

Kampayen
 **ACTION
AGAINST
HUNGER**

 **INTERNATIONAL**
 **ANNUAL REPORT 2020**



This report was produced by Action Against Hunger UK's MEAL Team, with the support of the staff across the Action Against Hunger network.
The report was designed by Kim Winkler.

Unless otherwise made explicit, all different functional or geographic representations such as country offices describe the work of Action Against Hunger.

July 2021

Cover image © Peter Caton for Action Against Hunger



CONTENTS

2020 IN NUMBERS	1
KEY GLOBAL STATS	3
INTRODUCTION	5
IN FOCUS: INTERNATIONAL STRATEGIC PLAN 2021-2025	6
AFRICA	7
IN FOCUS: ADVOCACY	13
MIDDLE EAST	23
COVID-19'S IMPACTS ON GENDER-BASED VIOLENCE	26
IN FOCUS: THE LOCAL PARTNERSHIP PROJECT	30
ASIA	31
LATIN AMERICA AND THE CARIBBEAN	36
IN FOCUS: NUTRITION	40
EUROPE	41
CASE STUDIES: FUNDRAISING	44
ENDNOTES	46
ACRONYMS	48

IN 2020, ACTION AGAINST HUNGER...



WAS FINANCIALLY SUPPORTED BY
526,509
PEOPLE



RAISED
€508.4M
REVENUE



CONDUCTED
73
RESEARCH PROJECTS



EMPLOYED
8,300
PEOPLE GLOBALLY



DISTRIBUTED
€51.5M
CASH



RESPONDED TO
66
EMERGENCIES



PROVIDED
899
STAFF MEMBERS WITH SECURITY TRAINING



MANAGED A GLOBAL SUPPLY CHAIN VOLUME OF
€147.9M



REPORTED
2
VERY SERIOUS SECURITY INCIDENTS



WATER, SANITATION AND HYGIENE

 9.6 MILLION
PEOPLE SUPPORTED
BY OUR WASH
PROGRAMMES

 616,334
HYGIENE KITS
DISTRIBUTED

 9,837
WATER POINTS
IMPROVED

 10.5 MILLION
CUBIC METERS OF WATER
DELIVERED

 38%
OF ACTION AGAINST
HUNGER PROJECTS HAVE
A WASH COMPONENT

NUTRITION

 7.4 MILLION
PEOPLE SUPPORTED
BY OUR NUTRITION
PROGRAMMES

 114
NUTRITION
ASSESSMENT AND
SURVEILLANCE
REPORTS

 203
MOBILE AND
SATELLITE TEAMS
FOR NUTRITION
TREATMENT

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

 93%
AVERAGE CMAM
CURE RATE IN HIGH
BURDEN COUNTRIES

FOOD SECURITY AND LIVELIHOODS

 2.2 MILLION
PEOPLE SUPPORTED
BY OUR FSL
PROGRAMMES

 424,891
PEOPLE RECEIVED
UNRESTRICTED CASH

 353
FOOD SECURITY
AND LIVELIHOODS
PROJECTS

 19,187
TONNES OF FOOD
ASSISTANCE DELIVERED

HEALTH

 74,588
HEALTH AND
NUTRITION EDUCATION
TRAINING SESSIONS

 5 MILLION
PEOPLE SUPPORTED
BY OUR HEALTH
PROGRAMMES

 2,007
HEALTH CENTRES

 308
HEALTH AND
NUTRITION PROJECTS

MENTAL HEALTH AND CARE PRACTICES

 186
MENTAL HEALTH
& CARE PRACTICES
PROJECTS

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

 682,121
PEOPLE BENEFITED
FROM MENTAL HEALTH
& CARE PRACTICES

 84%
OF INDIVIDUALS WHO BENEFITED
FROM IYCF RECEIVED
PREVENTATIVE SUPPORT

DISASTER RISK REDUCTION AND MANAGEMENT

 50
DRR AND DRM
PROJECTS

 550,068
PEOPLE SUPPORTED BY
OUR DRR AND DRM
PROGRAMMES

 15876
PEOPLE RECEIVED
DRR AND DRM
TRAINING

ACTION AGAINST HUNGER REACHED OVER 25 MILLION PEOPLE IN 2020

KEY GLOBAL STATS⁴

In 2020, Action Against Hunger operated in 46 countries across Africa, America, Asia and Europe.

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

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

⁴ Action Against Hunger has detailed guidance for country and regional offices to count people reached. Notwithstanding this, we are aware there may be some discrepancies in the data collection.

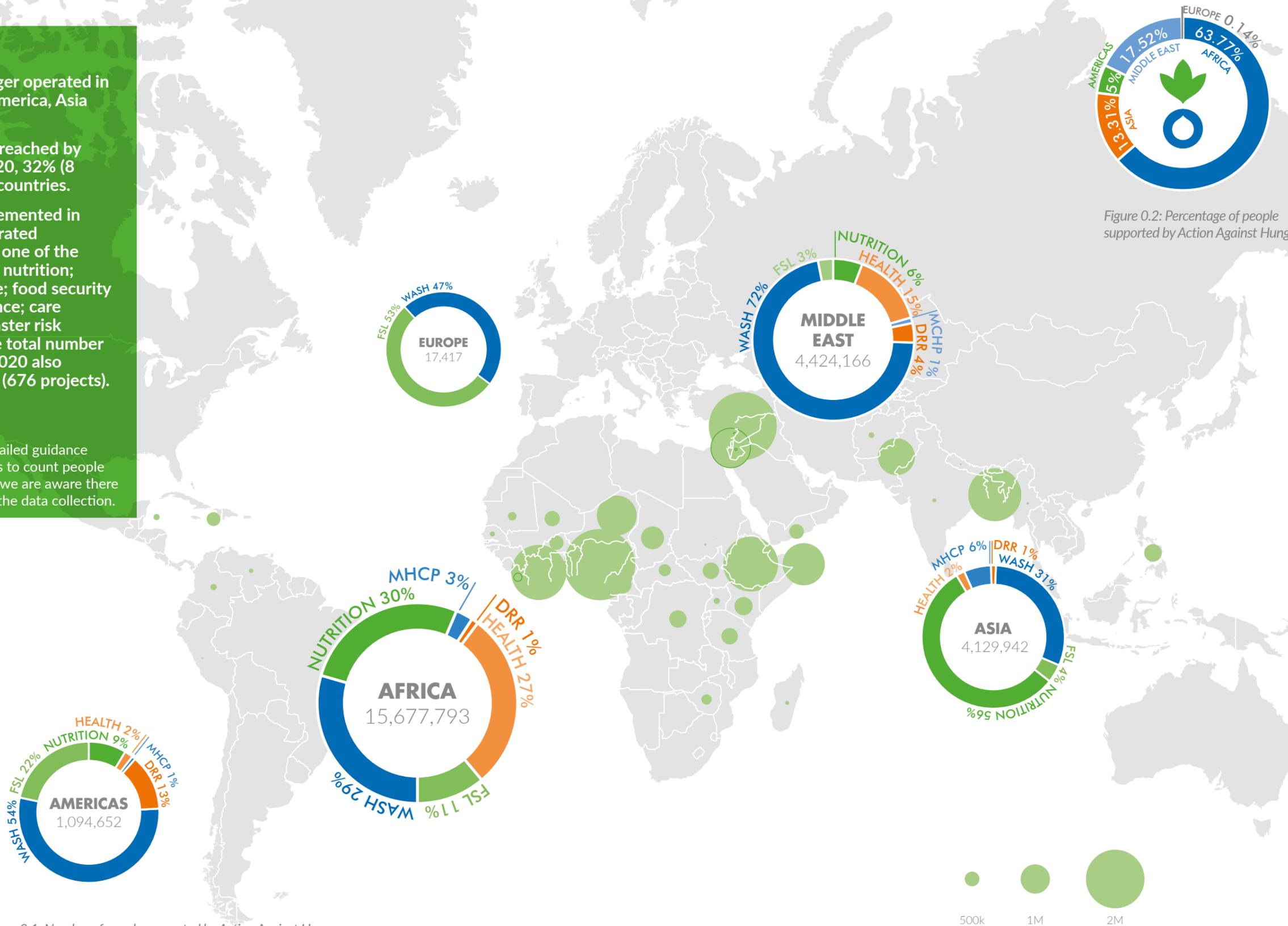


Figure 0.2: Percentage of people supported by Action Against Hunger

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

INTRODUCTION

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

GLOBAL GOAL 2: NO HUNGER

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

GLOBAL GOAL 3: GOOD HEALTH

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

GLOBAL GOAL 5: GENDER EQUALITY

Achieve gender equality and empower all women and girls.

GLOBAL GOAL 6: CLEAN WATER AND SANITATION

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

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

- 1 Reduce mortality in children under five years old by 20%.
- 2 Reduce prevalence of chronic and acute malnutrition by 20%.
- 3 Increase coverage of programmes to treat severe acute malnutrition by 60%.
- 4 Respond to at least 80% of unmet needs in emergencies.
- 5 Improve evidence and expertise to support programme-country and international-community strategies.
- 6 To be a more effective organisation.



IN FOCUS

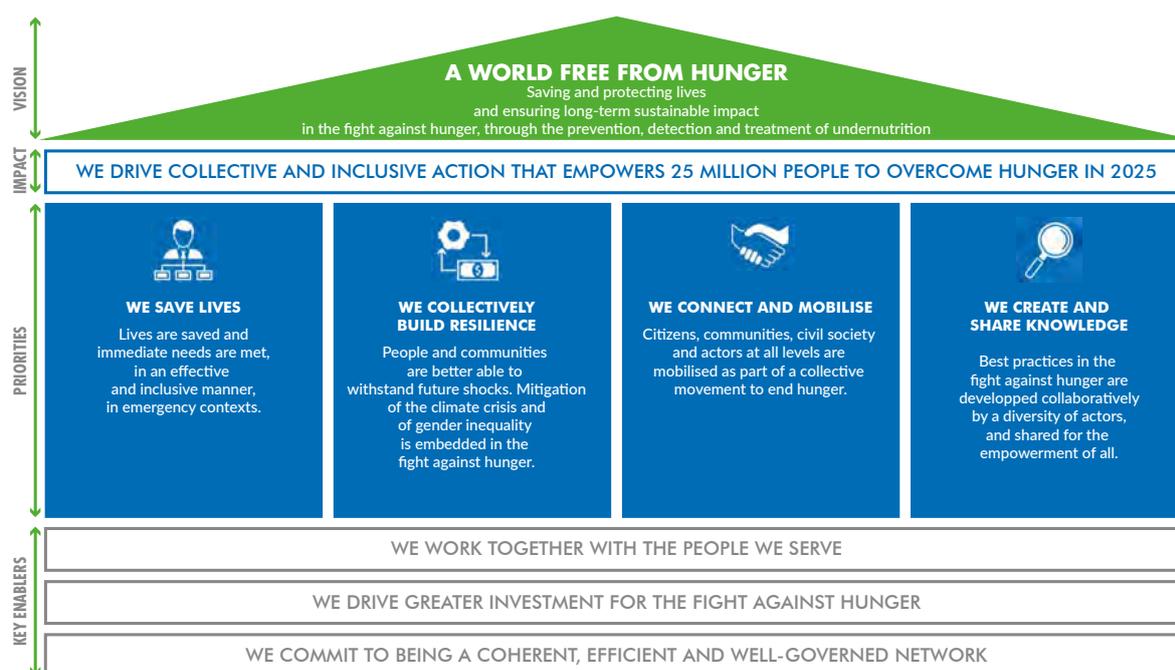
THE INTERNATIONAL STRATEGIC PLAN 2021–2025

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

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

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

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



AFRICA

BURKINA FASO	8
CAMEROON	8
CENTRAL AFRICAN REPUBLIC	9
CHAD	9
DEMOCRATIC REPUBLIC OF CONGO	10
THE GAMBIA	10
ETHIOPIA	11
IVORY COAST	12
KENYA	12
LIBERIA	14
LIBYA	14
MADAGASCAR	15
MALI	16
MAURITANIA	16
NIGER	19
NIGERIA	18
SENEGAL	18
SIERRA LEONE	19
SOMALIA	19
SOUTH SUDAN	20
SUDAN	21
TANZANIA	21
UGANDA	22
ZIMBABWE	22

BURKINA FASO



The security and humanitarian situation in Burkina Faso has continued to deteriorate, with the intensification of attacks by armed groups, increases in inter-communal clashes, and over a million people internally displaced¹. More than 2 million people face food insecurity and 25% of children under five years old suffer from chronic malnutrition². Acute malnutrition affects 2,631,787 children under five, including 151,214 with severe acute malnutrition. The pandemic has increased pressure on the health sector, with more than 294 local health centres already closed or providing a minimum service due to conflict, limiting access to care for more than 1 million people.

