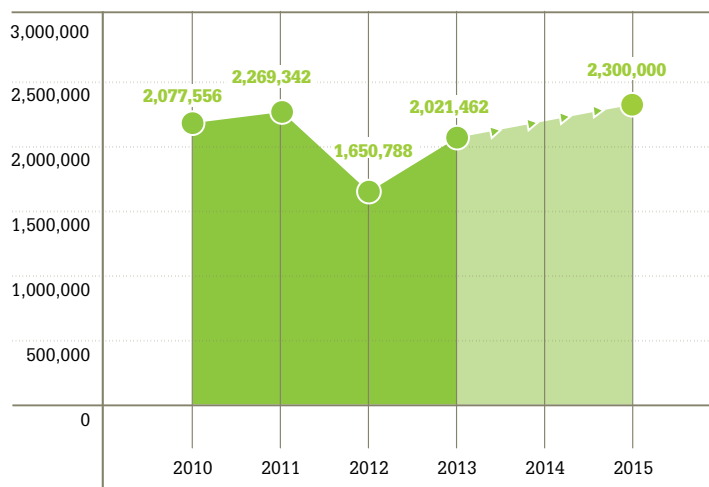
Amongst ACF WaSH interventions, emergency water delivery rose substantially in 2013 – from 74,371 to 122,626 cubic meters. Although much less than in 2012, ACF also improved 14,935 water points and 24,425 latrines, distributed 378,873 hygiene kits and trained 100,768 individuals. The organisation also helped to strengthen the capacity of 251 local WaSH institutions.

Of all FSL and WaSH beneficiaries, 54% were men and 46% were women, with 14% being children under 5 years old.

FSL
WaSH
DRM

PERU 17477
BOLIVIA 17628
GUATEMALA 21544
INDONESIA 18092
NICARAGUA 19690
SIERRA LEONE 56251
GUINEA 47170
NIGERIA 20957
DJIBOUTI 18235
IRAQI KURDISTAN 3091

ACF INTERNATIONAL WaSH BENEFICIARIES 2010-2013

2,196,728
3,954,224
3,687,449
3,403,611
3,400,000

ACF INTERNATIONAL FSL BENEFICIARIES 2010-2013

2,077,556
2,269,342
1,650,788
2,021,462
2,300,000

ACF FSL, WaSH AND DRM BENEFICIAIRES 2013
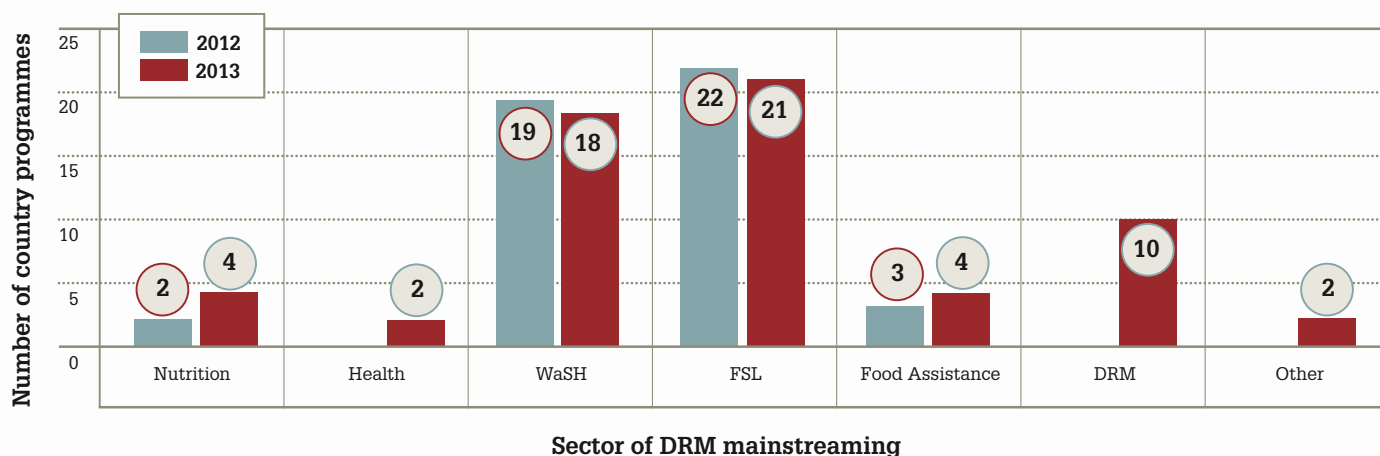
GOAL (2)

FOCUS ON:
Ethiopia

In 2013, ACF reported more than 100,000 beneficiaries of stand-alone Disaster Risk Management (DRM) projects, but this only captures a fraction of ACF's DRM activities (DRR, CCA, Social protection and resilience). 60% of all country programmes reported DRM activities in 2013, and only one of these implemented only stand-alone DRM projects (Djibouti). As in 2012, most country programmes mainstreamed their DRM work with FSL (21 countries, 34%) and WaSH (18 countries, 30%), but a few also with nutrition (four countries, 7%) and health (two countries, 3%). Together, ACF implemented 44 DRM projects with beneficiaries in 12 countries (Bangladesh, Djibouti, Haiti, Zimbabwe, Bolivia, Colombia, Georgia, Guatemala, Nicaragua, Philippines, Pakistan and Uganda). Most significant were numbers from Central American country programmes – Haiti (18,265), Bolivia (16,222), Guatemala (18,757), and Nicaragua (17,547).

ADDRESSING DROUGHT RISK THROUGH AN INTEGRATED DRM PROJECT

Disaster Risk Management is an area of intervention that can contribute to long-term and sustainable solutions. A noteworthy example of integrated DRM programmes was the Community Managed Disaster Risk Management (CMDRM) project in Ethiopia. Its objective was to "strengthen resilience of pastoralist and agro-pastoral peoples to recurrent drought to enhance drought risk reduction capacity through creating strengthened and diversified livelihood sources for local communities". The project served to create awareness and build institutions for natural resource management, including capacity building in management capabilities and the strengthening of community-based institutions such as the Kebele (neighbourhood) Drought Risk Management Committees. A total of 62,586 men and women benefited.

A number of lessons can be drawn from Ethiopia's DRM programme including; 1) the need to integrate DRM activities into a comprehensive institutional framework, involving NGOs, government/institutions and the local community in decision-making processes, 2) the introduction and promotion of drought resistant crops, 3) the promotion of traditional coping mechanisms, and 4) the importance of involving and empowering women through DRM initiatives. What is clear from the programme is that by implementing an integrated package of activities (including FSL and WaSH interventions) through a multi-stakeholder approach ACF can contribute to the improvement of household food security and the nutritional status.

MAINSTREAMING DRM BY SECTOR 2013

Bar chart titled with y-axis "Number of country programmes" (0–25) and x-axis "Sector of DRM mainstreaming". Legend: 2012, 2013. Values — Nutrition: 2 (2012), 4 (2013); Health: 2 (2013); WaSH: 19 (2012), 18 (2013); FSL: 22 (2012), 21 (2013); Food Assistance: 3 (2012), 4 (2013); DRM: 10 (2013); Other: 2 (2013).

COUNTRIES THAT REPORTED DRM MAINSTREAMING BY SECTOR 2013

WaSH

Burkina Faso
CAR
Ethiopia
Haiti
Myanmar
Sierra Leone
Somalia
Bolivia
Colombia
Guatemala
Guinea
Mauritania
Nicaragua
Niger
OPT
Philippines
Cambodia
Pakistan
Uganda

19

Nutrition

CAR
Mauritania
Paraguay
Philippines

4

Health

Colombia
Guinea

2

Other

Colombia
Niger

2

Food security & livelihoods

Afghanistan	Somalia	Nicaragua
Burkina Faso	Zimbabwe	OPT
CAR	Bolivia	Syria
Chad	Georgia	Cambodia
Ethiopia	Guatemala	Kenya
Ivory Coast	Mali	Nigeria
Myanmar	Mauritania	Pakistan

21

Food assistance

Chad
Somalia
Colombia
Nigeria

4

DRM

Haiti	Guinea
Somalia	Nicaragua
Bolivia	Cambodia
Georgia	Pakistan
Guatemala	Uganda

10

DISASTER RISK MANAGEMENT BY SECTOR 2013

- Nutrition
- Food security & livelihoods
- WaSH
- DRM
- Health
- Food assistance
- Other

3%
7%
16%
34%
7%
**30%**
3%
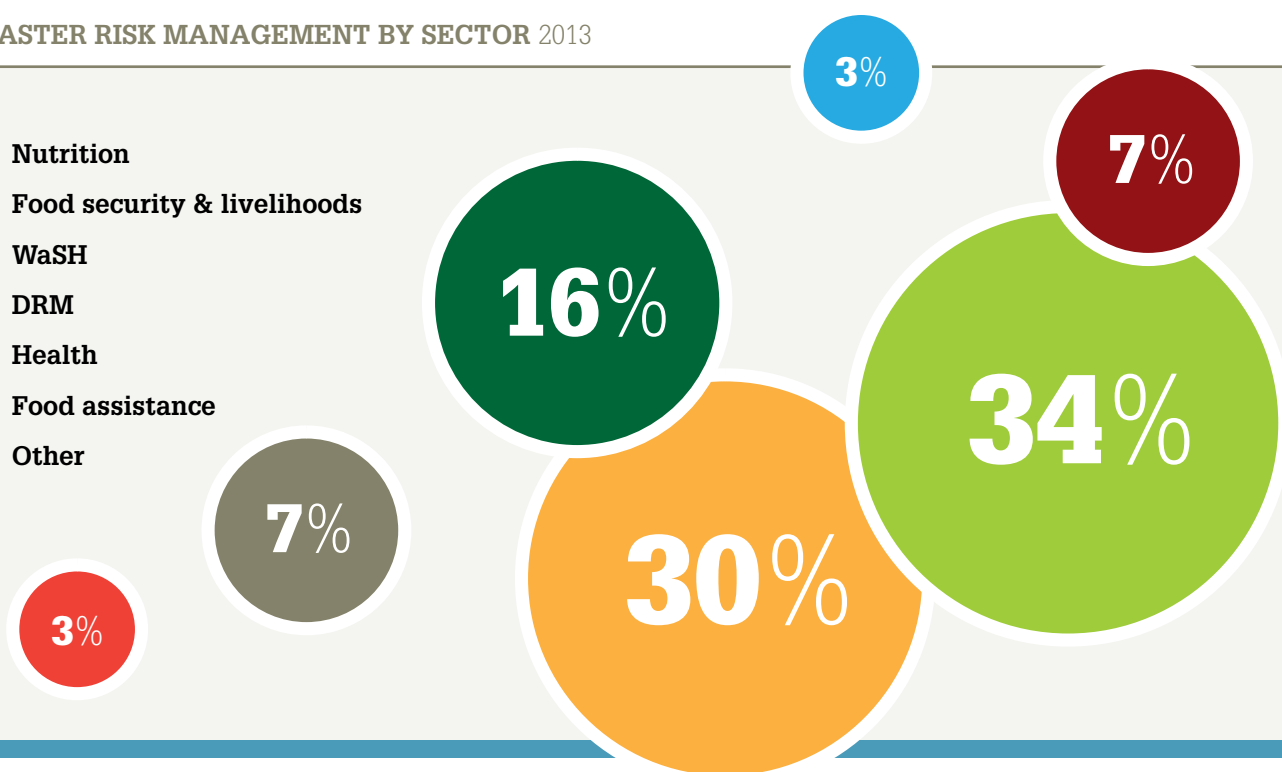
GOAL (3)

Develop partnerships with local, national and international stakeholders to increase the number of beneficiaries and promote sustainability

Across the world in 2013, ACF partnered with more stakeholders than ever before. Every country programme reported working with partners, except Cambodia, Jordan and Iraqi Kurdistan – all three of which were newly established in 2013. With 484 formal partnerships (including signed agreements) in place, ACF collaboration grew by 46% compared to 2012.

3.1 Increase partnerships with governments aimed at increasing coverage and sustainability

By focusing more on local and national government partnerships – which more than doubled in 2013 (from 120 to 270, 56% of total) – ACF not only reinforced programme impact but also emphasised building and retaining capacity in the system. While 43 (out of 47) countries reported partnerships in 2013, only 30 supplied information about partner type. All of these, however, worked with government stakeholders.

1%

3%

14%

21%

56%

5%
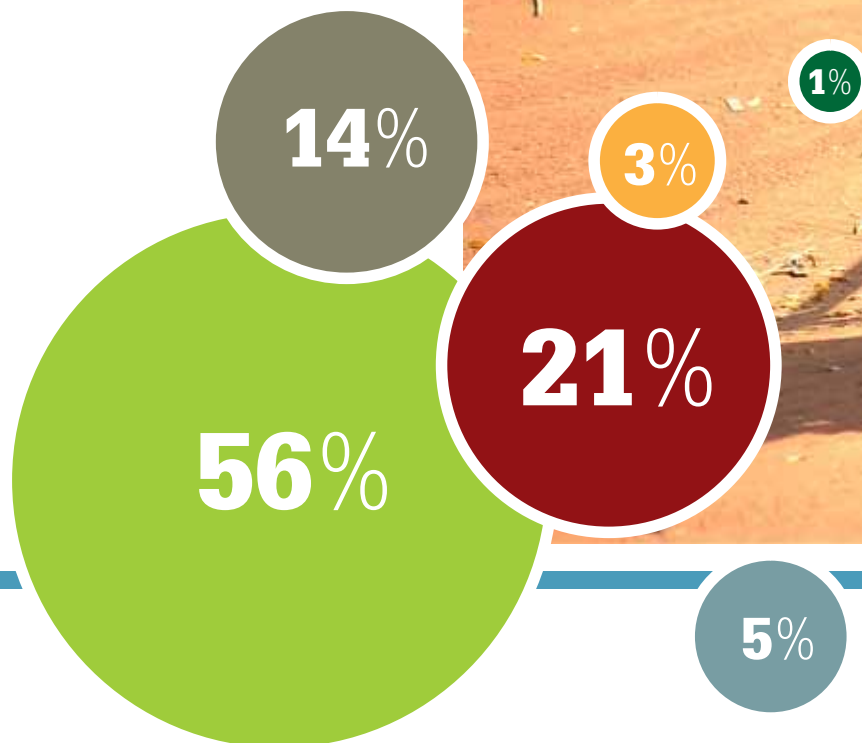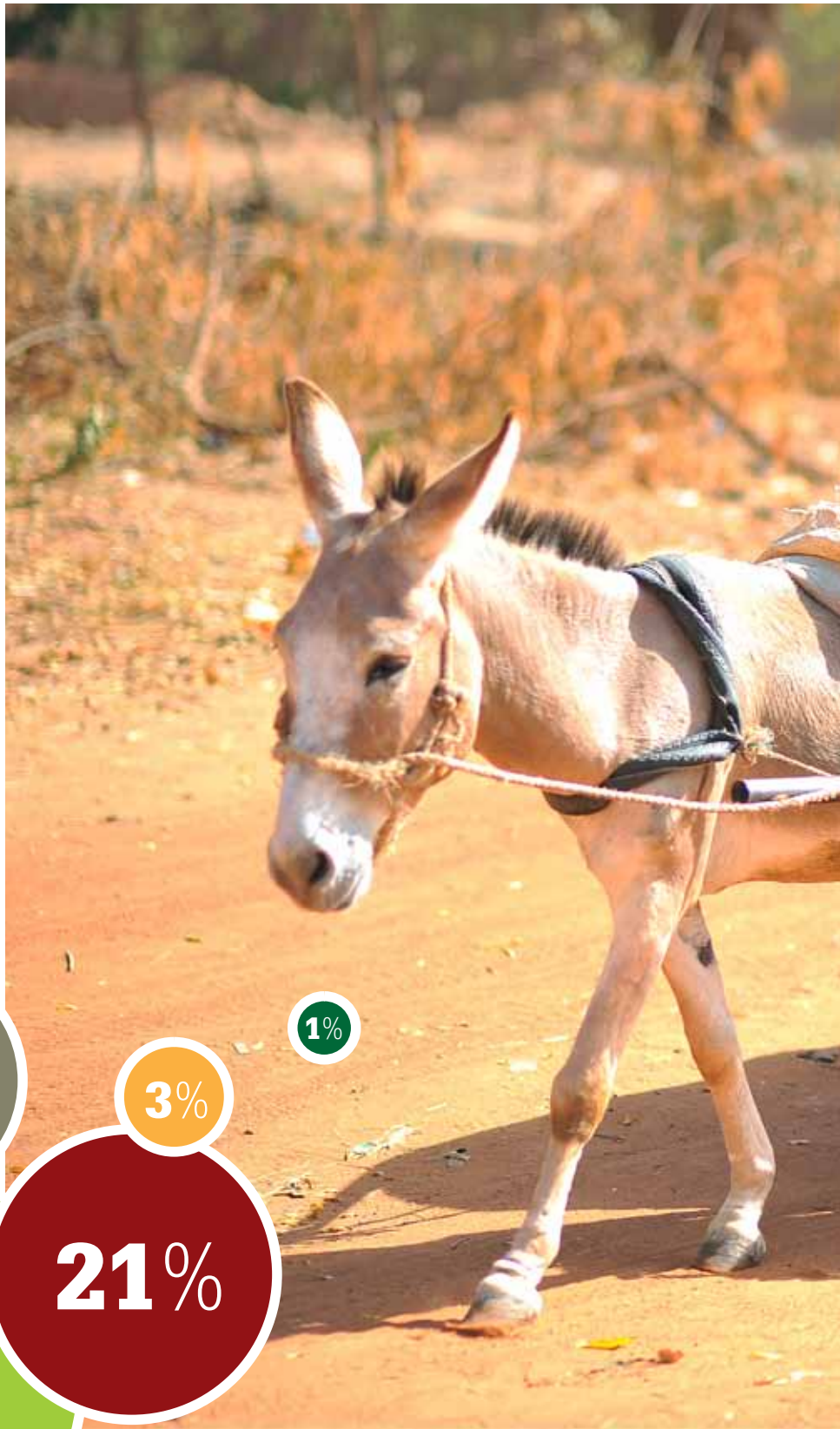
ACF PARTNERSHIPS BY TYPE 2013

