ANNUAL PROGRESS REPORT 2014

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THE ACF INTERNATIONAL STRATEGIC PLAN 2010 - 2015

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

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

1

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

2

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

3

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

4

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

5

INTRODUCTION

© Sophie Woodhead

Action Against Hunger (ACF) is an amazing charity that provides invaluable support to millions of malnourished, displaced and otherwise threatened people worldwide. We are proud of the work we do for beneficiaries and we are fortunate to have a tremendous team of people in our missions and in our HQs who do their all to save lives, support families and help us to achieve our worldwide objectives. This 2014 Annual Progress Report gives the status of ACF's delivery against our commitments, and reports on our progress in achieving our International Strategic Plan 2010-2015 (ISP). It is an accountability tool used to inform both internal and external audiences.

The report presents progress against ACF's five goals using analytical content and infographics, shedding light on key achievements delivered by the organisation's 6,873 employees.

In 2014, the organisation supported 13.6 million beneficiaries through its interventions. Support to treat acutely malnourished people has increased again to reach 430,944 people; bringing the network closer to its annual target of 600,000. The total number of beneficiaries, from interventions addressing underlying causes of under-nutrition, has also increased and reached an unprecedented 4.3 million people; surpassing the target for 2015 (4 million people). This year, again, ACF surpassed its Water, Sanitation and Hygiene (WaSH) target, reaching around 6.6 million WaSH beneficiaries (2.7 million in Syria alone); which accounts for almost half the overall beneficiaries.

The organisation showed its speed and adaptability in responding to humanitarian crises. It responded to 24 humanitarian emergencies. The decision to respond to each crisis was made within 24 hours in 25% of the cases and in 54% of cases the response was deployed within 72 hours after the decision was made.

ACF's global logistics supply chain supported missions and regional offices in 49 countries. They managed flows totalling over €100.7 million. This represents a 35% increase over 2013; an increase over the already high average annual growth of 19%, since 2007.

This year has also been marked by the opening of fundraising offices in Germany and Italy. The report includes some preliminary results from these two new offices, where the long term aim is to raise considerable net funds to support our work. In 2014, through the generosity of its donors, the network raised a total of €263,110,483 to fund the work we do for beneficiaries. This represents an increase of 25% compared to the previous year.

I would like to thank all those who contributed to this edition of the annual progress report. Both those who provided the information required, (especially the Evaluation, Learning and Accountability (ELA) team[1] for its tremendous work to produce this fourth annual report), as well as the rest of our fine organisation for the wonderful work you do for people in need.

PAUL WILSON | ACF | INTERNATIONAL CHAIR

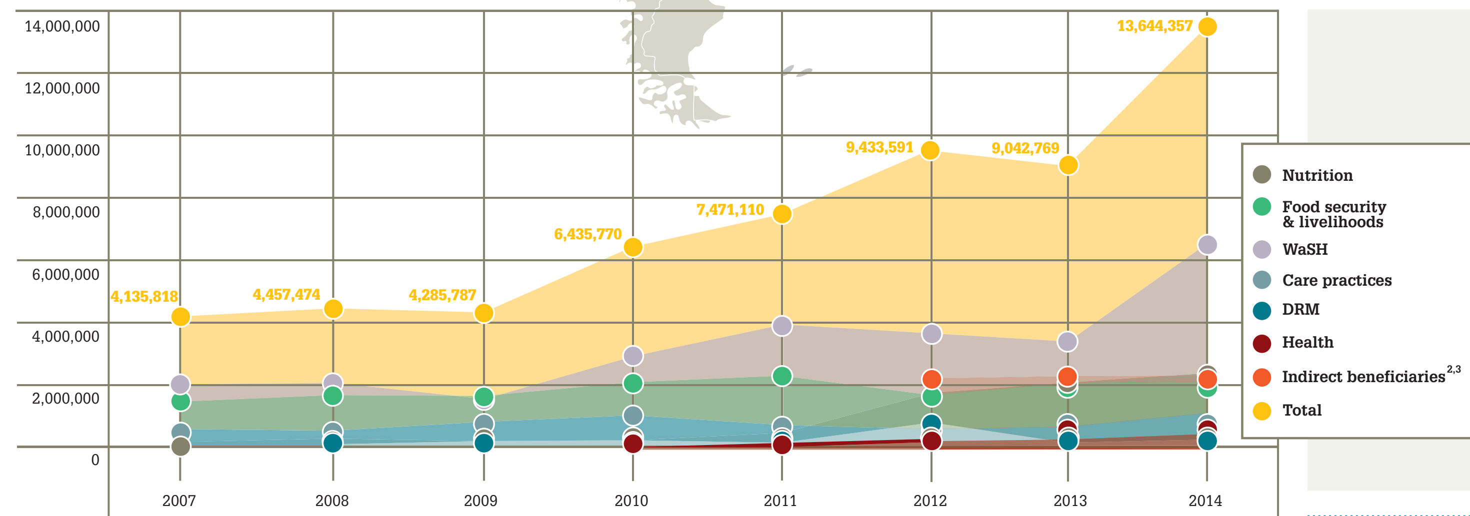
1 *The ELA team is: Alexia Deleligne, Senior Programme Quality Assurance Advisor and ELA Manager; Macarena Magofke, Evaluation and Knowledge Sharing Officer; Hannah Wichterich, Evaluation and Knowledge Sharing Officer; Mattia Zanazzi, Knowledge and Information Management Officer; Laurane Briguet, ELA Intern.*

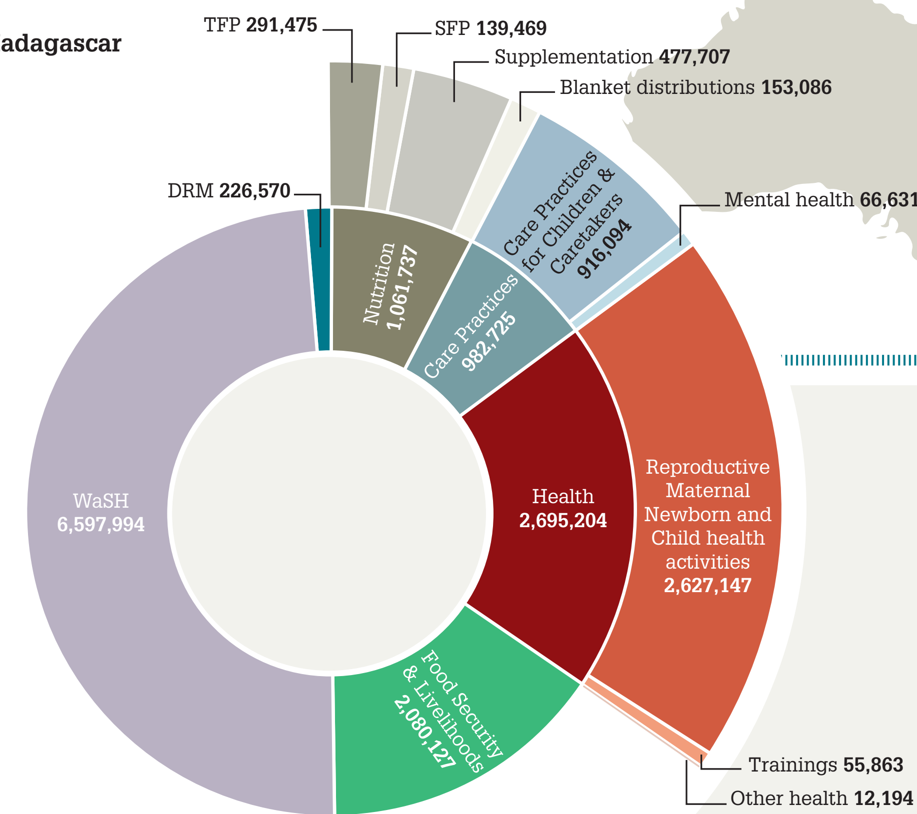
OPERATIONS & BENEFICIARIES

LONDON
PARIS
MADRID
TORONTO
NEW YORK
Central African Republic
Chad
Niger
Mali
Mauritania
Senegal
Guinea
Sierra Leone
Liberia
Ivory Coast
Burkina Faso
Nigeria
Cameroon
Democratic Republic of the Congo
Zimbabwe
Madagascar
Uganda
Kenya
Somalia
Ethiopia
Djibouti
Yemen
South Sudan
Egypt
Lebanon
Syria
Jordan
Occupied Palestinian Territory
Iraqi Kurdistan
Turkey
Georgia
Afghanistan
Pakistan
India
Nepal
Bangladesh
Myanmar
Cambodia
Philippines
Indonesia
Mongolia
Haiti
Guatemala
Nicaragua
Colombia
Peru
Bolivia
Paraguay

● ACF
● ACF Headquarters

EVOLUTION OF TOTAL BENEFICIARIES





BENEFICIARIES BY SECTOR AND SUB-SECTOR

2 *2012-13: Beneficiaries from blanket distribution of MNPs with the Ministry of Health in Nigeria.*
3 *2014: Beneficiaries of Reproductive Maternal Newborn and Child Health activities with the Ministry of Health in Nigeria.*

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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

ACF's International Strategic Plan was revised in 2013 to reflect an increased commitment to ending deaths from acute malnutrition. The newly set targets aimed at treating 600,000 people annually by 2015. In 2014, the organisation continued to progress towards these targets.

In 2014, 68% of ACF's country programmes (32) implemented nutrition treatment programming through Community-based Management of Acute Malnutrition (CMAM) projects. They treated 430,944 people, 98% of whom were children under five. Of these, 66% were treated for Severe Acute Malnutrition (SAM) and 34% for Moderate Acute Malnutrition (MAM) through 2,111 health centres and 462 mobile health teams.

The Sphere Project sets key standards for acute malnutrition management at >75% cure, <10% death and <15% defaulter rates. In 2014, ACF's programmes achieved an average 82% cure rate (up from 75% in 2013) and 1% death rate. Defaulting remains an important issue, but decreased from 16% to 12% compared to 2013. The remaining 5% of cases consists mainly of persons that were either non-respondent or transferred to other programmes.

The best outcomes were reported by the Democratic Republic of Congo (DRC) and Pakistan (95% and 96% cure rates, respectively), while another five countries reported very high cure rates (Mali, Mauritania, Senegal, Nigeria and South Sudan). Cure rates under the SPHERE standard were reported in only two countries (Philippines and Kenya, 60% and 74% respectively).

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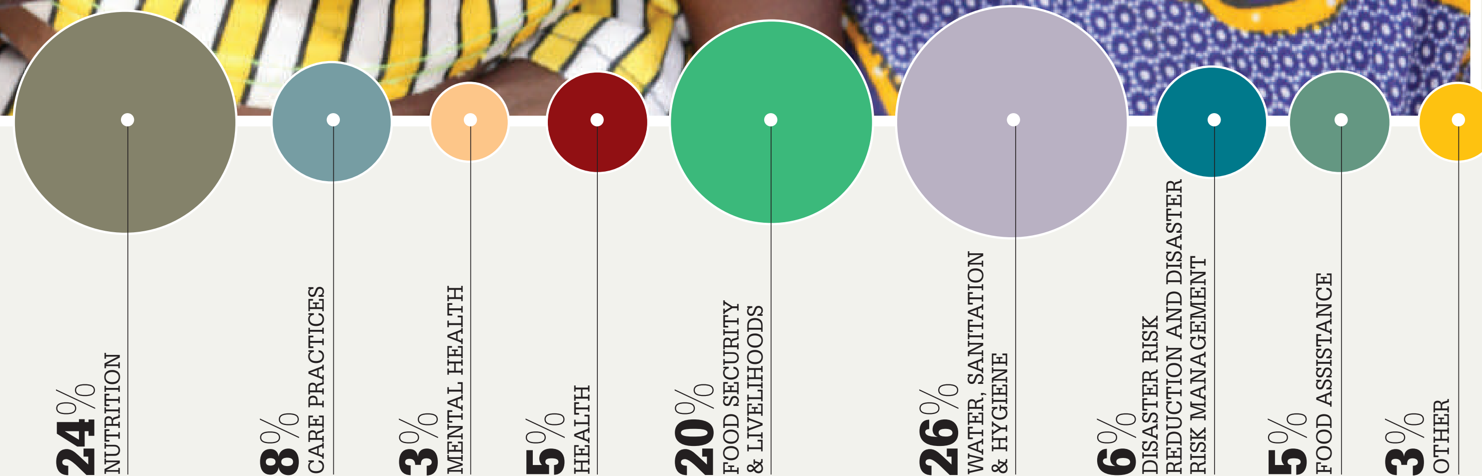
82%

Cure rate up from 75% in 2013

96%

Cure rate by implementing CMAM in Pakistan in 2014



RATIO OF PROJECTS BY SECTOR 2014

GOAL 1

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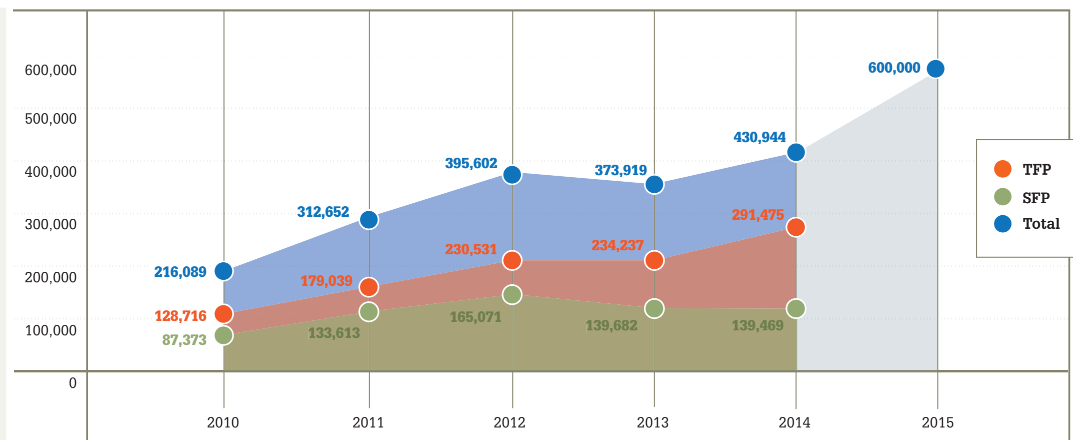
default rate of 36% because the high number of displacements that occurred due to natural disasters. Only two other countries reported default rates above the 15% SPHERE standard (Senegal and Uganda) compared to six countries last year.

In 2014, the organisation held over 108,500 health and nutrition education sessions (up from 69,000 in 2013) for caretakers of children in nutrition centres.

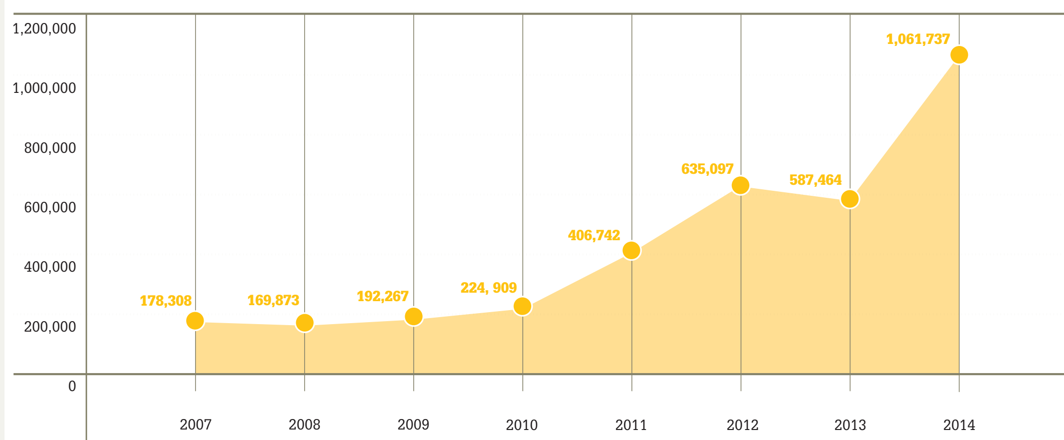
TOTAL BENEFICIARIES RECEIVING TREATMENT FOR ACUTE MALNUTRITION

ACF nutrition interventions mainly consist of Therapeutic Feeding Programme (TFP), Supplementary Feeding Programme (SFP) and other nutrition programmes such as supplementation activities for pregnant and lactating women. These interventions tend to vary across country programmes, as the organisation adapts based on the most pressing needs on the ground. This year, the Philippines registered a large number of persons treated in almost every nutrition category except Therapeutic Feeding Programme (TFP), which was highest in Somalia, Nigeria and Chad. Supplementary Feeding Programme (SFP) treatment was otherwise highest in Burkina Faso, South Sudan and Kenya, while Supplementation activities reached the most pregnant and lactating women in Nigeria, Kenya, and Yemen. Pakistan, Mali and Mauritania had a strong focus on blanket distribution of therapeutic and supplementary foods and/or micro-nutrients.

TOTAL BENEFICIARIES OF NUTRITION PROGRAMMES 2010-2014



TOTAL NUMBER OF NUTRITION BENEFICIARIES (OVER TIME, 2007-2014)*



* *Including supplementation activities and blanket distribution of therapeutic and supplementary foods and micro-nutrientsa.*

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FOCUS ON KWASHIORKOR

KWASHIORKOR MAPPING CORE GROUP

Kwashiorkor affects hundreds of thousands of children every year in the poorest countries of the world, killing many of them – and yet seems not to attract global attention. Given the high associated mortality risk and the low level of understanding of the condition the limited number of new research projects is surprising.

Kwashiorkor is often associated with medical complications, requiring inpatient care, which is costly in terms of time and money to carers and national health systems. In addition, Kwashiorkor is still an enigma and often misdiagnosed or undetected as a form of severe acute malnutrition by health workers. Also, as data is not routinely collected in national surveillance systems, there is currently no clear understanding of the global burden.

The last published global map of prevalence of Kwashiorkor was produced in 1954 by JF Brock. This was done at a time when the diagnostic criteria were vague and oedema was not always present. Putting Kwashiorkor on the Map: a call for sharing data to complete the picture of prevalence and raise the profile of Kwashiorkor, was released in October 2013 by the Community-Based Management of Acute Malnutrition (CMAM) Forum, in collaboration with technical experts André Briend and Mark Myatt. This included a map of "Kwashiorkor" based on a database of 560 surveys (from 1992-2006) held by Brixton Health.

This work led to the establishment of an informal Technical Advisory Group to define parameters for data collection and liaison with international nongovernmental organisations that are willing to share their data. The initial outputs indicate that there still is a problem of high caseloads / prevalence of oedematous malnutrition, although its distribution and a global estimate could vary widely.

A Kwashiorkor Mapping Core Group has been established to manage the project outputs. This is comprised of representatives from ACF, CMAM Forum, and UNICEF and WHO nutrition departments. The Technical Advisory Group was formalized by inviting individual experts with research or management experience in Kwashiorkor. It will build on the informal group established for Phase One and will be consulted on questions around data collection, interpretation and documentation so that the final output will present a clear picture of Kwashiorkor in the world despite the data sharing and collection challenges still present in the XXI century.

INTERNATIONAL NUTRITION BENEFICIARIES 2014

◆ TFP ◆ SFP ◆ Pregnant & Lactating Women Supplementation ◆ Blanket Distribution (of therapeutic foods and/or micro-nutrients)

GOAL 1

INTERNATIONAL NUTRITION BENEFICIARIES 2014

In 2014, the number of countries reporting nutrition beneficiaries increased from 30 to 32. Nigeria, while remaining 1st in rank amongst country programmes for nutrition beneficiaries, reported a sharp decrease in this sector (2,258,026 to 373,963). This was primarily caused by ACF's decision to separate the beneficiaries of micronutrients and those of reproductive, maternal, newborn and child health activities reached through a government programme: beneficiaries of the programme are now reported under the Health sector (see Chapter 1.2).The Philippines, due to an overall significant increase in volume of activities, reported a very sharp rise in beneficiary number, jumping from 26th to 2nd in rank (882 to 147,783). Pakistan experienced a high number of blanket distribution of micro-nutrients, accounting for two-thirds of nutrition beneficiaries in the country (80,206). The DRC (37,741 to 23,002), Burkina Faso (52,699 to 40,241) and Niger (44,975 to 31,492) reported a decrease in beneficiaries, while successful inroads occurred in Yemen (4,368 to 31,310), Somalia (42,409 to 63,721) and Haiti (166 to 6,062).

CAPACITY BUILDING

In 2014, the network continued to enhance the capacity of local and national governments and NGOs to treat and prevent acute malnutrition covering 68% of all country programmes. In this context, 55,800 people received training in 34 countries. Overall, 23 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 31 distinct projects handed over to the Ministries of Health in 10 countries and 7 projects handed over to local NGOs in three countries.