As insecurity worsened in all regions of Burkina Faso, Action Against Hunger continued to focus on emergency response, and extended its reach through the opening of the Dori and Ouahigouya bases to support a health and nutrition and protection project improving access to basic services for children and pregnant and lactating women.

The Rapid Response Mechanism project has grown and enabled the team to meet the WaSH and FSL needs of displaced populations. Despite the increase in humanitarian needs, the country team continued to improve food insecurity and the socio-economic status of small farmers and small businesses in the region of Hauts-Bassins.

Action Against Hunger provided personal protective equipment to its teams and its partners, strengthened social distancing rules, reinforced handwashing measures and increased awareness of hygiene practices. The team distributed 11,000 masks and 250 hygiene kits, and more than 13,000 people were sensitised.



199
STAFF



OPERATING
SINCE
2008



REACHED
477,082
PEOPLE



DISTRIBUTED
2,000
COVID HYGIENE
KITS



DISTRIBUTED
100
ITEMS OF PPE



CAMEROON

Cameroon is currently facing an unprecedented triple humanitarian crisis: attacks from armed groups, escalation of independence- and separatist-related violence, and the Central African refugee crisis. In 2020, 1.4 million people were severely food insecure, with a prevalence of chronic malnutrition averaged at 32.4% in Adamawa, east, north and far north. Covid-19 has threatened national food security and affected agricultural production and local food supply chains. Despite the easing of government restrictions, a full economic recovery has yet to be seen, as opportunities for informal employment and daily income remain compromised.

In 2020, Action Against Hunger in Cameroon continued to provide integrated nutrition, health and mental health interventions to support and strengthen local health systems. These aimed to meet the needs of the most vulnerable populations who lack access to facilities. Through this support and the use of mobile clinics, the country office treated 60,575 children and 28,637 pregnant and breastfeeding women, who were also supported by psychosocial care. Additionally, the country team led FSL and emergency projects aimed at improving food security and resilience of both displaced people and host communities. These programmes strengthened livelihoods through practical agricultural schools, village savings and loan associations, and income-generating activities.

In March 2020, Action Against Hunger supported the Ministry of Public Health in the development of national guidelines for the management of the pandemic and supported several health districts through Covid-19 programmes, on topics including contact tracing, an early warning system, screenings and referrals.



196
STAFF



OPERATING
SINCE
2014



REACHED
627,876
PEOPLE



CENTRAL AFRICAN REPUBLIC

The Central African Republic (CAR) continues to go through an acute humanitarian crisis. 2020 saw several episodes of violence between armed groups or between communities, particularly during the seasonal movement of livestock. The election period at the end of the year sparked a new round of violence across the country. The number of people in need in 2020 was estimated at 2.6 million people, or more than half of the population, and the combined effects of the violence and the Covid-19 pandemic have exacerbated this situation. At the end of 2020, before the election period, 640,715 people remained internally displaced, and around 598,427 others were refugees in neighbouring countries.

Malnutrition remains a major public health problem in CAR, linked to structural causes. Lack or insufficiency of drinking water exposes the population to waterborne diseases. There are significant protection needs for these populations traumatised by armed conflict.

Action Against Hunger has focused on local partnerships and capacity-building; nutrition teams have supported integrated healthcare programmes and continue to provide technical support in nutrition to the Paediatric Centre in Bangui.

The WaSH teams have provided rapid response to support displaced populations and to tackle the nutritional and health crises. Mobile food fairs, in agreements with local traders, also contributed to the response. In recovering and more stable areas, support was given to restore community activity and to revive agricultural land and production. Mental health teams launched activities to strengthen the psychosocial resilience of community members who have suffered shock.



394
STAFF



OPERATING
SINCE
2006



REACHED
411,404
PEOPLE

CHAD



Chad is facing crises of population movements, food insecurity and malnutrition, and health, all fueled by the effects of climate change, attacks by armed groups in the Lake Chad basin, and neighbouring political and security instability. More than 600,000 people in Chad are currently facing severe acute food insecurity and require emergency food assistance. Nationally, 57% of the population has no access to drinking water and 90% lack sanitation¹³. The restrictive measures implemented in response to the pandemic have affected household incomes and led to higher food prices.

In 2020, Action Against Hunger in Chad promoted community approaches such as care groups, enabling behaviour change and community empowerment in the management of malnutrition and childhood illnesses. The office implemented the SURGE approach to encourage health authorities to engage with the local community and strengthen their preparedness and response capacities.

The country team used collective income-generating activities, allowing women beneficiaries to become more independent and take charge of additional household expenses by diversifying their sources of income. As part of food diversification, support for market gardening groups has improved social cohesion and promoted growth of off-season crops, increasing the availability of food during slack periods. Populations affected by the Lake Chad crisis received psychosocial support, and mothers and their children from Logone Oriental received psychoeducational support.

In addition, the office expanded its WaSH interventions. In accordance with government Covid-19 restrictions, the team adapted their operating methods and wore protective equipment to prevent transmission of the virus among staff and communities.



237
STAFF



OPERATING
SINCE
1982



REACHED
781,219
PEOPLE



DEMOCRATIC REPUBLIC OF CONGO



In 2020, 15.6⁴ million people in the Democratic Republic of Congo needed humanitarian assistance. Armed conflicts and natural disasters have resulted in over 5.2 million internally displaced people. In the second half of the year, 21.8 million people were in crisis with emergency levels of food insecurity, and 3.4 million children under five suffered from acute malnutrition⁵. Additionally, protection remains a key issue in the country, with a 22% increase in protection incidents compared to 2019 and an 86% increase in gender-based violence. The pandemic and the measures to contain it have accentuated the extreme poverty and already precarious living conditions of many, affecting supply chains and raising prices of basic foodstuffs.

Throughout 2020, Action Against Hunger continued to develop its emergency response capacity to nutritional crises and their underlying causes. The country office implemented multisectoral emergency responses, with new focuses on sexual and reproductive health and psychosocial support. The team also strengthened the resilience capacities of the people most vulnerable to nutritional insecurity. Additionally, Action Against Hunger was a major player on national coordination platforms, working in close collaboration with government technical services at both national and local levels to influence and strengthen the capacity of key actors to address nutritional insecurity.

The country office supported three health centres during the pandemic, strengthening the implementation of infection-prevention measures through the creation of triage facilities, handwashing points and the donation of PPE. It also provided psychosocial support to health professional and psychoeducation training sessions.



223
STAFF



OPERATING
SINCE
1997



REACHED
585,855
PEOPLE



DISTRIBUTED
140,000
ITEMS OF PPE

BANJUL



THE GAMBIA

In the Gambia, while the spread of Covid-19 has not been large, the number of vulnerable people has risen substantially compared to 2019, with projections of approximately 140,000 people experiencing food insecurity over the next few months.

Despite the poverty in the country and the greater political stability, there is a significant delay from donors in fulfilling their promises and financing commitments, aggravated by the Covid-19 crisis.

Although the mission is focused on development projects such as the European Union's resilience project (Green Economy), at the same time we are working to respond to immediate needs.



9
STAFF



OPERATING
SINCE
2018



REACHED
39,200
PEOPLE



ETHIOPIA

In 2020, Ethiopia experienced escalating conflicts, Covid-19, flash floods and droughts, and the worst desert locust infestation recorded in the Horn of Africa. These have worsened food and nutrition insecurity and increased the number of people in need of humanitarian assistance to 19.2 million⁶. In one month, 40,078 children were admitted for SAM treatment, while an additional 212,644 children under five years old and 230,157 PLW were treated for MAM. The Covid-19 pandemic exacerbated pre-existing inequalities, affecting livelihoods, education, protection and general wellbeing.

Action Against Hunger in Ethiopia continued to provide humanitarian and development assistance to almost two million people. Of these, 668,956 people, including 22,591 SAM children under the age of five, were reached through curative and preventive nutrition and health activities. A further 762,813 individuals benefitted from the construction and maintenance of 82 water systems and the implementation of WaSH activities. MHPSS services were provided for 261,425 individuals, and €1.36m was distributed to 141,550 vulnerable people. To strengthen community participation, multiple capacity building trainings and consultations were conducted with community representatives, local leaders and beneficiaries.

The country office responded to Covid-19 by producing an adaptive programming guideline, based on governmental restrictions, which allowed the majority of critical lifesaving activities to continue. The implemented adaptations included the introduction and intensification of the Family MUAC approach, avoidance and minimisation of direct contact with beneficiaries, reduction of food distribution frequencies, and the installation of handwashing stations in all facilities and public places.



567
STAFF



OPERATING
SINCE
1985



REACHED
1,872,014
PEOPLE



IVORY COAST



The Ivory Coast has a 10.8% prevalence rate of food insecurity and 21.6% of children under five years old suffer from chronic malnutrition⁹. There are also significant WaSH needs, as one-in-five families do not have access to drinking water and practise open defecation, and more than 50% of schools do not have a toilet or water point.

By the end of 2020, more than 20,835 cases of Covid-19 had been detected, mostly contained to Abidjan⁷. The pandemic has caused a fall in both prices and international demand for cashew nuts and cotton⁸, and a substantial increase in the prices of certain commodities⁹.

In 2020, Action Against Hunger in the Ivory Coast improved nutritional care in 17 health centres in Abidjan, conducting training on the management of severe acute malnutrition and providing anthropometric equipment such as measuring boards, electronic baby scales, scales and 3,000 MUAC tapes.

An early-childhood nutrition and development project has also contributed to strengthening the quality of and access to health services and the active participation of women and young people in national health issues. The country team developed an innovative mobile application to improve access to information and care in sexual and reproductive health for young people.

In addition, the office implemented four projects in response to the pandemic. These included the development of health centres in Abidjan, training in infection prevention and control, building and rehabilitating water towers, waste areas, showers and toilets.