● **Governments, ministries & public agencies**
● **Academic, think-tanks & scientific bodies** (national or international)
● **International NGOs**

- National or local NGOs
- Private sector
- Other

GOAL 3

3.2 Increase partnerships with NGOs and local civil society organisations aimed at increasing access, sustainability and funding

Of the 30 countries working with partners, 29 worked with local or national NGOs. While overall, partnerships with local and national NGOs decreased by 29% in 2013, working with international NGOs increased by 65%. Save the Children and Care were the most frequent international NGO partners, with eight and seven ACF country programmes partnering with them, respectively.

8	7	5	4	4	4
COUNTRIES	COUNTRIES	COUNTRIES	COUNTRIES	COUNTRIES	COUNTRIES
Save the Children	care	RESCUE	MercyCorps	OXFAM	SOLIDARITÉS INTERNATIONAL

3.3 Play a prominent role within consortia and humanitarian coordination mechanisms
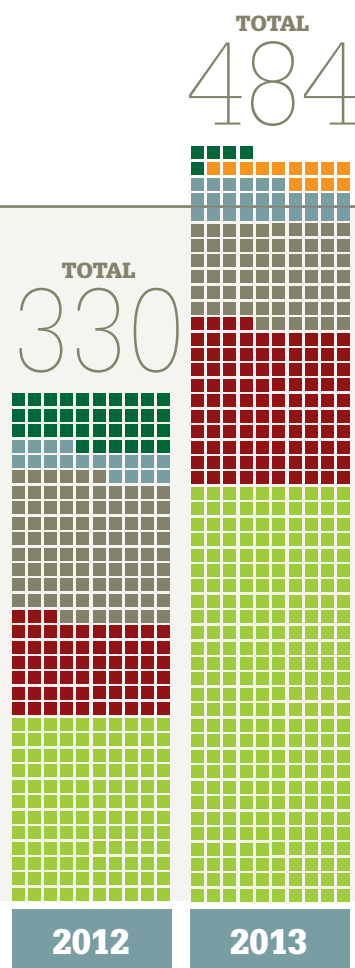(HQ, national & local levels)

In 2013, ACF was also a member of 56 consortia in 29 different country programmes, nearly double the amount recorded in 2012 (32 in 15 countries). In eleven of these countries (Haiti, Myanmar, Bolivia, Colombia, Guatemala, Nicaragua, OPT, Philippines, Senegal, Turkey and Nigeria) ACF held the position of lead agency.

ACF was also active in 156 coordination mechanisms (such as the Nutrition, FSL and WaSH Clusters) across 36 country programmes. Of these ACF led in the following 16 countries: Afghanistan, CAR, Chad, Ivory Coast, Madagascar, Yemen, Zimbabwe, Colombia, Georgia, Guatemala, Mauritania, OPT, Philippines, Senegal, Kenya and South Sudan.

TOTAL 484

NUMBER OF COUNTRY PROGRAMMES BY TYPE OF PARTNER 2012-2013

2012	2013	Type
34	30	GOVERNMENTS, MINISTRIES & PUBLIC AGENCIES
20	27	INTERNATIONAL NGOS
32	29	NATIONAL OR LOCAL NGOS
11	18	ACADEMIC, THINK TANKS & SCIENTIFIC BODIES (national or international)
-	8	PRIVATE SECTOR
19	4	OTHER

TOTAL 330

ACF PARTNERSHIPS BY TYPE 2012-2013

2012   2013

3.4 Become an established NGO partner of various non-NGOs, governments and international stakeholder initiatives
(eg. academia, think-tanks, scientific institutions and private sector organisations)
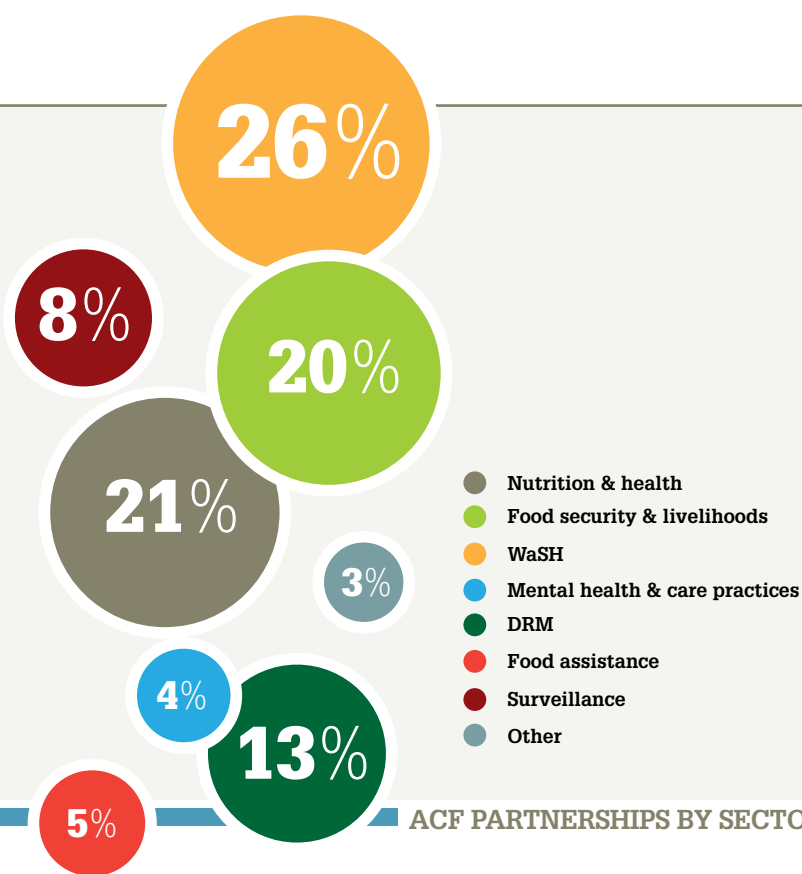
Why does ACF support a partnered approach?

Engagement with stakeholders on the ground also diversified to include more academic institutions, think-tanks and scientific bodies (5% of total), as well as private sector parties (3% of total). A full 60% of ACF country programmes engaged with academic institutions, think tanks and scientific bodies and eight country programmes with private sector partners. Private sector partners were used in both programme delivery (such as Agrinet for market analysis in Uganda) and research (such as with the UBS Optimus Foundation in Peru).
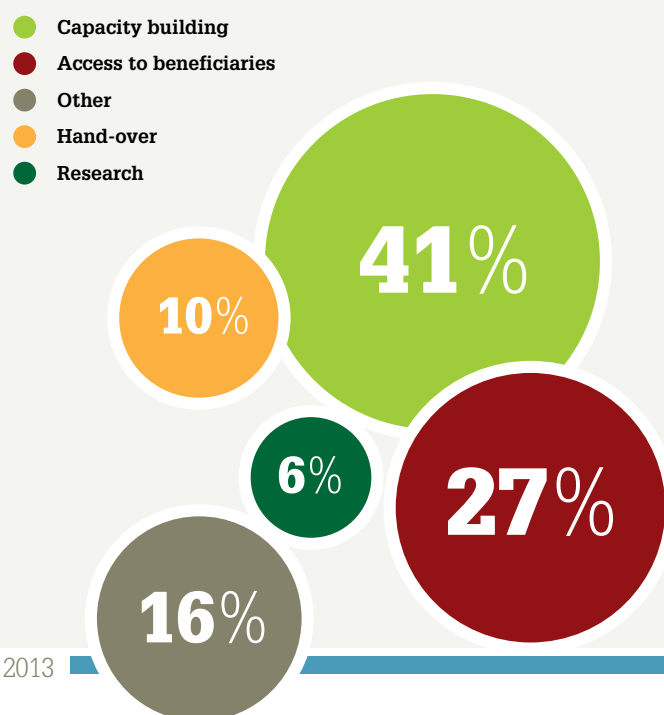
In 2013, country programmes provided information on the purpose of 429 out of the 484 partnerships recorded (89%). As in 2012, capacity building remained the principal reason for partnerships (41%) but improving access to beneficiaries was a substantial second (27%). Capacity building also requires sustainable exit strategies, which is why 10% of all partnerships were expressly for hand-over of programmes to local and national stakeholders. In 2013, 6% of all partnerships were also for research. That included nearly 40 research projects underway with leading experts in diverse fields, whether on infectious

diseases amongst SAM children with the University Hospital of Geneva or climate resilience and food security in Central America with a consortium of NGO and academic partners (see Annex 2).

Partnerships were formed across ACF's three main sectors (nutrition and health, WaSH and FSL) in more or less equal proportions (20-26%). A very limited section of partnerships (4%) were in mental health and care practices, reflecting the relative novelty of this sector for ACF. See Annex 4 for a full list of reported partnerships by country.

ACF PARTNERSHIPS BY PURPOSE 2013

- Capacity building
- Access to beneficiaries
- Other
- Hand-over
- Research

26%

8%

20%

21%

3%

4%

13%

5%

- Nutrition & health
- Food security & livelihoods
- WaSH
- Mental health & care practices
- DRM
- Food assistance
- Surveillance
- Other

10%

41%

6%

27%

16%

ACF PARTNERSHIPS BY SECTOR 2013

GOAL 4

Build ACF's capacity to ensure effective and efficient response to humanitarian crises

4.1 Develop greater financial security and independence and sufficient revenue to allow ACF to increase its impact on the eradication of hunger and malnutrition.

In 2013, ACF made significant achievements towards greater financial independence and security and committed to even greater ambitions for the coming years.

Having already reached its 2015 financial targets by the end of 2012, ACF committed to a new goal of achieving a network-wide budget of €226 million ($295 million) by 2015. In 2013, ACF's total financial activity grew 3% from 2012, to a total of €210,856,770. While a substantial achievement, this growth trend will need to continue to increase in the coming years for ACF to meet its ambitious new target.

ACF also sought to develop greater financial independence by increasing the percentage of private support each year. The aim is to reach a public-private split of 65%-35% by 2015. While very close to this target, 2013 numbers showed a trend moving in the opposite direction. A slightly greater percentage of ACF revenue actually came from public restricted release funding in 2013 (from 68% in 2012 to 71% in 2013), whereas private funding made up slightly less of the whole (from 32% in 2012 to 29% in 2013).

However, strides were made in other areas towards greater financial security. For example, a larger proportion of private funding was unrestricted in 2013 – from 75% to 80%. This unrestricted private funding made up 23% of all ACF's revenue, essentially allowing a quarter of all ACF's spending in 2013 to be directed by independent decision-making. This increase in financial independence can lead to better, more adaptive programming in

Photo: ACF-Car, courtesy B.Cichon

ACF INDIVIDUAL DONORS 2011 - 2013

2011

2012

2013

500,000

704,895

794,899

€3,385,000

€3,850,000

€615,000

€150,000

ACF DEVELOPMENT'S INVESTMENT IN 2013

INVESTMENT IN CURRENT HQS

INVESTMENT IN NEW MARKETS

REMAINING

SPENT

GOAL ④

emergencies, since most restricted funding requires time to secure and comes with strings attached that are not always in the best interest of the disaster-affected communities we serve. A tension often results from two ends: when responding to crises, more lives can be saved and suffering alleviated with immediate action, but the architecture of institutional humanitarian financing is not optimised for speed and agility. This situation creates an unfortunate dichotomy between downward and upward accountability – what is best for beneficiaries is speed but what is required by donors is time.
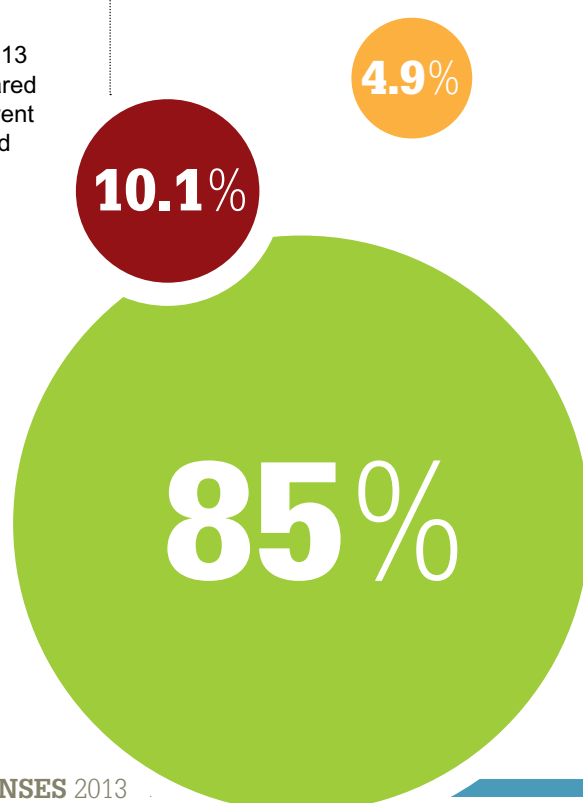
Greater financial independence mobilises swifter action, allowing beneficiary-influenced and adaptable decision-making. This translates into programming that is more accountable to the needs of communities affected by disasters, faster and more effective. This is the reason that ACF committed to raising unrestricted funds of €58 million ($77 million) by 2015, which will make up more than a quarter of its overall budget. At €48.7 million in 2013, ACF was closer than ever before to greater financial independence, for improving our capacity for humanitarian action.