ACF is working to build the capacity of the MoH and/or local NGOs to treat acute malnutrition

Afghanistan
Bangladesh
Burkina Faso
CAR
Chad
Ethiopia
Haïti
India
Indonesia
Ivory Coast
Jordan
Liberia
Madagascar
Mongolia
Myanmar
Sierra Leone
Yemen
Zimbabwe
Mali
Mauritania
Niger
Guatemala
Nicaragua
Colombia
Paraguay
Peru
Georgia
Egypt
Lebanon
DRC
Kenya

This includes training of Ministry of Health (MoH) staff

Afghanistan
Bangladesh
Burkina Faso
CAR
Chad
Ethiopia
Haïti
India
Indonesia
Ivory Coast
Jordan
Liberia
Mongolia
Myanmar
Sierra Leone
Yemen
Zimbabwe
Mali
Mauritania
Niger
Guatemala
Nicaragua
Colombia
Paraguay
Peru
Georgia
Egypt
Lebanon
DRC
Kenya *

There has been a partial/full handover of programme services to the MoH

Afghanistan *
Burkina Faso *
CAR *
Chad *
Haïti *
India *
Iraqi Kurdistan *
Liberia
Myanmar *
Mauritania *
Niger *
Nicaragua
Colombia *
Paraguay *
DRC *
Kenya *

ACF had direct input into development and/or updating of national protocol

Bangladesh
Burkina Faso
Chad
DRC
Ethiopia
Guatemala *
Guinea *
Ivory Coast
Kenya *
Liberia
Madagascar
Mauritania
Myanmar
Nepal
Nigeria *
Occupied Palestinian Territory (OPT)
Pakistan
Peru
Philippines
Sierra Leone
Somalia
South Sudan *
Uganda *

* = Change from 2013

FOCUS ON CMN

COVERAGE MONITORING NETWORK

ACF committed to increasing the coverage of its nutrition programmes to at least 50% in 2015. In this perspective, assessments are conducted to determine what percentage of malnourished children nutrition programmes are reaching and to identify the most common barriers to accessing treatment. In 2014, 20 coverage assessments were conducted across 9 countries. The Coverage Monitoring Network (CMN) is an inter-agency project lead by ACF aimed at improving nutrition programmes through the promotion of quality coverage assessment tools, capacity building and sharing. In 2014, the CMN supported 27 coverage assessments for 9 organisations. During the course of these assessments, the CMN staff also provided training to a total of 575 people (24% of which women) on coverage. Five publications were released on the topic of coverage, including volume three of "Access for All" and "Coverage Matters," published jointly by the CMN and the Emergency Nutrition Network.

The following five elements have been consistently reported as the main barriers to access nutrition programmes:

1 Lack of awareness about malnutrition
A precarious health condition may not be recognized immediately as malnutrition by caregivers. This element was reported as the most relevant barrier for access to nutrition programmes in 24% of all assessments produced in 2014.

2 Distance to the programme delivery site
Accessing treatment services might include traveling significant distances for many, who are not always in a condition to do so. In 2014, distance was ranked as the second most important barrier to accessing nutrition programmes, reported in 15% of all assessment answers.

3 Lack of awareness about the programme
While Community-Based nutrition programmes adopt a proactive approach to sensitise communities on treatment services, not all caregivers are always reached by these activities. Lack of awareness about existing programmes was mentioned by 13% assessment respondents.

4 High opportunity costs
A caregiver may decide not to attend treatment services because the costs and implications of doing so are perceived as too high. A total of 11% of all assessment respondents reported being often too occupied with other matters to participate in nutrition programmes.

5 Previous rejection from the programme for not meeting admission criteria
In early CMAM treatment programmes, national protocols on admission criteria resulted in a high number of cases being rejected. In recent years national guidelines have changed to improve admission levels. 10 Challenges however remain for handling "at risk" cases, and previous rejections were mentioned in 7% of all assessment answers.

Together, these five barriers account for 70% of all answers collected through coverage assessments. Further obstacles found also include the breaking of RUTF stocks (4%), poor delivery of service (4%) or a preference towards other health practitioners (3%).

FOCUS ON SMART

STANDARDISED MONITORING AND ASSESSMENT OF RELIEF AND TRANSITION

SMART (Standardised Monitoring and Assessment of Relief and Transition) is a standardized, simplified field methodology for cross-sectional surveys. Surveys using SMART produce representative, accurate and precise estimates of Global Acute Malnutrition (GAM), stunting, underweight and retrospective mortality in all settings, which can subsequently be used when evaluating the nutritional impact of a project.

The SMART global project has been supported by the Global Nutrition Cluster (GNC) since 2009 and recently assigned as co-lead of the Strategic Advisory Group to the GNC (2015-2017). Its main aim 17 is to provide a mechanism for inter-agency coordination of GNC partners, to meet urgent survey needs through provision of Emergency Survey Service (ESS), and to improve institutional capacity across governments and agencies/NGOs through training and technical support. As project convenor, ACF carries out activities such as SMART training curricula development, needs assessments and SMART training facilitation.

In 2014, a total of 373 persons, including 189 women and 184 men working in 40 different countries, were trained in the SMART methodology in 12 countries: 142 in East Africa (South Sudan, Kenya and Burundi), 27 in West Africa (Ghana), 52 in the Middle East region (Jordan and Turkey) 62 in South-East Asia (Myanmar, Papua New Guinea and Philippines), 53 in India, 20 in the USA, and 17 in France.

Participants attending the training belonged for the most part to Non-Governmental Organisations (50%), but important shares also came from national Ministries of Health (18%) and from UN-related Agencies (15%), with the rest from academia or consultants. Organisations most covered by number of persons trained, beside ACF staff (32), were UNICEF (43), World Vision (31), Service Civil International (21), International Medical Corps (12), the World Food Programme (11), International Rescue Committee (10) and Doctors Without Borders (6).

To meet partners' suggestions that ACF provide closer ground support to agencies, a Regional SMART Coordinator was recruited to work with existing country-level structures and working groups, in order to facilitate information sharing and promote SMART locally. This SMART presence in East Africa has provided invaluable contributions to ongoing crises, including ESS support to South Sudan in March 2014 followed by on-going coordination and capacity building efforts in-country for Nutrition Information Working Group representatives. This support has been noted by various partners and donors as pivotal in providing a framework for survey validation processes from 39 SMART surveys resulting in up-to-date nutrition information during the crisis in South Sudan.

FOCUS ON PERU

DIRECT INPUTS IN NATIONAL PROTOCOLS IN PERU

By taking part in several spaces of dialogue and agreement, ACF is participating in the elaboration of national laws on child undernutrition (acute malnutrition and anaemia). The office is actively participating in the Round Table against Poverty (MCLCP), a space created in 2011 where government and civil society institutions participate to make agreements and coordinate actions to fight effectively against poverty in each region, province and district of Peru. Within this space, and together with the participating institutions, ACF has conducted a coordinated follow up of the Articulated Nutrition Programme (PAN), a programme involving a number of government institutions focussed on reducing acute malnutrition in children under five. The direct output is a report stating the status of technical and budget targets to reduce acute malnutrition and anaemia with conclusions and recommendations for the national government.

The office is also part of Initiative against Child Undernutrition (IDI), a collective effort of NGOs, UN organisations, donors and the MCLCP to monitor government action. An annual report with an assessment and recommendations is produced for national authorities with general guidelines for the management of programmes and strategies developed by different sectors including health, agriculture, economy and social inclusion. Through IDI, the organisation also participates in the Scaling Up Nutrition (SUN) Movement, sharing experiences and lessons learnt to reduce Chronic Child Malnutrition (CCM), with the aim of promoting the design and implementation of national strategies and effective interventions to improve nutrition. The follow up of a set of indicators intended to monitor interventions to decrease child under nutrition has shown CCM could have been reduced to about 14% in 2014; Peru is currently considered a world reference in its fight against CCM after having been able to reduce CCM from 28.5% to 17.5% between 2007 and 2013. Finally, the direct relation with the National Health Institute has allowed transferring the experience of 'support mother groups' in the elaboration of the laws for the development of this strategy by the Ministry of Health (MoH), which is expected to come out in 2015.

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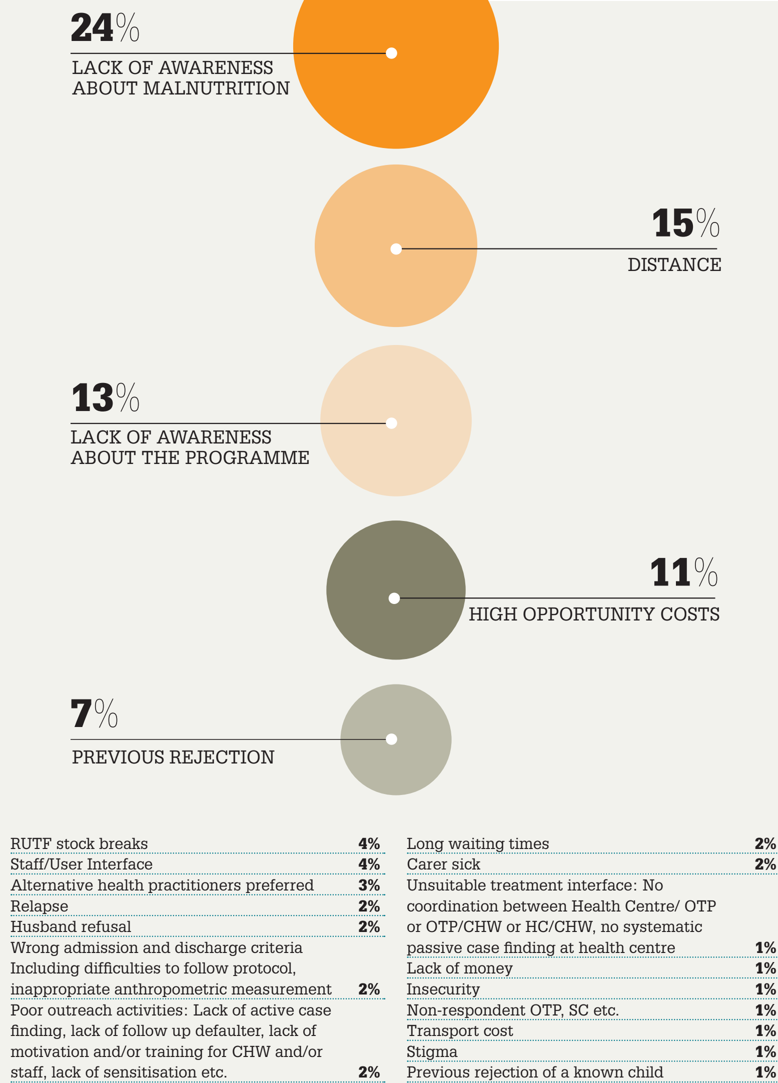
COVERAGE BARRIERS



Barrier	%	Barrier	%
RUTF stock breaks	4%	Long waiting times	2%
Staff/User Interface	4%	Carer sick	2%
Alternative health practitioners preferred	3%	Unsuitable treatment interface: No coordination between Health Centre/ OTP or OTP/CHW or HC/CHW, no systematic passive case finding at health centre	1%
Relapse	2%	Lack of money	1%
Husband refusal	2%	Insecurity	1%
Wrong admission and discharge criteria Including difficulties to follow protocol, inappropriate anthropometric measurement	2%	Non-respondent OTP, SC etc.	1%
Poor outreach activities: Lack of active case finding, lack of follow up defaulter, lack of motivation and/or training for CHW and/or staff, lack of sensitisation etc.	2%	Transport cost	1%
		Stigma	1%
		Previous rejection of a known child	1%

COVERAGE RESULTS

HEALTH DISTRICT	COUNTRY	PROGRAMME COVERAGE (%)
Fada N'Gourma	Burkina Faso	**48**
Diapaga	Burkina Faso	**43.6**
Bogande	Burkina Faso	**38.8**
Manni	Burkina Faso	**52.4**
Garbatulla*	Kenya	
Zouan Hounien	Côte d'Ivoire	**38.5**
Mosango	DRC	**50.8**
Danane	Côte d'Ivoire	**39.7**
Goronyo	Nigeria	**14.3**
Damaturu	Nigeria	**28.2**
Kohat	Pakistan	**54.8**
Dadu	Pakistan	**57.1**
West Pokot	Kenya	**32.5**
Kiyawa	Nigeria	**48.5**
Katagum	Nigeria	**19.5**
Bangui	CAR	**37.7**
Kanem*	Chad	
Gombe	Nigeria	**27.4**
Kita	Mali	**36.4**
Kirotshe	DRC	**42***

**Assessments carried out, coverage data estimates not available*

GOAL 1

1.2 Address the underlying causes of acute malnutrition

In 2014, the network reported 461 projects, 42% of which were multi-sectorial (192) and 13% included an early warning and/or surveillance system. In terms of the sectorial focus, as in 2013, the three main areas of intervention were Water, Sanitation and Hygiene (WaSH), Food Security and Livelihoods (FSL) and Nutrition (26%, 20% and 24% respectively), with a slight change in relative weight between the three. Around 87% of all countries (41) implemented at least one multi-sectorial project and over half (24) implemented at least one project including a surveillance system.

In 2014, 5 countries reported conducting a Nutrition Causal Analysis (NCA), namely Bangladesh, Burkina Faso, DRC, Ethiopia and India. The organisation aims to have 40% of all country programmes conduct NCAs by the end of 2015 (which would involve 19 countries out of 47).

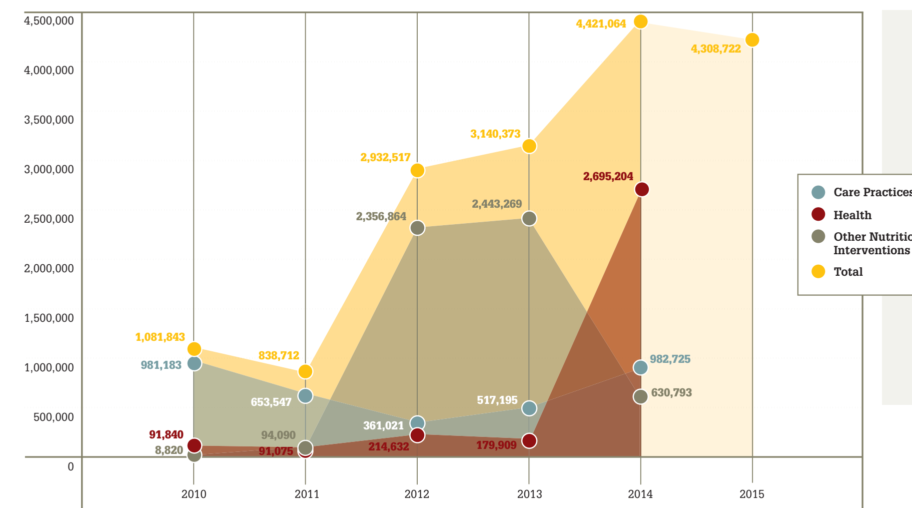
As in previous years, ACF worked towards mainstreaming methodologies which improved the design and the implementation of nutrition programming. Over 28% of country programmes (13 countries out of 47) had an emergency preparedness and response plan in place (3 more than in 2013), and 10 countries reported it to be "in development". Also, 26% (12 countries out of 47) ran or supported an early warning and/or nutrition surveillance system in country, also incorporating it at some degree in the project design. In particular, over 40% of the countries reporting to incorporate the early warning and/or nutrition surveillance system in the project design acknowledged it to be partial or minimal (the practice of incorporating one or both of these systems in the project design could take place even when reporting not to have a system in place).

The network committed to mainstreaming the SMART methodology across every country implementing nutrition projects by the end of 2015. In 2014, all country offices conducting nutrition surveys used the SMART methodology. A total of 373 people from different types of organisations were trained on SMART by ACF teams.

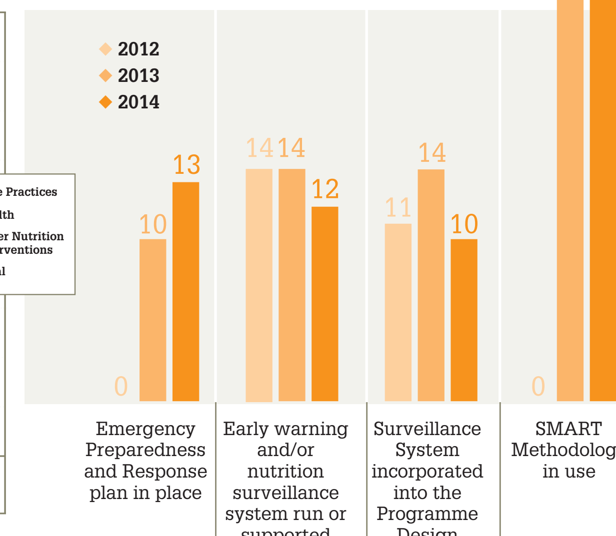
ACF set a target of reaching four million people by 2015 through mother and child care practices and other direct interventions to prevent malnutrition. In 2014, the network met and surpassed this goal by reaching 4.3 million people. Of these, 2.7 million were supported through health activities, primarily related to a government programme in Nigeria in which ACF has been participating since 2012.[4] A general rise in beneficiaries for health activities was also witnessed in other programmes.

4 *Programme beneficiaries were previously calculated under nutrition interventions.*

TOTAL BENEFICIARIES FROM INTERVENTIONS TO ADDRESS UNDERLYING CAUSES OF MALNUTRITION 2010-2014



DESIGN OF NUTRITION PROGRAMMING



GOAL 2

RESPOND TO & 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

Since 2011, the organisation has responded to an average of nearly 19 humanitarian emergencies per year, therefore reaching 75 responses over 4 years. This year was marked in particular by multi-faceted crises, such as in South Sudan, which has had to cope with an on-going conflict, resulting in a cholera outbreak and a nutrition crisis, for which the network deployed its emergency experts several times.

In 25% of the cases, the decision to respond was made within 24 hours of the emergency. The actual response was deployed within 72 hours of the decision in about 54% of the emergencies. The emergency pool was deployed in 14 of the 24 cases (58.3%); the remaining cases (for example Guinea, the Occupied Palestinian Territory (OPT) and Guatemala) were addressed directly by the offices already on site.

Most of the emergencies were related to conflicts, which took place in the Occupied Palestinian Territory, Iraq and South Sudan, among others. As well as this, multiple cases of Internally Displaced Persons (IDPs) and/or refugees were also reported in Pakistan, Uganda, the Democratic Republic of Congo (DRC) and Nigeria. Another type of emergency ACF responded to in 2014

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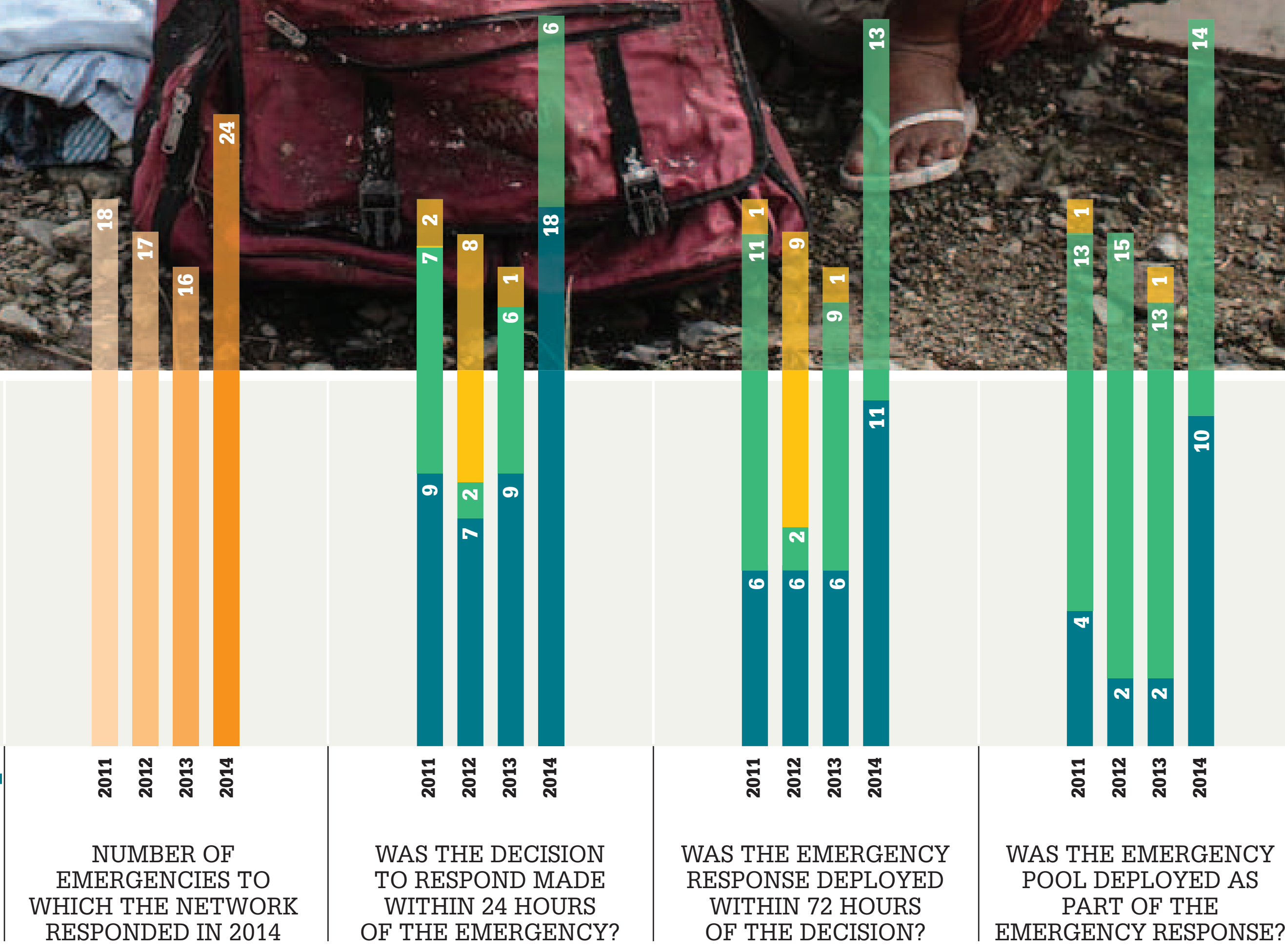
19

Humanitarian emergencies per year

75

Responses over 4 years

◆ NO
◆ YES
◆ NO DATA OR N/A



GOAL 2

© ACF - Sierra Leone

was the Ebola virus in Liberia, Sierra Leone, Ivory Coast and Guinea. Widely covered by the media, this issue required a large mobilisation from the humanitarian community, including ACF.