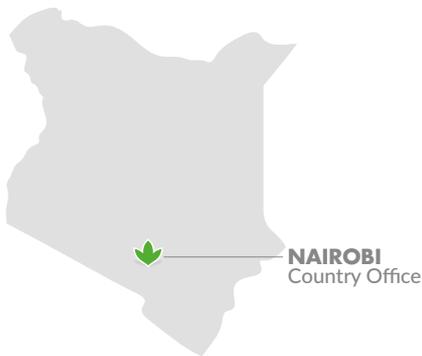
81
STAFF



OPERATING
SINCE
2002



REACHED
1,879,334
PEOPLE



KENYA

Prevalence of malnutrition remains a critical issue across Kenya, with 26.6% of children under five affected by stunting and 4.2% by wasting¹⁰. National WaSH indicators show that nearby access to water from protected sources is at 60% and access to latrines is at 54.6%. Kenya's pandemic response shifted funding away from malnutrition treatment towards Covid-19 mitigation and control measures, increasing food insecurity.

Action Against Hunger in Kenya responded to the food shortage and supported 100,431 people for nutrition treatment, including 69,744 children. It also enforced the use of Family MUAC to promote self-screening and self-referral for malnutrition, following the Ministry of Health's Covid-19 policy. A total of 156,370 people received health services, and the team led the Maternity Open Day initiative to increase the demand for skilled birth attendance.

The country office reached 155,861 people with WaSH interventions, through the distribution of 106,544 non-food items and the community-led rehabilitation of 24 water points with climate-sensitive upgrades and 268 latrines using local, environmentally friendly materials. The country office supported mass vaccination of livestock to secure high prices, and distributed cash to eight mother-to-mother support groups to cushion households from immediate income shocks and prevent deterioration of their nutritional status.

Adjustments for Covid-19 ensured staff safety, and new mitigation activities were launched to support handwashing stations, train and sensitise health workers, and spread prevention measures through radio and roadshows. Advocacy efforts focused on the continuous uptake of health services, proper preventive nutrition to boost immunity, and the development of policy guidelines on child-feeding practices in the Covid-19 context.



43
STAFF



OPERATING
SINCE
2006



REACHED
623,651
PEOPLE

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

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

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

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

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

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

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



LIBERIA



In Liberia, 1.6 million people are moderately or severely food insecure, while 30% of children under five years old are stunted and 3% are acutely malnourished¹¹. Fewer than 10% of Liberians have access to safely managed drinking water and sanitation services¹². The Covid-19 pandemic exacerbated vulnerabilities across the country, including impacts on food security, depreciating prices and fuel shortages.

Action Against Hunger in Liberia continued to strengthen health systems and services in the country. It improved the quality of prenatal, postnatal, and neonatal and obstetric emergency care, by increasing the management of childhood illnesses and providing childcare services and family planning. The country office also provided psychological and psychosocial care, and support for women and girls in emotional distress. It also continued its national health advocacy efforts. The country team participated in a programme to strengthen nutrition interventions in Liberia, targeting children under five, pregnant and breastfeeding women, and caregivers of children under two. In addition to providing training to healthcare staff, the team carried out mass nutritional screenings for children under five and led activities about local, diverse food awareness.

The Liberia office supported 60 health facilities, with equipment and training, to improve infection prevention and control, Covid-19 case management, and continuity of primary healthcare services. More than 600,000 residents benefitted from vital information and resources to protect themselves against Covid-19, notably through the training of community health assistants and the provision of hygiene kits for 4,000 households.



OPERATING
SINCE
1990



REACHED
454,723
PEOPLE

LIBYA



Libya is experiencing its 10th year of instability, following the fall of the regime in 2011. Several years of conflict, along with the socio-economic impact of the Covid-19 crisis, have stretched the coping capacities and resilience of the most vulnerable. During 2020, regular disruptions to water and electricity were the result of a fuel and energy crisis, lack of maintenance, and armed attacks on infrastructure. Access to basic services has become extremely complicated. Of a population of 7.6 million, 1.3 million people are in need of humanitarian assistance. Covid-19 has affected all aspects of food security, increased food prices, delayed salaries and led to unemployment. It has been reported by 20% of Libyans and 22% of migrants and refugees that their own or a member of their household's work had been disrupted¹³.

Action Against Hunger launched operations in Libya at the end of 2019 following first considerations to open a country office and conducting a scoping assessment in 2018. Action Against Hunger registered in Benghazi in April 2020 and in Tripoli in September of the same year. Being present in both the east and the west of the country reflected the country office's strategy to ensure neutrality and impartiality, and to increase acceptance to ensure long-term access.

Action Against Hunger Libya conducted a multisectoral needs assessment, covering health, mental health, WaSH and livelihoods across the areas of Tripoli, Zintan, Benghazi, and Ajdabiya. In Benghazi city, for example, the country team implemented activities aiming to prevent and mitigate the psychological impact of Covid-19. Training of the staff had to be completed remotely during the periods of border closure and restriction of movement between Tunisia and Libya. More than 4,000 people benefitted from risk-communication and community engagement awareness sessions combined with psychosocial-education sessions, in an integrated approach. Of the beneficiaries, 60% were patients in health facilities, 30% were internally displaced people living in camps, 7% were children at schools and 3% were people with disabilities.



26
STAFF



OPERATING
SINCE
2019



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MADAGASCAR



Madagascar's Grand Sud continues to face a food security and nutrition crisis, with 135,476 children under five years old suffering from acute malnutrition. The longstanding drought has created urgent WaSH needs and only 30% of people have access to drinking water services. The 2019/2020 rainy season was the lowest observed since 2014 and has contributed to weakened agricultural harvests. In addition, Covid-19 restrictions have created disruptions in the supply chain and reduced household income. These consequences have exacerbated the increased risk of malnutrition linked to the scarcity of basic foodstuffs.

Action Against Hunger in Madagascar continued its multisectoral humanitarian interventions, aimed at reducing the mortality and morbidity rates of populations affected by drought, with the launch of 14 mobile healthcare teams. The mobile teams admitted a significant number of children suffering from severe acute malnutrition, highlighting the needs in hard-to-reach areas and expanding the intervention's geographical reach. The country office implemented a community-led WaSH programme aimed at improving the hygiene practices of communities in the Androy and Atsimo-Andrefana regions. It also supported disaster risk reduction projects to strengthen local capacities to prepare for and respond to climate risks in the Tuléar region.

The country office adapted and set up new projects to respond to Covid-19, training 307 health centre staff on triage and infection prevention and control protocols, and another 93 people on psychological first aid. Action Against Hunger also participated in an urban cash-transfer project to meet the growing needs of 15,000 households.



177
STAFF



OPERATING
SINCE
2011



REACHED
127,960
PEOPLE



DISTRIBUTED
384
COVID HYGIENE
KITS



MALI

The year 2020 has been marked by a sharp drop in growth and an increase in poverty, due to the Covid-19 pandemic. The global economic recession and its consequences for the national economy have led to an anticipated fall in the growth of the Gross Domestic Product (GDP) of more than 80%. For the first time in six years, GDP growth has lagged well behind population growth. This has thrown 800,000 Malians into poverty.

As of 20 December 2020, the cumulative situation was 6,191 confirmed cases of Covid-19, including 222 deaths, with a case fatality rate of 3.6%. The economic impact of the pandemic and the measures around it have been disastrous for Mali. Economic growth for 2020 fell from 5% to 0.9% (IMF, Staff Report May 2020) and a similar trend is expected for 2021.

From the first cases declared in Mali on 25 March 2020, the mission adapted its programmes and activities by strengthening community mobilisation to comply with protective measures (promoting barrier measures, installing hand-washing devices, putting hydro-alcoholic gels in public spaces, at office level, etc). The teams built the capacity of health structures for better management of the pandemic (capacity building of health workers, community leaders and civil society organisations,).

Our protection measures for staff and health-service users included review of the patient's circuit, support with personal protective equipment and infection prevention and control kits, and training of health workers on Covid-19. To mitigate the impact of the pandemic on the living conditions in communities, Action Against Hunger helped raise awareness about barrier protection, and distributed Covid-19 kits and food assistance.



193
STAFF



OPERATING
SINCE
1996

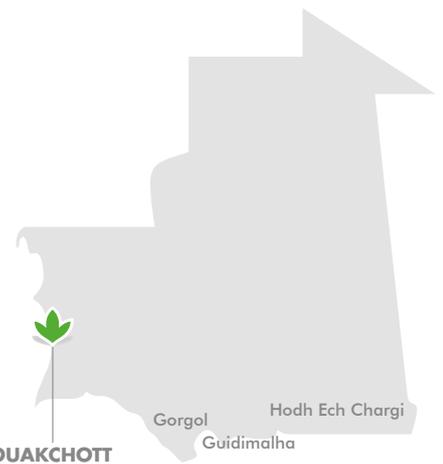


REACHED
407,394
PEOPLE



DISTRIBUTED
3,321
COVID HYGIENE
KITS

MAURITANIA



In Mauritania, the year 2020 has once again been marked by a worsening of the food insecurity situation in the south and east of the country. Scarce rains for the fourth consecutive year, resulted in a general lack of pasture and agricultural production. There remains a very high structural vulnerability, as the resilience of households has been greatly diminished after four years of climate crisis.

The situation was also aggravated by the Covid-19 epidemic which, although there were not a large number of cases, had a high economic impact because of border closures. The security situation has remained globally stable, despite the increase in conflicts in the central Sahel countries.

Our teams on the ground focused on the implementation of humanitarian operations, incorporating prevention and protection measures against Covid-19 to minimise the impact between populations.



186
STAFF



OPERATING
SINCE
2007



REACHED
285,189
PEOPLE



DISTRIBUTED
2,670
COVID HYGIENE
KITS



DISTRIBUTED
419
ITEMS OF PPE

NIGER

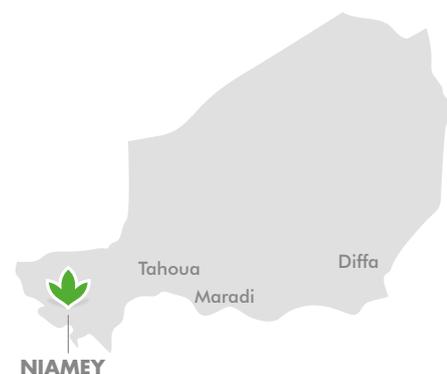


In Niger, almost 3 million people are food insecure. The number of displaced people has almost doubled in the last year (more than 265,000 internally displaced), while thousands of people continue to enter through the south-eastern border, fleeing from Nigeria. An increase in isolated attacks against humanitarian workers and the kidnapping of civilians has caused an alert of high insecurity in the territory and free movement is increasingly complicated and conditioned in the country.

Covid-19 has increased needs and food insecurity throughout the Sahel area, and our first priority is access to vulnerable populations. Together with other organisations, Action Against Hunger has led dialogue with the government to respect international humanitarian law.

2020 was a year of intense activities, with the deployment of multisectoral programmes from our bases in Maradi, Tahoua and Diffas. Recovery and resilience projects continue to have an important place in our intervention areas. They allow us to improve our basic social services in health, nutrition, WaSH and FSL, and to strengthen the capacities of decentralised state structures, as well as the resilience of beneficiaries, through community engagement.