The breakdown of expenses in 2013 remained largely the same compared to 2012. Slightly more spending went towards programming (+0.2%) and

fundraising (+0.8%) and slightly less towards management (-1%). By increasing investment in fundraising activities, ACF also increased the return on investment, which can lead to more resources for life-saving programmes.

Diversifying funding sources also requires a broad portfolio of donors. Aside from 800,000 individual active donors, a dozen major institutional sources contributed to ACF's revenue in 2013. Of these, only the European Community represented more than 20% of the total income (28%), with ECHO making up most of that (20%) but closely followed by the UN (15%). Both of these, however, represented a smaller portion of the total than they did in 2012. Revenue from a few governments decreased in 2013, including the Spanish (-14%) and Canadian (-4%). This decrease was compensated by increases in revenue from other donors, including the UN (+9%), US (+9%), UK and other (such as Norwegian and Swiss) governments (+17%). The greatest growth came from the French and British governments, whose contribution rose by €2.1 million (+141%) and €4.3 million (+63%) respectively.

One of the most effective ways to increase resources for programming is to increase investment in fundraising, allowing more exponential growth and greater return on investment. For this reason, ACF Development was created and became operational in 2013. A total budget of €8 million was allocated, €4 million to generate increased fundraising in current HQs and €4 million to break into new markets by opening fundraising offices in new countries. Much of 2013 was dedicated to planning and preparation. Out of the first €4 million, ACF Development dedicated €615,000 (15%) as loans to current HQs. This comprised two loans for ACF-USA totaling €500,000 and one loan for ACF-UK totaling €115,000.

Out of the second €4 million, ACF Development only invested €150,000 (4%). Most of this spending related to the running costs for this bold new initiative because the greater part of 2013 was dedicated to rigorous preparation. Most importantly, this included a global fundraising market study to identify the most promising new countries for ACF fundraising activities. Based on this study, Italy and Germany were selected as propitious new markets. ACF Development began the registration process in these two countries as 2013 turned into a new year.

ACF Development is expected to play a central role in accelerating greater financial security and independence for ACF in the coming years. With smarter investment in fundraising comes greater revenue to allow ACF to increase its impact on the eradication of hunger and malnutrition. ACF Development is an exciting new initiative with far-reaching potential to contribute substantially towards this goal.

4.9%

10.1%

85%

- ● Programmes
- ● Fundraising
- ● Management & General

EVOLUTION OF TOTAL ACF REVENUE (€)

Legend:
- PUBLIC - RESTRICTED RELEASED
- PRIVATE UNRESTRICTED
- PRIVATE RESTRICTED

Year	Public - Restricted Released	Private Unrestricted	Private Restricted
2003	49,441,733	14,610,259	
2004	54,897,228	18,123,825	
2005	63,859,241	28,744,067	
2006	71,713,577	29,291,461	
2007	74,225,227	30,523,894	
2008	89,777,648	36,955,339	
2009	90,990,793	38,812,814	
2010	113,653,935	52,265,559	
2011	122,499,880	60,915,428	
2012	137,867,726	50,686,664	14,192,266
2013	148,749,437	49,574,071	12,533,262
2015	168,000,000	58,000,000	

TOTAL ACF REVENUE BY DONORS (€1000s)

	2011	2012	2013
United Nations	21,497	27,425	29,876
European community	49,368	57,793	57,233
USA	4,445	8,295	9,048
France	3,701	1,523	3,665
Spain	11,258	8,413	7,270
United Kingdom	13,196	6,850	11,166
Canada	3,348	2,698	2,597
Sweden	5,808	6,259	9,399
Private grants + unrestricted	60,723	59,703	61,735
Other institutional donors	5,862	7,734	6,903
Other	4,647	4,600	4,515
TOTAL	€183,862,446	€191,293,044	€203,407,402

RATIO OF REVENUE BY DONORS

- United Nations — 15%
- European community — 28%
- USA — 4%
- France — 2%
- Spain — 4%
- United Kingdom — 5%
- Canada — 1%
- Sweden — 5%
- Private grants + unrestricted — 30%
- Other institutional donors — 3%
- Other — 3%

GOAL ④

4.2 Enhance human resources to ensure that ACF has the manpower and the talent needed to accomplish the goals and objectives set out

In 2013, ACF International had nearly 5,800 staff globally – continuing an annual growth trend of about 300 staff members. Field staff made up almost 94% of these (5,414), including both national and expatriate staff.

ACF continued to progress towards its vision of nationalisation in 2013, adding 150 new national staff roles. For the first time, no country programme reported an expatriate working in non-managerial positions. (Managerial positions are considered A, B, C and D level roles, although some countries have junior management roles that are not tracked.)

Nationals also made up a greater percentage of level A and levels C and D staff than they did in 2012 (from 68% to 71% and from 4% to 7%, respectively). However, nationalisation of level B staff decreased by 3%. Overall, level A staff made up 55%, level B staff made up 36% and levels C & D staff made up 9% of ACF management roles in the field. These roles again increased in number by more than 100 (from 650 in 2012 to 791 in 2013) – expatriate roles grew by 59 and national roles grew by 82.

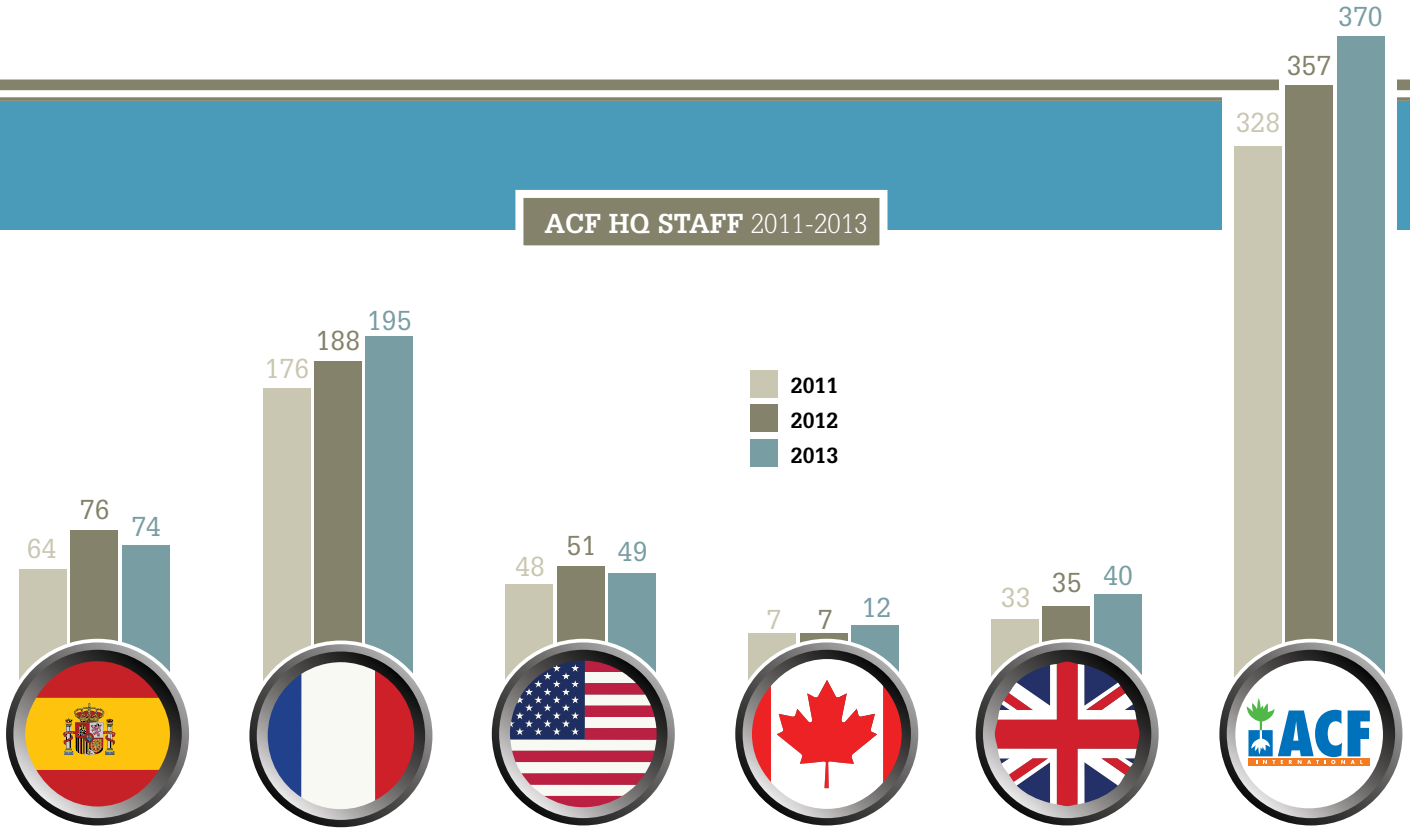Through training and support, ACF promoted staff talent and improved capacity to respond to humanitarian emergencies. In 2013, 14 staff members were available for emergency deployment (see Goal 2), and 21 countries (46%) reported having a formalised mission training plan. In the 16 countries that reported this indicator, 75% of expatriate staff who completed assignments in 2013 received performance appraisals, and 95% of first mission expatriate staff who started assignments in 2013 attended induction trainings. The average stay of expatriate staff in country programmes was nine months, with the briefest being one month (Egypt: under registration process) and the longest being 23 months (Nicaragua). A third of all ACF countries also had a level B HR staff member in place to drive forward HR management processes and issues.

LEVEL A
LEVEL B
LEVELS C & D
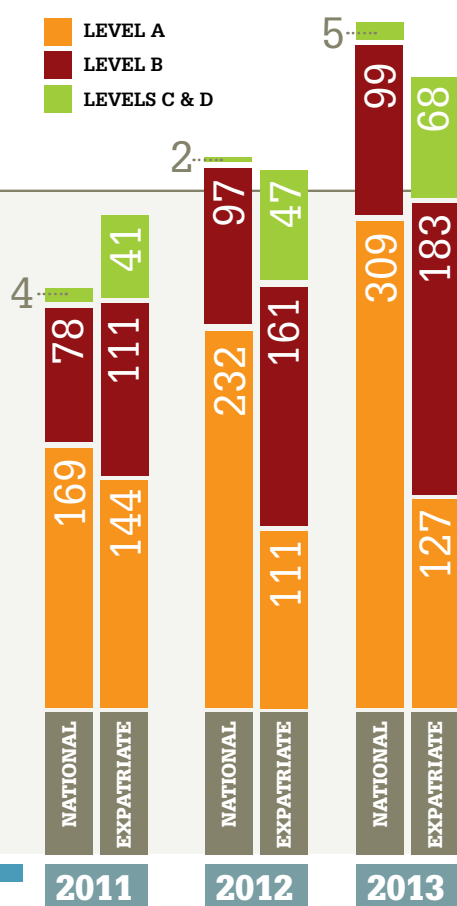
	2011		2012		2013		2013
	NATIONAL	EXPATRIATE	NATIONAL	EXPATRIATE	NATIONAL	EXPATRIATE	TOTAL
LEVEL A	169	144	232	111	309	127	436
LEVEL B	78	111	97	161	99	183	282
LEVELS C & D	4	41	2	47	5	68	73
NON-MANAGERIAL	4383	10	4555	6	4623	0	4623
TOTAL	4634	306	4886	325	5036	378	5414

LEVEL A - Programme managers
LEVEL B - Coordinators & experts
LEVEL C - Deputy country directors & regional advisors
LEVEL D - Country directors & regional directors

NATIONALISATION OF ACF MANAGEMENT ROLES 2011 - 2013

ACF HQ STAFF 2011-2013

2011
2012
2013

64 | 76 | 74
176 | 188 | 195
48 | 51 | 49
7 | 7 | 12
33 | 35 | 40
328 | 357 | 370

ACF International employed a total of 370 staff at its five headquarters. ACF-Canada hired the most new staff, marking a 71% growth from 2012. On average, an employee could be expected to stay at an ACF HQ for about three years and one month.

WHO IS ACF'S TYPICAL EXPATRIATE?

55%
9%
36%

Level A
Level B
Level C & D

38 years old

Male

Works with ACF for **21** months

Length of assignment **6-13** months

EXPATRIATE FIELD
9 months

STAFF HQ
3 years + 1 month

ACF MANAGEMENT ROLES BY LEVEL 2013

AVERAGE LENGTH OF STAY

GOAL (4)

4.3 Enhance ACF's logistics systems, ensuring adequate support for its nutrition, food, water and sanitation programmes

In 2013, ACF logistics systems reached further and wider than in previous years. Across 46 country programmes, the average completion rate of the Logistics Assessment Table (LAT) was 68%, 6% more than in 2012. Six countries reported LAT completion rates above 80% (Kenya, Syria, Occupied Palestinian Territory, Niger, Colombia and the Ivory Coast), with Colombia's rising to 90%. Only two countries had rates lower than 50% (India and Yemen).
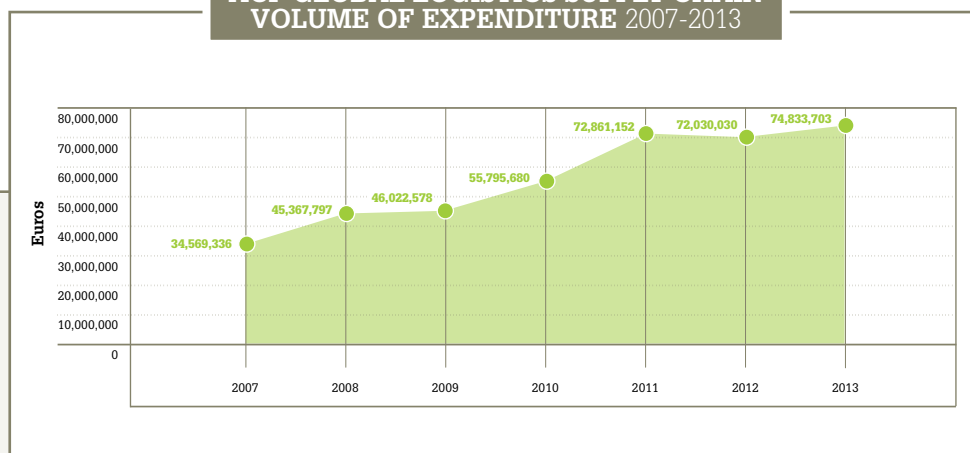
Across 46 country programmes, as well as regional offices, ACF's global logistics supply chain managed a volume of over €74.8 million, continuing a nearly uninterrupted upward trend since 2007. Since 2007, the supply chain has grown by an average of 19% per year. Four countries made up 25% of the global volume – DRC (€5 million), Mali (€4.8 million), Ethiopia (€4.4 million) and the Philippines (€4.3 million) – whereas four countries (Nepal, Egypt, Indonesia and Cambodia) plus the West Africa Regional Office and Dubai together made up less than 1%.

Fluctuating volumes of supply chain expenditure reflected the changing humanitarian contexts in which ACF responded to emergencies. Somalia, South Sudan and Haiti, for instance, all experienced a dramatic decline from 2012 due to scaling down of emergency operations. On the other hand, new crises provoked much greater activity in the Philippines, Ethiopia, Mali, Madagascar and Syria – the latter two increasing by nine and ten times respectively.