Among the countries needing the network's support in 2014, the most serious emergencies occurred in South Sudan and the Philippines. ACF deployed its emergency pool 5 times and twice to those countries respectively. People who fled from South Sudan were also provided with assistance in Ethiopia. The organisation responded to two typhoons in the Philippines, one (Yolanda) at the beginning and one (Ruby) at the end of 2014. Uganda and Nigeria were both confronted by two emergency situations involving IDPs, although those did not require the deployment of the emergency pool.

ACF had committed to mainstreaming Emergency Preparedness Response Plans (EPRPs) across all country programmes by the end of 2015. Nevertheless, given the multi-crisis context of 2014, priority was given to deployment of emergency responses, causing delays in the implementation of the EPRPs.

FOCUS ON IRAQ

RESPONSE TO THE CONFLICT IN IRAQ

In June 2013, the decision was made to expand the intervention zone regarding the Syria crisis, with new offices opened in Jordan and in the Kurdistan region of Iraq. The aim was to provide assistance to the refugee population moving out of Syria. However, in summer 2014, the situation changed considerably following the Islamic State's takeover of the city of Mosul and the Sinjar Mountains, resulting in a massive arrival of people fleeing the conflict towards Iraqi Kurdistan.

It is estimated that 2.2 millions of people are currently displaced within Iraq since January 2014. The Kurdistan region accommodates 47% of this displaced population. To address that, the organisation developed a multi-sectorial emergency response, including food security, Water, sanitation and hygiene (WaSH) as well as mental health and care practices. During the targeting phase, particular attention was paid to providing accurate assistance for the needs of vulnerable populations, without any discriminant criteria.

In a context of high political, ethnic and religious tensions on local and international level the network managed, through diverse approaches, to provide help to about 180 000 people (most of whom received food aid) between June and December 2014. This represents 18% of the total displaced population in Kurdistan. Because ACF's teams were already present on the field, it enabled the organisation to have an immediate response within 48 to 72 hours of when the first arrivals appeared.

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FOCUS ON EBOLA

RESPONSE TO THE EBOLA OUTBREAK

From the second quarter of the year, Guinea, Liberia and Sierra Leone had to face a severe Ebola outbreak of considerable scale. By the end of 2014, there were 20,206 cases and 7,905 deaths reported. An even wider contagion has been avoided thanks to a massive international mobilisation.

This type of crisis was unprecedented and the various actors involved took time to find the appropriate responses to the emergency. Moreover, the disastrous impact of Ebola is visible on multiple levels: the patients' suffering, the marginalisation of their families and survivors, the difficulty to receive proper treatment, the loss of income and on a more global perspective; a general slowdown of the agriculture.

ACF's intervention was organised around two key elements: firstly, a direct assistance to the communities, via sensitisation activities and the promotion of safe behaviours in order to avoid the propagation of the virus and secondly, a support to the health centres by providing basic treatments to those in need. Creating solid health care systems will obviously be a challenging goal in the coming years but in December 2014, a significant decrease in contamination was already recorded. Nonetheless, reaching a "zero case" state in those three countries will require more efforts in the future.

© ACF-Sierra Leone

DEVELOPMENT OF EMERGENCY POOL IN EMERGENCIES

Food crisis
- ✔ **Chad** (seasonal drought)
- ✔ **South Sudan** (nutrition emergency)
- ✘ **Guatemala - Chiquimula** (drought)

Floods
- ✔ **Bolivia - Beni**

Typhoon
- ✔ **Philippines - Visayas** (Yolanda)
- ✔ **Phia Samer East & Masbate** (Ruby)

IDPs — INTERNALLY DISPLACED PERSONS
- ✘ **Pakistan - North Waziristan**
- ✘ **DRC - Massisi**
- ✘ **Nigeria -Yobe**
- ✘ **Nigeria - Maiduguri**

Refugee
- ✔ **Ethiopia** (from South Sudan)
- ✔ **Cameroon** (from CAR)
- ✘ **Uganda - Adjumani**
- ✘ **Uganda - Kiryandongo**

Conflict
- ✔ **CAR** (civil)
- ✔ **KRI-IDPs** (Mosul - Iraq)
- ✔ ✔ ✔ **South Sudan** (civil)[5]
- ✘ **OPT- Gaza**

Disease
- ✔ **Liberia/Sierra Leone** (Ebola)
- ✔ **Ivory Coast** (Ebola)
- ✘ **Guinea** (Ebola)
- ✔ **South Sudan** - Juba (Cholera)
- ✘ **DRC** - North & South Kivu (Cholera)
- ✘ **Nigeria** - Maiduguri (Cholera)[6]

5 *Emergency pool deployed several times.*
6 *Maiduguri is counted twice here (once for a cholera outbreak and once for IDPs) despite being the same emergency.*

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

FOCUS ON SOUTH SUDAN

RESPONSE TO MULTIPLE CRISES IN SOUTH SUDAN

Nutrition

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In December 2013, the outbreak of violence and rapid spread of an ethno-political conflict across South Sudan led to the evacuation of most ACF staff. All programmes were put on hold for a few weeks in Northern Bahr el Ghazal (NBeG) and Warrap States, where Community Management of Acute Malnutrition (CMAM) program activities were quickly resumed. In January 2014, in response to the needs of Internally Displaced Persons (IDPs) in Twic County (Warrap State), CMAM program services were scaled up with the establishment of treatment sites and the implementation of Blanket Supplementary Feeding (BSFP) in four settlements. In February and March, with close support from HQ staff, the country team engaged with a lot of donors and invested in a proactive fund raising and grant seeking approach. As a result of that, funds from ECHO, OFDA, FFP and UNICEF were secured, leading to the creation of a mobile Nutrition Emergency Team (NET) that was deployed to 3 different counties in the most affected States to establish SAM treatment and Infant and Young Children Feeding (IYCF) activities.

In addition, given the severity of the nutrition and food security situation exacerbated by the conflict, and the lack of robust nutrition data, a Surveillance and Evaluation Team (SET) was set up in order to notably support the Nutrition Cluster (NC). A nutrition surveillance system was also established to monitor and analyse the situation in the most affected states. The surveillance system was carried out in 2014 in three counties through repeated rounds of Rapid SMART surveys, an approach developed through a partnership between ACF, UNICEF and the United States Centers for Disease Control and Prevention (CDC Atlanta).

Meanwhile, at a national level, ACF as the co-leader of the Nutrition Cluster played a crucial role in 2014. The organisation contributed to the NC with the support of a Nutrition Rapid Response Team member, who was deployed for 6 weeks at the end of May, and one staff who reinforced Information Management. Moreover, throughout the year, the organisation maintained and strengthened its contribution to various technical working groups and continued to build up technical capacities notably on CMAM and IYCF. Also in September 2014, the Coverage Monitoring Network and ACF staff organized and facilitated CMAM program coverage workshop and supported coverage assessments notably in Warrap State.

Wash

Besides the ongoing conflict, South Sudan endured a cholera outbreak, compromising further the humanitarian situation in the country. The local Ministry of Health declared the outbreak on May 25th and identified retrospectively the onset of illness on April 23rd, 2014 when Médecins Sans Frontières (MSF) alerted on the situation through a press release. In response to the declared cholera outbreak, the Ministry of Health together with humanitarian partners developed a response plan and established the Cholera Response Task Force, an inter-cluster coordination mechanism. ACF emergency team was in support of the response set up in Juba.

The Task Force involved health and Water, Sanitation and Hygiene (WaSH) sectors with invaluable support from REACH on hotspot mapping to cite an example. In response, partners were assigned to different geographical areas with the organisation's WaSH team becoming the lead WaSH agency for cholera response in Juba and Eastern Equatoria. The response was supported by several ACF teams. The organisation actively engaged in both WaSH and Health clusters, and coordinated with the government. In addition, ACF had a cholera mobile team able to deploy to different parts of the country where existing capacity for cholera assessments and responses was insufficient to effectively prevent and contain the outbreak.

ACF INTERNATIONAL | ANNUAL PROGRESS REPORT 2014

GOAL 2

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

ACF's International Strategic Plan aims to support 2.3 million people through Food, Security and Livelihoods (FSL) interventions and 3.4 million people through WaSH interventions annually by 2015.

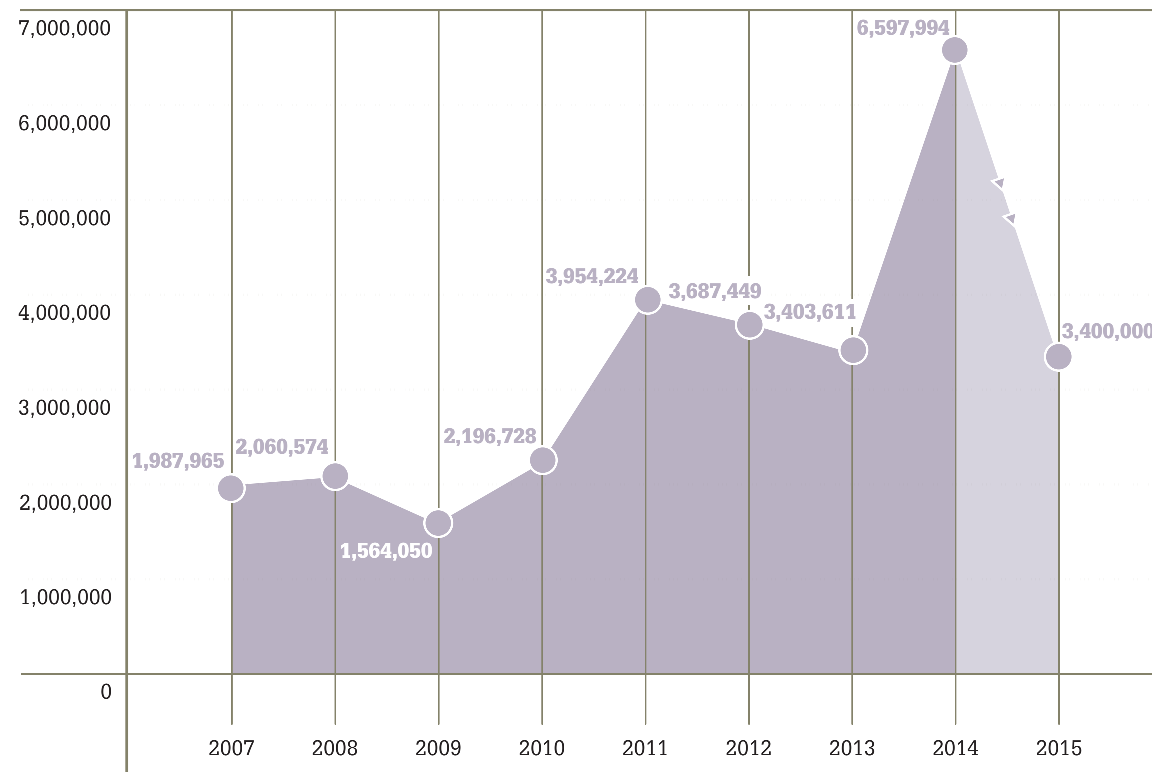
In 2014, FSL projects reached more than two million people, an increase of 60,000 from 2013, bringing the network closer to reaching its targets. WaSH projects reached almost 6.6 million people, an increase of almost 100% compared to 2013, far surpassing the target. Much of this increase was due to a surge in operations in Syria in collaboration with the local Ministry of Water Resources to rehabilitate important water networks in crisis areas.

ACF scaled up its response to several humanitarian emergencies. Syria, as mentioned, witnessed the greatest rise in both FSL and WaSH activities with 178,525 and 2,710,793 beneficiaries respectively. WaSH beneficiaries in particular grew considerably due to interventions in the OPT (+431,040), Burkina Faso (+233,758) and South Sudan (+158,995).

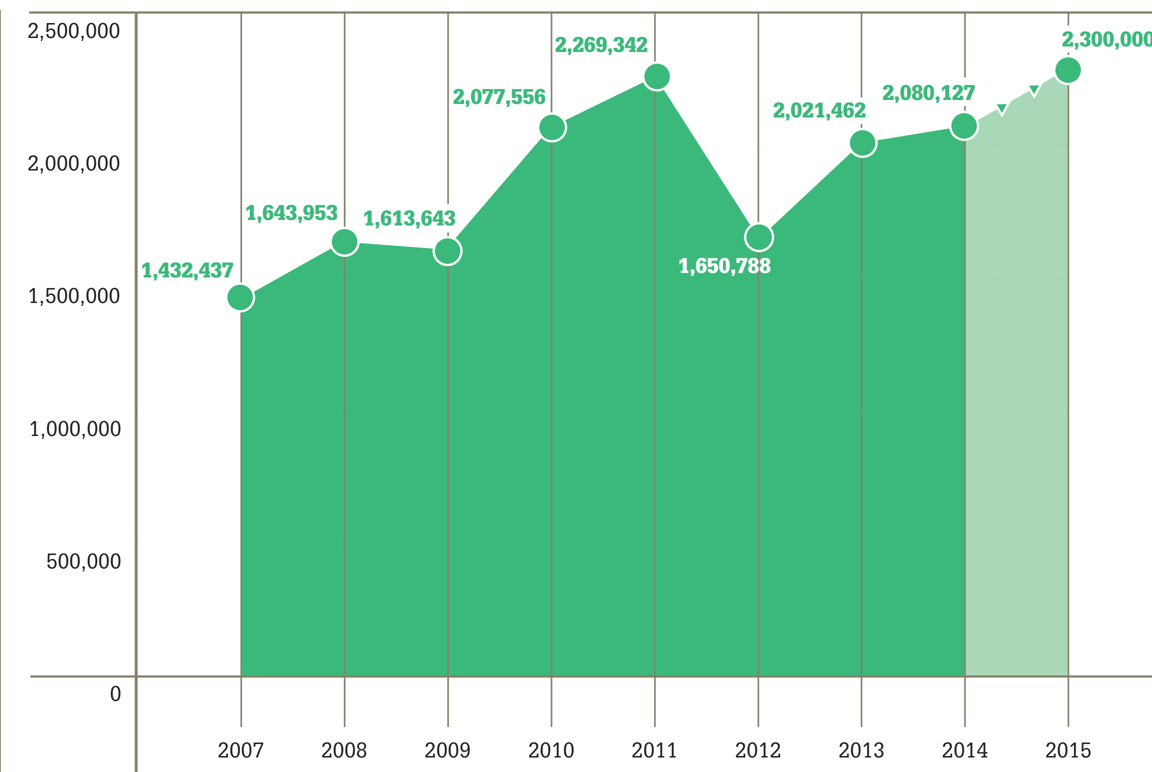
Ten countries reported 100,000 FSL beneficiaries or more (Chad, Syria, Mauritania, Lebanon, Uganda, Iraqi Kurdistan, Pakistan, Mali, Burkina Faso and Philippines), up from seven last year. Seven countries reported WaSH beneficiary numbers nearing or exceeding 200,000 (Burkina Faso, Central African Republic (CAR), OPT, Syria, DRC, Pakistan and South Sudan).

FSL activities rose in response to context-based needs. Food distribution, which had increased significantly in 2013 due to the Typhoon Haiyan emergency in the Philippines, returned to pre-crisis levels. In Lebanon, ACF distributed more than €46 million through cash and vouchers. Another €19 million were distributed in the Philippines. These two countries together accounted for 78% of the €84.6 million distributed in 25 countries. More than 920,000 people at risk of food insecurity were supported through these cash and voucher interventions, while more than 1 million were supported through income-generating and agricultural and livestock interventions. In addition, ACF built 10,158 community infrastructures (up from 1,790 last year); conducted 675 FSL

WATER, SANITATION & HYGIENE BENEFICIARIES



FOOD SECURITY & LIVELIHOODS BENEFICIARIES



FOCUS ON SADD

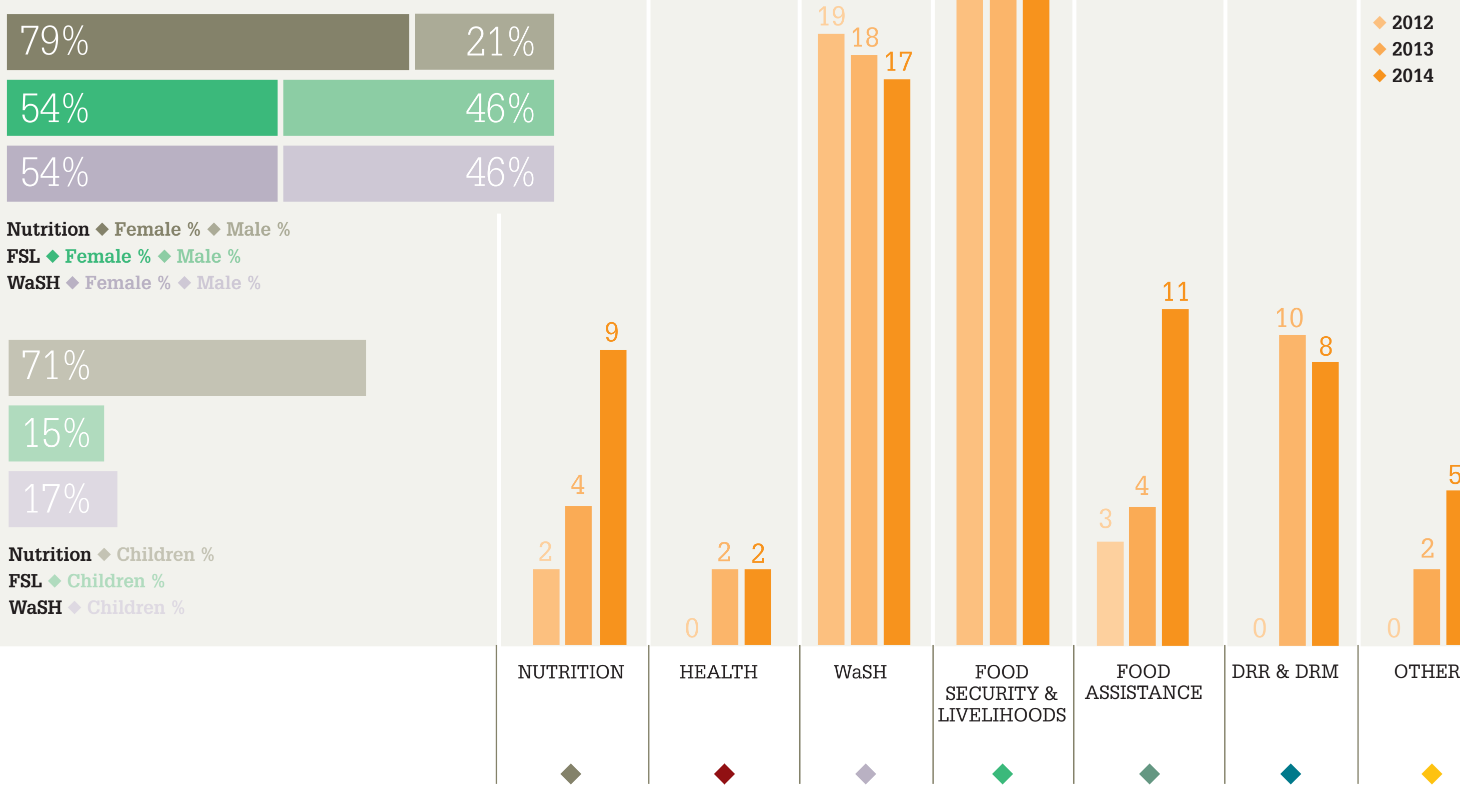
SEX AND AGE DISAGGREGATED DATA

Encouraged by the new Gender Policy in 2014 (see Chapter 4.2), ACF continues to promote the collection of accurate Sex and Age Disaggregated Data (SADD) across all country programmes. In 2014, 69% of country programmes implementing nutrition projects reported rates for people reached by sex and age. For WaSH and FSL programmes, available data covers 76% and 100% of total country programmes, respectively. The available data is lower for WaSH interventions because of the emergency contexts of implementation, in which tracking of accurate beneficiary data is particularly difficult.

Based on available data, 79% of people reached through nutrition and 54% of those reached through FSL and WaSH programmes were female. The high female figures for nutrition interventions, compared to 59% in 2013, is mainly due to programmes in Nigeria, which together account for more than half of the total. Children under 5 years old make up 71%, which is in line with the organisation's strategy of targeting young, malnourished children. By contrast, because these programs target entire households at community level, children represent 15% and 17% of those reached through FSL and WaSH, respectively.

contextual analyses, assessments and surveillance reports; and trained 123,316 people in 32 countries.

The network also delivered more emergency water supplies in response to humanitarian crises. In 2014, a total of more than 4.56 million m3 were delivered, up from 122,626 in 2013 and 73,371 in 2012 – an increase mainly related to interventions in last year's South Sudan cholera outbreak, which accounted for 94% of the total number. ACF also improved 17,665 water points and 45,512 latrines (up from 24,425 in 2013), distributed 389,538 hygiene kits and trained 154,212 individuals. The organisation also helped to strengthen the capacity of 896 local WaSH institutions.