Action Against Hunger's three intervention regions in Niger are areas of massive population displacement caused by the security conflicts that persist in Nigeria, Mali and Burkina Faso. As a humanitarian actor, we are strongly committed to multisectoral and health rapid response mechanisms in the regions of Maradi, Tahoua and Diffa, where there are urgent needs in the displaced populations. We provide emergency drug support and mobile clinics, distribution of shelter and non-food item kits, water trucking, rehabilitation of water points and disinfection.



301
STAFF



OPERATING
SINCE
1997



REACHED
1,356,021
PEOPLE

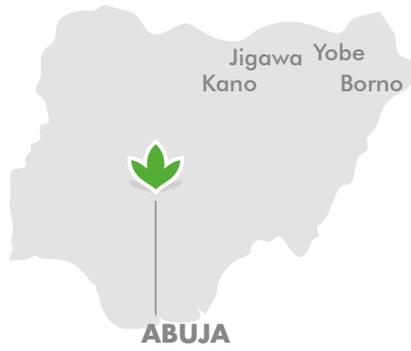


DISTRIBUTED
41,424
COVID HYGIENE
KITS



DISTRIBUTED
917
ITEMS OF PPE





NIGERIA

At the start of 2020, 7.9 million people were in need of humanitarian assistance, yet more than a million people remained beyond the reach of humanitarian actors because they live in areas controlled by armed groups. Food insecurity remains extremely high as a result of population displacement, climate change and the economic impact of Covid-19. Additionally, the nutritional situation remains worrying: only 58% of health infrastructures are functional, and 1 million people receive less than 15 litres of water per day.

Action Against Hunger in Nigeria continued to provide vital monthly food assistance to approximately 209,000 people in Borno and Yobe states. The country team has provided technical support and inputs to families for agriculture, animal husbandry, fishing, vegetable gardens and other income-generating activities to improve food security and community resilience. The country office has also supported health structures, staff and community volunteers so that they can provide quality primary healthcare and carry out malnutrition prevention activities, particularly targeting pregnant and breastfeeding women, and children under five years old.

Action Against Hunger has improved access to water and sanitation through the rehabilitation and construction of water points and latrines, hygiene promotion, capacity building and advocacy. The country team has also distributed hygiene kits, shelters and non-food products in host communities and IDP camps, and is contributing to the national effort to end open defecation in Nigeria. Activities across sectors have been adapted to the pandemic by ensuring compliance with preventive measures, and sensitisation of staff and beneficiaries.



462
STAFF



OPERATING
SINCE
2010



REACHED
2,431,541
PEOPLE

SENEGAL



In Senegal the poverty rate is 46.5%, or more than 7 million of the population. The population growth rate remains high at 4.95% children per woman. The threshold for global acute malnutrition is 9% and remains very high in the northern regions, where we have most of our operations. Chronic malnutrition remains at a high threshold of 18%. After the poor harvest at the end of 2019, food insecurity and malnutrition rates in Senegal increased in 2020, especially in the northern regions. Thanks to a better harvest in 2020, vulnerability figures have decreased, but there are still important sources of vulnerability in the north.

2020 has been a strong and pivotal year for the mission. To facilitate the continuity of nutritional care and strengthen the coverage of the CMAM programme, the mission supported the Ministry of Health in setting up ICCM+ in fragile regions including Matam and Louga. We also finalised qualification for the minimum gender standard. And as part of the strategic partnership forged in 2020 with the Ministry of Women, the Women's Empowerment Center was supported for the production of infection prevention and control (IPC) kits. Our agropastoral surveillance platform, operational since 2018, has enabled northern farmers to secure their livestock in the face of climate shocks and to adapt to market disruptions caused by the Covid-19 pandemic.

In this context, and as the main NGO in the country in terms of response volume, we are actively participating in the National Response Plan. We are assisting almost 100,000 people in food security projects and, in parallel, implementing prevention and response projects against Covid-19.



92
STAFF



OPERATING
SINCE
2012



REACHED
174,063
PEOPLE



DISTRIBUTED
269
COVID HYGIENE
KITS

SIERRA LEONE

Sierra Leone is ranked 181st out of 189 countries on the Human Development Index⁶. Of the population, 63% are food insecure and 31% of children under five years old suffer from chronic malnutrition¹⁴. In addition, 81% of the population do not have access to facilities for handwashing with soap and water at home¹⁵. Although the country reported low numbers of Covid-19 cases, the government activated the Emergency Operations Center to coordinate the initial preparedness and response, and called on its international partners for support.



Action Against Hunger in Sierra Leone has continued to strengthen health systems and services in Sierra Leone and Liberia, and set up a project focused on strengthening the prevention and management of undernutrition in Moyamba. This project includes the improvement of nutrition knowledge and practices among caregivers, adolescents, pregnant women and nursing mothers, through training, awareness and participation in cooking sessions. The country team has also been involved in planning and supporting the Ministry of Health and Sanitation's 'World Breastfeeding Week' commemoration events and the development of the country's statutes on the commercialisation of breastmilk substitutes.

Action Against Hunger participated in a rapid response project that contributed to the reduction of Covid-19 morbidity and mortality in 68 peripheral health units. It installed two emergency water kiosks and supplied more water to pre-existing kiosks, as well as providing hygiene supplies and protective equipment to 999 health workers. Existing projects have been adjusted to follow health recommendations and share key messages with the population.



52
STAFF



OPERATING
SINCE
1991



REACHED
7,557
PEOPLE



DISTRIBUTED
41,424
COVID HYGIENE
KITS



DISTRIBUTED
917
ITEMS OF PPE



SOMALIA

In 2020, Covid-19 worsened Somalia's longstanding humanitarian crisis, compounding the effects of conflicts, climate shocks and weak social protection. There are 5.2 million people in need¹⁶, including 893,000 people displaced because of floods and insecurity/conflict¹⁷. Food insecurity is estimated to rise by 40% by the end of the year, resulting in almost 1 million acutely malnourished children under five¹⁸. The pandemic has further strained the already weak health system's capacity to provide healthcare and had a direct impact on livelihoods, the availability of basic commodities, and price increases.

Action Against Hunger in Somalia improved nutrition security outcomes by addressing immediate and underlying causes of malnutrition, reaching 546,519 affected people in 2020. The country office reached 76,959 individuals through improved nutritional knowledge and status, and improved access to preventive and curative nutrition. The programme also provided access to primary healthcare services to 175,525 beneficiaries, 195,870 people received enhanced WaSH services and 98,165 people were supported through FSL interventions. To successfully implement these interventions, Action Against Hunger fostered partnerships with local community actors and government ministries.

The country office reprioritised existing activities and rolled out four new programmes to respond to the pandemic. Community sensitisation and awareness-raising, including messaging on phones and radio, integrated Covid-19 mitigation into health promotion activities. Training was expanded for health staff and held virtually or in smaller groups, while frequency of nutrition-services provision was decreased to reduce interactions.



138
STAFF



OPERATING
SINCE
1992



REACHED
1,435,789
PEOPLE



DISTRIBUTED
1,693
ITEMS OF PPE



© Peter Calton for Action Against Hunger



SOUTH SUDAN

Due to cumulative effects of prolonged conflict, Covid-19, chronic vulnerabilities and weak essential services, South Sudan remains in crisis, with 7.24 million people expected to face severe acute food insecurity in 2021 and 2.5 million people one step from famine. Covid-19, in particular, has caused disruption to supply chains and led to restrictions on movement and markets, affecting humanitarian aid delivery and reducing both market functionality and the ability to purchase food due to high prices.

Action Against Hunger prevents hunger and treats malnourished children under five and pregnant and breastfeeding women. It is often the only organisation providing lifesaving health and nutrition services in remote areas of South Sudan. To improve food security and prevent malnutrition, the country office supported more than 5,000 farmers with training and tools to grow nutritious crops, helped vulnerable people gain access to income and work, and provided food baskets to families affected by flooding and the pandemic.

The country team rehabilitated 15 water points, built 792 latrines, distributed 1,523 hygiene kits and held 1,152 hygiene-promotion sessions. It adapted programmes to adhere to country-wide Covid-19 protocols, and raised awareness of the virus and how to prevent its spread.

Emergency teams supported 43 mobile nutrition posts and three nutrition treatment centres, rehabilitated 33 water points, constructed 28 latrines in public spaces, distributed key WaSH supplies, trained people on vegetable farming and fishing, and provided psychosocial support. They also carried out nutrition surveys to provide data on the state of hunger in South Sudan.



274
STAFF



OPERATING
SINCE
1985



REACHED
558,079
PEOPLE



DISTRIBUTED
1,523
COVID HYGIENE
KITS

SUDAN



Sudan, a country in a situation of extreme vulnerability, is dependent on international aid to guarantee basic services to the population. The weak socio-economic situation has been aggravated throughout the year by the impact of the pandemic, different conflicts, and by the worst floods in decades. As a result, 9.3 million people required humanitarian aid in 2020, with 1.9 million displaced people.

The country has suffered because of the Covid-19 crisis, with more than 20,000 cases at the end of 2020, which led to the almost total paralysis of the country. The pandemic exacerbated the pre-existing economic crisis and food insecurity. Lockdowns, border closures and the breakdown in supplies of essentials (medicines, food, fuel) resulted in mass unemployment and loss of livelihoods for millions, and some of the highest inflation rates in the world. The IPC food insecurity rate was the highest they had ever recorded for Sudan.

The country team's efforts focused on implementing humanitarian nutrition and food security projects. They set up partnerships with local NGOs, and co-implemented projects with them.

Despite limited availability of government and humanitarian staff, due to Covid-19 lockdowns, Action Against Hunger Sudan deployed staff to state levels from Khartoum to push at different levels, and start activities where possible. In response to low testing rates and high numbers of undetected cases, the teams ensured strong monitoring of PPE usage and social distancing for all activities.



10
STAFF



OPERATING
SINCE
2018



REACHED
67,077
PEOPLE



TANZANIA

Childhood undernutrition is a public health concern in Tanzania, with 40% of children affected by chronic malnutrition and more than 440,000 children suffering from wasting. Despite national efforts, the burden remains high and unequally distributed across the country. Although Tanzania is largely food secure, it is estimated that up to 2.1 million people will need food assistance because of the socio-economic impacts of Covid-19.

In 2020, Action Against Hunger in Tanzania expanded its geographical coverage into Singida and three new districts. The country office donated anthropometric equipment, including 120 height boards, 60 baby-weighing scales and 60 mother-child weighing scales, in 101 health facilities. Treatment for acute malnutrition was given to 263 children. Community activation sessions reached 5,566 adolescent pregnant women and caregivers of children under the age of five, with messages around nutrition, health and hygiene. In addition, Action Against Hunger invested in capacity building, equipping 60 health workers and 120 community health workers to provide nutrition education, counselling and treatment.

The country office launched its first FSL project in Mpwapwa, supporting 1,800 smallholder farmers with training on climate-smart agriculture, post-harvest management and food perseverance.

Due to Covid-19, the team suspended mass screening, instead promoting the Family MUAC approach, and sensitising community members about pandemic prevention measures. To mitigate household food insecurity, made worse by the economic impacts of Covid-19, seed vouchers were given to 1,040 households with children at risk of malnutrition.