The volume of expenditure managed in each country was also a reflection of the types of programmes implemented in a particular context. In Paraguay, for example, 500 health and nutrition education sessions and 1,000 FSL trainings required a supply chain expenditure of an average of €170.79 each. In Nigeria, on the other hand, capacity building and joint activities with the Ministry of Health translated into a vast increase in the number of implementing partner beneficiaries and a subsequent decrease in expenditure – only €0.61 each. Most country programmes, however, reported anywhere from €39.48 per beneficiary (Mongolia) to only €2.04

ACF GLOBAL LOGISTICS SUPPLY CHAIN VOLUME OF EXPENDITURE 2007-2013

Euros

- 2007: 34,569,336
- 2008: 45,367,797
- 2009: 46,022,578
- 2010: 55,795,680
- 2011: 72,861,152
- 2012: 72,030,030
- 2013: 74,833,703

68% 2011

62% 2012

68% 2013

ACF AVERAGE LAT COMPLETION RATE 2011-2013

● ACF GLOBAL LOGISTICS SUPPLY CHAIN VOLUME OF EXPENDITURE BY COUNTRY 2013

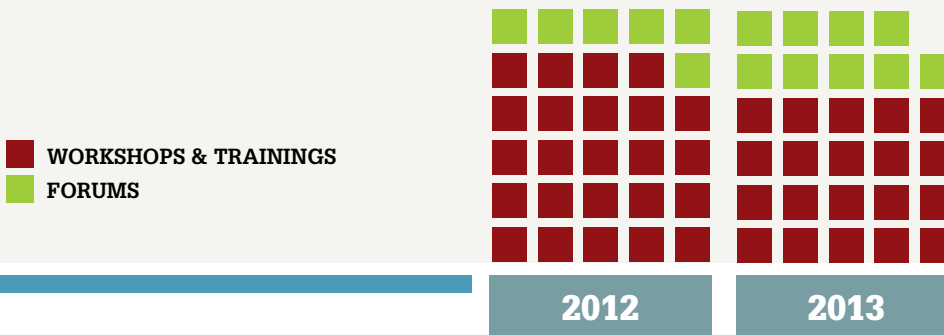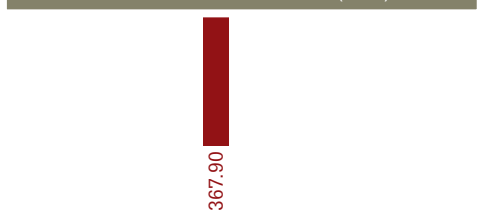| Country	Volume of Expenditure	Expenditure per Beneficiary
DRC	5,076,842	12.01
MALI	4,775,958	24.37
ETHIOPIA	4,406,058	30.14
PHILIPPINES	4,261,029	13.03
PAKISTAN	3,767,531	10.76
BURKINA FASO	3,661,811	12.77
SOMALIA	3,390,012	10.63
CHAD	3,289,415	22.63
LEBANON	2,925,679	5.63
SOUTH SUDAN	2,806,747	9.22
AFGHANISTAN	2,441,491	14.95
MAURITANIA	2,425,500	24.00
MYANMAR	2,410,394	36.22
NIGER	2,354,964	8.49
UGANDA	2,173,453	10.03
OPT	2,170,816	18.09
COLOMBIA	1,949,999	34.76
HAITI	1,868,586	4.29
KENYA	1,746,319	9.86
CAR	1,645,982	7.41
YEMEN	1,478,238	19.06
NIGERIA	1,386,352	0.61
BANGLADESH	1,251,239	8.06
SYRIA	1,155,203	4.20
ZIMBABWE	1,121,996	9.16
SIERRA LEONE	991,931	16.18
MADAGASCAR	835,776	2.04
GEORGIA	822,942	34.72
IVORY COAST	682,219	13.82
DJIBOUTI	667,308	36.46
SENEGAL	648,352	36.49
LIBERIA	466,979	37.06
GUINEA	422,102	8.67
NICARAGUA	418,591	18.65
PARAGUAY	388,200	170.79
PERU	355,957	16.50
MONGOLIA	348,646	39.48
GUATEMALA	321,523	14.92
INDIA	291,381	367.90
JORDAN	274,185	
BOLIVIA	252,930	14.35
NEPAL	215,314	64.45
WARO	183,214	
EGYPT	155,358	
INDONESIA	90,850	4.57
DUBAI	56,461	
CAMBODIA	1,870	

(Madagascar), with an average across all country programmes of €8.29.

ACF logistics required both contextualised information systems befitting local environments and common technical expertise in areas such as supply chain management, fleet management, ICT, energy, environment, facility management, and emergency logistics services.

ACF's logistics teams continuously collaborate and coordinate to improve common core systems and processes across the network. As such, in 2013, the logistics team embarked on an international project to set up a common information system (see 4.6, page 37).
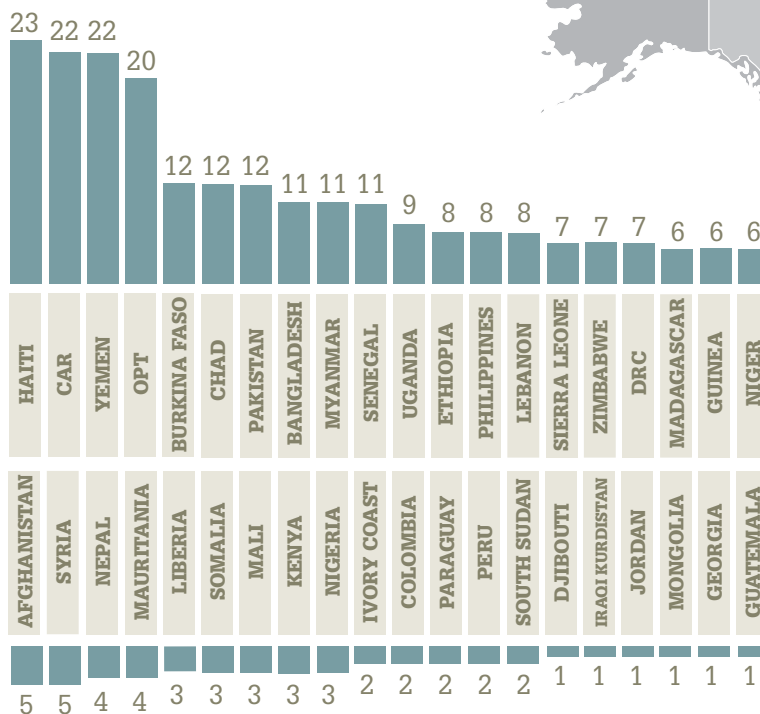
At the global level, ACF also used existing networks to engage as a global player in humanitarian logistics. This included 20 workshops and trainings, nine fora and four regional platforms. Staff capacity was strengthened internally at the country and HQ levels, as well as externally through such trainings as the Fleet Forum (Belgium). ACF also engaged actively with the Global Logistics Cluster, the Humanitarian Logistics Association, UNHRD, Bioforce, the Inter-Agency Procurement Group (IAPG) and the European Interagency Security Forum (EISF). At the regional level, ACF took part in platforms in Lyon (France), Accra (Ghana), Dubai (UAE), Nairobi (Kenya) and the City of Panama (Panama).

● SUPPLY CHAIN VOLUME OF EXPENDITURE PER BENEFICIARY BY COUNTRY 2013 (in €)

■ WORKSHOPS & TRAININGS
■ FORUMS

2012   2013

ACF LOGISITCS ACTIVITIES 2012-2013

ACF SAFETY & SECURITY INCIDENTS BY TYPE 2011 - 2013

2011	2012	2013	TYPE
74	54	104	TRANSPORT ACCIDENT
59	53	53	ROBBERY
38	23	41	THREAT
39	33	19	INTRUSION
9	11	14	ABUSE OF POWER
15	30	13	ASSAULT
7	10	13	CROWD MOB
6	4	6	ARREST/DETENTION
1	1	2	ATTACK
4	0	2	CAR-JACKING
1	2	2	FRAUD
2	1	2	LOOTING
2	1	2	SABOTAGE
0	3	1	KIDNAPPING
1	3	1	SHOOTING
1	0	0	AMBUSH
1	1	0	BOMBING
1	1	0	GRENADE
1	0	0	LOSS OF COMMUNICATION
1	0	0	MINE/UXO
1	0	0	MURDER
5	0	0	NATURAL DISASTER
5	3	0	SEXUAL VIOLENCE
0	2	n/a	DOMESTIC ACCIDENT
1	0	n/a	HARASSMENT
275	236	275	TOTAL NUMBER OF QUALIFICATION (1 incident can have more than 1 qualifications)

SAFETY & SECURITY INCIDENTS BY COUNTRY 2013

Country	Incidents
HAITI / AFGHANISTAN	23
CAR / SYRIA	22
YEMEN / NEPAL	22
OPT / MAURITANIA	20
BURKINA FASO / LIBERIA	12
CHAD / SOMALIA	12
PAKISTAN / MALI	12
BANGLADESH / KENYA	11
MYANMAR / NIGERIA	11
SENEGAL / IVORY COAST	11
UGANDA / COLOMBIA	9
ETHIOPIA / PARAGUAY	8
PHILIPPINES / PERU	8
LEBANON / SOUTH SUDAN	8
SIERRA LEONE / DJIBOUTI	7
ZIMBABWE / IRAQI KURDISTAN	7
DRC / JORDAN	7
MADAGASCAR / MONGOLIA	6
GUINEA / GEORGIA	6
NIGER / GUATEMALA	6
AFGHANISTAN	5
SYRIA	5
NEPAL	4
MAURITANIA	4
LIBERIA	3
SOMALIA	3
MALI	3
KENYA	3
NIGERIA	3
IVORY COAST	2
COLOMBIA	2
PARAGUAY	2
PERU	2
SOUTH SUDAN	2
DJIBOUTI	1
IRAQI KURDISTAN	1
JORDAN	1
MONGOLIA	1
GEORGIA	1
GUATEMALA	1

4.4 Strengthen the safety and security management and culture of ACF

In 2013, ACF experienced 275 security and safety incidents across its country programmes, marking a significant increase in the number of incidents from the previous year, almost exclusively due to the rise in transport accidents.

As in 2012, the majority of incidents related to endogenous factors (e.g. non-compliance with security rules, human resources disputes). Transport accidents, for instance, nearly doubled in 2013 and contributed to 38% of all incidents. Pakistan and Uganda reported the highest numbers, but accidents remained an issue in 31 of ACF's 47 countries. This growing danger requires particular attention.

In terms of total number of incidents, four countries reported more cases than the rest: Haiti (23), CAR (22), Yemen (22) and OPT (20). The ratio of incidents *per* staff member (not necessarily *against* staff member), however, were highest in OPT and Nepal (nearly 1:2), although most countries (37) reported a ratio of less than 1:10. In fact, some of the most dangerous contexts reflected a lower ratio of incidents per ACF staff – including Somalia (1:55), Afghanistan (1:68) and South Sudan (1:111) – a testament to ACF safety and security standards.

Following last year's report, ACF focused efforts on reducing robberies, intrusions and assaults. Efforts succeeded in preventing the increase of robberies, and the rates of both intrusion and assault halved. The Central African Republic (CAR), however, continued to account for the greatest number of robberies, marginally more than Haiti. The other 18 countries reporting robberies, experienced fewer than five incidents each. Actions to improve passive protection, the vigilance of watchmen and staff training proved to be successful means of mitigating the risks related to robberies.

ACF CONTEXT CLASSIFICATION BY COUNTRY 2013

Map labels:

- Mongolia 81.5%
- Georgia 79.0%
- Afghanistan 68.7%
- Turkey
- Central African Republic 73.3%
- Iraqi Kurdistan
- Lebanon 59.6%
- Syria 81.6%
- Jordan
- Nepal 85.2%
- Chad 70.1%
- Egypt*
- Niger 88.1%
- Occupied Palestinian Territory 59.6%
- Myanmar 72.3%
- Haiti
- Mali 82.5%
- South Sudan
- Pakistan 30.0%
- Bangladesh 64.7%
- Mauritania 86.2%
- Yemen 81.5%
- Nicaragua 88.6%
- Senegal 66.5%
- Djibouti 73.7%
- India 47.1%
- Cambodia N/A
- Guatemala 90.9%
- Guinea 76.8%
- Ethiopia 64.4%
- Philippines 64.3%
- Colombia 87.9%
- Somalia 61.1%
- Sierra Leone 58.2%
- Burkina Faso 60.0%
- Kenya 91.0%
- Liberia 63.3%
- Nigeria N/A
- Uganda 76.0%
- Peru 63.9%
- Ivory Coast 88.8%
- Bolivia 78.3%
- Indonesia 78.1%
- Democratic Republic of the Congo 66.0%
- Madagascar
- Paraguay 84.2%
- Zimbabwe 76.4%

Legend:

- 🟢 Low
- 🟡 Medium
- 🟠 High
- 🔴 Very High
- ⚫ Extreme
- ⬤ No Data

% on map indicates the percentage of security indicators from the Logistics Assessment Table that were attained

* Under registration process

> **Endogenous factors such as compliance with security rules – and not the level of danger – make the biggest difference.**

Forty countries reported using security indicators in the Logistics Assessment Table to ensure regular assessment of security risks. On average, 71.4% of these attained their indicated goals. OPT achieved the most (97.8%), and only two countries achieved less than half – India (47%) and Pakistan (30%). Interestingly, there appeared to be no direct correlation between a country's context classification and its attainment of security indicators, suggesting again that endogenous factors such as compliance with security rules – and not the level of danger – made the biggest difference.

ACF had 137 bases in the 43 countries that reported back, with the most in the

Philippines and the DRC. Of these, only 19 bases in 11 countries were at or above security level three, the greatest number situated in CAR. On average, 93% of bases completed the Risk Assessment Table in 2013 to ensure the adoption of context-appropriate safety and security strategies. To maximise staff security, teams also attended frequent trainings and sensitisations – in 2013, 23 country programmes alone reported training 737 staff. This made up 13.6% of all 5,414 field staff.

Finally, in 2013 ACF developed a security kit, providing tools and guidance for country programmes on security. This will be rolled-out in 2014.

NUMBER OF BASES

0						2						
0 TURKEY	INDIA	IRAQI KURDISTAN	JORDAN	LIBERIA	MONGOLIA	**2** DJIBOUTI	INDONESIA	IVORY COAST	MADAGASCAR	NEPAL	YEMEN	
BOLIVIA	GUATEMALA	GUINEA	NICARAGUA	PERU	SENEGAL	SYRIA	**3** CHAD	HAITI	SIERRA LEONE	SOMALIA	ZIMBABWE	LEBANON	MALI
NIGER	OPT	NIGERIA	SOUTH SUDAN	**4** COLOMBIA	MAURITANIA	KENYA	UGANDA	**5** AFGHANISTAN	BURKINA FASO	CAR	**6** BANGLADESH	
ETHIOPIA	MYANMAR	GEORGIA	**7** DRC	**9** PHILIPPINES								

GOAL 4

4.5 Enhance monitoring, evaluation, learning and accountability

Monitoring

In 2013 ACF revised its monthly country to HQ reporting mechanism (Activity Progress Report) which is now used universally across all ACF country programmes. This ensured a smoother and more regular reporting process for all countries. The harmonization of this process allowed for cross-comparison across ACF, and facilitated the tracking of indicators for the International Strategic Plan 2010-2015, better data analysis and compilation of the Annual Progress Report.

Evaluations & learning

In 2013, slightly fewer evaluations (27 in 2013 as opposed to 30 in 2012) were carried out in accordance with the Evaluation Policy and Guidelines; however, evaluations continued to be an important part of learning and improving ACF's activities and impact across the globe. Programmes evaluated vary from long-term (four year) to short-term (six month) programmes, as well as strategic evaluations (such as the WARO) and evaluations of emergency responses (such as in the Philippines).