MAINSTREAMING DRM BY SECTOR 2014

GOAL 2

DISASTER RISK MANAGEMENT

In 2014, once again 60% of all country programmes (28 countries) reported Disaster Risk Management (DRM) activities, 9 of them implemented stand-alone DRM projects (Bangladesh, Bolivia, Burkina Faso, Guatemala, Myanmar, Nicaragua, Pakistan, Philippines, Somalia), of which only Myanmar reported only stand-alone DRM projects (the other countries also mainstreamed). As in previous years, the sectors with the biggest volume of DRM mainstreaming were FSL (23 countries, 30%) and WaSH (17 countries, 22%), which constitutes a decrease from the previous year (34% and 30% respectively). For the remaining countries the distribution of DRM mainstreaming by sector was as follows: Food Assistance (11 countries, 14%), Nutrition (9 countries, 12%), Health (2 countries, 3%). Altogether ACF implemented 50 DRM Projects with beneficiaries in 28 countries (Bangladesh, Bolivia, Burkina Faso, Colombia, Djibouti, DRC, Ethiopia, Georgia, Guatemala, Guinea, Haiti, Iraqi Kurdistan, Kenya, Madagascar, Mali, Myanmar, Niger, Somalia, Nicaragua, Nigeria, OPT, Paraguay, Philippines, Pakistan, Sierra Leone, South Sudan, Uganda and Zimbabwe).

COUNTRIES REPORTING DRM MAINSTREAMING BY SECTOR 2014

12% NUTRITION
5% CARE PRACTICES
3% HEALTH
30% FOOD SECURITY & LIVELIHOODS
22% WATER, SANITATION & HYGIENE
12% DRM
14% FOOD ASSISTANCE
2% OTHER

DISASTER RISK MANAGEMENT BY SECTOR 2014

GOAL 3

FURTHER DEVELOP PARTNERSHIPS WITH LOCAL, NATIONAL & INTERNATIONAL STAKEHOLDERS TO INCREASE THE NUMBER OF BENEFICIARIES AND PROMOTE SUSTAINABILITY

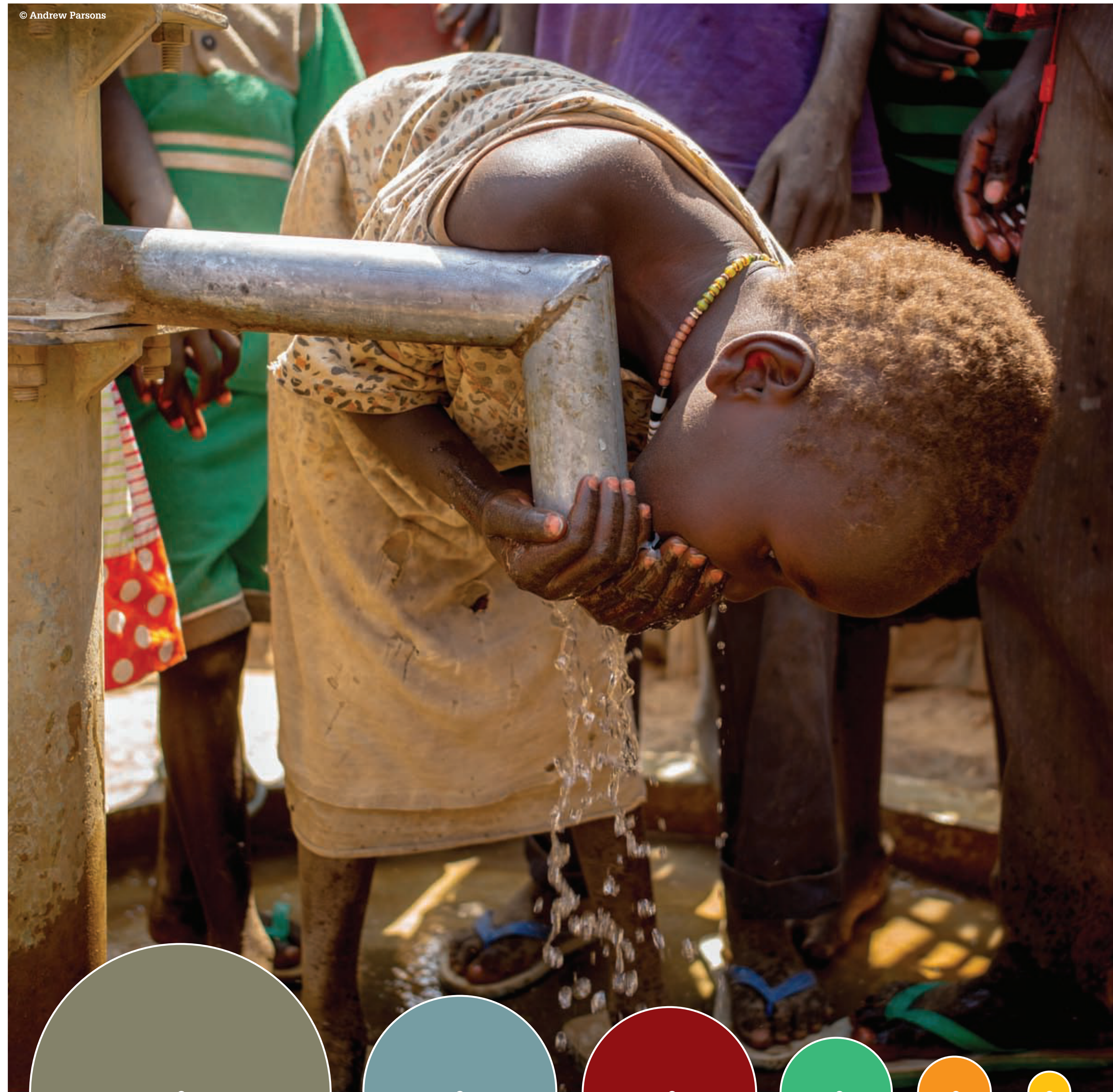
3.1 Increase partnership with governments aimed at increasing coverage and sustainability

In 2014, every country programme reported working with partners except Cambodia, Cameroon, Egypt, Iraqi Kurdistan, and Jordan; which are all countries where ACF has been present less than or just over a year. With 532 formal partnerships (including signed agreements) in place, collaboration grew by 48 partnerships compared to 2013.

The network continued its focus on strengthening local and national government partnerships, which remained at around the same level as the previous year (269), in order to both reinforce programme impact and to build and retain capacity in the system. A total of 39 countries worked with government stakeholders in 2014, up from 30 in 2013.

532 Formal partnerships in place

2.8 Partners per country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PARTNERSHIPS BY TYPE

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

Of the 42 countries working with partners, 27 worked with local or national NGOs. A greater focus overall was accorded to partnerships with national NGOs which rose from 14% to 17% representing on average 2.8 partners per country. The main multilateral partners were the World Food Programme (WFP) and UNICEF.

Across the world, ACF predominantly partnered with international NGO partners: International Rescue Committee (IRC) and Save the Children.

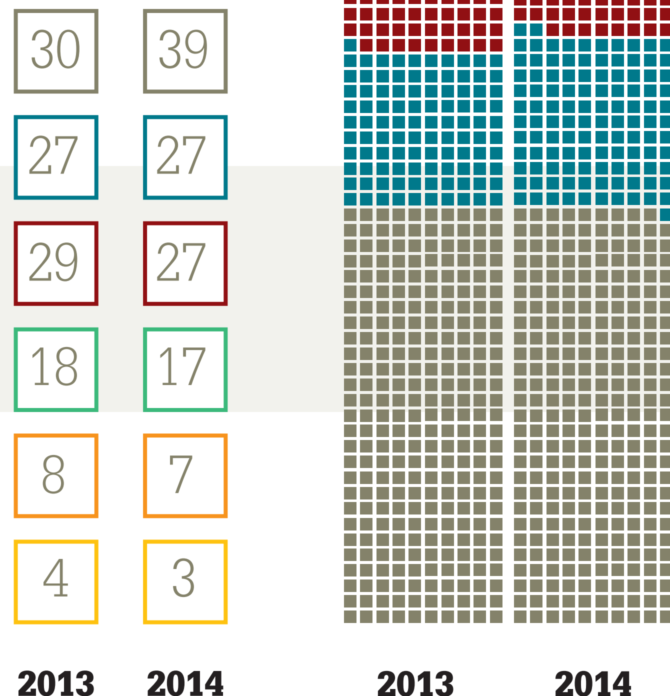
GOAL 3

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

In 2014, ACF was a member of 52 consortia in 25 countries, a slight decrease from the number recorded in 2013 (56 in 29 countries). In eleven of these countries (Bolivia, Burkina Faso, Djibouti, Ethiopia, Guatemala, Haiti, Ivory Coast, Myanmar, Nicaragua, Nigeria and Philippines) ACF held the position of lead agency.

The network was also active in 133 coordination mechanisms (such as the Nutrition, FSL and WaSH Clusters) across 33 country programmes, a decrease from 156 in 36 countries in 2013. Of these, ACF acted as the lead agency in the following 14 countries: Afghanistan, CAR, Guatemala, Guinea, Iraqi Kurdistan, Lebanon, Madagascar, Mali, Nicaragua, Nigeria, OPT, South Sudan, Yemen and Zimbabwe.

NUMBER OF COUNTRY PROGRAMMES BY TYPE OF PARTNER



PARTNERSHIPS BY TYPE

3.4 Become an established NGO partner of various non-NGOs, governments & international stakeholder initiatives (e.g. Academia, think-tanks, scientific institutions and private sector organisations)

Engagement with stakeholders on the ground continued to diversify to include more academic institutions, think-tanks and scientific bodies (39 compared to 26 in 2013). Collaboration with private sector organisations remained at a similar level (7, down from 8). Out of all country programmes, 17 engaged with academic institutions, think-tanks and scientific bodies and seven with private sector partners.

WHY DOES ACF SUPPORT A PARTNERED APPROACH?

In 2014, capacity building remained the main focus for partnerships (38%). Meanwhile, "improving access to beneficiaries" increased slightly from 27% to 29% as the main focus of partnerships. Sustainable exit strategies were also an important element of capacity building programmes - 15% of all partnerships focused on the hand-over of programmes to local and national stakeholders. In 2014, the primary purpose of 5% of all partnerships was research. This included nearly 44 research projects underway with leading experts in diverse fields, from the nutritional impact and cost-effectiveness of cash and/or voucher-based food assistance interventions within the REFANI project (Research on Food Assistance for Nutritional Impact) to evaluating the effectiveness of safe drinking water in SAM treatment within the PUR 2 research with the John Hopkins University (see Annex 2).

Partnerships were formed across the organisation's three main sectors (WaSH, Nutrition & Care Practices, and FSL) in more or less equal proportions (22-25%). In contrast to 2014, Nutrition & Health and Mental Health & Care Practices were split into three areas, namely: Nutrition & Care Practices, Mental Health and Health. In these sectors the percentages of partnerships were 23%, 5% and 1% respectively. See Annex 4 for a full list of reported partnerships by country.

FOCUS ON START

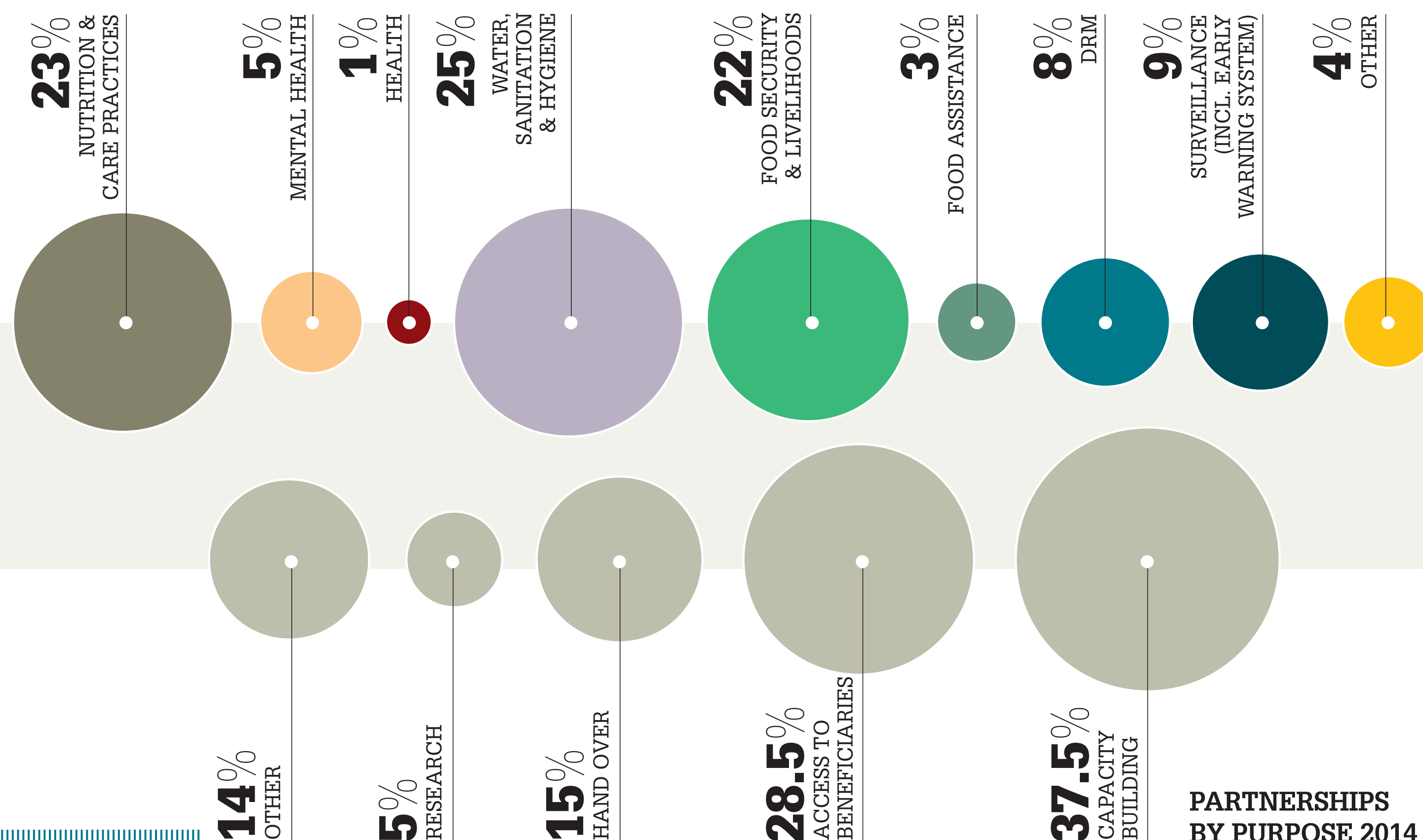
THE START NETWORK

The Start Network is a consortium of 19 leading NGOs working together to strengthen the humanitarian aid system and connect people in crisis to the best possible response. It extends to nearly 7,000 partner agencies, comprised of over a million staff working in 200 countries and territories.

The members stand for the creation of a humanitarian sector that can meet the needs of crisis-affected people in a future of great uncertainty and complexity. They collaborate because the change that is demanded of contemporary humanitarian organisations cannot be achieved by NGOs working alone. Supported by multi-donor pooled funding, the Start Network is now understood as a platform for collaboration in three areas: Fund (new business models and financial mechanisms for crisis response by NGOs); Build (decentralised capacity strengthening); and Beta (evidence, enquiry, experimentation and learning). The Start Network promotes a way of working that enables international and local humanitarian actors to coexist. The vision is of a self-organising system where the agencies best placed to respond to a crisis are empowered to do so. To realise this vision, it is working to catalyse a humanitarian sector that is more diverse, decentralised and collaborative.

ACF leads on providing the monitoring, evaluation and learning services for the Network to maximize uptake and impact of programmatic data for evidence-based decision-making. This includes three distinct Monitoring, Evaluation and Learning (MEL) services totalling £3.9 million: (1) implementing the Start Fund Learning Framework; (2) delivering the MEL component together with Relief International for DfID's Disaster and Emergencies Preparedness Programme under Start Build; and (3) most recently providing the MEL services together with World Vision UK for two DfID-funded programmes (West Africa Ebola Preparedness and Cameroon CAR Refugees). Together, the MEL team will comprise 12 people, 6 of whom will be based regionally within the ACF network, and works closely with ACF's Evaluation, Learning and Accountability team.

PARTNERSHIPS BY SECTOR



GOAL 4

BUILD ACF CAPACITY TO ENSURE EFFECTIVE AND EFFICIENT RESPONSE TO HUMANITARIAN CRISIS

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

In 2014, ACF continued to make significant advances towards financial independence and security by achieving an overall budget increase of €52.2 million and surpassing the annual target set for 2015.

ACF committed to achieving a network-wide budget of €226 million by 2015. In 2014, total financial activity totalled €263,110,483. This represents a growth of 25% compared to 2013 and ensured that the total funding raised was considerably higher than the target: an important milestone, made even more significant by the fact that initial financial targets had already been achieved and increased in 2013.

While total private support increased by 20% (from €62.1 to €74.3 million) in 2014, public restricted funding grew by 29% (from €148.7 to €188.8 million) and remains ACF's most important source of revenue, constituting 72% of the total. Because the organisation continues to strive towards a public-private split of 65%-35% by 2015, improving the share of unrestricted funding remains one of the main priorities. Some successful inroads were made in this context as private restricted funding decreased by 15% compared to 2013 (from €12.5 to €10.7 million).

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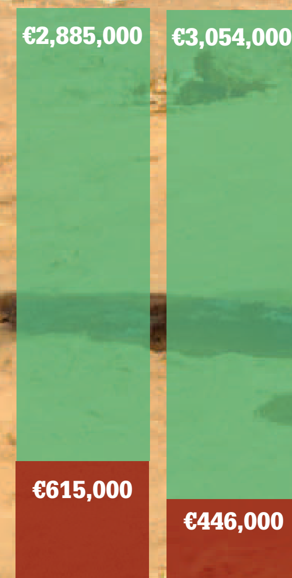


DEVELOPMENT'S INVESTMENT IN 2014

€263.1m ACF's budget in 2014

+25% Total budget increase

GOAL 4

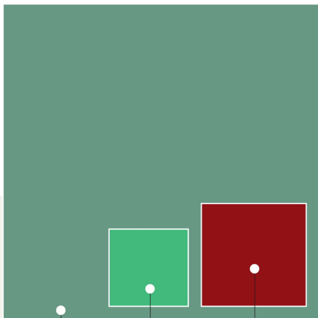
Unrestricted funding is essential to preserve its agile and adaptive programming. The implementation of restricted funding often requires additional time which can be detrimental to disaster-affected communities. This in turn might create tensions between upward and downward accountability, as the additional time required by donors may clash with the need for fast interventions in emergency situations. This is why the organisation continues to work towards greater financial independence which allows for greater beneficiary influence and adaptable decision-making.

The breakdown of expenses in 2014 remained similar to 2013. Spending in programming (+0.5%) and management and others (+0.2%) marginally increased while slightly less spending went towards communication and fundraising (-1%).

A broad portfolio of donors is necessary to achieve a diversified array of funding sources. In 2014, a total of 559,231 individual active donors contributed to the network's 2014 revenue[7]. A further 12 major institutional donors also provided significant funding to the organisation. The European Community represented 27% of the total (€70.3 million), while UN funding amounted to 20% (€52.8 million) – an increase of 77% compared to 2013. Revenue from the Spanish government halved in 2014 (from €7.3 to €3.6 million), continuing a downward trend seen in previous years due to the ongoing economic crisis in the country. Funding from the Canadian government, on the other hand, more than doubled (from €2.6 million to €6 million). The UK government increased funding by 61% (from €11.2 million to €18 million) and remains the largest governmental donor. Other increases were also registered for France (+47%), US (+44%) and others (including the Norwegian and Swiss) governments (+20%).