9
STAFF



OPERATING
SINCE
2015



REACHED
561,592
PEOPLE



UGANDA

Uganda is the largest refugee-hosting country in Africa. In 2020, the situation for refugees was dominated by the effects of the Covid-19 pandemic, with border closures in March dramatically reducing the number of new arrivals. With trade, movement and livelihoods activities curtailed, dietary diversity and malnutrition rates slightly worsened over the year. However, food prices remained relatively static due to good harvests. Across Uganda, climate change is affecting rainfall patterns and leading to more unpredictable agricultural production.

Action Against Hunger Uganda’s nutrition programme reached 81,958 children and pregnant women in five refugee settlements, providing supplementary feeding for 59,750 young children and new mothers to prevent malnutrition, and treating 13,768 acutely malnourished children, pregnant women and mothers. These services were provided through health facilities and care groups established in the settlements. They were complemented by sensitisation on a variety of topics, including hygiene, sanitation, food preparation, home gardening, healthy diet, health-service referral pathways, and gender-based violence.

Meanwhile, our food security and livelihoods interventions were able to support 53,984 beneficiaries with food vouchers, agricultural inputs, trainings, market linkages, savings and loan association establishment, income generating activities, skills training and small business start-up support, in order to increase their self-reliance and resilience. Our WaSH programme assisted 5,000 people with household latrine construction, handwashing stations and community sanitation campaigns.

In order to mitigate the impact of Covid-19, programme teams prioritised seasonal activities and developed a series of adaptations to conduct trainings and community engagement while respecting social distancing guidelines.



230
STAFF

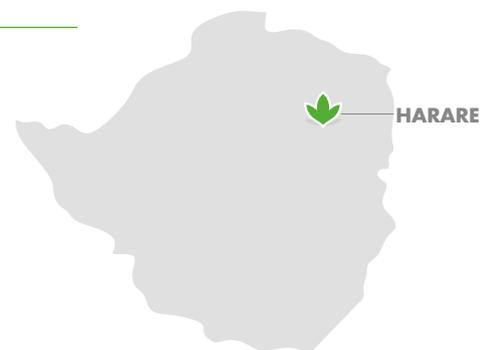


OPERATING
SINCE
1995



REACHED
214,460
PEOPLE

ZIMBABWE



In 2020, Zimbabwe faced one of its worst food security crises in decades, due to poor agricultural seasons, hyperinflation, failed economic and agricultural policies, and the consequences of Cyclone Idai and the pandemic. Six million people are in urgent need of food aid, and WaSH remains a challenge as 23% of the rural population does not have access to improved water and 29% of households practise open defecation. Household income has declined significantly since the start of the pandemic, including a drop for 90% of non-farm business households.

Action Against Hunger in Zimbabwe set up emergency multisectoral programmes at the start of the year to provide for the most vulnerable populations affected by the prolonged drought and socio-economic crisis. The country office protected livelihoods from further deterioration by providing and strengthening access to drinking water, sustainable food and income. This included strengthening the cash reserves of 3,000 urban households through cash transfers, with the aim of increasing resilience and reducing negative coping strategies of vulnerable households.

The country office set up two emergency WaSH programmes to respond to Covid-19, including the rehabilitation of water points, reparation of sanitary facilities, providing assistance to people with disabilities, and training 115 healthcare staff on infection prevention and control. The team participated in a research project to monitor community perceptions of the spread of Covid-19 and other infectious diseases, which was presented to the national WaSH cluster and engaged on with the Ministry of Health, the UN and other partners.



18
STAFF



OPERATING
SINCE
2002



REACHED
347,282
PEOPLE



DISTRIBUTED
370
COVID HYGIENE
KITS



MIDDLE EAST

IRAQ	24
JORDAN	24
LEBANON	25
OCCUPIED PALESTINIAN TERRITORY	28
SYRIA	28
YEMEN	29

IRAQ



At the outset of 2020, it was anticipated that the overall situation in Iraq would improve, leading to a transition from a humanitarian to a development-led response. The UN Humanitarian Needs Overview reported a 40% decrease in the number of people in need of humanitarian assistance in 2020. Even so, the number of people in acute need remained significant (1.77 million people). However, the Covid-19 pandemic and its economic impact increased the vulnerabilities of internally displaced people, returnees and host communities. The crisis led to a rise in unemployment, currency devaluation, increased food prices, loss of livelihood opportunities, and stretching of already inadequate healthcare, sanitation and other public services. Moreover, the government's camp-closure policy created a new wave of displacement and premature returns to areas that lack basic infrastructure. In 2020, an estimated 1.85 million people were in critical need of sustained and equitable access to safe and appropriate WaSH services.

Action Against Hunger's WaSH team enhanced hygiene practices through awareness-raising and distribution of hygiene kits. Mental health, protection and FSL teams targeted households affected by Covid-19 and also provided psychosocial support. Procedures were developed to allow programme activities to continue, with transmission control measures to protect staff and beneficiaries. Moreover, Action Against Hunger Iraq rolled out the Nexus Environmental Assessment Tool (NEAT+) to enable early identification and mitigation of the environmental impact of its humanitarian action.



82
STAFF



OPERATING
SINCE
2013



REACHED
99,838
PEOPLE



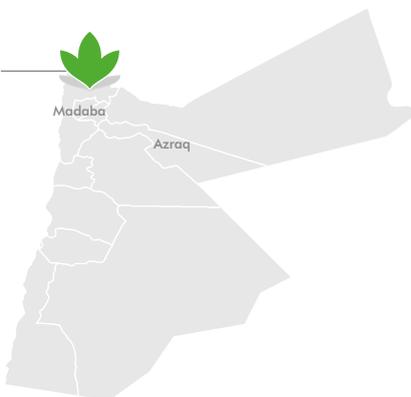
DISTRIBUTED
5,767
COVID HYGIENE
KITS

IRBID



Madaba

Azraq



JORDAN

Jordan hosts the second largest number of refugees per capita in the world while responding to a large number of vulnerable Jordanians. Over 83% of Jordan's refugee population lives in host communities and depends on unstable and informal livelihoods¹⁹. Jordan is also one of the most water-scarce countries in the world, and poor infrastructure, climate change and population growth further exasperate the situation. The strict Covid-19 containment measures have had devastating consequences on livelihoods, access to water, hygiene, and (mental) health, disproportionately affecting refugees and vulnerable Jordanians.

Action Against Hunger Jordan continued its work in WaSH, MHPSS and FSL, across three bases in camps and among host communities. As well as the rehabilitation of water and sanitation facilities and awareness raising activities, a regional WaSH Master's Degree was established in partnership with the German Jordanian University and Bioforce. The country team established a community compost unit in Azraq, provided cash for work and support for small businesses in the waste management sector. The office also continued to work towards strengthening the mental health system and is co-leading the regional No Lost Generation MHPSS Taskforce.

When Covid-19 hit, the country team assessed the distinct needs of beneficiaries and provided water-trucking support and distributed hygiene and latrine cleaning kits in host communities, Azraq camp and other informal tented settlements. Staff continued to provide mental health support remotely and raised awareness on Covid-19 and hygiene practices. The office also launched a research project Covid-19's impact on mental health in Jordan.



66
STAFF



OPERATING
SINCE
2013



REACHED
77,417
PEOPLE



DISTRIBUTED
39,499
COVID HYGIENE
KITS



© Action Against Hunger

LEBANON



In Lebanon, the combination, in 2020, of an unprecedented economic and financial crisis, the Covid-19 outbreak, the Beirut port explosion, and the protracted Syrian refugee crisis have led to an exacerbation of vulnerabilities among refugees, Lebanese, and other exposed groups. Food security was a major source of concern for both host and refugee communities.

In this context, the teams have adapted programmes to the changing situation, including Covid-19 prevention and response activities, and set up an operational base in Beirut since the explosion in the port.

Recurrent lockdown measures, strict confinement policies and economic contractions have also left many with limited access to livelihoods and basic needs, especially food. In response to the Covid-19 outbreak, from April 2020 a rapid scale-up included mass distribution of disinfection kits across all informal tented settlements within the intervention areas (West Bekaa, Arsal and Saïda).

The teams adopted innovative ways to connect and communicate with communities and stakeholders in order to reduce face-to-face sessions. Everyone on the front line was provided with the necessary personal protection equipment and extensively trained on Covid-19 awareness measures and updates, to be able to inform the community.

As the outbreak persisted, Action Against Hunger coupled preventive measures with positive-case response. The rapid response teams provided infection prevention and control kits, and food parcels, to households with a positive case. They also ensured mass distribution of disinfection kits to communities.



185
STAFF



OPERATING
SINCE
2006



REACHED
68,911
PEOPLE



DISTRIBUTED
128
COVID HYGIENE
KITS



DISTRIBUTED
131,701
ITEMS OF PPE

COVID-19'S IMPACTS ON GENDER-BASED VIOLENCE

Megan Brown Wollenberg | Technical Coordinator for Gender & Nutrition *Canada*

Covid-19 has had a disproportionate impact on the prevalence of gender-based violence (GBV) experienced by women and girls. In 2020, more than 200 million women and girls aged 15-49 have experienced sexual or physical violence⁴. Helpline reporting mechanisms alone have increased five-fold since the pandemic began, indicating that GBV has escalated during this global crisis⁴.

COVID-19 has additionally affected economic precarity and the roles of women, with women making up 70% of the global workforce affected by lockdown restrictions⁵. These outcomes have instigated a regression in gender roles, increasing women's household workload alongside creating stressful and volatile home conditions. Limited access to nutritious foods for women and their households has also caused food insecurity, increasing stress, and domestic violence⁶.

Over the course of this pandemic, Gender and Protection Advisors have been working across our offices to adequately address gender inequalities that have emerged from the pandemic.

For the commemoration of the International Day for the Elimination of Violence against Women on 25 November 2020, the Gender Unit at Action Against Hunger Canada ran a special [No Hunger Radio series](#) to gather a deeper understanding of how COVID-19 has impacted GBV in 9 countries. During the interviews conducted, four common themes emerged that were intimately associated with GBV: economic instability, violence against girls, barriers to resources and services, and migration and refugee vulnerabilities. All outcomes observed were interconnected with increased vulnerability within these areas and were exacerbated by incidences of violence and restrictions to human rights for women and girls.

ECONOMIC INSTABILITY

The economic impact of COVID-19 has been a critical driver for stress and violence within each country observed. In many cases, economic vulnerabilities have increased women's financial dependence on men in the household which is a critical mechanism for lowered autonomy, decision-making, and increased domestic violence²⁷. In Peru both men and women have been economically affected as 70% of men and 75% of women are employed in informal jobs. As reported by staff from Social Action Spain, informal jobs employ more women than men, especially affecting single mothers and their families. In Colombia, current conditions and stress have attributed to increased cases of domestic violence with 77% of these cases committed against women. In reports from West and Central Africa, the economic impact on households has created compounding vulnerabilities and violence against women who are home and unemployed during lockdowns.

VIOLENCE AGAINST GIRLS

Social conditions caused by the pandemic have affected the safety and well-being of girls. Lockdowns restrictions in Peru have perpetuated an increase in violence and sexual assault against adolescent girls. Peru's Gender Advisor has noted that since June 2020, there have been 2374 cases of GBV reported against girls, with 400 reported cases of sexual assault. Confinement laws have also created violations to the right life in Guatemala, where girls have been killed during lockdowns by men, including their parents. In Lebanon, schools provided a protective factor for children against violence. Now school closures have led to an increase in sexual abuse. In West and Central Africa closures have led to an increase in teenage pregnancy.