The ACF Evaluations, Learning and Accountability (ELA) Unit, based in the UK, supported all country programmes conducting evaluations. The ACF Evaluation Policy and Guidelines provided a standardised approach to evaluations, addressing both accountability (through the use of the OECD/DAC criteria) and learning (through the identification of good practice). The annual Learning Review continued to document good practice and track progress according to the OECD/DAC Criteria, as well as to provide a platform to discuss important issues for ACF.

The ELA Unit also remained a leader in evaluations and learning outside ACF, providing learning for the Global WaSH Cluster and the UK-based Start Network, alongside providing evaluation expertise to other NGOs.

Accountability

By 2013, ACF had not yet developed an organisational position or framework to support country programmes in being accountable to the affected populations with whom it works. That said, there were a number of initiatives reported at national level to facilitate accountability towards affected populations throughout the programme cycle.

For example, ACF Kenya and Uganda both developed formal beneficiary complaint and response mechanisms, and ACF Madagascar reported a two-way communication mechanism in order to ensure consultation, participation and discussion with the local authorities and communities at all stages of the programme cycle. ACF Pakistan went one step further by establishing a Programme Quality and Accountability department.

TOTAL ACF EVALUATIONS BY YEAR

2013
27

2012
30

2011
29

2010
24

2009
17

2008
14

2007
16

2006
13

2005
7

2004
4

EVALUATIONS BY SECTOR

NUTRITION	FOOD SECURITY & LIVELIHOODS	WaSH	DRM
9	**12**	**7**	**4**
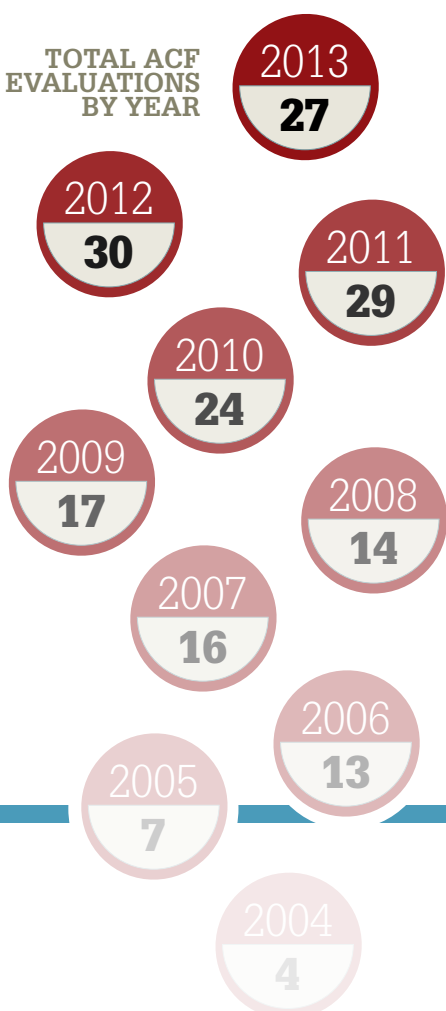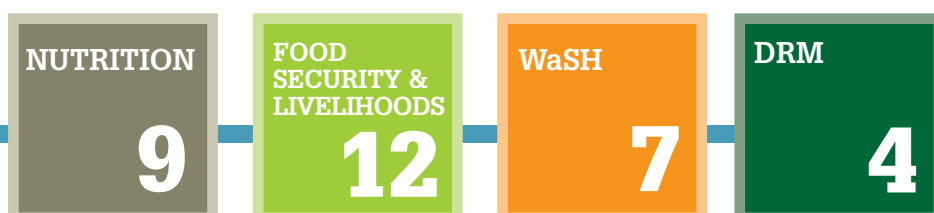
FOCUS ON:
West Africa

THE EXTERNAL EVALUATION OF THE ACF WEST AFRICA REGIONAL OFFICE

In February 2013, ACF commissioned a strategic evaluation of the West Africa Regional Office (WARO). The evaluation demonstrated that after three years the regional office had a clear, positive impact on the lives of those it supported and provided a number of potential scenarios and recommendations to strengthen WARO in the future.

The evaluation provided a strong starting point for ACF to reassess WARO's capabilities and limits, redefine the way forward and give an opportunity to identify key issues for other regional offices. Even though the evaluation was not a manual on how to open and operate a regional office, it did document a collection of lessons learned that go beyond WARO's experience and serve to inform future regional structures.

The evaluation highlighted some challenges at ACF's organisational level, such as the need to define a clear role for WARO, develop WARO's governance system, adapt the HR model and create procedures and standardized processes. Equally it showed that there are aspects that must be maintained and could be reinforced in the future, such as WARO's capacity to respond to large-scale crises, the advantage of networking and participating in regional committees and the ability to fundraise, engage in advocacy and support regional projects.

Photo: Burkina Faso courtesy George Tiendrebeogo

In 2013 evaluations conducted according to the policy decreased in number, but there was an increase in evaluations from South and Central America (from 0 to 5). Evaluations of DRM programmes were higher in 2013 (increasing from 1 to 4), representing an increase in the proliferation of DRM programmes in ACF. A strategic evaluation of the West Africa Regional Office was conducted (see box), as well as an evaluation of ACF's Response to the Sahel Crisis in 2012, and a real-time evaluation of ACF's response to Typhoon Haiyan in the Philippines (see box on page 16).

4.6 Enhance information systems

In 2013, ACF made steps towards an enhanced information system by strengthening its ICT capacity.

ACF aims to create a global information system, which will improve the efficiency of the current ICT systems. To this end, in 2013 the Information System International Management Committee was established to manage the process. Additional activities included the identification of applications in use in ACF-France, ACF-Spain and ACF-USA (ACF-France intranet and ACF-Spain Intranet), the sharing of practice and tools between ACF-Spain and ACF-France, and the testing of a data collection platform (Open Data Kit) and planning for 2014.

HEALTH	STRATEGY	CASH	EMERGENCY RESPONSE
1	1	3	2

GOAL 4

4.7 Invest in research and development

In 2013 ACF assumed 44 research projects, an increase from 23 in 2012.

These included projects in all of ACF's core technical areas of intervention, as well as some additional projects that have been categorised as 'Other'. Some of these projects were: Humanitarian Trends and New Technologies, Ethics in Research and the development of a data collection and analysis toolkit (known as OpenDataKit).

The year 2013 also saw a significant increase in research projects for mental health and care practices – from one to seven. This reflects ACF's relative newness to this sector and the need to build the evidence base for future interventions. (See Annex 2 for a list of all ACF research projects from 2013.)

This increase in reported research was coupled with an increase in investment, which rose again in 2013 from €1.23 million to €1.7 million. The largest proportion of this (over 50%) was dedicated to FSL, with two projects making up the bulk of this; a cost effectiveness study in the Tapoa Province, Burkina Faso (€324,842) and research into a cash transfer project in Mauritania (€286,400). Although there was a

doubling of investment for FSL, nutrition and health investment fell by €100,000. DRM related investment rose dramatically from one project of €14,371 in 2012 to four projects of a combined €97,000 in 2013. Three of these four were from Central and South America.

Investments per project increased significantly from 2012, with FSL remaining the most expensive per project of all the sectors. The average investment calculated per project for each sector presented below was calculated only from those projects that reported research project costs (25 out of the 46).

Research partners in 2013 were largely NGO or academic but also included UN and private sector parties such as the UBS Optimus Foundation who partnered with ACF in Peru for a study on the impact of food supplements on growth and hemoglobin status.

> **"**
> **Research is a scientific process resulting in the production of new knowledge.**

RESEARCH PARTNERS BY TYPE 2013

ACADEMIA 20

NGO 12

PUBLIC 3

UN 2

PRIVATE 2
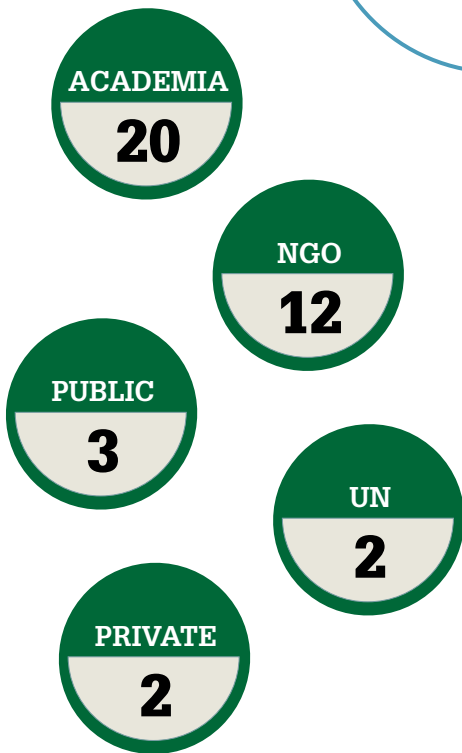
RESEARCH INVESTMENT PER SECTOR 2012-2013

Sector	2012	2013
N&H	10 — €539,087	9 — €433,602
FSL	5 — €449,128	7 — €891,491
WaSH	5 — €223,725	8 — €250,215
DRM	1 — €14,371	4 — €97,189

FOCUS ON:

Burkina Faso

THE MAM'OUT RESEARCH PROJECT

In 2008, ACF established research capacity to ensure an evidence-based implementation of programmes, stimulate innovation in tackling acute malnutrition and respond efficiently to beneficiary needs. Research within ACF must be scientific, applied, participatory and ethical. In the International Strategic Plan (2010-2015), ACF affirmed research as a key area for achieving its strategic objectives. A research project that started in May 2013 in Burkina Faso, serves as a strong example.

This 24 month research project was launched in Tapoa province in the eastern region of Burkina Faso. The MAM'Out research project aims to provide an evidence base for a context-appropriate approach to prevent acute malnutrition, which is likely to influence several underlying causes of undernutrition and is not based primarily on food supplementation. The project will evaluate a seasonal and multi-year cash transfer in the Tapoa province to prevent acute malnutrition in children under 24 months, in terms of effectiveness and cost-effectiveness. The intervention will target economically vulnerable households

with children less than one year old at the time of inclusion and will distribute the cash to mothers. The design of the study is based on a cluster-randomised intervention trial in two rural villages, involving one group that is part of the intervention and will have received cash transfers via mobile phones and one control group. In order to carry out the project in a comprehensive and scientific way ACF is collaborating with Gent University (Belgium), AgroParisTech (France), the Institute de Recherche en Sciences de la Santé (Burkina Faso) and the Center for Disease Control (USA), which is also co-funding the project, along with ACF-France and ECHO (who are funding the cash intervention).

The project's objective falls under ACF's Research Strategic Axis 1.4, "to identify and assess the efficacy of innovative and sustainable approaches to prevent undernutrition" in the 2012-2015 ACF Research Strategy. The use of mobile phones to transfer the cash and of the use of tablets to collect the data in the field provide an innovative approach to preventing undernutrition.

€30,448

10

€6,801

2

OTHER, MH&CP

2012 2013

Photo: ACF-Chad, courtesy C.Lionnet

GOAL (5)

Become preeminent as an advocate and reference source on hunger and malnutrition

5.1 Engage successfully with the wider public on hunger and acute malnutrition issues

In 2013, ACF continued to make significant gains in raising awareness about malnutrition and humanitarian crises, with an estimated 7.6 million people reached, contributing to a total of over 21 million since 2011.

ACF reached more members of the wider public than ever before in 2013. There was a significant increase in website visitors and a diversification of online activity, including reaching more than 20,000 through Google+. This increase in online activity was also realised in terms of Facebook members and Twitter followers, which increased by 24% and 70% respectively. At the same time, there was a decrease in media coverage for ACF in 2013. However, new visitors to ACF websites increased dramatically, rising from 1.7 to 2.4 million, and website traffic constituted the second most common method for reaching supporters. While the use of digital communication increased the most in 2013 (rising 43% from 2012), reaching people through more traditional means, such as with direct mailings and by telephone, remained the most prolific way that ACF engaged with the wider public.

Photo: ACF Bolivia

2011	5,521,880	1,865,071
2012	4,201,647	1,668,322
2013	4,704,552	2,415,066

NUMBER OF PEOPLE REACHED PER EXTERNAL COMMUNICATION CHANNEL 2011-2013

EMAIL, TELEPHONE, MAIL   **HQ WEBSITE VISITORS**

153,250 32,892 -

303,248 66,618 -

375,836 113,797 28,026

FACEBOOK MEMBERS

TWITTER FOLLOWERS

OTHER

7,573,098

6,239,835

7,637,277

8,958

14,053

12,696

2011

2012

2013

2011

2012
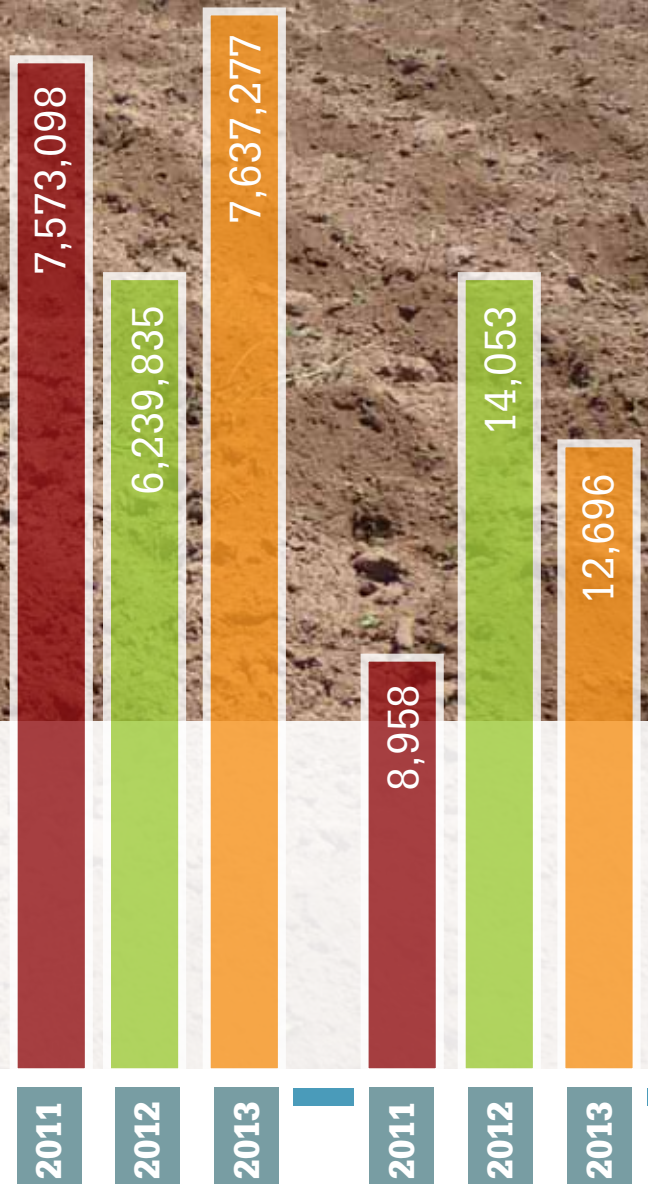
2013

TOTAL PEOPLE REACHED

MEDIA MENTIONS

GOAL (5)

5.2 Influencing policy makers on hunger and nutrition

ACF's role in advocating on issues of hunger and nutrition continued to expand in 2013, a year of significant activity in the nutrition world. The following key achievements were made:

> "
> As part of a coalition ACF influenced the staging of Nutrition for Growth in London, which saw a global agreement that will prevent millions of infant deaths and boost the life chances of millions more through action on malnutrition.