7 The number of individual donors was revised for previous years to eliminate duplicate copies of data.

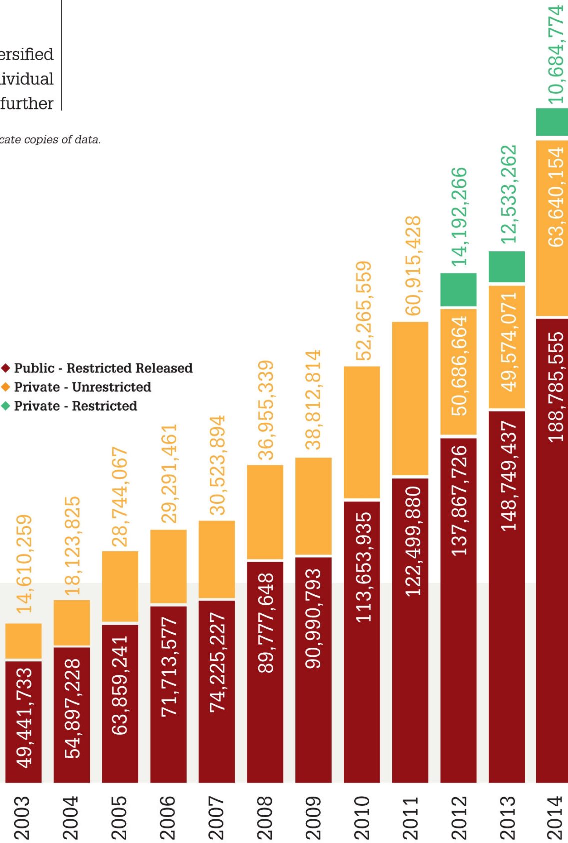
BREAKDOWN OF EXPENSES



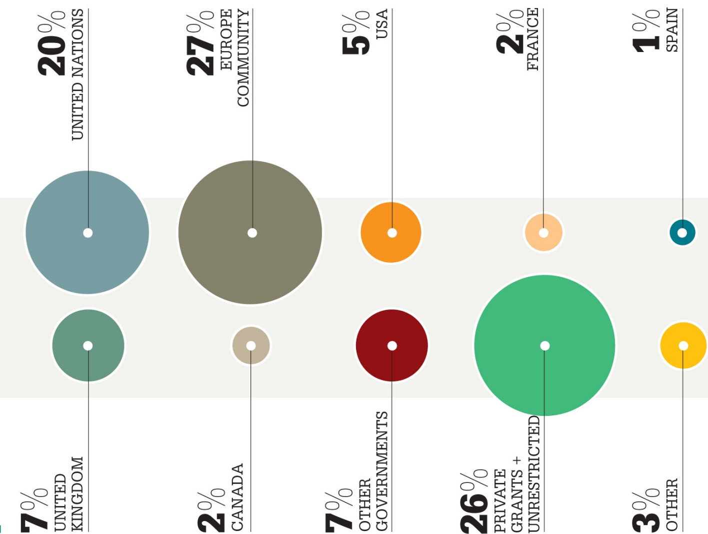
85.8% PROGRAMMING

5.1% MANAGEMENT AND OTHER

9.1% FUNDRAISING

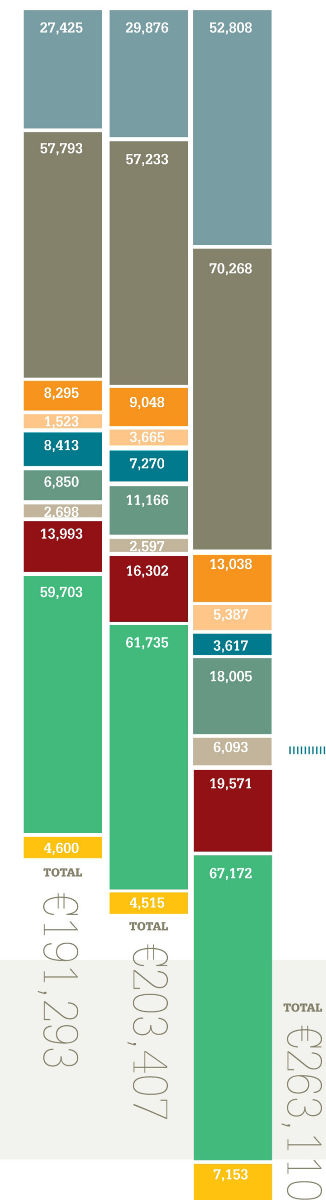


EVOLUTION OF TOTAL REVENUE (€)



RATIO OF REVENUE BY DONORS

TOTAL REVENUE BY DONORS (€1000's)



GOAL 4

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

In 2014, ACF International had 6,873 staff employed globally – a considerable increase of over 1,000 from last year. Field staff made up more than 95% of these (6,503), including both national and expatriate staff.

The network's process of increasing the ratio of national staff at field management levels slowed down in 2014 because of several new emergency and support positions assumed by expatriates. While a total of 1,000 new national staff roles were added to the organisation, almost all of these consisted of non-managerial roles established to respond to ongoing emergencies. In the Philippines, for example, total national staff increased from 158 from 2013 to 364. At management levels, however, nationals made up 64% of level A staff, down from 71% in 2013. The proportion for Level B (37%) and levels C and D staff (10%) rose by 1%. Overall management positions grew by almost 80 roles (from 791 in 2013 to 869 in 2014).

Through training and support, the organisation promoted staff talent and improved capacity to respond to humanitarian emergencies. In 2014, 22 staff members were available for emergency deployment as part of the network's emergency pool (see Goal 2). The average stay of expatriate staff in country programmes was 12 months (up from 9 in 2013), with the briefest being one month (Ivory Coast and Cameroon) and the longest being Colombia and Kenya (36 and 33 months, respectively). Level B HR staff members were active in 57% of ACF countries, a significant increase from 2013, when they only covered one third of country programmes.

At the end of 2014, ACF established new offices in Germany and Italy dedicated mainly to communications and fundraising. Currently, these offices are each composed of three staff members. Including these latest developments, ACF International employed a total of 370 staff at headquarter level. This figure represents permanent positions: however, it does not take into account the increasing number of temporary positions within each headquarter, which is the result of restricted funding sources that tend to encourage the hiring of project-based staff. On average, an employee could be expected to stay at an HQ for about 2 years and 3 months.

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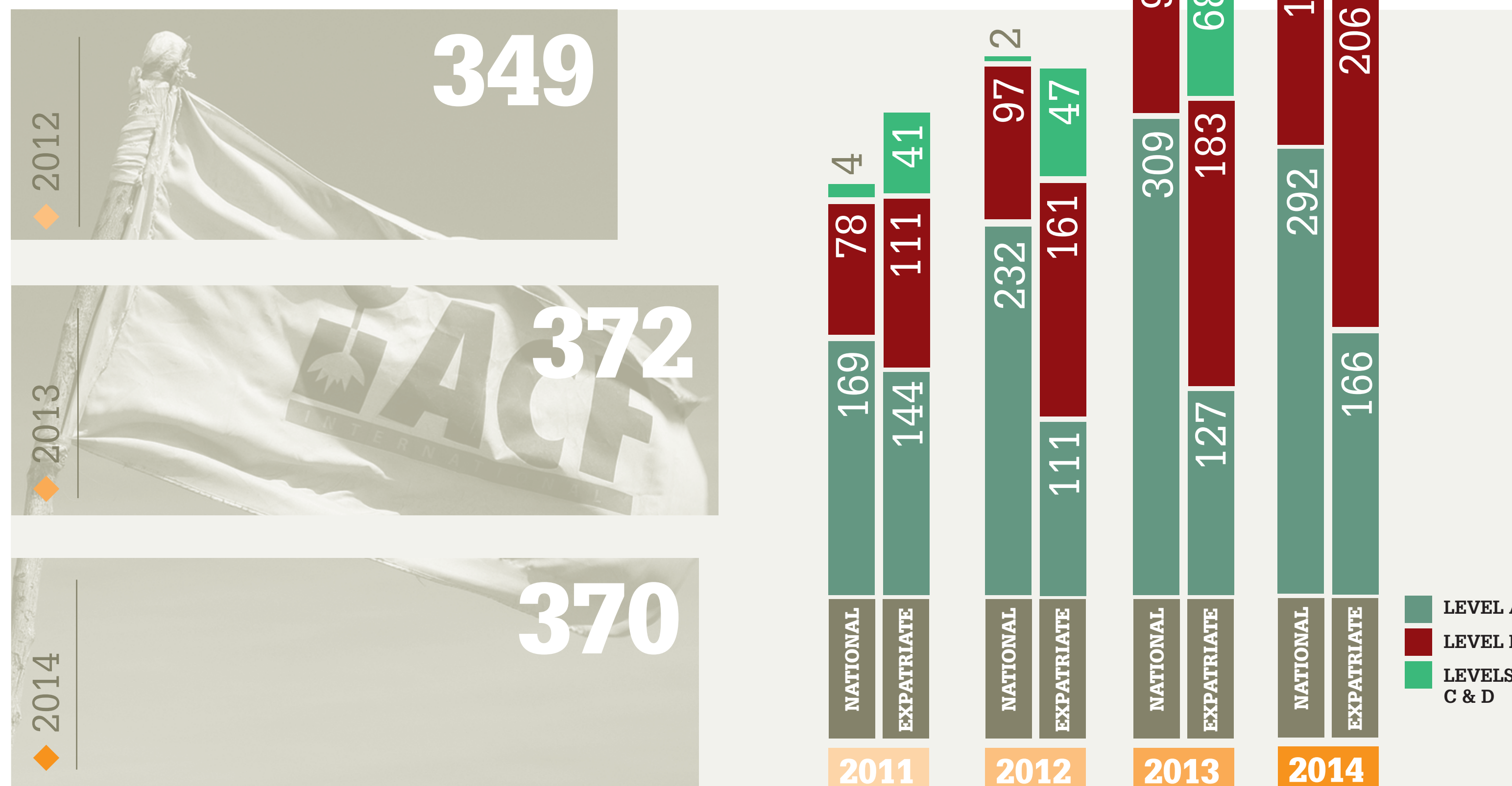

NATIONALISATION OF MANAGEMENT ROLES

FOCUS ON GENDER

GENDER POLICY

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Every year millions of people are affected by natural disasters or conflicts. Unfortunately, many times interventions are rushed and do not take into account how differently women, girls, boys and men are affected.

In order to address this, ACF International published its Gender Policy & Toolkit in 2013. It clearly highlights how important it is to address the different needs, roles and priorities of women, girls, boys and men.

The Gender Policy follows a twin-track approach to gender equality based on two elements:

1. **Mainstreaming gender across all activities and projects, from planning to implementation and evaluation;**
2. **Targeted actions responding to the disadvantages or special needs of a vulnerable group.**

In addition, the toolkit supports implementation of the policy through practical guides enabling ACF staff to integrate gender equality in their day to day work. It gives tips and tools to perform a Gender Analysis; collect, use and report sex and age disaggregated data and include gender sensitive indicators in M&E frameworks. The policy represents a commitment at the organisational level towards gender equality throughout the project cycle and ACF's policies, programmes, projects and research.

Since the roll-out of the policy in 2014, more than 700 staff were trained or sensitized on the Gender Policy and Toolkit by ACF's Training Center in Nairobi, Kenya and the Gender Master Trainers.

GOAL 4

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

In 2014, ACF's logistics systems witnessed a remarkable increase from previous years. Across 49 country offices, the average completion rate of the Logistics Assessment Table (LAT) was 71%; 3% more than in 2013. Nine countries reported LAT completion rates above 80% (Bangladesh, Indonesia, Syria, OPT, Niger, Nicaragua, Colombia, Peru and the Caucasus) with Colombia, Niger and Indonesia rising above 90%. Only two countries had rates lower than 50% (Philippines and Lebanon).

Across 49 country and regional offices, global logistics supply chain managed a volume of over €100.7 million. This represents a 35% increase from 2013; a considerable change from the yearly average growth of 19% since 2007. The change was caused by a general overall increase in the volume of operations for all headquarters in response to ongoing crises. Four countries made up 28% of the global volume – Iraq (10.3 million), Pakistan (7 million), Philippines (5.7 million) and South Sudan (5.6 million). Eight countries (Peru, Paraguay, Ivory Coast, Nepal, Guatemala, Egypt, Cambodia and Ukraine) together made up less than 1%.

Like in previous years, volumes of supply chain expenditure reflected changes in the humanitarian context in response to particular emergencies. The DRC, Mali and Ethiopia all decreased significantly compared to 2013, due to scaling down of emergency operations. Other situations, such as in the Philippines, Pakistan and Chad retained the same or higher levels of resources.

As the network focused on new and demanding emergencies, logistics efforts increased considerably across all country programmes. Operations in Iraq, not listed in 2013, were the most relevant of the year and alone accounted for 10% of total expenditure (€10.3 million). Pakistan (€3.2 to €7 million) and South Sudan (€2.8 to €5.6 million) doubled expenditure levels or more.

The typology of supply chain managed in each country is often connected with the type of programmes implemented. However, compared to 2013, expenditure per beneficiary showed a smaller variation. Highest expenditure was recorded in the Ivory Coast (€96.59), which presented a low number of beneficiaries due to the temporary closure of the country office. A high cost was also reported for Nicaragua (€74.54), currently going through a period of transition and moving from a classic operations model to a model of technical assistance where the network will be concentrating more on capacity building for local partners. Nigeria, because of capacity building and joint activities with the Ministry of Health, registered a very low expenditure (€0.59). Two-thirds of all country programmes, however, reported anywhere between €30.69 (Iraq) and €5 (India). Average expenditure was €7.12, down from €8.29 in 2013.

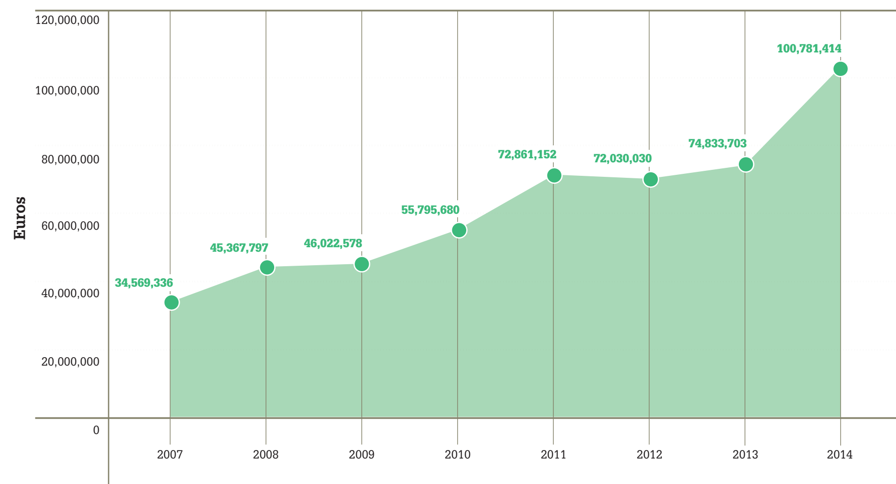
ACF logistics require both contextualised information systems befitting local environments and common technical expertise, in areas such as supply chain management, fleet management, ICT, energy, environment, facility management and emergency logistics services. In 2014, initiatives were promoted to foster a common supply chain information system.

ACF teams also continued to collaborate and coordinate to improve common core systems and processes across the network. At global level, the organisation continued to participate in existing networks as a global player in humanitarian logistics. ACF participated in 33 workshops and trainings, ten fora and six regional platforms. These activities allowed for the strengthening of staff capacity at all levels. The network also engaged actively with the Global Logistics Cluster, the Humanitarian Logistics Association, the UN Humanitarian Response Depots (UNHRD), Bioforce, PARCEL, the Inter-Agency Procurement Group (IAPG) and the European Interagency Security Forum (EISF). At regional level, ACF took part in logistics platforms in Lyon (France), Dubai (UAE), Accra (Ghana), Nairobi (Kenya), the City of Panama (Panama) and Barcelona (Spain).

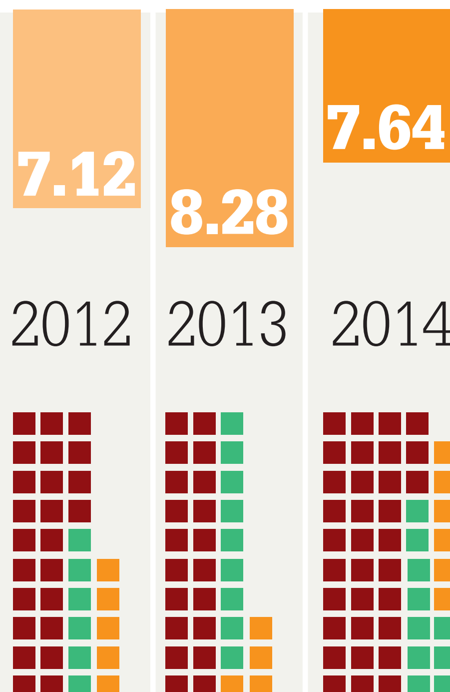
WHAT IS THE LAT?

ACF uses a set of standardized processes and tools known as "KitLog" to manage and monitor country logistics systems. Implementation of the KitLog is measured in the Logistics Assessment Tool (LAT) through 12 main indicators and 3 transversal indicators that include project funding, supply chain, storage, quality control and many other elements. This tool allows staff to clearly understand the current situation in terms of logistics procedures and to define relevant action plans. The aggregated average completion rates help to orientate ACF's strategy and improve support to the country offices.

GLOBAL LOGISTICS SUPPLY CHAIN VOLUME OF EXPENDITURE

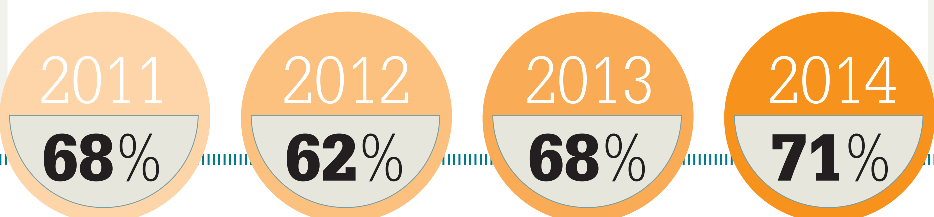


AVERAGE EXPENDITURE PER BENEFICIARIES (€)



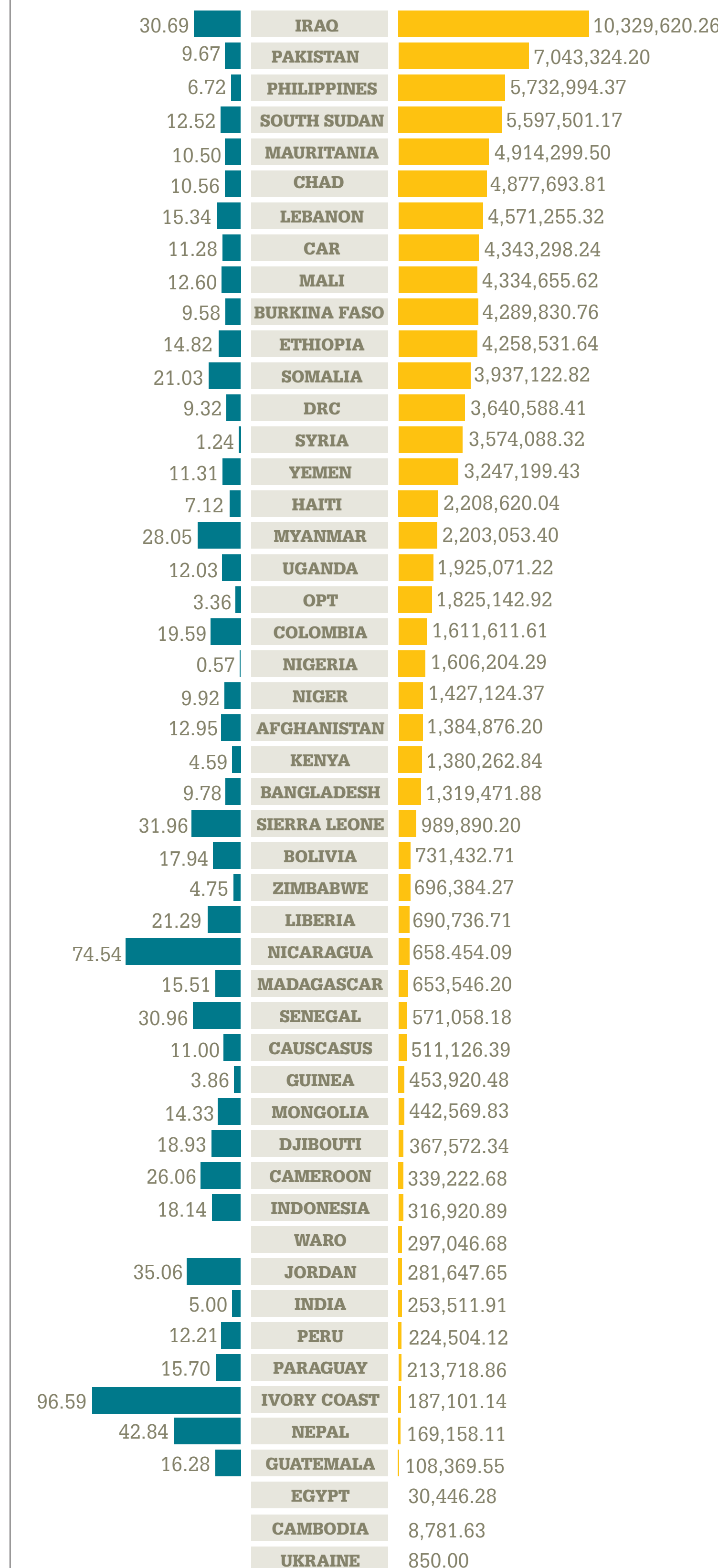
LOGISTICS ACTIVITIES

- Workshops & trainings
- Forums
- Regional platforms



AVERAGE LAT COMPLETION RATE

VOLUME OF EXPENDITURE (€) BY ACF OFFICE AND PER BENEFICIARY



- Average expenditure per beneficiary
- Volume of expenditure per ACF office

GOAL 4

4.4 Strengthen the safety and security management and culture of ACF

Last year's Annual Progress Report showed that since 2012 there was a significant rise in security and safety incidents affecting ACF's staff, beneficiaries, stakeholders and areas of intervention. Unfortunately, 2014 saw this number increase again and go from 275 incidents to 293. Although the organisation invested a lot of time into improving the quality and progress of the management of security in its operations, threat incidents to staff almost tripled in 2 years, going from 23 to 67, and representing about 23% of the total occurrences. When looking at this steep rise, it is important to keep in mind that the number of staff also increased in 2014. Consequently, if the network continues its growth, we can expect to see this number increase again in the next years. Nevertheless, this is of course a serious concern that raises questions about the way humanitarian workers are perceived on the field and will need to be taken into further consideration in the future.

On the contrary, transport accidents were less numerous than in 2013 (104 vs 66), even though they were still the second major type of incident (22.6%), just before robbery (20.5%). Another preoccupying type of incident is murder. While there were no cases reported during the last two years, in 2014 three of these tragic events occurred (in the Philippines, where one expatriate was killed, and in Afghanistan, where two national employees were targeted). One kidnapping was also reported in CAR. This reminds us that security is vital and should be a priority to ensure that the humanitarian workers are fully protected, despite the fact that they are often led to work in uncertain conditions.