- 4 UN Women. ["Covid-19 and ending violence against women and girls"](#) EVAW COVID-19 Briefs Series. UN Women Headquarters 2020.
- 5 UN. Policy brief: [The impact of COVID-19 on women. United Nations 2020.](#)
- 6 Chiwona-Karlton L et al., [COVID-19: From health crises to food security anxiety and policy implications.](#) Ambio 2021.
- 7 Ghale Y et al. Gender dimensions of food security, the right to food and food sovereignty in Nepal. J of International Women's Studies 2018.

The economic burden placed on refugee households, and the increase of unemployment, has also lowered the age of child marriage in Palestinian refugee camps from aged 16-17 years old in 2019 to aged 13-14 years in 2020.

BARRIERS TO RESOURCES AND SERVICES

Lockdown restrictions set in place to curb the transmission of COVID-19 have also impacted access to health and nutrition services. Denial of services provides a direct pathway for violence against women and girls with COVID-19 intensifying this issue⁸. In Peru, Colombia, and West and Central Africa, sexual and reproductive services been affected due to restrictions and closures, leading to gaps in care and higher anxiety levels during pregnancy⁹. In Peru, sex education for youth has stopped due to COVID-19 with births by youth aged 10-21 years old nearly doubling in 2020. A Gender Officer in Occupied Palestinian Territories (OPT) has also described that lockdowns, restrictions to services, and economic stress have contributed to violence in the home and incidences of femicide within communities. Femicide was also observed in Latin American countries and refugee settlements, with emerging research indicating that femicides have increased during the pandemic¹⁰.

REFUGEE AND MIGRANT VULNERABILITIES

The impact of COVID-19 on Gender Based Violence (GBV) experienced by people living with refugee and migrant status is profound. Individuals fleeing Venezuela to Colombia are experiencing violence due to conflict and limited access to resources. It has also been reported that this population has experienced higher exposure to sexual and GBV due to stigma and poor health system responses¹¹. In many cases GBV referrals and reporting mechanisms have not been in place to address the needs of survivors and fully capture the burden of violence.

Additionally, within Palestinian refugee camps in Lebanon and migrant communities in Colombia, immense poverty has been attributed to hunger and food insecurity. Due to the erosion of informal economies, migrant and refugee women have resorted to sex work to afford food for their families, increasing their exposure to GBV.

To address the impact COVID-19 has had on women and girls, Gender and Protection Advisors have worked within programmes to set up risk mitigation strategies and emergency response partnerships. Best practices within each context is to determine how people are affected based on gender and then provide needs-based support. Action Against Hunger usually focus on ensuring GBV mitigation in all programmes. The [International Gender Unit](#) supports this process, ensuring that gender analysis, training and GBV referral pathways are in place, including appropriate monitoring and evaluation using MEAL tools for GBV risk mitigation.

In many cases emergency response strategies are required that address multiple issues. In OPT, for example, Action Against Hunger is working to provide food packages and cash transfers to address food insecurity and staff are specifically trained to refer GBV survivors to available specialized services. It is also important to note that each country's context requires different needs and perspectives on violations caused by GBV. During COVID-19 restrictive lockdowns, with an increased prevalence of GBV and women having to share spaces with perpetrators, specialised GBV services were completely stopped in many countries. Taking this into account, Action Against Hunger is specifically working with health systems to support more resilient programming and GBV risk mitigation for women while working to strengthen nutrition security.

8 Evans ML, Lindauer M, Farrell ME. [A pandemic within a pandemic -intimate partner violence during COVID-19](#). The New England Journal of Medicine 2020.

9 Marteleto LJ, Dondero M. [Navigating women's reproductive health and childbearing during public health crises: COVID-19 and Zika in Brazil](#). World Development 2021.

10 Weil S. [Two global pandemics: femicide and COVID-19](#). Trauma and Memory 2020.

11 Calderon-Jaramillo M et al., Migrant woman and sexual and gender-based violence at the Colombia-Venezuela border: a qualitative study. Journal of Migration and Health 2020.

OCCUPIED PALESTINIAN TERRITORY



Humanitarian needs continue to be acute for many Palestinians, who endure an environment of conflict with Israel and a peace process that has stagnated for many years. Gaza's isolation and the internal political divisions between the West Bank and Gaza are the most significant barriers to humanitarian aid. The blockade on goods and people, the burdensome controls on humanitarian work and the confiscation of assets by the authorities continue to affect Action Against Hunger's work. The year 2020 has been characterised by unstable funding, further political instability, and the Covid-19 crisis with its accompanying government restrictions and regulations. The year has led to the exacerbation of the needs of already marginalised communities, especially in the Gaza Strip, which is one of the most densely populated areas in the world.

In 2020, Action Against Hunger implemented 28 projects in oPt, focusing on inclusive entrepreneurship, economic empowerment of young people and women, WaSH, protection, and provision of food and cash assistance as well as psychosocial support and strengthening of local capacities and health institutions. With the spread of Covid-19 and increasingly strict restrictions imposed by Israel, interventions were especially tailored to build the resilience of Palestinians to circumnavigate the difficult circumstances. The country team conducted three rapid needs assessments, while consulting with local partners and government entities on the gaps to fill. While distributing hygiene and sanitation kits to marginalised communities and supporting health facilities, Action Against Hunger continued to respond to the economic and protection needs of those most vulnerable.



62
STAFF



OPERATING
SINCE
2002



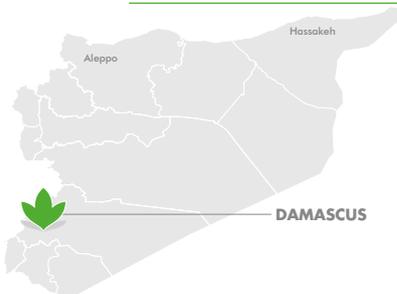
REACHED
1,350,567
PEOPLE



DISTRIBUTED
4,372
COVID HYGIENE
KITS



DISTRIBUTED
62
ITEMS OF PPE



SYRIA

There are 13 million people in need of humanitarian aid in Syria today. Estimates indicate that over 80% of the population lives below the poverty line, with food and nutrition reported to be the top priority need by 71% of households. Much of the country's infrastructure has been severely damaged due to the conflict, including a third of schools and more than half of public health facilities. The Covid-19 pandemic compounded the socio-economic and health crises that already challenged the country. Its effects are disproportionately hitting fragile communities, livelihoods and supply chains, while weakening already devastated sectors – including agriculture, which was once seen as a cornerstone of the Syrian economy.

In 2020, our teams worked through the challenges of the Covid-19 pandemic to reach over 2 million people across the country – more than double the total number reached in 2019. The changing nature of the conflict and the changing areas of control in Syria mean that now, more than ever, a needs-based, context-sensitive, sustainable approach is needed – one that restores dignity to conflict-affected communities and begins to sever their reliance on aid.

While continuing interventions toward recovery and resilience, the country team focused on WaSH programmes, alongside the distribution of emergency food parcels. Health teams equipped front-line health workers with psychosocial support and training in nutrition capacity building, and provided medical equipment to health facilities across the country. These measures were complimented by awareness-raising sessions that prioritised front-line medical workers and later extended to clinics, schools and communities.



131
STAFF



OPERATING
SINCE
2008



REACHED
2,322,652
PEOPLE



DISTRIBUTED
6,712
COVID HYGIENE
KITS



YEMEN

The escalating armed conflict remains one of the main root causes of acute malnutrition in Yemen today. Additionally, the high rate of communicable diseases, minimum dietary diversity and recurring natural disasters, combined with a lack of commitment from donor countries, has exacerbated the situation. It has been estimated that

over half a million Yemeni children under five, and more than a quarter of a million pregnant and lactating Yemeni women, suffered from acute malnutrition during the course of 2020. Moreover, about 49 % of Yemenis have no access to safe water and 55% have no access to soap. The Covid-19 pandemic further aggravated existing vulnerabilities and the sudden lockdown by neighbouring states caused the remittances to plummet and subsequently weaken the average household purchasing power.

Throughout 2020, Action Against Hunger Yemen continued to provide integrated preventative and curative health and nutrition activities, including WaSH, MHCP, gender and protection components. Mothers and caregivers were at the centre of activities, supported by a network of mother-leaders, trained to create awareness about infant and young child feeding. Female-headed households obtained unconditional cash grants at the end of 2020, when the economic situation significantly deteriorated. In terms of WaSH, the country office has prioritised sustainable interventions: installing solar panels for health facilities and field offices, producing minimum waste and using local materials. Action Against Hunger Yemen was the lead in the consortium focusing on mitigating primary and secondary impacts of the Covid-19 pandemic.



**123
STAFF**



**OPERATING
SINCE
2013**



**REACHED
504,427
PEOPLE**



© Action Against Hunger

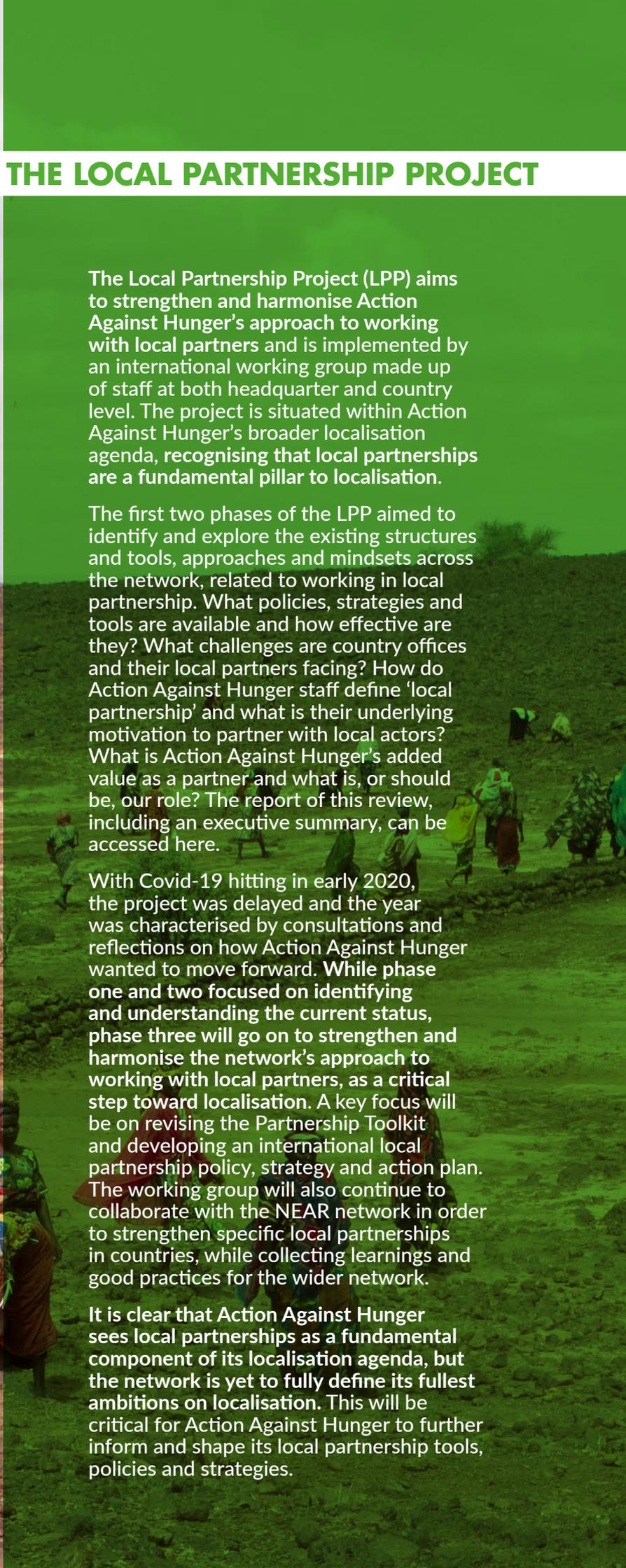
IN FOCUS: THE LOCAL PARTNERSHIP PROJECT

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

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

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

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





ASIA

AFGHANISTAN	32
BANGLADESH	32
INDIA	33
MYANMAR	33
NEPAL	34
PAKISTAN	34
PHILIPPINES	35

AFGHANISTAN



After four decades of conflict, the Afghan people are still victims of fighting between armed opposition groups and the Afghan national security forces. By November 2020, the number of people in crisis or facing food insecurity increased to 16.9 million (42% of the population)²⁰. As many as 7 million people have little or no access to essential health services and 2.9 million children under the age of five suffer from acute malnutrition. The Covid-19 pandemic has had detrimental consequences for the population, weakening the already fragile food and health systems.