Increased political and financial commitments for nutrition in 2013.

As part of a civil society organisation (CSO) coalition ACF influenced the organisation of a pre-G8 high-level event to put hunger and nutrition at the heart of the UK G8 agenda. The event - Nutrition for Growth - was attended by stakeholders from 91 governments, civil society organisations and private companies. All participants signed the Nutrition for Growth Compact which pledges to prevent at least 20 million children from being stunted and to save at least 1.7 million lives by 2020 by increasing treatment of severe acute malnutrition, among other key actions. ACF made its own commitment at the event to save the lives of at least 600,000 severely acute malnourished children and to improve the nutrition status and environment of six million children and women by 2020.

Lobbied with others so that the UK met its target

On 20th March, the UK Government confirmed its commitment to spend 0.7% of its gross national income (GNI) on overseas aid from 2013, becoming the first G8 country to meet the 1970 UN agreed target. Through the Enough Food For Everyone IF campaign, ACF called for the UK government to deliver on this promise and finally make it a reality.

Raised the profile of acute malnutrition in the global agenda.

ACF worked with others to secure a target on reducing child mortality in the Nutrition for Growth Compact; a specific objective to reduce wasting in the EU Communication on Nutrition; and the inclusion of the treatment of acute malnutrition in the

agenda and conclusions of the UNICEF High Level Nutrition Conference in Paris in May 2013. ACF sat on the steering committee of the UNICEF conference and, through its influence, ensured that the treatment of acute malnutrition was adequately reflected (in terms of priority and resources allocation).

Successfully influenced key policies on food crisis prevention and resilience.

ACF messages were included in final communiques of the Food Crisis Prevention Initiatives in West Africa, and ACF coordinated CSO input into the roadmap of the Global Alliance for Resilience Initiative (AGIR) in the West African Sahel. ACF key messages on the importance of seasonal social protection, prioritizing nutrition within agricultural policies and the need for flexible multi-year funding were also incorporated into the UK Department for International Development (DfID) business case for the Sahel.

Increased high level influence towards donor governments.

ACF continued to build engagement with MPs through activities. This included the organisation of two policy events in the UK Parliament ahead of the Nutrition for Growth event as well as the organisation of a field trip with French MPs to Senegal that led to a meeting with the French Minister for Development; and the organisation of a roundtable discussion in the French Parliament. Ahead of the Nutrition for Growth event, ACF also linked up with key nutrition actors in the USA and Canada to influence both governments. ACF-USA contributed to influencing the US Government to make concrete commitments on nutrition at the Nutrition

for Growth event. Following commitments at this event the US Government initiated a process to create a nutrition strategy that ACF is influencing. ACF-Canada made significant contributions to convey priority messages to key government decision-makers, and the Canadian coalition saw two achievements: Persuading Canada's Minister of International Development to attend Nutrition for Growth and Canada's financial commitment announced at the high-level event.

Organised side events at key moments to promote ACF positions.

A side event co-hosted with UNICEF was organised during the UN General Assembly (UNGA) in New York in September 2013 to promote solutions to end acute malnutrition, and two side events were held at the Committee for Food Security (CFS) annual meeting in Rome in October 2013 to launch ACF's position on nutrition-sensitive agriculture.

Influenced high burden countries to improve nutrition.

ACF Philippines played a central role in the organisation of Nutrition Month in July and in persuading the government of the

Philippines to join the SUN Movement. In September, the Nepal programme organised an event to lobby potential donors and the government of Nepal to invest more in efforts to tackle acute malnutrition. ACF encouraged donors to support Nepal's Multi-Sector Nutrition Plan for 2013-2017 and outlined the technical support which it could provide.

ACF prepared its first global advocacy campaign with the overall goal to stop child deaths from acute malnutrition.

The coalition campaign to end child deaths from acute malnutrition, Generation Nutrition, was developed through ACF leadership in 2013 with participation from a growing number of partner organisations. Six partners and five ACF country programmes confirmed their commitment to the campaign in 2013. A strategic framework for the campaign reflecting ACF's and partners' views as well as campaign plans for 2014 were also developed. External funds from CIFF were secured for 2013 to support the development of the campaign and UNICEF agreed to support ACF advocacy activities on acute malnutrition.

In 2013, ACF's external publications significantly increased in number from 72 to 102.

The publications targeted a range of audiences – from NGOs and the general public to policy makers, governments and academics. Similar to 2012 a significant proportion of publications were self-published by ACF (69%). There was, however, a more significant increase in externally published material – in journals, peer-reviewed journals and technical publications (such as Field Exchange) – which doubled in number.

Publications covered the full range of sectors in which ACF delivers programmes, with a strong emphasis on Nutrition and, to a lesser extent, FSL. Many had a multi-sectoral emphasis and some focused on cross-cutting issues, such as gender and advocacy. A full list of ACF publications can be found in Annex 3.

ACF PUBLICATIONS BY PUBLISHING SOURCE 2012-2013

ACF PUBLICATIONS BY SECTOR 2013

Legend:
- NUTRITION & HEALTH
- FOOD SECURITY & LIVELIHOODS
- WaSH
- MENTAL HEALTH & CARE PRACTICES
- DRM
- GENERAL
- ADVOCACY
- GENDER

Publications by sector values: 47, 25, 8, 8, 4, 4, 1, 5

Publishing source chart:
- JOURNAL/MAGAZINE: 2012 = 16, 2013 = 32
- ACF OWN: 2012 = 56, 2013 = 70
- TOTAL: 2012 = 72, 2013 = 102
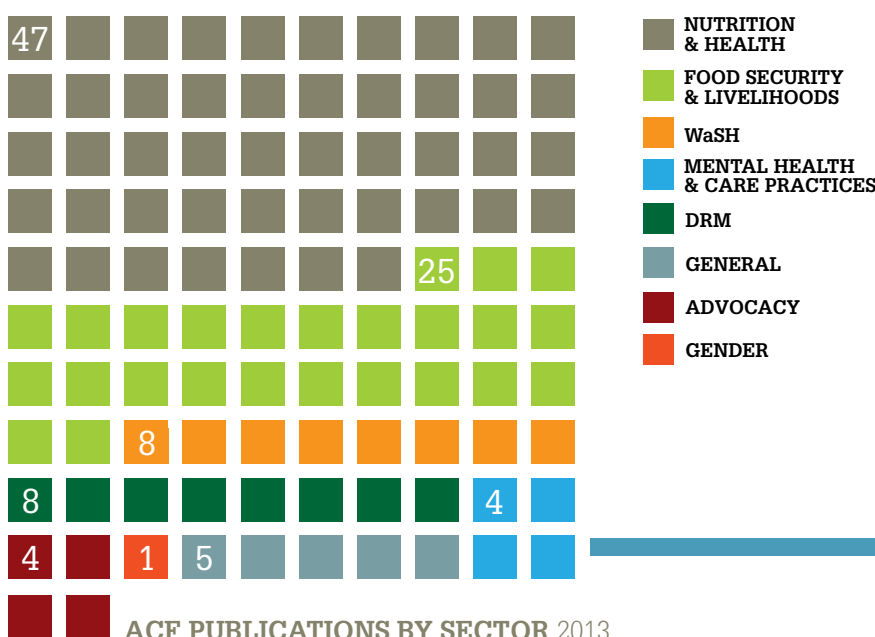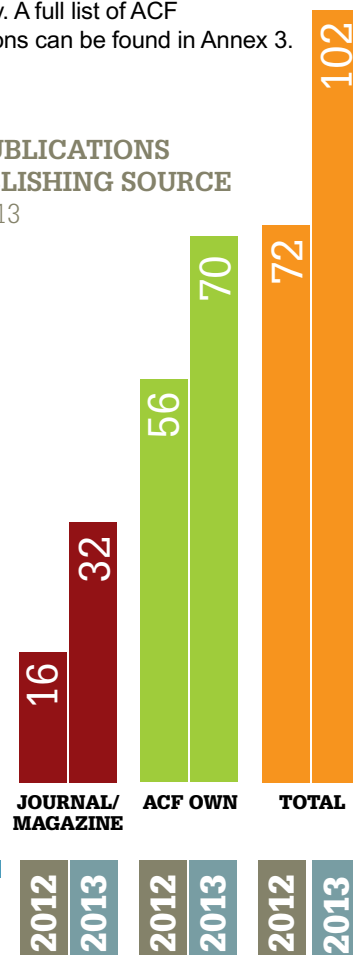
GOAL (5)

5.3 Drive change on global humanitarian issues

ACF continued to consolidate its position as a preeminent advocate on humanitarian issues in line with its humanitarian interventions in a year where there was a surge in humanitarian crises. Key specific highlights were as follows:

Mali:
ACF called on the UN and the French government to ensure the Quick Impact Projects (QIPs) were clearly dissociated from humanitarian activities to avoid blurring between military and humanitarian activities.

Bangladesh & Myanmar:
ACF produced a confidential report to influence key stakeholders highlighting the obstacles to principled humanitarian action in efforts to alleviate the suffering of discriminated population groups.

Occupied Palestinian Territory:
ACF produced a briefing paper highlighting the difficulties of maintaining livelihoods under the blockade and reiterating the need to lift it. In September, a web documentary entitled "Broken Hopes: Oslo's Legacy" was released to mark the 20th anniversary of the Oslo peace accords in a partnership of ACF with the VU agency and Darjeeling.

Syria crisis:
Advocacy messages and communications on access to populations in Syria and the need for financial support from donors were developed by ACF in coordination with SIRF, a group of NGOs working on the crisis.

Central African Republic:
In response to the worsening crisis in December, ACF advocated for the French government to increase its diplomatic involvement in the crisis by engaging with the media to launch a public debate and by publishing an op-ed in the French newspaper *Libération*. These advocacy efforts contributed to a Security Council resolution, which led to additional troops being sent to the country. Advocacy efforts are ongoing to ensure respect of humanitarian principles in the French intervention.

EU and West African funding strategies:
As a member of VOICE, a network of 83 EU NGOs, ACF called on EU Member States to support the EU Aid budget. ACF also provided input for the annual development and mid-year review of the UN Consolidated Appeals Process (CAP) in the first half of 2013 and for the 2014-2016 UN Strategy for the Sahel.

Fighting for Justice and the Protection of Humanitarian Workers

ACF continued to fight for justice for the murder of ACF staff in Sri Lanka and Burundi and for the protection of humanitarian workers more generally.

The latest report on the Muttur Case, "The Truth about the Assassination of 17 Aid Workers in Sri Lanka", was published in December. The report summarised evidence denouncing those responsible for the murders and aims to influence other actors such as human rights NGOs and journalists to take on the case.

To coincide with the launch of the report, a media event took place in a Paris metro station with posters of the campaign calling for better protection of humanitarian workers. Around 5,000 members of the public signed the posters to pledge their support. Many media agencies covered the launch of the report internationally (including *BBC News*, the *New York Times* and *Libération*) and in Sri Lanka itself. Following the release of the report, the US Government reiterated its call to Sri Lanka to open credible investigations. ACF lobbied the Human Rights Council in March 2014 with the aim of ensuring that an inquiry commission on Sri Lanka be included in its resolution.

Promoting principled humanitarian action

ACF released a position paper on Humanitarian Principles in Conflict outlining how the network applies humanitarian principles in contexts of armed conflict in order to influence key external targets such as donors and parties to armed conflicts. It also served to kick-start a debate internally on how to harmonise and improve our understanding of humanitarian principles. ACF also began a network wide consultation in order to develop an ACF position on humanitarian reform and the Transformative Agenda.

5.4 Bring ACF advocacy to its full potential

ACF advocacy continued to grow as a global function, with staff spread throughout the network at both HQ and field level. The following highlights happened in 2013:

Increased ACF participation and leadership in relevant civil society networks at global and national levels, including:

- the SUN CSO Network- ACF was elected a member of the Steering Committee at the global level and played a leading role in the development of Civil Society Alliances in Kenya, Indonesia, the Ivory Coast, Madagascar, Ethiopia, Zimbabwe and Myanmar;
- the Civil Society Mechanism of the Committee on Food Security;
- the IF campaign which brought together UK NGOs to influence the outcome of the G8 meeting;
- the Road to Rio global nutrition advocacy group that aims to ensure that nutrition remains high on the global agenda through to 2016 including by influencing post-2015 negotiations;
- and various national level nutrition coalitions.

Contributed to building the evidence base

ACF published 14 policy papers or positions to underpin ACF advocacy messages and to increase the profile of issues related to nutrition and health, nutrition financing, nutrition-sensitive interventions and humanitarian action.

Built further advocacy support and training for ACF country programmes

- by developing an ACF advocacy capacity building toolkit;
- with two regional advocacy meetings in Dakar and Nairobi;
- through advocacy workshops for HQ staff;
- and by providing direct support to country progrmmes to develop national advocacy strategies.
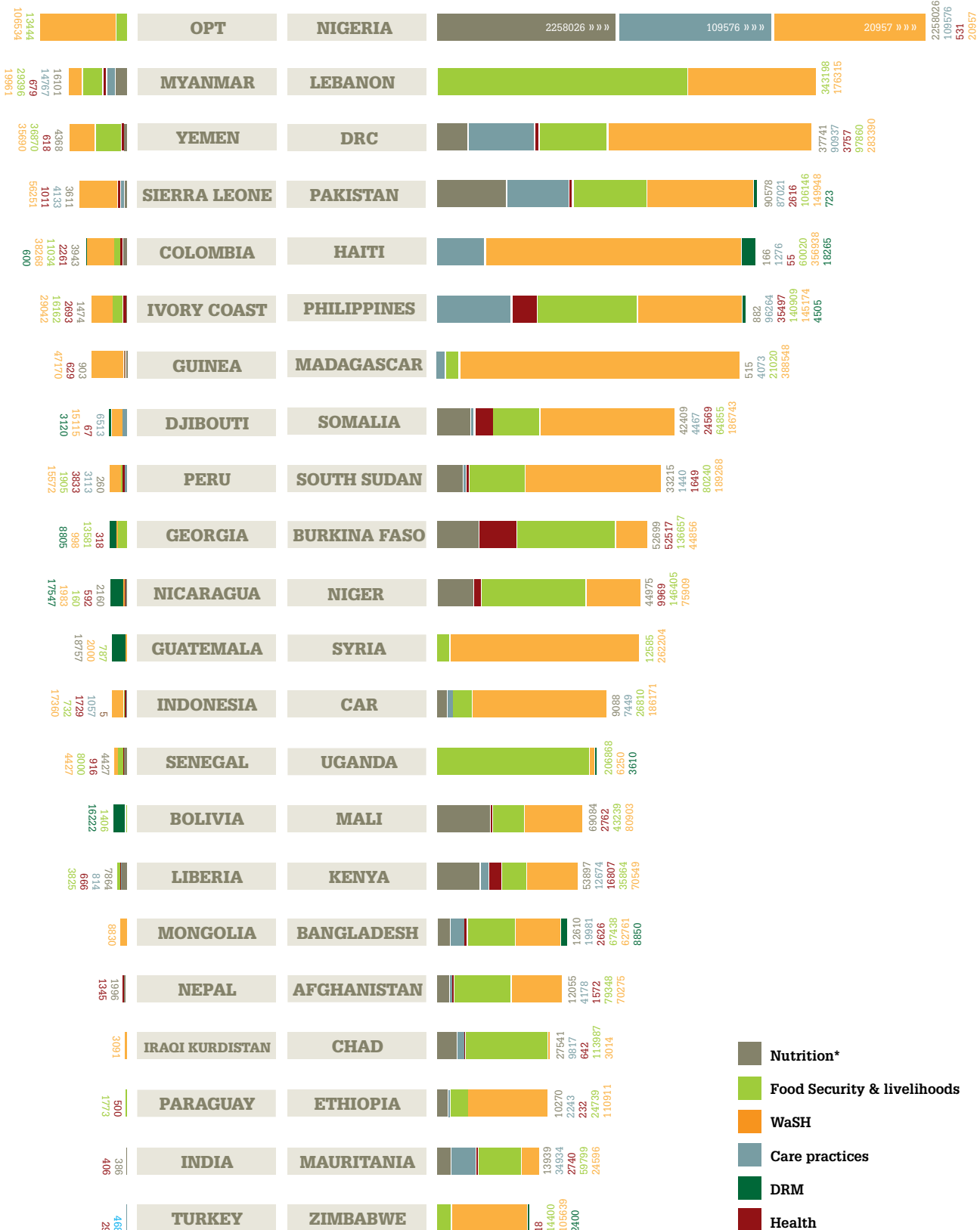
Strengthened ACF International Advocacy governance

A new Advocacy Department was created in ACF-UK following an internal restructuring, and an International Advocacy Director was recruited to provide overall strategic direction for the network's advocacy priorities.