In terms of location, Pakistan had the highest number of security and safety incidents (25), followed by the Philippines and Lebanon (19 each). Most of the incidents that took place there were categorized as threats or robberies. Despite this, those countries were not considered as the most dangerous. According to the security context classification, Somalia was categorised as extremely dangerous. Pakistan, along with Syria, Afghanistan or Yemen, is marked as red, which shows a very high level of danger. On the other hand, Egypt, Djibouti, Ivory Coast, Mongolia, India and Cambodia reported no incident of any kind; this can be linked to the fact that operations in these countries have a low profile.

When looking at the steep rise in threat incidents, it is important to keep in mind that the number of staff also increased in 2014. Consequently, if ACF continues its growth, we can expect to see this number increase again in the future.

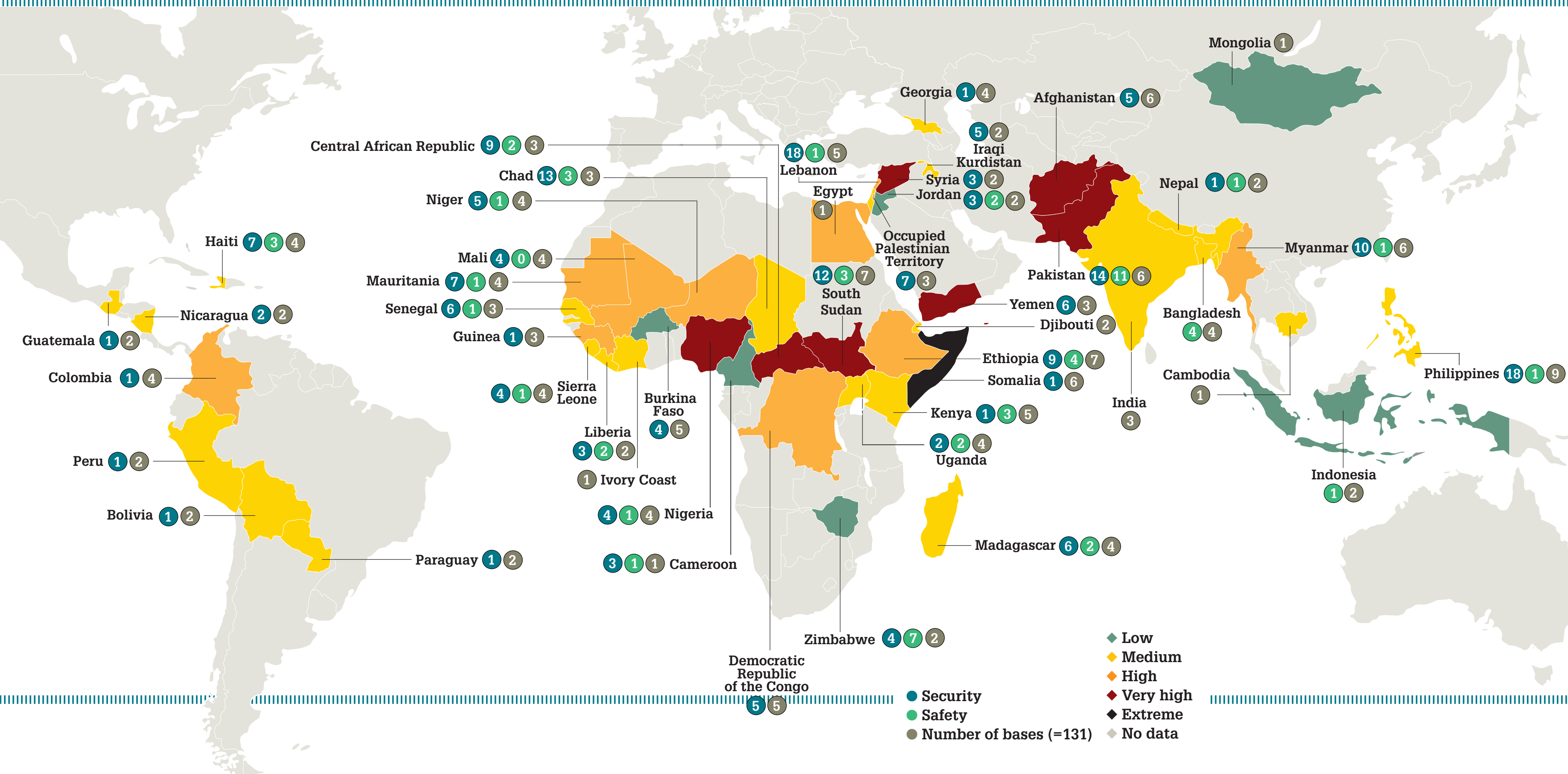
SAFETY & SECURITY INCIDENTS BY TYPE 2011-2014

	2011	2012	2013	2014
TRANSPORT ACCIDENT	74	54	104	66
ROBBERY	59	53	53	60
THREAT	38	23	41	67
INTRUSION	39	33	19	24
ABUSE OF POWER	9	11	14	15
ASSAULT	15	30	13	13
CROWD MOB	7	10	13	5
ARREST/ DETENTION	6	4	6	7
ATTACK	1	1	2	6
CAR-JACKING	4	0	2	4
FRAUD	1	2	2	9
LOOTING	2	1	2	5
SABOTAGE	2	1	2	0
KIDNAPPING	0	3	1	1
SHOOTING	1	3	1	3
AMBUSH	1	0	0	0
BOMBING	1	1	0	3
GRENADE	1	1	0	1
LOSS OF COMMUNICATION	1	0	0	0
MINE/UXO	1	0	0	1
MURDER	1	0	0	3
NATURAL DISASTER	5	0	0	0
SEXUAL VIOLENCE	5	3	0	0
DOMESTIC ACCIDENT	0	2	n/a	n/a
HARASSMENT	1	0	n/a	n/a
TOTAL NUMBER OF QUALIFICATION (1 incident can have more than 1 qualification)	275	236	275	293

In 2013, 40 countries reporting on security were using the Logistics Assessment Table (LAT), which includes indicators related to security. In 2014 however, only 11 of 47 countries had completed the LAT. It appears that the Logisticians from ACF's pool had fewer opportunities to visit the field or they repeatedly visited the same countries that particularly needed support. As they are the ones in charge of filling the assessment tables, fewer of them were done. It has been proposed to change the system within the next two years, from LAT to a Security Assessment Tool (SAT) which could be specifically used to report on the matter by ACF staff. Looking at the percentage of the security indicators that were attained, the global average barely reaches 54.78%. In 2014, a little less than 64% of them surpassed 50% of attained indicators. Among the top three, Peru attained 100%, India 81.2% and Madagascar 72.7%. The explanation for the mixed results differs from one country to another. Amongst the various reasons, we can mention the following: high turnover in security manager positions sometimes leading to loss of knowledge, limited time to update the security plan in writing, low level of security managers recruited, or very volatile situations that meant increased contingency management became a priority over usual processes.

Finally, as stated in last year's report, a new security kit (separate from the logistic kit) was developed in 2013 and it was launched throughout 2014. This is now used as the reference for security management in the network. It's also worth mentioning that, since 2013, ACF opened a new security department which enables the organisation to have a better and more systematic registration of incidents. In parallel to that, ACF developed an innovative online reporting system called SIRO, where incidents can be directly signalled and therefore easily recorded in an up-to-date database.

SAFETY & SECURITY INCIDENTS BY COUNTRY 2014



GOAL 4

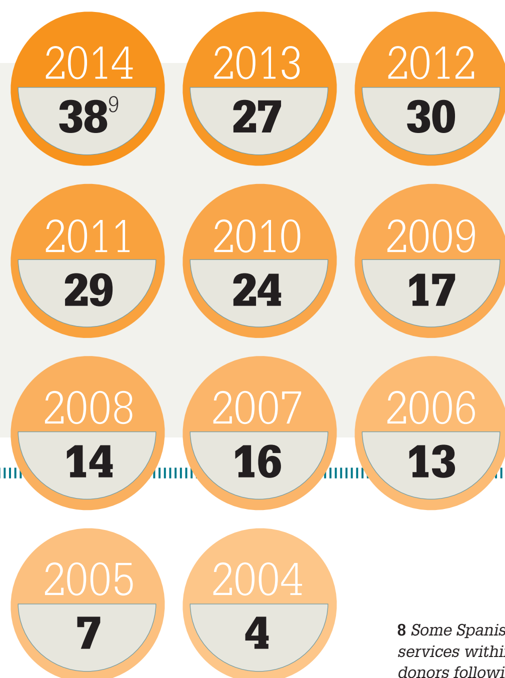
4.5 Enhance monitoring, evaluation, learning and accountability

In 2014, the Activity Progress Report (the monthly country to HQ reporting mechanism) was reported as being used in all ACF offices with the exception of Egypt and Cambodia (new offices with no active projects in place).

ACF's Evaluations, Learning and Accountability Team (ELA), has supported a total of 29 evaluations in accordance with the Evaluation Policy and Guidelines; midterm project evaluations (3), final project evaluations (19), Real Time Evaluations (3), Emergency Response Evaluations (2), Thematic Final Evaluations (1) and Evaluations for External Partners (1). This represents an upward trend compared to 2013 (27 in 2013). If taking into account the evaluations done without the ELA support due to donor restrictions[8], the number of evaluations carried out among the entire network goes up to 38. During the last quarter of 2014, the ELA has experienced a change in leadership under which the preparation of the Annual Learning Review 2014 was coordinated. The spirit of the publication has remained unchanged, being organised as usual in three main sections: a meta-analysis of 2014 evaluations under the seven performance areas of the DAC criteria, a selection of relevant articles to promote debate and discussion, and a compilation of good practices with the potential of being replicated and scaled-up in other contexts.

In 2014, 32% of ACF offices reported having a complaint and response mechanism in place to strengthen accountability towards the affected populations with which they work. When asked about any other feedback mechanisms for encouraging downward accountability, just 25% of the offices reported affirmatively, where more than half of them had already a complaint and response mechanism in the first place. This was the case for Bangladesh, Burkina Faso, Bolivia, Mauritania, Nigeria, Pakistan and the Philippines.

TOTAL EVALUATIONS BY YEAR



EVALUATION BY SECTOR

8 Some Spanish donors have restrictions towards subcontracting services within ACF (this is the case of AECID and all Spanish local donors following AECID guidelines).

9 This is the amount of evaluations supported by the ELA (29) plus nine evaluations where ELA support was not officially allowed due to Spanish donor restrictions.

FOCUS ON THE PHILIPPINES

WHISTLEBLOWING POLICY AND FEEDBACK MECHANISM

Published in September 2014, the Whistleblowing Policy and Feedback Mechanism (WPFM) is intended for reporting suspected unethical conduct that could have an adverse impact on the organisation's staff, beneficiaries, resources or reputation. It sets forth the rules for reporting improper conduct, describing how employees will be protected from reprisals or victimisation for whistleblowing in good faith; it applies to all type of employees or related parties working for the network. It is made up of three pillars: (i) The whistleblowing system for paid and non-paid workers for the reporting of violations of these policies; (ii) Beneficiaries' complaints procedure; (iii) Other external stakeholders' complaints procedures (e.g. implementing partners, suppliers, evaluators, consultants and auditors).

Once the issue has been raised, the network should investigate, being the perpetrator subject to disciplinary action or further legal actions. The reporting can be done informally (verbally) or in a formal way (through email or letter), with a third final instance involving the Country Director if the issue is not resolved. The WPFM also includes a detailed procedure for reviewing complaints. It makes clear when a complaint will not be responded to, the timeline for making a complaint, guaranteeing confidentiality and protection to the 'whistle-blower'.

As part of the Feedback Mechanism, there is a 'Beneficiary and Stakeholders Mailbox' and an 'Ethics Mobile', both with precise information on the corresponding supporting devices and the contact information. Both devices should remain operative 24 hours a day, 7 days a week. Detailed information is provided on the system protection (management passwords, people in charge, supervision, backup system, maintenance, etc.), the monitoring of messages and the protocol to answer calls.

The staff on the Philippines reports having recorded a total of 1,923 messages so far, just with their mobile phones. Messages have been of various types, from complaints to information requests, greetings or thanks. Even though the Excel file intended to manage feedback represents a fraction of these mobile messages, it is worth mentioning the comparative smaller percentage of complaints messages in relation to the other types of messages.

4.6 Enhance information systems

In 2014, ACF continued to strengthen the organisation's information systems and platforms with the overall objective of harmonizing existing tools among the network.

The Information System International Management committee, set up in 2013, continued its operations in 2014 with a special focus on the mapping of applications and sharing of practices within the network. ACF aims to build an international intranet and aligned human resources platform available for all staff. A roadmap was set to achieve these goals and they are well on the way to being completed. The International intranet is expected to launch in 2015.

A data collection platform, OpenDataKit, was also successfully tested in 13 country offices (Pakistan, Nigeria, Lebanon, Philippines, Paraguay, Mali, Mauritania, occupied Palestinian Territories, West Africa, Afghanistan, Burkina Faso, Central African Republic and Chad). Thanks to this platform, the organisation was able to draft standard forms and surveys, and collect data from field staff through mobile devices.

Other initiatives originated at HQ level involved tools for several purposes, including contract management, training, cash transfer management, business intelligence, collaborative management and various support instruments for field operations. These initiatives are expected to grow internationally in the future.

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GOAL 4

4.7 Invest in research and development

In 2014, the network undertook 44 research projects, which shows a slight increase from the previous year (38 in 2013). As in 2013, projects have been grouped according to the organisation's core technical areas of intervention (DRM, FSL, N&H, MH&CP and WaSH), along with an additional group named 'transversal'[10], which has been added due to a significant increase in the number of research projects (from 4 in 2013 to 7 in 2014) and the strong investments that particular group has generated (the average investment per 'transversal' research project exceeded 120.000 EUR[11]). 2014 also saw a significant increase in the number of Nutrition and Health (N&H) research projects (up from 9 to 14); this specific category remains the most commonly researched area and accounted for 32% of the total number of research projects (24% in 2013). The second most common area of investment, namely WaSH, accounted for 18% of the total number of research projects (21% in 2013). 'Transversal' projects were the third most common research area with a 16%, taking a position that traditionally belonged to FSL (See Annex 2 for a list of all Research projects from 2014).

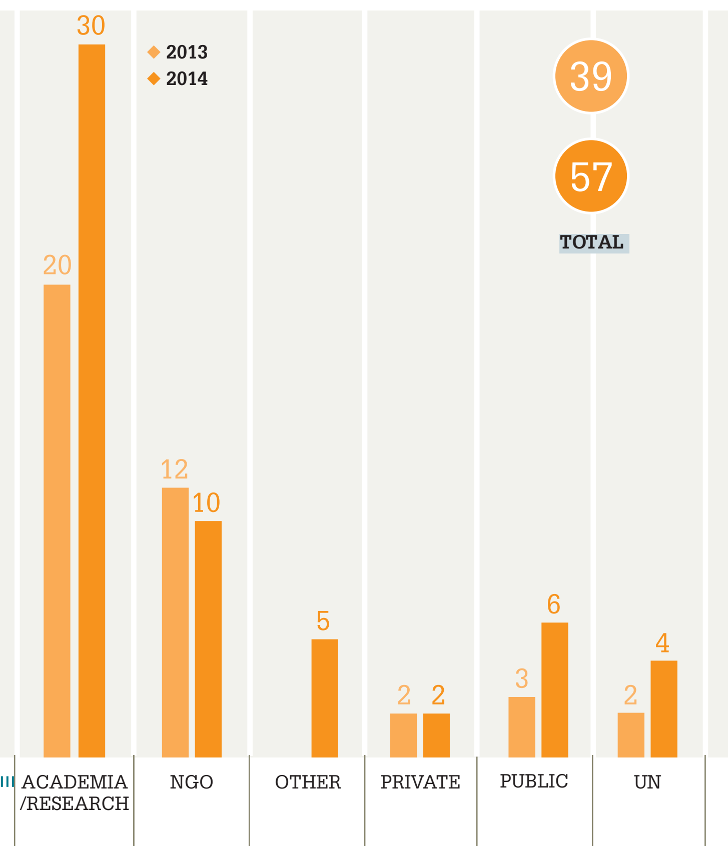
In terms of the organisation's funds invested in research, figures show a dramatic increase (from € 1,702,945 in 2013 to € 4,917,357 in 2014), which should nonetheless be analysed with caution. An improvement in reporting of ACF's funds invested in research across the network and a few comparatively larger research project budgets could have contributed to this trend. In 2013, reporting of funds invested in research was provided for 25 out of 38 research projects, whereas in 2014 investment reporting was provided for 34 out of 44 research projects, possibly creating a bias resulting from the improvement in the reporting itself. In 2014, funds invested in four research projects make up more than 50% of the total investment. These four projects were REFANI[12], the '*Projet de transfert economique et social a vocation de lutte contre la malnutrition et l'extrême pauvrete des menages en Mauritanie suite a la crise alimentaire et nutritionnelle de 2012*', MAM'OUT[13] and the C Project (please see a description of the latter in the next page). Despite the overall increase, the distribution of investments showed similar patterns in 2013 and 2014, FSL being the area with the biggest investment with 44% (52% in 2013), followed by N&H with 25% during the two consecutive years. FSL submitted two projects making the bulk of the investment reported, which coincides with the first two aforementioned projects above. As with the number of research projects carried out, there is a switch in the third traditional biggest area of the network's funds invested in research in favour of the 'transversal' group, leaving the amount of investment in the WaSH sector in fourth place (13% and 10% respectively).

If taking the average investment per project[14] per sector (despite the significant dispersion in the individual project investment within each sector), 2014 reflects slightly different patterns compared to previous years. FSL remains the most expensive average investment per project of all sectors (almost € 357.000), followed by 'transversal' (almost € 129.000), N&H (almost € 112.000) and DRM (around € 95.500).

On the other hand, in 2014 the absolute number of research partners[15] experienced a significant increase of 46%, together with a change in the relative weight of research partners' categories within the pool; as in previous years the category 'Academia/Research'[16] led the pool (51% in 2014 and 2013), followed by the NGO category but with a considerably lesser relative weight due to the slight relative increase in the Public and UN categories.

10 *The projects grouped under this category cover a wide range of areas, from cost-effectiveness applied to nutrition, to the multi-sectorial integration of NGOs or Ethics issues.*
11 *As in previous years, the average investment per project for each sector was calculated only taking into account those projects reporting research project costs (for 'Transversal' 5 out of 7)*
12 *The Consortium for Research on Food Assistance for Nutritional Impact.*
13 *The 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 (East region of Burkina Faso, Africa).*
14 *The calculation has taken into account only the 34 projects reporting investment figures.*
15 *As in previous years, the number of partners has been calculated so that each partner is counted just once, regardless of the number of research projects the partner in question has participated in.*
16 *This category is constituted by universities and all the different types of research institutions.*

RESEARCH PARTNERS BY TYPE



FOCUS ON SAM

THE C PROJECT

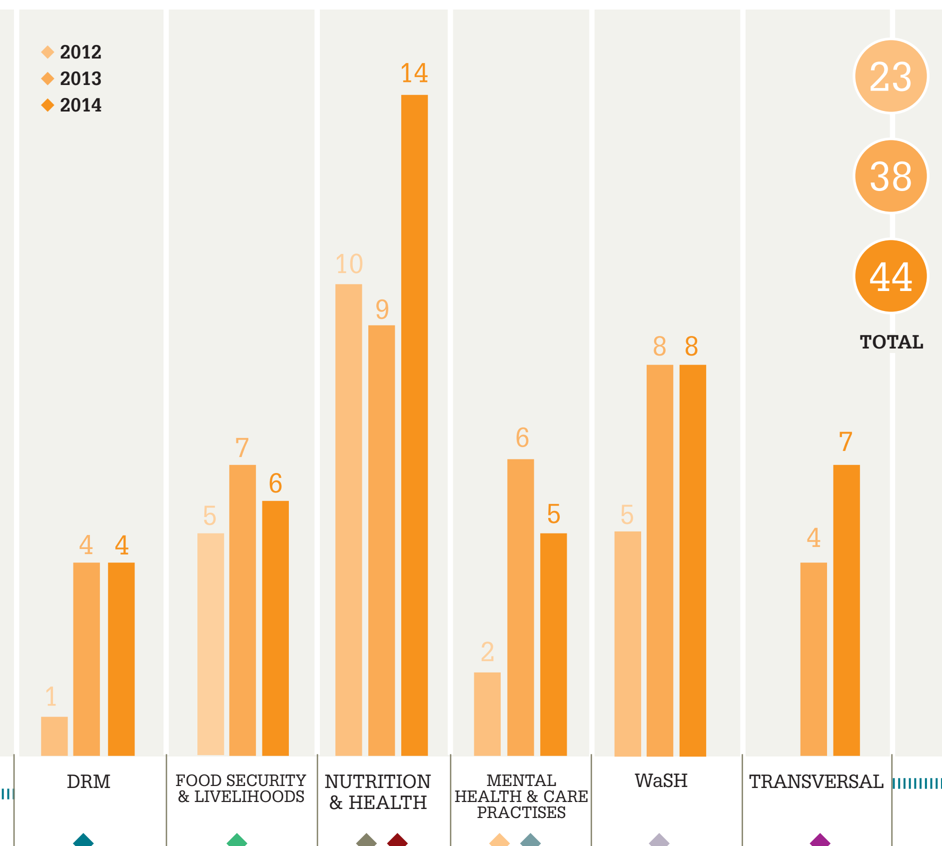
There are around 19 million SAM children in the world, and only 10% of them currently access treatment. To reach them all, we need to explore new ways to treat the condition.