In Afghanistan, Action Against Hunger improved access to health and nutrition services for the most vulnerable people, who live in remote areas without a local health system. In particular, the country team supported pregnant and breastfeeding women and children under five, who are at greater risk of malnutrition. Nutrition programmes rely on an integrated approach, addressing both primary and underlying causes, in order to have a lasting impact on nutritional status.

The country team worked at community level, in villages and at provincial level, strengthening the public health system. It also worked at national level to ensure reliable information about the nutritional situation reached the wider humanitarian community. Covid-19 prevention was integrated into all interventions and additional response activities were implemented, such as the disinfection of health facilities and public places, cash assistance, psychosocial support and the distribution of hygiene kits to affected populations.



310
STAFF



OPERATING
SINCE
1995



REACHED
190,563
PEOPLE



DISTRIBUTED
14,029
COVID HYGIENE
KITS



DISTRIBUTED
614
ITEMS OF PPE



BANGLADESH

Malnutrition rates in Bangladesh are among the highest in the world. Over 54% of preschool children are stunted, 56% underweight and over 17% wasted. Only 29% of refugees have access to chlorinated water through piped networks²², while the rest rely on tube wells and hand pumps, which have high rates of E. coli contamination.

During the Covid-19 pandemic, violence against women and children increased by around 31%²³. The primary and secondary impacts of the pandemic have affected access to health and nutrition services for Rohingya refugees, exacerbating the nutritional crisis and increasing acute malnutrition rates by 14%²⁴.

Action Against Hunger Bangladesh implemented a nutrition programme in refugee camps and the host community. Children under the age of five benefitted from various nutritional prevention and treatment services. In addition, Action Against Hunger focused on improving access to water, sanitation and hygiene both for Rohingya refugees living in camps and for the most vulnerable among the host population living in surrounding villages.

When the pandemic hit, the teams adopted telecounselling to reach families effectively. Psychologists and psychosocial workers provided Covid-19 case management and psychosocial support services in urban areas of Dhaka and in Cox's Bazar. Nutrition screening and referral activities were replaced by the MUAC approach, empowering mothers and families. Moreover, working with the nutrition sector, Action Against Hunger developed an interim guide for the treatment of severe acute malnutrition in children with Covid-19.



734
STAFF



OPERATING
SINCE
2007



REACHED
1,787,047
PEOPLE



DISTRIBUTED
42,239
COVID HYGIENE
KITS



DISTRIBUTED
40,956
ITEMS OF PPE



INDIA

India ranks 94th out of 107 countries on the 2019 Global Hunger Index (2019), and in India's Comprehensive National Nutrition Survey (2016–2018) with had a prevalence of wasting for among 0–4 year olds to be 17%, stunting to be 34.7% and underweight to be 33.4%, according to the Comprehensive National Nutrition Survey (16-18). The Covid-19 pandemic has increased these the vulnerabilities vulnerabilities in geographies geographies areas with tribal populations and slum settlements, where there has been further strain on access to services and facilities is further strained, and opportunity for employment is at in a constant flux. According to UNICEF, in's 2020 datasets

only only 6040% of the population have lacked access to basic sanitation, and 26% of the population continues to practice open defecation.

Action Against Hunger India executed's emergency response to the pandemic through included telephone counselling, intensive co-ordination with the healthcare delivery system and the local government bodies, and providing target populations with provision of emergency supplies of food baskets and hygiene and sanitation kits to target populations.

The teams worked to optimise ensure timely identification, treatment and prevention of malnutrition in children and mothers through community-based management of acute malnutrition CMAM and the 'first 1,000 days' programme. A total of 330 children received therapeutic supplementation for SAM and 4,696 children received preventive supplementation.



223
STAFF

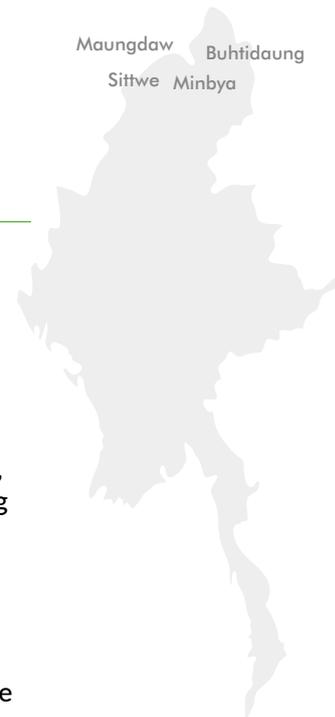


OPERATING
SINCE
2010



REACHED
132,110
PEOPLE

Maungdaw Buhtidaung
Sittwe Minbya



MYANMAR



Myanmar faces major challenges, especially due to frequent armed conflicts, inter-communal violence and vulnerability to natural disasters. Undernutrition is endemic, with acute malnutrition rising to 7% in 2020, compared to 14% in 2016. In the Rakhine region, where 90% of interventions take place, humanitarian challenges have increased, following an upsurge in fighting since December 2018 that has displaced tens of thousands of people. Myanmar is among the countries with the highest rates of infection and death from Covid-19 in the Southeast Asia region²⁵.

Action Against Hunger set up nine projects in 2020, of which six are treatment projects and the other three are for prevention and strengthening of health systems. The teams are committed to promoting resilient, equitable, and inclusive access to nutrition; supporting health and mental health services to prevent and treat acute malnutrition; and mitigating the consequences of nutrition insecurity by improving health, family wellbeing, care practices and nutritional outcomes.

A Covid-19-specific contingency plan was developed to guide field teams in contingency planning. Integrated interventions in targeted areas raised awareness of Covid-19 through media and community mobilisation. These included an adaptation of welcome sessions with Covid-19 prevention messages. When access was disrupted, psychosocial services adopted remote support, offering follow-up sessions by telephone.

To address the food insecurity caused by the pandemic, Action Against Hunger also revised its activities to include cash assistance for the purchase of food. Food security activities continued through remote monitoring.



332
STAFF



OPERATING
SINCE
1994



REACHED
77,041
PEOPLE

NEPAL



Nepal is a lower middle-income country, prone to natural disasters such as floods, landslides and droughts, and deeply affected by climate change. Of the population, 20% live on a daily income of less than \$2, and 4.6 million people were food insecure before the Covid-19 crisis. Lack of access to sanitation facilities affects 10.8 million people, and 3.5 million do not have access to basic water services²⁶. Malnutrition remains high despite the steady progress made. Nepal has been severely affected by Covid-19, exacerbating the already vulnerable humanitarian situation, in particular because of a four-month lockdown. Almost 25% of Nepalese lost their jobs in 2020.

In 2020, Action Against Hunger supported the government's Integrated Management of Acute Malnutrition programme in the districts of Nawalparasi West and Nawalparasi East, reaching 753 health workers with capacity building activities and providing treatment to 397 children affected by severe acute malnutrition, with a cure rate of 90%. The country team provided technical assistance to local government in two municipalities to help determine the priorities for strengthening the health system.

The recovery intervention, after the 2015 earthquake, finished in 2020 with a water governance and sustainability project that targeted all of Action Against Hunger's water infrastructure projects, while rehabilitating three new water supply systems and launching a WaSH intervention for babies.

Action Against Hunger responded to the pandemic in close coordination with local authorities and partners, providing personal protective equipment and hygiene material to all areas of quarantine and health facilities.



18
STAFF



OPERATING
SINCE
2011



REACHED
63,248
PEOPLE



DISTRIBUTED
450
COVID HYGIENE
KITS



PAKISTAN

Pakistan is prone to natural disasters and extreme climatic variations that adversely affect the lives and livelihoods of vulnerable populations. The global acute malnutrition rate is 17.7%, well above the emergency threshold of 15% set by the WHO. Pakistan is among the top 10 countries where more than half of children under five are stunted or wasted. Access to safe drinking water remains a problem.

The Covid-19 pandemic has exacerbated pre-existing vulnerabilities, with containment measures limiting the ability of people to move and work. The food supply chain has also been strained, through restricted access to markets, and both on-farm and off-farm employment.

Action Against Hunger has stepped up its resource mobilisation to address the combined effects of natural disasters and Covid-19, providing FSL and WaSH responses in the most affected districts. The team has promoted sustainable and climate-resilient agricultural mechanisation to improve agricultural production, and supported incomes and job creation by training farmers and youth. Action Against Hunger worked through local organisations and invested in capacity-building of its implementing partners so as to help develop local partnerships and pursue localisation goals.

Despite Covid-19 restrictions, the country team continued to provide vital support to affected communities by rapidly adapting its delivery model. WaSH interventions helped contain the spread of the pandemic and Action Against Hunger continued to invest in strengthening the existing health system in order to provide healthcare and nutrition services.



128
STAFF



OPERATING
SINCE
1979



REACHED
1,256,731
PEOPLE



DISTRIBUTED
2,869
ITEMS OF PPE



PHILIPPINES

Thousands of families in the Philippines were left in a crisis situation, following a series of natural disasters and the typhoon season at the end of 2020. Armed conflicts and displacements in Mindanao remained unabated, and continued during the Covid-19 pandemic, causing the displacement of 274,327 reported individuals in December 2020. Meeting adequate food needs remains a challenge for most vulnerable IDPs, whether in new, recurrent or prolonged displacements.

Restrictions due to the pandemic caused a 9% contraction in GDP, affecting the government's capacity to provide continuous support to those affected. Unemployment rates went up, in particular among young men between 15 and 24. Repatriated overseas workers were forced to return home to face uncertain job.

Action Against Hunger opened two new temporary bases to increase the geographical coverage of interventions. The teams focused their efforts in 2020 on emergency responses, in the wake of natural disasters as well as the internal displacement in Mindanao due to social instability. Likewise, response and prevention activities were carried out in the face of the pandemic.

Specific Covid-19 responses were developed, addressing health and WaSH concerns, and providing food assistance to the most vulnerable people. Safety and safeguarding measures were put in place to eliminate and minimise the risk of Covid-19 transmission among staff and beneficiaries. Through cooperation and coordination with local and national government agencies and climate change, the teams in the Philippines were able to promote integration of their initiatives.