ANNEX 1

ACF International Beneficiaries by Country and Sector 2013

Left column bars:

Country	Values
OPT	13444, 106534
MYANMAR	16101, 14767, 679, 23396, 19961
YEMEN	4368, 618, 38870, 35690
SIERRA LEONE	3611, 4133, 1011, 56251
COLOMBIA	3943, 2261, 11034, 38268, 600
IVORY COAST	1474, 2693, 16162, 29042
GUINEA	903, 629, 47170
DJIBOUTI	6613, 67, 15115, 3120
PERU	260, 3113, 3833, 1905, 15572
GEORGIA	318, 13581, 998, 8805
NICARAGUA	2160, 592, 160, 1983, 17547
GUATEMALA	787, 2000, 18757
INDONESIA	1057, 1729, 732, 5, 17360
SENEGAL	4427, 916, 8000, 4427
BOLIVIA	1406, 16222
LIBERIA	7864, 814, 666, 3825
MONGOLIA	8830
NEPAL	1996, 1345
IRAQI KURDISTAN	3091
PARAGUAY	500, 1773
INDIA	406, 386
TURKEY	468, 29

Right column bars:

Country	Values
NIGERIA	2258026, 109576, 20957, 531
LEBANON	343198, 176315
DRC	37741, 90937, 3757, 97860, 283390
PAKISTAN	90578, 87021, 2616, 106146, 149948, 723
HAITI	166, 1276, 55, 60020, 356938, 18265
PHILIPPINES	882, 96264, 35497, 140909, 145174, 4505
MADAGASCAR	515, 4073, 21020, 388548
SOMALIA	42409, 4467, 24569, 64865, 186743
SOUTH SUDAN	33215, 1440, 1649, 80240, 189268
BURKINA FASO	52699, 52517, 44856, 136657
NIGER	44975, 9969, 146405, 75909
SYRIA	12585, 262204
CAR	9088, 7449, 26810, 186171
UGANDA	206868, 6250, 3610
MALI	69084, 2762, 43239, 80903
KENYA	53897, 12674, 16807, 35864, 70549
BANGLADESH	12610, 19981, 2626, 67438, 62761, 8850
AFGHANISTAN	12055, 4178, 1572, 79348, 70275
CHAD	27541, 9817, 642, 113987, 3014
ETHIOPIA	10270, 2243, 232, 24739, 110911
MAURITANIA	13939, 34934, 2740, 59799, 24696
ZIMBABWE	18, 14400, 106639, 2400

Legend:
- Nutrition*
- Food Security & livelihoods
- WaSH
- Care practices
- DRM
- Health

*Refers to "Total Direct Nutrition" as stipulated in
the ACF International Beneficiary Counting Guidelines

ANNEX 2

Research Projects, Partners and Sectors

Project	Partners	Sector
African Drylands study	FAO, IFPRI, ILRI, CIRAD	DRM
Agua Sequia y Chaco Produccion Agro-pecuaria en el Chaco	Centro Andino para la Gestión y Uso del Agua	DRM
Sistematización de Experiencias en Gestión de Riesgo de Desastre en el Chaco Boliviano	CA, FAO, COOPI, AeA, CARE	DRM
Agua y Medios de Vida. Vulnerabilidad de los sistemas hidricos y sistemas productivos en el Chaco cruceño	Centro Andino para la Gestión y Uso del Agua	DRM
Climate Resilience and Food Security in Central America	IISD, ISET, UNAH, UCA, Nitlapan	FSL
Cash transfer project for malnutrition and poverty prevention in Mauritania		FSL
Investigación agrícola de rubros de consumo: mandioca, mapíz y poroto	Facultad de Ciencias Agrarias de la Universidad Nacional de Asunción	FSL
Listening-Post - An innovative food and nutrition surveillance	Brixton Health, Save the Children	FSL
Definition of an innovative and operational Nutrition Causal Analysis tool	IRD, ODI, Tufts University	FSL
Agriculture-Gender and Nutrition	GRET	FSL
Malnutrition and child development		MH&CP
Malnutrition and Mental Health	John Hopkins University	MH&CP
ACF's contribution to the "MAMI" Research platform – Management of Acute Malnutrition in Infants	UCL	MH&CP
FUSAM - Long-term impact of children who benefited from the severe acute treatment associated with psychosocial activities, Bangladesh	ICDDRB, UCL	MH&CP
Psychosocial and nutritional impact of ACF MHCP's community-based prevention program for refugee populations in UNHCR camps in Cox's Bazar, Bangladesh	ICDDRB	MH&CP
What are the adequate breastfeeding assessment tools for infants less than 6 months, in in-patients treatment and within the community?	UCL	MH&CP
Definition of an improved tool for mental health care in emergencies		MH&CP
Impact on the growth and the haemoglobin status of food supplements in the province of Ambo, Huanuco Region - Peru	UBS Optimus Foundation, AECID, UCA	N&H
Anemia en niños indígenas y no indígenas menores de 5 años de comunidades rurales del Departamento de Caazapá	Instituto de Investigaciones de la Salud de la Facultad de Medicina-Universidad Nacional de Asunción	N&H
A comparative study on the effects of Ready to Use Therapeutic management of severe acute undernutrition in children under 5 years Food + PUR in the management of severe acute undernutrition in children under 5 years	ICDDRB	N&H
Signification, relevance and improvement of the different anthropometric indicators and diagnosis tools used to describe the clinical/physiological status of the children in medico-nutritional rehabilitation programs	Gend University, UCL, ICDDRB, EHESP	N&H
MANGO: testing the effectiveness of the reduction of nutrition product consumed on SAM children		N&H
Investigation of infectious risk amongst SAM children and adequacy of current preventive and curative strategies. Are systematic amoxicillin, triage, and complications management effective and in line with up-to-date diagnosis strategies?	Hôpitaux de Genêves	N&H
Cost-effectiveness applied to Nutrition		N&H
Impact evaluation of a multisector intervention programme to reduce childhood stunting in a food-insecure area in Madagascar	Michigan University	N&H
Nutritional Impact Assessment Project (NIAP) – A systematic approach to better document nutritional impact of humanitarian interventions	Cornell University, Michigan University	N&H
MAM'OUT - Evaluation of a seasonal and multi-annual cash transfer program in the framework of a safety net to prevent acute malnutrition by children under 24 months, in terms of effectiveness and cost-effectiveness in the Tapoa province	Gent University, AgroParisTech, CDC, IRSS	N&H
Development of Data Collection & Analysis Toolkit (OpenDataKit)		Other
Ethics & research	UCLAN	Other
Humanitarian trends & new technologies		Other
Household water treatment in Mauritania		WaSH
ATPC in Mauritania		WaSH
WASH in nutrition in Sahel	UNICEF	WaSH
Household water treatment in Colombia (research)	Universidad de Boyacá, OXFAM	WaSH
Bioactivators to reduce volume in latrines in The Philippines	LICE	WaSH
Definition of new geophysics methods (SYSCAL, TDEM, ABMN) to improve either ACF own water extraction projects effectiveness, either local partners' capacity to better exploit the resource (Madagascar)	Grenoble University	WaSH
Experimentation of new options to improve access to water, hygiene and sanitation in Ulan Bator areas, Mongolia	Beijing University, MUST	WaSH
Water Governance in the Philippines	Sorbonne University	WaSH

Legend:

- ● Nutrition & Health
- ● Food Security & livelihoods
- ● WaSH
- ● Mental health & care practices
- ● DRM
- ● Other

ANNEX 3

ACF International Publications 2013

ADVOCACY
- Gaza Blockade: Help them Grow
- Humanitarian Principles in Conflict
- The truth about the assassination of 17 aid workers in Sri Lanka
- ACF advocacy toolkit

DRM
- Disaster Risk Reduction - PVCA
- Climate change and nutrition: Creating a climate for nutrition security
- Enhancing Climate resilience, food & nutrition security
- Etude participative des riques, vulnérabilité et capacités communautaires
- Enhancing resilience to chocks and stresses
- Emergencies preparedness & response planning
- Early warning, early action: a brief review of experiences and opportunities

FOOD SECURITY & LIVELIHOODS
- Mali "Les Jardins de la Santé", une approache centrée sur la nutrition
- Una alternativa nutricional en los Andes. Papas biofortificas con hierro en la región de Ayacucho
- Alternativas para mitigar los efectos del cambio climático. Agricultura de conservación
- Intercambio de experiencia para la promoción de buenas prácticas
- Paso a paso. La radio como medio de capacitación en la extensión agraria
- Guía para la aplicación de La escala Latinoamericana de seguridad Alimentaria ELCSA
- Técnicas y tecnologías aplicadas en el en comunidades indígenas y campesinas
- Guia de contenidos Tekomboeapo Iviporeta Regua (Conviviendo en Armonía con la Naturaleza)
- Cuaderno de actividades
- Cuaderno de evaluacion
- Almanaque (promocion del Centro artesanal Ñande Reembiapo)
- Agriculture and household nutrition security -development practice and research needs
- Low Input Gardens: a sustainable means of improving nutrition security and social status of People Living with HIV
- Enhancing the role of smallholder farmers in achieving sustainable food and nutrition security
- Nutrition Causal Analysis (NCA): proposition for an innovative, standardised, participatory and holistic methodology
- An attempt to demonstrate the link between WASH and malnutrition: The Nutrition Causal Analysis (Burkina Faso)
- ACF FSL Intervention in Response to the Sahel Crisis in 2012: A Learning Paper
- Seasonality: The missing piece of the undernutrition puzzle
- Learning the lessons? Assessing the response to the 2012 food crisis in the Sahel to build resilience for future
- History repeating itself? Global food price volatility and its impacts on malnutrition
- Small scale, big impact: the contribution of small scale agriculture to improving nutrition

FSL
- Sowing the seeds of good nutrition: Making agricultural policies delive better nutrition
- Impact of cross-sectoral approach to addressing Konzo in DRC
- Caterpillars in diets, DRC
- Cases Studies Guinea Conakry : Project "Porridge Mums": combining income generating activities and undernutrition prevention
- Characterizing the livelihoods of Kampala's slum dwellers

GENDER
- Por qué es importante hablar de género (cartilla)
- Gender dimensions in Pakistan

GENERAL
- Partnering in emergencies: lessons from ACF-USA's experience in Pakistan and Kenya
- Elaboration and adaptation of a humanitarian-context research ethics framework to enhance research results valorization: the example of Action contre la Faim (ACF)
- Moving the message beyond research and highlighting the importance of considering the empowerment of decision-making within households
- ACF International Learning Review 2012
- ACF International Annual Progress Report 2012

MENTAL HEALTH & CARE PRACTICES
- ABC - Assisting Behavior Changes Part 1: Theories and Models, to better understand behavior change and the process of change
- ABC - Assisting Behavior Changes Part 2 : Practical ideas and Tecniques, Designing and implementing programmes in ACF using an ABC approach
- Manuel for the integration of child care practices and mental health into nutrition programs

NUTRITION & HEALTH
- Impacto Económico de la Anemia en el Peru
- Technical errors of measurement in the diagnosis of child malnutrition:data from ACF interventions between 2001 & 2010).
- Anemia in indigenous and non-indigenous children under 5 from the rural communities in the Caazapá Department, Paraguay
- The economic Impact of Anemia in Perú
- SMART anemia analysis in Bolivia.
- Special issue: Aligning Nutrition and Food Security Livelihoods.
- Valoraciones, saberes y experiencias en el consumo del suplemento con micronutrientes en los departamentos de Huancavelica, Apurimas y Ayacucho
- Diagnóstico de los determinantes de la desnutrición crónica infantil en la provincia de Vilcashuamán. Perú
- Anemia por deficiencia de hierro y suplementación con multimicronutrientes en niños de 6 a 35 meses de edad
- Aproximación al consumo de alimentos y prácticas de alimentación y cuidado infantil en niños de 6 a 23 meses
- Generando un modelo para disminuir la desnutrición infantil
- La anemia por deficiencia de hierro, desde un enfoque cultural
- Calendario Nutricional 2014

NUTRITION & HEALTH

- Cuadernillo de Trabajos Prácticos y Guía Didácticas Primer Ciclo de la EEB. Comunidasdes Mbya Guaraní de Ñu Apu'a e Ykua Porä, Distrito de Aba'i, Depto. De Caazapá
- Alimentando en la primera Infancia
- Strengthening health systems - Health system strengthening constitutes much of ACF's work in development contexts – Dr Sandra Mutuma explains why it is done and the impact it has had in Nigeria
- Nutrition mainstreaming in Pakistan flood response programming
- Towards improved food and nutrition security in Pakistan
- Something for everyone: three perpectives from a recent coverage assessment in Pakistan
- Nutrition Security Emergency Programming in Diverse Urban Contexts
- Supporting Ministries of Health to take the Lead in Adressing Severe Acute Malnutrition
- Transforming awareness and training into effective CMAM Performance
- Influence of body shape on the diagnosis of acute malnutrition by anthropometric indicators
- Contribution of the Nutritional Causal Analysis research project to gender and nutrition
- Cost-effectiveness guidelines : an introduction and overview of key concepts for cost-effectiveness analysis within ACF
- E-learning - Notions of cost-effectiveness
- Emergency nutrition, a handbook for developing an emergency nutrition intervention strategy
- Cases Studies Liberia : Strengthening integrated systems for management and prevenion of malnutrition in greater Monrovia
- Cases Studies Pakistan: Nutrition mainstreaming in flood response programming
- Acces for All Volume 1: Is community-based treatment of sever acute malnutrition (SAM) at scale capable of meeting global needs?
- Access for All Volume 2: What factors influence acces to community-based treatment of acute malnutrition?
- Access for all Volume 3: What can community based SAM treatment learn from other public health interventions to improve access and coverage?
- The State of Global SAM Management Coverage 2012
- Why coverage is important: efficacy, effectiveness, coverage, and the impact of CMAM Interventions (Field Exchange Issue 45)
- Considerations regarding coverage standards for selective feeding programmes (Field Exchange Issue 46)
- Quantity through quality: Scaling up CMAM by improving programmes Access (Field Exchange Issue 46)
- Boosters, Barriers, Questions: an approach to organising and analysing SQUEAC data (Field Exchange Issue 45)
- Barriers to CMAM Services in Central Pokot, Kenya: PRA assessment with users
- Debunking urban myths: access & coverage of SAM-treatment programmes in urban contexts (Field Exchange Issue 46)
- Something for everyone: three perspectives from a recent coverage assessment in Pakistan