A partnership between the Innocent Foundation and ACF was created in 2014 to explore whether or not SAM treatment can be safely delivered by Community Health Workers (CHWs) at the community level. In more than 50 countries around the world, CHWs already treat malaria, diarrhoea and pneumonia through the integrated Community Case Management (iCCM) platform. The idea to link treatment of severe acute malnutrition to iCCM is not new, but research projects looking at whether this can be done by health services with minimum input from international organisations are less common. This research initiative aims to pilot an alternative service delivery model, collect the necessary evidence and effectively use this to influence nutrition policy and practice.

The C project is primarily a set of research studies in different contexts that apply distinct methodologies in which ACF has proven expertise (coverage, cost-effectiveness, evaluations etc.). The goal is to generate evidence for new models of treating SAM by augmenting the existing health structures through capacity building of Community Health Workers. The project will design and evaluate a more effective approach that is closer to communities and more sustainable. The hypothesis is that CMAM delivered through CHWs at the household level can be as effective as delivery at the facility level (e.g. OTP) as long as their capacity is built on how to record and treat SAM cases, support on supervision, joint monitoring and supply management.

In March 2014, the C Project began conducting a clinical cohort study in the Kita province of Mali and a randomized control trial in the Dadu district of Pakistan that will evaluate performance, coverage, quality of care, time-use, process-development and cost effectiveness of this approach vis-à-vis facility-based approaches. The project brings together the ACF Network, as well as valuable partnerships with Aga Khan University (Pakistan) and Bamako University (Mali).

NUMBER OF RESEARCH PROJECTS PER SECTOR (ALL HQs)



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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 2014, the organisation continued to make significant gains in raising awareness of malnutrition and humanitarian crises, reaching an estimated 9.6 million people, which contributed to the total of almost 27 million people who have been reached since 2011.[17]

In 2014, figures from ACF in Italy and Germany were included for the first time and, across the network, the number of people reached increased by over 1.7 million. However, as has been noticed in previous years, communication channels are shifting; targeting supporters through traditional means, such as telephone and regular mail, is less common.

On the other hand, the online community has grown, gaining almost 90,000 new Facebook members and 53,000 twitter followers (although the number of new visitors to the ACF websites declined).

Media exposure in 2014 increased the most; with almost 30,000 mentions in the media, coverage more than doubled since 2013.

NUMBER OF PEOPLE REACHED PER EXTERNAL COMMUNICATION CHANNEL

	EMAIL, TELEPHONE, MAIL	HQ WEBSITE VISITORS	FACEBOOK MEMBERS	TWITTER FOLLOWERS	OTHER
2011	1,724,354	1,865,071	153,250	32,892	-
2012	3,413,676	1,668,322	303,248	66,618	-
2013	4,931,983	2,415,066	375,836	113,797	28,026
2014	5,623,926	2,268,083	465,714	166,946	1,100,329

17 *Please note a deduplication took place in 2014, and thus the communications data of the last four years has been revised to avoid double counting.*

GOAL 5

5.2 Raising the profile of nutrition as one of the most cost-effective development interventions

In 2014, the organisation continued to work to influence decision-makers on hunger and nutrition issues. Key achievements included the following:

Launched Generation Nutrition, the world's first-ever international campaign aimed at ending child deaths from acute malnutrition.

The *Generation Nutrition* campaign, launched on 24 April 2014, is currently supported by 41 Civil Society Organisation (CSO) partners with activities in all 5 HQ countries as well as Kenya, Burkina Faso, the Philippines, Nepal and India (the country with the largest caseload of acute malnutrition worldwide). This ACF-led international campaign has not just built a growing coalition platform for influence but in its first months made the issue of acute malnutrition more visible in various countries at the highest levels and in various global processes, including in the post-2015 negotiations and towards, at and in follow up to the second International Conference on Nutrition (ICN2) that took place in Rome in November 2014.

Increased the political profile of nutrition as a global development priority to 2030.

Nutrition was neglected in the Millennium Development Goals (MDGs), so a strong goal and targets on nutrition to tackle malnutrition by 2030 are needed in the Sustainable Development Goals (SDGs). ACF influencing - alone and with partners - at different levels on the post-2015 negotiations has seen nutrition included at goal level (as part of a goal to 'End hunger, achieve food security and improved nutrition and promote sustainable agriculture') with a target on both wasting and stunting in children under five years of age due to be adopted by world leaders in September 2015. ACF and partners continue to influence to ensure the final framework includes the right targets, indicators and wider plans to help focus action effectively on addressing undernutrition.

Set out the action agenda to meeting the World Health Assembly (WHA) global nutrition target on wasting.

The 2012 WHA nutrition targets are the first ever global nutrition targets and a major gain to support global progress on nutrition and nutrition accountability. As such, ACF is calling on the WHO and its Member States for its effective implementation. Key messages on what action should be taken at scale in order to deliver the wasting target were included in the Wasting Policy Brief paper developed by WHO to guide national and local policymakers on what actions need to be taken in order to achieve real progress.

Bringing greater accountability on nutrition with the Global Nutrition Report.

ACF contributed substantively to this ground-breaking report – a new tool to strengthen the monitoring of commitments on nutrition improvement. ACF, together with other signatories of the Nutrition for Growth High Level Meeting held in London 2013, called for its initiation. For the first edition, ACF provided data on coverage and access of treatment for severe acute malnutrition, technical advice on data collection and authored content on coverage of SAM programs. ACF was also an active reviewer of the Global Nutrition Report during its development with recommendations on the links between nutrition and health, the importance of SAM coverage and nutrition funding included in the final report.

Ensuring a strong civil society voice and a fuller understanding of nutrition in the process and outcomes of the International Conference on Nutrition (ICN2).

ICN2 brought together nutrition, food security and health actors in one platform for the first time since the International Nutrition Conference in 1992. Whilst the early ICN2 documents were profoundly biased towards food, production and technology solutions to the nutrition crisis, ACF and civil society partners contributed to ensure a broad stand on nutrition in the outcome documents of the ICN2. Being one of eight organisations in the Coordination Committee and designated liaison organisation to the FAO, ACF was also instrumental in injecting the much-needed civil society voice into the ICN2.

41
CSO partners currently support The Generation Nutrition campaign

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GOAL 5

5.3 Driving change on global humanitarian issues

The network continued to advocate on humanitarian issues in line with its humanitarian interventions. Key specific highlights include:

Defending principled humanitarian action for increased access to vulnerable populations.

In 2014, the organisation developed and carried out advocacy work around the main crises occurring in countries of intervention to support our efforts of improving the situation of vulnerable populations through principled humanitarian action. The impact on needs-based humanitarian aid of state building approaches in Afghanistan and UN integrated offices in Somalia; concerns regarding confusion between civil and military objectives in Iraq and access to essential services in the Occupied Palestinian Territories were among the focuses in 2014. Further, ACF supported regional efforts to ensure principled humanitarian action in politicized contexts such as Syria. ACF also worked to increase attention to the crisis in Central Africa Republic and to prevent the conflict from becoming forgotten again.

Making the Transformative Agenda an effective tool for humanitarian coordination.

To support and influence the implementation of the Transformative Agenda, in May 2014 ACF released a well-received report on the Transformative Agenda to help build understanding on its content, structure and the state of roll-out from an NGO standpoint. ACF is working closely with the STAIT (Senior Transformative Agenda Implementation Team) to participate in future joint offices to support Humanitarian Country Teams in their implementation of the Transformative Agenda.

World Humanitarian Summit.

ACF seeks to play a key role in influencing the agenda and outcomes of the World Humanitarian Summit (WHS) to be held in May 2016. In 2014, ACF actively participated in to the regional consultations in Abidjan (Ivory Coast) and Pretoria (South Africa) as an INGOs representative, providing support documents and mobilizing INGOs, liaising with International Council of Voluntary Agencies (ICVA) and intervening as Panellist. ACF will continue to engage in this process to ensure a strong outcome for the Summit with a reaffirmation of principled humanitarian action to guarantee people in need have safe access to humanitarian aid and to maintain the acceptance, safety and protection of humanitarian workers.

Pursuing justice on the Muttur aid workers massacre.

ACF's 7-year advocacy efforts for justice for Muttur saw on 27 March 2014 the UN Human Rights Council in Geneva vote in favour of a resolution for an independent international inquiry into serious violations of International Humanitarian Law in Sri Lanka, including the massacres of our colleagues in Muttur in 2006. An Office of the High Commissioner for Human Rights (OHCHR) international investigation was launched in August 2014 following the HRC resolution and ACF is currently actively participating in it.

5.4 Strengthening ACF and partner capacity and capability to influence

ACF continues to grow advocacy capacity and capability for improved future influencing. Progress in 2014 included:

Increased advocacy capacities at national level.

Increased advocacy capacities at national level. In 2014 ACF significantly invested in growing network capacities for advocacy with national advocacy coordinators now in Madrid, New York, London and Paris and 9 advocacy officers in Country Offices. This increased network capacity has helped increase influence on the action of national authorities through improved access to high level stakeholders and increased use of ACF expertise, evidence and proposed solutions. Furthermore, it has also translated in an increase in the number of Country Offices now carrying out advocacy; from 9 Country Offices in 2013 to 24- more than half of Country Offices are now engaging in advocacy at the end of 2014.

Increased high level engagement.

ACF is increasingly recognised as an expert humanitarian and nutrition organisation both technically and from an advocacy perspective with increased access and participation in high level events and in government meetings –including at ministerial level- to inform global and national policies. The launch of the Generation Nutrition campaign facilitated engagement and discussion with high level members of government in all campaign countries, including the Ministry of Health in Kenya, the Ministry for Rural Development in India and the Secretary of State in France. Further, high level government officials from both donors and countries with high levels of undernutrition as well as representatives from multilateral institutions participated and supported side events organised by ACF and partners in 2014, including an event on the sides of the WHA in Geneva and events organised on adaptation and climate change.

Developing partnerships.

ACF is further connecting with CSO as well as nutrition and humanitarian networks to expand our influencing capacity with key messages taken up and also promoted by partners. Over 40 CSOs have joined the Generation Nutrition campaign and support ACF efforts for scaling up treatment and prevention of acute malnutrition globally and in different countries. ACF was also instrumental in bringing together 150+ different organisations to agree common messages on nutrition to influence the ICN2 process. ACF is active in the SUN Movement and the International Coalition on Advocacy for Nutrition among other networks. In addition, ACF has also developed and actively contributed to networks working in other relevant issues such as climate change, and humanitarian action.

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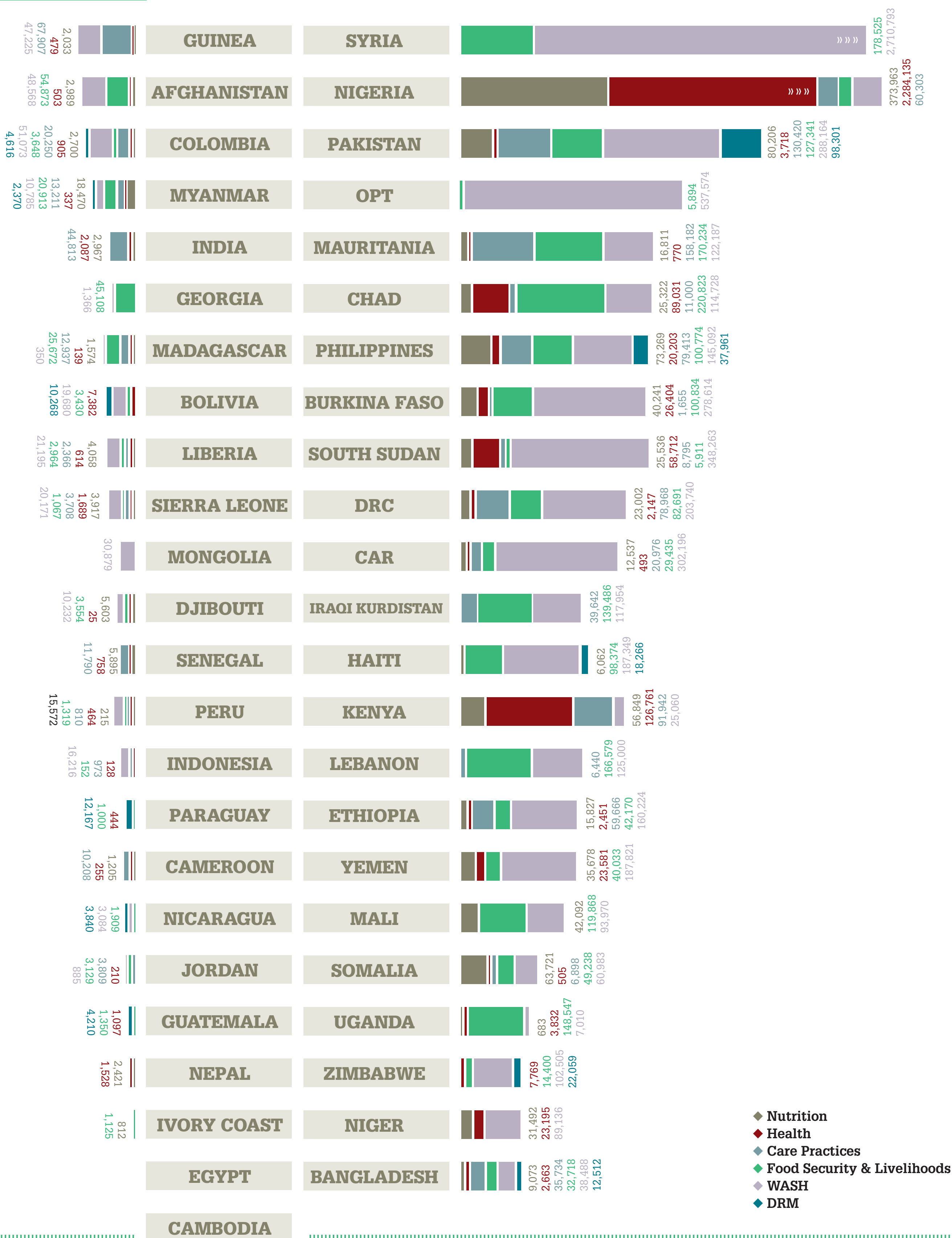
ANNEX 1

International Beneficiaries by Country & Sector 2014



ANNEX 2

Research Projects, Partners & Sectors

Listening-Post
An innovative food and nutrition surveillance system in the eastern region of Burkina Faso and Central African Republic
SAVE THE CHILDREN BRIXTON HEALTH

KACHE: development of a Kit for Autonomous Cash transfer in Humanitarian Emergencies
WFP

Projet de transfert économique et social à vocation de lutte contre la malnutrition et l'extrême pauvreté des ménages en Mauritanie suite à la crise alimentaire et nutritionnelle de 2012
EU

Protecting and Growing Assets in Protracted Crises in order to Raise Resilience for Food and Nutrition Security
HUNGER ALLIANCE UK

Cultivate Africa:
Are aflatoxins contributing to chronic malnutrition in infants in Zimbabwe: can the status be improved by reducing aflatoxin contamination in maize grain?
UNIVERSITY OF ZIMBABWE AND IRC

Impact on growth and state of hemoglobine of food and nutritional supplements in Ambo Province, Huanuco-Peru
UCA,UCA DAVIS, CENAN, GRADE

C Project
Integrated Community Case Management for SAM in Mali and Pakistan
AGA KHAN INNOCENT FOUNDATION

COMPAS
Improving the Treatment of Moderate Acute Malnutrition: Developing and Piloting a New Protocol
IRC HARVARD EPICENTRE

Open Review
on Nutrition Coverage Methodologies
EPI CENTRE

A Cluster Randomized Controlled Trial To Evaluate The Effectiveness And Impact Of Community Case Management Of Severe Acute Malnutrition Through Lady Health Workers
AGA KHAN UNIVERSITY

Clinical Cohort Study To Integrate Sam Treatment Into The Iccm Package Currently Delivered By Chws In Mali
UNIVERSITY OF BAMAKO

Putting Kwashiorkor on the map:
Phase 2: Oedema mapping
CMAM FORUM WHO UNICEF

Bottlenecks for Effective Coverage of CMAM Services
FANTA UNICEF

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

MANGO:
testing the effectiveness of the reduction of nutrition product consumed on SAM children
COPENHAGEN UNIVERSITY

Impact evaluation of a multisector intervention programme to reduce childhood stunting in a food-insecure area in Madagascar
MICHIGAN UNIVERSITY

MALINEA
Moderate Acute Malnutrition and Childhood infections in Africa (Senegal, Madagascar, Niger)
PASTEUR INSTITUTE GRET

Caractérisation de la ressource en eau d'un kartz de Madagascar avec une approche combinée géophysique indirecte et isotopes.
UAPV AVIGNON

Experimentation of new options to improve access to water, hygiene and sanitation in Oulan Bator areas, Mongolia
BEIJING UNIVERSITY MUST

OUADI'Nut'
Benefits of a household WaSH package to CMAM program, Chad
GENT UNIVERSITY ASRADD

Emergency sanitation for urban contexts and flooded areas
UAH/HIF

Alternative floculator for Alabama chambers
ICAI

Low cost technologies to increase access to water for socioeconomic development in Mauritania
AYTO. VITORIA/UPM

Urban Sanitation in Ulan Baatar, Mongolia
UNIVERSITY SCIENCE AND TECHNOLOGY BEIJING

Urban Eco sanitation Composting
UNIVERSITY SCIENCE AND TECHNOLOGY BEIJING UNIVERSITY OF AGRICULTURE MONGOLIA

Funding urban sanitation
UNIVERSITY SCIENCE AND TECHNOLOGY BEIJING MUST MONGOLIA

Improving commune WaSH management in Burkina Faso

Sanitation Marketing in Sierra Leone

Improving WaSH in Health Centers in Chad
UNIVERSITY 2IE BURKINA FASO

Improving traditional pumping system design in Indonesia
NOX INGEDIA

Impact of a WaSH package intervention on haemoglobin levels in children in a rural population in Bolivia- a cluster randomised trial
LSHTM

Malnutrition and child development, Definition of tools for assessing child development: the walking figures

Malnutrition and Mental Health and Care practices, including the improvement of breastfeeding tools and practices
MAMI PLATFORM

FUSAM - Long-term impact of children who benefited from the severe acute treatment associated with psychosocial activities, Bangladesh
ICDDR B

Psychosocial and nutritional impact of ACF MHCP's community-based prevention program for refugee populations in UNHCR camps in Cox's Bazar, Bangladesh
ICDDR B

Mother to child transmission of Trauma
East Africa
UNIVERSITÉ PARIS - DESCARTES

REFANI - Research for Food Assistance Impact on Nutrition
CONCERN ENN UCL

Cost-effectiveness applied to Nutrition
GHENT UNIVERSITY ICDDR B

Nutritional Effects Assessment Project (NEAP)
A systematic approach to better document nutritional impact of humanitarian interventions
MICHIGAN UNIVERSITY - CORNELL UNIVERSITY

MAM'OUT - Evaluation of a seasonal and multi-annual cash transfer program in the frame-work of a safety net to prevent acute malnutrition by children under 24 months, in terms of effectiveness and cost-effective-ness in the Tapoa province (East region of Burkina Faso, Africa).
GENT UNIVERSITY AGROPARIS TECH CDC IRSS

Ethics & Research:
new principles and guidelines for research in humanitarian settings
UCLAN

Systeme de surveillance pastorale afrique subsaharienne
AREN

Climate Resilience and Food security in Central America
IISD

Estudio de mejora de sistema de alerta temprana pastoral en el marco de las Tierras Áridas africanos
BANCO MUNDIAL - IFPRI

Proyecto TIGER de sistemas de información para la observación del agua
TIGER

Research on the use of multisectorial integration by NGO´s
WEDC/OXFAM

A Review of DFID Thematic and Geographic priorities and their relevance to ACF international

Sustainable Financing the Scale-up of Nutrition Treatment in High-burden Countries

◆ Food Security & Livelihoods ◆ Nutrition ◆ Health ◆ WASH ◆ Mental Health ◆ Care Practices ◆ Food Aid ◆ Transversal ◆ DRR & DRM ◆ Multisectorial ◆ Other

ACF INTERNATIONAL | ANNUAL PROGRESS REPORT 2014

ANNEX 3

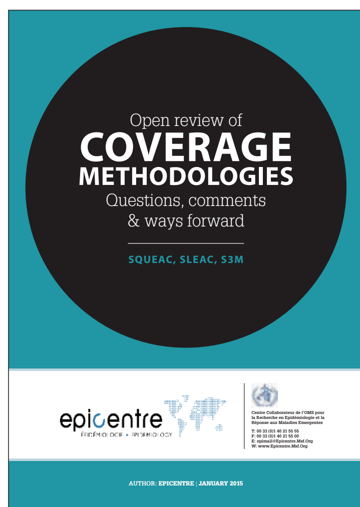
International Publications 2014

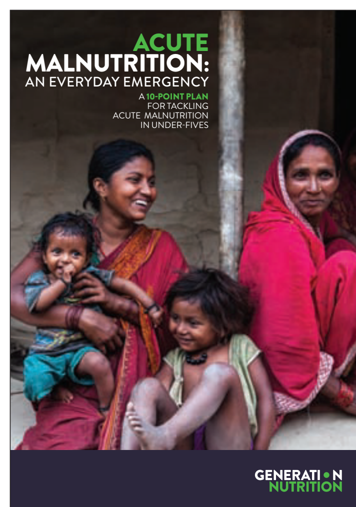
FOOD SECURITY & LIVELIHOODS

- Agriculture et élevage en zone urbaine et péri-urbaine: fiches techniques
- L'agro-écologie pour une agriculture durable
- Stratégie des interventions agricoles d'ACF
- Chenilles et alimentation - Congo RDC
- Building resilience for food and nutrition security through water and soil conservation practices (poster)
- Who cares about the impact of climate change on hunger and malnutrition? A plea to the international community to ensure food and nutrition security for the most vulnerable in a changing climate
- Estudio, evaluación agronómica y económica de rubros de producción para la seguridad alimentaria y nutricional en fincas de productores
- Kenya - Participatory Risk Analysis & Integrated Approaches to increasing resilience of pastoral communities in Northern Kenya
- DR Congo - Impact Of Cross-Sectoral Approach To Addressing Konzo In Drc
- Climate Justice and Human Rights COP20 Lima