NUTRITION & HEALTH

- (Field Exchange Issue 45)
- Aid for Nutrition 2013. Are we on track to meet the needs? 2010 and 2012
- Aid for Nutrition. Mobilizing Innovative Financing for the fight against undernutritition
- Aid for nutrition: Maximising the impact of nutrition-sensitive
- Hunger Matters: Building the Foundations for Good Nutrition
- Do Children with Uncomplicated Severe Acute Malnutrition Need Antibiotics? A Systematic Review and Meta-Analysis
- Protecting child health and nutrition status with ready-to-use food in addition to food assistance in urban Chad: a cost-effectiveness analysis

WaSH

- Manual de fortalecimiento de comité de aguas
- Sustainable Sanitation for Vulnerable Peri-Urban Population in Ulaanbaatar, Mongolia: An Introduction of Multi-Lateral Cooperation Project
- Night Soil Composting as a Common Approach to Sustainable Sanitation. A Review
- Opportunities and Challenges of Greywater Treatment & Reuse in Peri-Urban Ger Areas of Ulaanbaatar, Mongolia
- WASH-Borne Vulnerability: A Scoping Study on Peri-Urban Ger Areas in Mongolian
- A Holistic Approach to Integrate Safe Water Supply and Sustainable Sanitation Systems: A SWOT Analysis
- Lutter contre le Choléra ! Le rôle des secteurs EAH et SMPS dans la lutte contre le choléra
- 1+1=3 How to integrate WASH and MHCP activities for better humanitarian projects

ANNEX 4

List of Partnerships by Country

AFGHANISTAN
- Solidarités International
- Welthungerhilfe
- Bakhtar Development Network
- Afghanistan Centre for Training and Development
- International Center for Agricultural Research in the Dry Areas (ICARDA)
- Mission East
- People in Need

BANGLADESH
- National Development Programme (NDP)
- Shushilan
- Society for Environment and Human Development (SHED)
- The International Centre for Diarrhoeal Disease Research Bangladesh (ICDDRB)
- Thengamara Mohila Sabuj Sangha (TMSS)

BOLIVIA
- Gobernacion Santa Cruz
- Asamblea del Pueblo Guarani (comunidades)
- Consorcio de Agencias humanitarias de Bolivia

BURKINA FASO
- Association d'Appui a la Promotion du Developpement Durable des Communautes (APDC)
- GRET
- TINTUA
- District Sanitaire Pama
- District Sanitaire Fada
- District Sanitaire Bogandé
- District Sanitaire Manni
- District Sanitaire Diapaga
- DRS de l'Est
- Centre hospitalier régional (CHR) Fada
- SOS SAHEL
- Provincial Depart. for Basic Education & Literacy (DPEBA)
- L'Office national de l'eau et de l'assainissement (ONEA)
- Mairie OUAGA

CAR
- Direction de la Santé Communautaire
- ACABEF
- ANEA (MANY)
- DGH
- American Commodity Distribution Association (ACDA)
- Agency for Technical Cooperation & Development (ACTED)
- Solidarités International
- Programme alimentaire mondial des Nations Unies (PAM)
- MERCY CORPS
- The International Rescue Committee (IRC)
- Première Urgence - Aide Médicale Internationale (PUAMI)

CHAD
- Direction Sanitaire Régionale KANEM
- Direction Sanitaire Régionale BAHR EL GHAZAL
- Office National Développement Rural
- Délégation de l'Agriculture du Bahr el Gazal
- Ministère du Développement Pastoral et des Productions Animales
- Direction de de l'élevage
- LVRZ Laboratoire de Recherche Vétérinaire et Zootecnique
- Coordination Committee in Chad (CCO)

COLOMBIA
- Corporación para el desarrollo Social Comunitaria -ASVIDAS
- Pastoral Social de Montelíbano
- Pastoral Social de Pasto
- Pastoral Social de Tumaco
- Municipality of Tierralta,
- Municipality of Valle del Guamues
- Municipality of Leguizamo
- Municipality of Mallama
- Municipality of Valencia
- Municipality of Samaniego
- Municipality of Valencia
- Municipality of Puerto Asís
- Mallama Hospital
- Tierralta Hospital
- San Miguel Hospital
- Department of Health in Nariño
- Department of Health in Putumayo
- Oxfam
- University of Cordoba
- University of Boyacá.
- El servicio de Pastoral Social Vicaria Social San Juan Bautista (SEPASVI)
- Unidad de Atención y Reparación Integral a las Víctimas (UARIV)

DJIBOUTI
- Paix & Lait

DRC
- Ministère de la santé Publique de la République Démocratique du Congo (MOH)
- Ministry of Health
- National Program for Nutrition (PRONANUT)
- Bureaux Centraux de Zones de Sante(BCZS)
- TUFTs University
- Reseau des Femmes
- Harvard Humanitarian Initiative (HH)
- Réseau des Femmes du Secteur de l'Eau, Hygiène, Assainissement et de la Protection de l'Environnemen (REFESEHAPE)
- Croix-Rouge Congolaise
- Concern Worldwide
- Agency for Technical Cooperation & Development (ACTED)
- Solidarites Internationale
- Catholic Relief Services (CRS)
- Inspection Territoriale de l'Agriculture Pêche et L'élevage (ITAPEL)

ETHIOPIA
- Ministry of Health regional Heath bureau
- Bureau of Finance and Economic Development (BoFED)
- Save the Children

GEORGIA
- Lower-Bargebi School
- Upper-Bargebi School
- Saberio School
- Otobaia School
- Pichori School
- District Depart. of Education Gali (MoUs signed on WinS)
- Green Lane NGO (Armenia)
- LNGO Avangard (Gali)
- European Centre for Minority Issues (ECMI)
- Dmanisi Municipality
- Marneuli Municipality
- Tetritskharo Municipality
- "Youth Centre Named after Guram Tikanadze
- "Alert"
- Rural Development Fund for Future Georgia

GUATEMALA
- Municipalidades y Mancomunidades
- Coordinadora Nacional para la Reduccion de desastres (SE-CONRED)
- Coordinadora Municipal para la Reducción de Desastres (COMRED)
- COLRED
- Instituto Nacional de Sismología, Vulcanología, Meteorología e Hidrología (INSIVUMEH)
- Ministerio de Educacion
- Ministerio de Agricultura, Ganaderia y Alimentacion (MAGA)
- Ministerio de Ambiente y Recursos Naturales (MARN)
- Universidad de Galileo
- Private Institute for Climate Change Research (ICC)
- Secretaria de Seguridad Alimentaria y Nutricional (SESAN)

GUINEA
- Direction de la Santé de la Ville de Conakry (DSVCO)
- Direction Communale de la Santé (DCS) Matoto
- DAN
- APFAMNIG
- Universidad Gamal Abdel Nasser de Conakry
- Direction Regional de la Sante (DRS)
- DPS Mali
- DPS Lelouma
- DPS Koubia
- DPS Tougé
- DPS Labé

HAITI
- CARE
- World Food Programme, United Nations (WFP)
- International Organisation for Migration (IOM)
- Ansanm pou yon DEmen Miyò an Ayiti (ADEMA)
- La Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA)
- Croix-Rouge Française

INDIA
- Centre for Community Economics and Development Consultants Society (CECOEDECON)

INDONESIA
- District Health
- CIS TIMOR
- Public Works (PU)Office
- PKPU (emergency)

IVORY COAST
- ARK
- Programme National de Nutrition
- Direction Régionale de Santé de Khorogho
- Direction Départementale de la Santé de Danané et Zouan Hien
- Danish Refugee Council (DRC)

KENYA
- Ministry of Health
- The International Rescue Committee
- Kenya Red Cross
- Food for the Hungry
- World Vision International
- CARE
- Catholic Relief Services
- Arid Lands Resilience Consortium

LEBANON
- Medair (Shelter)
- Mercy Corps (Verification of Vulnerability)

LIBERIA
- Ministry of Health nutrition division
- Médecins du Monde (MDM)
- Save the Children
- Welthungerhilfe
- Ground Water Exploration Inc. (GWEI)
- WASH consortium
- Ministry of Agriculture (MoAG)
- Ministry of Health

MADAGASCAR
- Association AFAFI
- Communes de Ankazomanga, Maroarivo, Masiaboay, Sakamasay, Soamanonga
- Food & Agriculture Organization of the United Nations
- World Food Programme (WFP)
- UNICEF

MALI
- STOP SAHEL
- Woiyo Kondeye
- Centre Sahélien de Prestations, d'Etudes, d'Eco-développement et de Démocratie Appliquée (CSPEEDA)

- Initiatives Conseils et Développement
- Nouveaux Horizons

MAURITANIA
- Association pour le développement des populations (ASDEP)
- Direction Régionale de l'Action Sanitaire Guidimakha (DRAS)
- Association Mauritanienne d'Aide aux Malades Indigents (AMAMI)
- Direction Régional de L'Hydraulique et l'Assainissement (DRHA)
- Association pour le Développement du Guidimakha
- Association pour le Développement Intégré du Guidimaka (ADIG)
- Commissariat Sécurité Alimentaire (CSA)
- Ministère Développement Rural (MDR)

MONGOLIA
- University of Science and Technology of Beijing (USTB)
- The Water Services Regulatory Commission (WSRC) of Mongolia
- The Water Supply & Sewerage Authority of UB City (USUG)
- The district authority of Bayanzurkh (BZD)
- The district authority of Songino Khairkhan (SKD), The Ulaanbaatar City
- The Water Supply & Sewerage Authority of UB City (USUG)
- Ministry of Construction and Urban Development
- Ministry of Environment and Green Development
- Mongolian Healthy Environmental Solution and Information Center (MonHESIC)
- Governor office du district de Songino Khairkhan
- Mongolian University of Science and Technology (MUST) / School of Industrial Technology and Design
- Tolgoit CBO (Community-based organization)
- Save the Children Japan
- Xac Bank,
- UNICEF
- School of Agrobiology/Agricultural University of Mongolia
- Clinic of Bayanzurkh District of Ulaanbaatar
- Medical Center of Songino Khairkhan District of Ulaanbaatar
- Ministry of Education and Sciences, / UB,
- Naïlakh, BZD and SKD Departments of Education
- Sentier d'Action / Malchin in Uvs Aimag

MYANMAR
- Save the Children International
- Helen Keller International
- Ministry of Health
- Kayah Phu Baptist Association Loikaw - Christian Social Services and Development Department (KPBA-CSSDD)
- Kay Htoo Boe Social Development Association - (KHB-KSDA)
- Karuna Myanmar Social Services (KMSS)
- Solidarités International
- CARE
- Consortium of Dutch NGOs (CDN)
- Karuna Myanmar Social Services (KMSS)

NEPAL
- District Public Health Office (DPHO)-Saptari
- Social Welfare Council (SWC)

NICARAGUA
- Unión Nacional de Agricultores y Ganaderos de Nicaragua (UNAG)
- National Union of Agricultural Associated Producers (UNAPA)
- Universidad Centro Americana (UCA)
- Municipalidades
- The Institute of Human Promotion (INPRHU)
- PLAN
- Centro Humboldt
- Ministerio Agropecuario y Forestal (Magfor)
- Sistema Nacional para la Prevención, Mitigación y Atención de Desastres (SINAPRED)
- Ministerio de Educacion (MINED)
- Ministerio DE Salud (MINSA)

NIGER
- Institut de Santé Publique)
- ONG Rayouar Karkara
- Instituts de Microfinances
- ASUSU SA et ASUNSUN
- MUTUNCI
- Assistance et Initiatives pour le Développement

NIGERIA
- Ministry of Health
- Save the Children
- Valid International
- Local Government Areas (LGAs)

OCCUPIED PALESTINIAN TERRITORY
- Costal Municipality Water Authority Gaza
- Palestinian Wastewater Engineering Group Ramallah
- Municipality of Gaza,
- Palestinian Hydrogeological Group Gaza
- Palestinian Water Authority Gaza
- Khan Younis Municipality Gaza
- Union of the Agricultural Workers committees Ramallah
- Economic and Social Development Center Ramallah

PAKISTAN
- Sindh Provincial Nutrition Cell
- People's Primary HealthCare Initiative (PPHI)
- KP Department of Health
- Project Directorate Health Afghan Refugees Kohat
- UNICEF
- WFP
- Dadu District Health Office
- Badin Department of Health
- TMK Department of Health
- Jacobabad Department of Health
- Save the Children
- Dadu District Agriculture Department
- TMK District Agriculture Department
- Badin District Agriculture Department
- TMK District Livestock Department
- Badin District Livestock Department
- University of Peshawar Department of Horticulture
- Sindh Department of Agriculture
- Sindh Department of Livestock
- ACTED
- IRC
- CARE
- Oxfam
- Care for PEFSA
- Save the Children for WINS
- Disaster Risk Management Department at University of Peshawar
- University of Malakan
- Earthquake Rehabilitation and Reconstruction Authority
- District Disaster Management Unity Lower Dir,
- District Disaster Management Unity Peshawar
- District Disaster Management Unit Charsadda

PARAGUAY
- Instituto Nacional de Alimentación y Nutrición-INAN
- Ministerio de Agricultura y Ganadería
- Dirección de Extensión Agraria, Dirección de Comercialización
- Facultad de Ciencias Agrarias
- Cooperative Capiibary
- Cooperative Ycuá Bolaños

PERU
- Dirección Regional de Salud de Ayacucho
- Dirección Regional de Salud de Huanuco
- Gobiernos Local (GL) de Vilcashuamana,
- Gobierno Local de Saurama
- Gobierno Local de Independencia
- Gobierno Local Accomarca,
- Gobierno Local Carhuanca,
- Gobierno Local Vischongo,
- Gobierno Local Concepcion
- Gobierno Local de Huambalpa
- Dirección Regional de Salud

PHILIPPINES
- Save the Children
- Merlin
- Plan International
- Oxfam
- CARE
- Handicap International
- Christian Aid
- UNICEF
- Center for Disaster Preparedness

SENEGAL
- Ministry of Health

SIERRA LEONE
- WASH consortium
- Moyamba Community, Agriculture and Development Association (Mocada)

SOMALIA
- Nutrition Security Consortium
- Somalia Resilience Program (SomReP)

SOUTH SUDAN
- UNICEF
- Ministry of Water (State Level)
- World Food Programme (WFP)
- Integrated Food Security phase classification (IPC)

SYRIA
- Syrian Arab Red Crescent and Ministry of Education
- Arab Centre for the Studies of Arid Zones & Dry Lands
- Ministry of Agriculture and Agrarian Reform
- Ministry of Education

TURKEY
- Support to Life

UGANDA
- Community Rural Empowerment and Support Organization (CRESO)
- African Youth Initiative Network (AYINET)
- WFP
- IUCN International Union for Conservation of Nature
- Agrinet

YEMEN
- Danish Refugee Council
- Mercy Corps
- Ministry of Health
- CARE
- Ministry of Agriculture & Irrigation
- General administration for Animal Health - Abs (Hajjah)
- General Authority for Posts- Hodeidah Governorate

ZIMBABWE
- International Rescue Committee
- Ministry of Health
- Department of Agricultural Technical and Extension Services(Agritex)
- District Development Fund
- ZimAhead
- SNV Netherlands Development,
- Welthungerhilfe
- Mercy Corps
- Oxfam GB
- Ministry of Agriculture
- Centro Internacional de Mejoramiento de Maíz y Trigo The International Maize and Wheat Improvement Center (CIMMYT)
- International Crops Research Institute for the Semi-Arid Tropics (ICRISAT)
- International Rescue Committee (IRC)

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