NUTRITION

- Aid for nutrition: improving tracking and accountability for more impact
- Briefing Paper : Effective integration of nutrition into the health sector What role for the World Health Assembly?
- Factors associated with the divergent diagnosis of acute malnutrition by anthropometric indicators in nutrition surveys
- Reliability of Anthropometric Indicators of Acute Malnutrition in Pastoralist Populations: A Survey in Bahr-El-Ghazal, Chad
- Effects of Typhoon Yolanda on the nutritional status of children in the Philippines
- SMART Methodology NEW Website: www.smartmethodology.org
- Barriers to access for severe acute malnutrition treatment services in Pakistan and Ethiopia: a comparative qualitative analysis
- Assessment of Coverage of Community-based Management of Acute Malnutrition
- Access for All: Vol 3. What Can CMAM learn from other public health interventions to improve coverage?
- Considerations Regarding coverage Standards for selective feeding programmes
- Coverage Matters
- Learning Review 2013
- Closing the GAP: Towards a 2030 Wasting Target
- Action to improve nutrition. Making ICN2 count over the next decade and beyond
- Acute Malnutrition, an everyday emergency. A 10 point plan for tackling acute malnutrition in under fives





NUTRITION SECURITY

- Nutrition Security Policy. A common multisectoral understanding and approach to address undernutrition.
- Case Study. Pakistan - Nutrition Mainstreaming in Flood Response Programming
- Case Study. Liberia - Strengthening Integrated Systems for Management and Prevention of Malnutrition in Monrovia
- Case Study. Guinea - "Porridge Mums": Combining Income Generating Activities and Undernutrition Prevention

NUTRITION AND HEALTH

- Perspectives for integration into the local health system of community-based management of acute malnutrition in children under 5years: a qualitative study in Bangladesh
- Cost-effectiveness of community vegetable gardens for people living with HIV in Zimbabwe
- Prevention of acute malnutrition during the hunger gap in urban Chad using Ready-to-Use supplementary food: challenges and lessons learned from a Randomized Controlled Trial

MENTAL HEALTH

- ABC - Accompagnement au changement de comportement
- Baby-Friendly Spaces - Holistic Approach for Pregnant, Lactating Women & their very young children in Emergency

MENTAL HEALTH & CARE PRACTICES

- The Psychosocial Impact Of Humanitarian Crises - A Better Understanding For Better Interventions

WaSH

- Opportunities and Challenges of Greywater Treatment and Reuse in Peri-Urban Ger Areas of Ulaanbaatar, Mongolia
- A SWOT Analysis on Integrating Safe Water Supply and Sustainable Sanitation Systems

WaSH & NUTRITION

- Case Study. Burkina Faso - "Wash-in-nut" programme: integration of a minimum package in undernutrition treatment programmes
- The Effects of adding PUR® water purifier to the treatment of Severe Acute Malnutrition

WaSH & MENTAL HEALTH

- 1+1=3 : How to integrate WaSH and MHCP activities for better humanitarian projects

DRR & DRM

- Technical Guide: Enhancing Climate Resilience and Food & Nutrition Security
- Policy : Enhancing Climate Resilience and Food & Nutrition Security - ACF approach to face climate change, hunger and undernutrition in at-risk communities
- Amélioration des dispositifs de prévention et de gestion des crises au Sahel : vers un système d'information intégrant un modèle de vulnérabilité pastorale

RESEARCH & ETHICS

- A humanitarian-context research ethics framework to enhance the valorization of research results by Action Contre la Faim (ACF)

FOOD SECURITY & LIVELIHOODS AND NUTRITION

- What risks do agricultural interventions entail for nutrition?

GENDER

- Uganda - Lessons Learned addressing Gender Based Violence
- Uganda - Life of a woman activist

MULTISECTORAL

- Pakistan - Nutrition Mainstreaming In Flood Response Programming

OTHER

- Socio-cultural acceptance of appropriate technology: identifying and prioritizing barriers for widespread use of the urine diversion toilets in rural Muslim communities of Bangladesh
- Rapport : "La faim un business comme un autre". Comment la nouvelle alliance du G8 menace la sécurité alimentaire en Afrique
- Policy report : La nutrition, l'affaire de tous
- Briefing paper: Nutrition et santé sexuelle et reproductive : un tandem gagnant
- Gender Policy
- 2013 Annual Report
- Google campaign corporate report
- Humble Bundle campaign corporate report
- North American Power corporate report
- Pentair emergency grant corporate report
- Report for one-time and monthly donors - Q1 2014
- Report for one-time and monthly donors - Q2 2014
- Report for one-time and monthly donors - Q3 2014
- Report for social fundraisers - Q1 2014
- Report for social fundraisers - Q2 2014
- Report for social fundraisers - Q3 2014
- ACF International and the Transformative Agenda
- Generation Nutrition campaign guide

ANNEX 4

List of Partnerships by Country

AFGHANISTAN
- Afghanistan Centre for Training and Development
- Agency for Assistance and Development of Afghanistan (AADA)
- Bakhtar Development Network Global
- Ministry of Public Health
- Save the Children

BANGLADESH
- International Centre for Diarrhoeal Disease Research Bangladesh (ICDDRB)
- National Development Programme (NDP)
- Nazrul Smriti Sangsad (NSS)
- Patuakhali Science and Technology University (PSTU)
- Shushilan
- Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)
- Society for Environment & Human Development (SHED)
- Thengamara Mohila Sabuj Sangha (TMSS)
- Union Council in Barguna

BOLIVIA
- Centro de Promoción Agropecuaria Campesina (CEPAC)
- Organizacion de Mujeres Aymaras del Kollasuyo (OMAK)
- Planta de Tratamiento de Aguas Residuales (PTAR)
- Viceministerio de Defensa Civil (VIDECI)

BURKINA FASO
- Association d'Appui à la Promotion du Développement Durable des Communautés (APDC)
- CHR Fada (Regional Health Centre)
- Eastern Regional Health District
- GRET
- Health Districts of Pama, Fada, Bogandé, Manni, Diapaga
- Mairie OUAGA
- Medicus Mundi
- National Office for Water and Sanitation (ONEA)
- Provincial Department for Basic Education and Literacy (DPEBA)
- Provincial Department of Agriculture and Food Security
- Regional Department of Agriculture and Food Security
- SOS SAHEL
- Tin Tua

CAR
- Agency for Technical Cooperation and Development (ACTED)
- ANEA (MANY)
- Central African Association for Family Welfare (ACABEF)
- Direction of Community Health
- Directorate General of Hydraulics
- International Rescue Committee (IRC)
- MERCY CORPS
- Première Urgence - Aide Médicale Internationale (PUAMI)
- Regional Department of Health 1 (DRS1)
- Regional Department of Health 7 (DR7)
- Solidarité International
- World Food Programme (WFP)

CHAD
- Agriculture Delegation of Bahr el Gazal
- Committee for the Development of Volunteerism in Chad
- Direction of Livestock Farming
- Humanist Association for Mutual and Social Assistance
- International Rescue Committee (IRC)
- Laboratory for Veterinary and Livestock Research
- Merlin
- Ministry for Pastoral & Animal Production Development
- National Office for Rural Development
- Regional Health Direction BAHR EL GHAZAL
- Regional Health Direction KANEM
- World Vision

COLOMBIA
- Alcaldía Puerto Asís
- Alcaldía Puerto Leguízamo
- Alcaldía Tierralta
- Alcaldía Valencia
- Aquaseo
- Asociación de Desarrollo Integral Sostenible Perla Amazónica (Adispa)
- Corporación de Desarrollo y Paz de Urabá (Cordupaz)
- Corporacion para el Desarrollo Social Comunitario (Corsoc)
- Funamsa
- Fundación Arawana (Organización local sin ánimo de lucro)
- GoodTrade
- Health Secretariat of Putumayo
- Hospital Samaniego
- Hospital Tierralta
- Hospital Tumaco
- Hospital Valencia
- Norwegian Refugee Council
- Pastoral Social de Pasto
- Pastoral Social de Tumaco
- Pastoral Social Montelíbano
- Servicio de Pastoral Social Vicaría San Juan Bautista de la Diócesis de Ipiales - municipio de Samaniego (SEPASVI)
- The Lutheran World Federation (LWF)
- Unidad de Atención y Reparación Integral para las Víctimas del conflicto armado de Córdoba
- Unidad de Atención y Reparación Integral para las Víctimas del conflicto armado de Putumayo
- Universidad de Boyacá
- Universidad de Nariño
- Universidad Luis Amigó
- Universidad Pontificia Bolivariana

DJIBOUTI
- CARE
- Ministry of Health
- Paix & Lait

DRC
- Agence d'Aide à la Coopération Technique et au Développement (ACTED)
- Catholic Relief Services
- Concern
- Croix-Rouge Congolaise
- Harvard Humanitarian Initiative (HHI)
- Inspection Territoriale de l'AgriculturePêche et l'élevage (ITAPEL)
- Ministry of Health (includes National Nutrition Programme) and local government
- National Program for Nutrition (PRONANUT)
- Reseau des Femmes
- Réseau des Femmes du Secteur de l'Eau, Hygiène, Assainissement et de la Protection de l'Environnement(REFESEHAPE)

ETHIOPIA
- Bureau of Finance and Economic Development (BoFED)
- Concern Worldwide
- Comitato Internazionale per lo Sviluppo dei Popoli (CISP)
- GOAL
- International Rescue Committee (IRC)
- Ministry of Health regional health bureau
- Save the Children

GEORGIA
- Chuburkhinji School
- District Department of Education Gali
- Elkana
- Ganakhleba School
- Green Lane NGO (Armenia)
- Oxfam
- Rural Community Development Association
- Sida School
- Tageloni I School
- Tageloni II School

GUATEMALA
- Galileo University
- Local Coordination for Disater-Risk Reduction (COLRED)
- Ministry of Agriculture, Livestock and Food (MAGA)
- Ministry of Education
- Ministry of Health
- Ministry of the Environment & Natural Resources (MARN)
- Municipal Coordination for Disaster-Risk Reduction (COMRED)
- Municipalities and groupings of Municipalities
- National Coordination for Disaster-Risk Reduction (SE – CONRED)
- National Institute for Sismology, Vulcanology, Metereology and Hydrology (INSIVUMEH)
- Pan-American Health Organisation (PAHO)
- Private Institute for Climate Change Research (ICC)
- Secretariat of Food Security and Nutrition (SESAN)

GUINEA
- Consortium with Relief International and CECI
- Health Districts
- Health facilities
- Local municipalities
- National coordination cell against Ebola Virus Disease (EVD)
- University of Conakry

HAÏTI
- International Organisation for Migration (IOM)
- Ministry for Public Health and Population (MSPP)
- Ministry of Social Affairs and Work (MAST)
- National Direction for Water and Sanitation (DINEPA)
- Oxfam

INDIA
- All India Institute of Medical Sciences (AIIMS) Delhi
- Centre for Community Economics and Development Consultants Society (CECOEDECON)
- Foundation for Mother & Child Health (FMCH) Delhi
- Save the Children
- Sion Hospital Mumbai

INDONESIA
- DCIS TIMOR
- District Health Office
- Food Security Office
- PKPU (emergency)
- Public Works (PU) Office

IVORY COAST
- Terre des Hommes Italia

KENYA
- GOAL: Consortium ACF-GOAL-Mercy Corps-RACIDA
- Growth Africa
- Helen Keller International (HKI)
- Mercy Corps: Nutrition partner on EC GLAD Project
- MIATV
- Ministry of Health (includes National Nutrition Programme) & local county governments in all locations
- National Drought Management Agency SIKOM
- UNICEF Kenya
- VSF-Swiss
- West Pokot Youth Bunge

LEBANON
- Ministry of Health
- Water Establishment

LIBERIA
- Ground Water Exploration Incorporated (GWEI)
- International Rescue Committee (IRC)
- Ministry of Health nutrition division
- Oxfam and WaSH consortium
- Welthungerhilfe

MADAGASCAR
- Antananarivo Urban Community
- CARE
- City Professional Institute
- District Health Service
- EAST
- GRET
- Médecins du Monde
- Mouvement Français pour le Planning Familial
- Santé Sud
- Voahary Salama
- World Food Programme (WFP)

MALI
- Cooperazione Internazionale (COOPI)
- Initiatives Conseils et Développement
- Médecins du Monde (MDM)
- Medicus Mundi
- Nouveaux Horizons (NoHo)
- Save the Children
- Solidarités International
- STOP SAHEL
- Terre des Hommes
- UNICEF Mali
- UNICEF NY
- University of Bamako
- Vétérinaires sans frontières (VSF)
- Woiyo kondeye
- World Vision

MAURITANIA
- Alpha chapo
- Association Mauritanienne d'Aide aux Malades Indigents (AMAMI)
- Association pour le Développement des Populations (ASDEP)
- Commissioner for Food Security (CSA))
- Croix-Rouge Française
- Djikké
- Famine Early Warning System (FEWS)
- Ministere de la santé
- Ministry for Rural Development
- Regional Direction for Health Action Guidimakha (DRAS)
- Regional Direction for Hydraulics and Sanitation (DRHA)
- World Food Programme (WFP)

MONGOLIA
- Agricultural University of Mongolia
- Ministry of Construction & Urban Development (MCUD)
- Ministry of Education & Sciences
- Ministry of Environment & Green Development (MEGD)
- Mongolian Healthy Environmental Solution & Information Center (MonHESIC)
- Mongolian University of Science & Technology (MUST)
- Press Institute of Mongolia (PIN)
- River Basin Authorities
- Sentier d'Action
- The district authority of Bayanzurkh (BZD)
- The district authority of Songino Khairkhan (SKD)
- The Ulaanbaatar City, Medical Center of Songino Khairkhan District of Ulaanbaatar
- The Water Services Regulatory Commission (WSRC) of Mongolia
- The Water Supply & Sewerage Authority of UB City (USUG)
- Tolgoit CBO (Community-based organisation)
- UNICEF Mongolia
- University of Science and Technology of Beijing (USTB)

MYANMAR
- Karuna Myanmar Social Services – KMSS
- Kay Htoe Boe (KHB)
- Kayah Baptist Association (KBA)
- Kayah Phuu Baptist Association (KPBA)

NEPAL
- Action For Enterprise
- Alliance for Social Mobilization (Alliance Nepal)
- CARE
- Development Project Service Centre (DEPROSC)
- District Public Health Office (DPHO)-Saptari
- Helen Keller International
- International Centre for Diarrhoeal Disease Research, Bangladesh
- Local Initiatives for Biodiversity, Research and Development (LI-BIRD)
- Nepal Water for Health (NEWAH)
- Nepali Technical Assistance Group (NTAG)
- PATH
- Save the Children International
- Social Welfare Council (SWC)
- Tango International

NICARAGUA
- Centro Humboldt
- Ministry of Agriculture and Livestock (MAG)
- Ministry of Education (MINED)
- Ministry of Health (MINSA)
- Municipalities
- National System for Disaster Risk Prevention, Mitigation and Awareness (SINAPRED)
- National Union of Farmers and Ranchers (UNAG)
- Nicaraguan Institute for Agriculture and Livestock Technology (INTA)
- PLAN
- The Institute of Human Promotion (INPRHU)

NIGER
- Cooperazione Internazionale (COOPI)
- Croix-Rouge Française
- DEMI
- Médecins du Monde (MDM)
- Médecins Sans Frontières (MSF)
- ONG Rayouwar Karkara – (ORK)

NIGERIA
- Center for Communication Programs Nigeria (CCPN)
- International Medical Corps
- Local Government area offices
- Ministry of Health (includes National Nutrition Programme)
- Save the Children
- UNICEF Nigeria
- Valid International

OCCUPIED PALESTINIAN TERRITORY
- 12 cooperatives in south Hebron
- Coastal Municipalities Water Utility
- Dir Al-Balah Municipality
- Economic & Social Development Center of Palestine (ESDC)
- Khan Younis Municipality
- Land Research Center (LRC)
- Ministry of Social Affairs
- Palestinian Livestock Development Center (PLDC)
- Palestinian Water Authority
- Palestinian Water Authority and Ministry of Education
- Rafah Municipality
- Roles for Social Change Association (ADWAR)
- Union of Agricultural Work Committees (UAWC)

PAKISTAN
- Aga Khan University
- Agency for Technical Cooperation & Development (ACTED)
- CARE
- Earthquake Rehabilitation & Reconstruction Authority
- EU Wins
- International Rescue Committee (IRC)
- KP Department of Health
- KP PNC (Provincial Nutrition Cell)
- Ministry of Health (includes National Nutrition Programme) and local government
- PEFSA
- People's Primary Health Care Initiative (PPHI)
- Save the Children
- Sindh DOH
- Sindh PNC
- Tameer Bank
- Telenor
- UNICEF
- University of Malakand
- University of Peshawar
- World Food Programme (WFP)

PARAGUAY
- Direction of Agricultural Areas
- Direction of Commercialisation
- Faculty of Agrarian Sciences
- Ministry of Agriculture and Livestock
- National Institute for Food and Nutrition (INAN)

PERU
- Centro Internacional de la Papa (CIP)
- Dirección Regional Agraria
- Dirección Regional de Salud
- Dirección Regional de Salud de Ayacucho
- Dirección Regional de Salud de Huanuco
- Dirección Regional de Vivienda y Construcción
- Fondo de Cooperación para el Desarrollo Social
- Gobiernos Local de Vilcashuamana,
- Gobiernos Local Saurama

PHILIPPINES
- City Health Office
- Consortium with IOM & Plan International with CHD IX
- Davao City Local Government and City Health Office
- Department of Budget & Management (DBM) Region 9
- Department of Education (CHD) IX
- Department of Education Schools Division of Zamboanga City
- Department of Interior Local Government
- Department of the Interior & Local Government (DILG)
- Jesse Robredo Institute of Governance of De La Salle University
- Kasarian-Kalayaan, Inc. (Sarilaya)
- Local Government Units of Kabacan, Matalam, Makilala and Midsayap
- Magpet
- Matalam
- Mindanao Land Foundation Inc.,
- MLGUs of Arakan, Antipas
- Office of the City Mayor
- Office of the Civil Defense Region 9
- Partnership with Health Organisation in Mindanao for Comprehensive Emergency Interventions in Eastern Samar
- Philipine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA)
- Philippine Volcanology and Seismology (PHIVOLCS)
- Provincial Nutrition Council (PNC)
- President Roxas
- Regional Nutrition Council (RNC)
- Zamboanga City Disaster Risk Reduction and Management Office

SENEGAL
- Cellule de Lutte contre la Malnutrition (CLM)
- La Division de l'Alimentation et de la Nutrition du MoH
- Le Partenariat (ONG locale)
- Union pour la Solidarité et Entraide (ONG locale)

SIERRA LEONE
- International Organisation for Migration (IOM)
- International Rescue Committee (IRC)
- Oxfam and WaSH consortium

SOMALIA
- BRICS consortium
- Nutrition Security Consortium
- Somalia Resistance Program (SomRep)

SOUTH SUDAN
- GOAL
- Integrated Food Security Phase classification
- Ministry of Health (includes National Nutrition Programme) and local government
- UNICEF
- World Food Programme (WFP)

SYRIA
- Arab Center for the Studies of Arid Zones & Dry Lands
- Ministry of Agriculture and Agrarian Reforms
- Ministry of Local Administration
- Ministry of Water Resources
- Syrian Arab Red Crescent

UGANDA
- Agrinet
- Community Rural Empowerment and Support Organization (CRESO)
- District Gender Officer, Child Protection and Welfare Department of the Police and Health staff of Amuru/Adjumani
- District Production office of Kaabong, Amuru & Adjumani
- Enterprise Uganda
- Ministry of Health (includes National Nutrition Programme) and local government(Currently ACF is working closely with the district health offices in Adjumani and Kiryandongo)
- OPM/UNCHR for SSD response in Kiryandongo and Adjumani

YEMEN
- General Administration for Animal Health
- General authority for posts (i.e. post office)
- Ministry of Public Health & Population (National, Governorate level)

ZIMBABWE
- Department of Agricultural Technical and Extension Services (Agritex)
- District Development Fund
- International Crops Research Institute for the Semi-Arid Tropics (ICRISAT)
- International Rescue Committee (IRC)
- Ministry of Agriculture
- Ministry of Health
- SNV Netherlands Development
- The International Maize and Wheat Improvement Center (CIMMYT)
- University of Zimbabwe
- Welthungerhilfe
- ZimAhead

Aktion gegen den Hunger
Pariser Platz 6 (Stiftungsforum)
10117 Berlin, Germany
E: info@aktiongegendenhunger.de
T: +49 (0) 30 27 90 99 7 0
F: +49 (0) 30 27 90 99 7 29
www.aktiongegendenhunger.de