**102
STAFF**



**OPERATING
SINCE
2000**



**REACHED
663,396
PEOPLE**



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LATIN AMERICA & THE CARIBBEAN

COLOMBIA	37
CENTRAL AMERICA: GUATEMALA, NICARAGUA, HONDURAS	38
HAITI	38
PERU	39
VENEZUELA	39

COLOMBIA



Colombia continues to face multiple crises related to migration, conflict and structural poverty. The implementation of the peace accords is at risk, and the assassinations of social leaders, mainly in rural areas, have increased. In addition, the vulnerability of 1.8 million migrants from Venezuela has increased due to pandemic restrictions, and their livelihoods have been affected, especially in border areas and urban contexts.

Eight out of ten families in vulnerable situations cannot meet their basic needs. Due to the lockdown, many formal and informal jobs were affected. It's estimated that the number of unemployed people reached 5 million, with migrants – among whom the unemployment rate grew by six points – especially affected by this contraction of the economy.

In 2020, we supported 213,157 people across 16 departments, increasing our coverage by 59.4% compared to 2019. Of the total beneficiaries, 54% were women (mainly heads of household) and 46% men.

In the health and nutrition sector, we prioritised medical-nutritional assessments, the delivery of micronutrients and treatment against malnutrition. Our WaSH teams focused on a Covid-19 prevention strategy, which included the delivery of hygiene and prevention measures. Our FSL teams distributed food and multi-purpose cash.

The pandemic forced a rapid adaptation of our programmes. Our digital transformation strategy decentralised procedures for the collection of information and made it possible to reduce contact with beneficiaries, increasing the number of people reached with our money distribution projects by 345% during the first months of the emergency.



290
STAFF



OPERATING
SINCE
1998



REACHED
213,157
PEOPLE



DISTRIBUTED
5,837
COVID HYGIENE
KITS



© Lys Arango for Acton Against Hunger



CENTRAL AMERICA: GUATEMALA, NICARAGUA, HONDURAS



At the end of 2020, two top-category hurricanes devastated large areas of Nicaragua, Guatemala and Honduras, leaving 5.3 million people with humanitarian needs. The Covid-19 pandemic has aggravated the social and humanitarian situation by increasing unemployment and extreme poverty. In March, the closure of schools affected learning and school breakfast programmes. In Guatemala, the Ministry of Health recorded 28,000 cases of children under the age of five with acute malnutrition, doubling the 2019 figures.

In 2020, Action Against Hunger coordinated the work of a dozen international and local NGOs to provide food assistance to 97,154 people in Guatemala, Nicaragua, Honduras and El Salvador. We distributed Covid-19 hygiene and prevention kits that have benefitted 35,401 people, and strengthened hydro-sanitary systems that supply water to about 150,000 inhabitants across a dozen Guatemalan municipalities.

We distributed hygiene and prevention kits to 1,200 Guatemalan migrants affected by hurricanes Eta and Iota, in Nicaragua, Honduras and Guatemala, with our teams able to provide safe water to more than 5,000 people in the first weeks after the disasters. In less than 45 days after the declaration of the pandemic, our teams were trained and equipped to apply strict protocols to minimise the risks of spreading Covid-19.

The approval by UNESCO of the first Geopark in Central America saw the launch of a dozen micro-enterprises linked to the agri-food sector and tourism. These are providing an alternative livelihood for more than 50 families, headed by women, in one of the poorest regions of Nicaragua.



93
STAFF



REACHED
219,873
PEOPLE

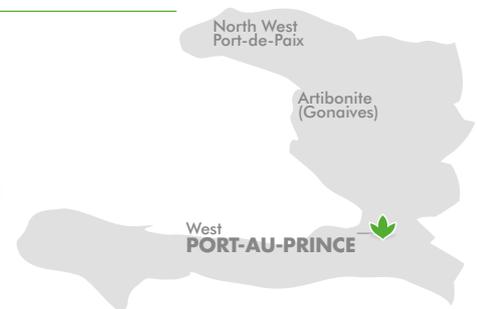


DISTRIBUTED
33,816
COVID HYGIENE
KITS



DISTRIBUTED
557
ITEMS OF PPE

HAITI



Haiti is highly vulnerable to natural disasters and a socio-political crisis has raged in the country since 2018. After just, barely, recovering from a decade of cholera epidemics, Haiti's access to drinking water, sanitation and hygiene remains a major concern. The Covid-19 pandemic has strained the already limited health system, and government measures, including the closing of borders, contributed to a notable slowdown in the economy. Prices have surged and many households, in particular women, have lost their income and livelihoods. About 42% of the population is in a situation of acute food insecurity.

Action Against Hunger Haiti continued to implement preventative and curative health and nutrition activities as well as FSL and WaSH interventions. In 2020, the country team screened 53,955 children, referring malnourished children to supported health facilities. A total of 1,320 households received cash transfers, 51 water points have been built or rehabilitated, and a social marketing strategy was developed to increase supply and demand of home water-treatment products. The team also built and rehabilitated 62 latrines and developed a communal emergency plan for Port-de-Paix.

The pandemic had a significant impact on Action Against Hunger Haiti planning and budgets. The country office prioritised the implementation of life-saving activities, which included distribution of cash-transfers, installation of handwashing stations and awareness raising. The team supported the government's response plan to Covid-19, by working with facility staff on prevention and control activities as well as providing education on this in communities.



160
STAFF



OPERATING
SINCE
1985



REACHED
473,388
PEOPLE



DISTRIBUTED
300
COVID HYGIENE
KITS

PERU



The Covid-19 pandemic has highlighted the fragility of Peru's health systems, with primary care paralysed and hospitals overwhelmed. The government management of the crisis also resulted in a socio-economic crisis, with massive loss of jobs and monetary poverty increased by 34%, affecting the lives of more than 11.2 million Peruvians. Around 75% of the population surveyed by Action Against Hunger is in a situation of food insecurity and 14% of households (equivalent to at least 1 million people in Lima alone) said they had not been able to buy food with protein content, primarily because of lack of finance.

Despite one of the longest and strictest lockdowns in the world, we implemented 11 development and humanitarian response projects focused on basic needs, delivering food, hygiene products and personal protective equipment. We also developed training for proper nutritional management, anthropometric studies and analysis of the nutritional situation of the population. We have worked on WaSH projects with markets, soup kitchens and health centres and our psychologists have intensified support for children through training for parents and provision of educational tools. Cash assistance has been provided for entrepreneurship projects and we have coordinated with State institutions over Covid-19 prevention and vaccination campaigns.

We also worked with the private sector to ensure rapid response during the first phase of the pandemic, adapting our programmes to remote solutions, which allowed us to increase the impact of our interventions and to train our teams in Covid-19 protection, handling of equipment, new protocols and psycho-emotional support.



48
STAFF



OPERATING
SINCE
2007



REACHED
90,211
PEOPLE



DISTRIBUTED
1,585
COVID HYGIENE
KITS



VENEZUELA

In 2020, political instability again marked the rhythm of life in Venezuela. The degradation of the economy increased, with the arrival of Covid-19 leading to 25% of the population (>7m people) being in urgent need of humanitarian assistance and protection. Operations were launched in the state of Amazonas to provide maternal and child health activities.

In the face of growing demand for medical attention and healthcare, hospitals, water distribution systems and the internal supply chains struggled to adapt. Data from the last months of 2020 showed that chronic malnutrition reached a prevalence of 26%²⁷ within the communities we reach.

Action Against Hunger, in partnership with local NGOs, focused activities on mitigating the impact of the restrictive measures with an integrated approach, prioritising women and children under the age of five. The country teams reached 70% more people than in 2019, launching innovative programmes, included the distribution of menstrual cups and reusable menstrual towels.

While schools and community centres were closed, the teams quickly switched to a household-focused approach. Monthly food and WaSH kits were distributed in six states, while WaSH rehabilitation activities were carried out in five. Activities in health facilities were achieved with clear infection prevention and control protocols. Action Against Hunger launched a country-wide sensitisation campaign, providing information on Covid-19 prevention, food manipulation and water treatment practices, as well as key information on lactation and detection of malnutrition.



22
STAFF



OPERATING
SINCE
2018



REACHED
147,913
PEOPLE



DISTRIBUTED
1,693
ITEMS OF PPE

INCREASING THE REACH OF CASH TRANSFERS THROUGH USE OF DIGITAL SYSTEMS

In 2020, Colombia was the country that received the most refugees and migrants from Venezuela, hosting 1.7 of the 5.5 million people registered in the region, including more than 50% with irregular status. This population faces a number of barriers to access basic goods and services, including protection, which means that their vulnerability to food insecurity and health risks (both physical and mental) is constant throughout their migratory journey.

With the onset of the pandemic in March 2020, the formal jobs, and informal jobs on which the majority of the migrant population depend, were strongly impacted significantly affected by restrictions and lockdowns, resulting. This resulted in thousands of families to facing greater difficulties in accessing food or paying for services and leases.

In this context, the multi-purpose cash transfer programme called “ADN Dignidad”, which is led by Action Against Hunger and executed carried out in consortium partnership with the Danish Refugee Council and the Norwegian Refugee Council, had to adapt quickly to face the new realities of the pandemic. ADN Dignidad was adapted by promoting through the use of digital technologies, enabling remote operations and allowing for greater efficiency in the provision of providing assistance. This resulted in a 345% growth in operation, increasing the number of people served monthly from 3,000 to 13,000 during the first months of the pandemic. In addition, all areas of the programme, the implementation of biosafety protocols was ensured were put in place to prevent contagion spread of the disease in all actions of the program.

At the end of 2020, the ADN Dignidad programme benefitted more than 107,000 people, through the distribution of multi-purpose cash transfers and COVID-19 prevention kits, the implementation of special care procedures for people at risk of eviction, and the delivery of key nutrition and protection messages. Through post-distribution monitoring surveys, multiple positive impacts were evidenced. 93% of In households, 93% primarily used the money from the transfers mainly on food and accommodation. Additionally, 84% of the households declared that this monetary aid caused resulted in positive changes and stability in the dynamics of the household, with no major cases of abuse or violence. This humanitarian aid was central to survival in the arduous migration process.



EUROPE

FRANCE	42
SPAIN	42
SOUTH CAUCASUS	43

FRANCE



In France, 8 million people (12% of the population) needed food aid in 2020²⁸. In the cities, 1.4 million were without safe access to water and 7.5 million lacked access to safely managed sanitary facilities²⁹. France has been hit hard by the Covid-19 pandemic, with a total of 2,600,498 confirmed cases at the end of December 2020 and more than 64,000 deaths. One in three people have suffered a loss of income since the first lockdown.

In March 2020, the country team made its first interventions on the ground and saw the number of food aid recipients increase by more than 25%. The two lockdowns had a huge impact on the most precarious populations, with a significant deterioration in the mental health of vulnerable people. According to a survey conducted by Public Health France, the anxiety rate of the French doubled from 13.5% in 2017 to 26.7% at the end of March 2020.

The strategy in France was to improve access to rights and services as well as to cover the food and health needs of those most affected. Implementation had three priority components: food security and livelihoods, mental health and care practices, and advocacy. Interventions included activities in Paris, Marseille and Bordeaux, with a focus on the distribution of hygiene kits as well as food distributions, support to the homeless, and the WaSH activities of partners. Action Against Hunger continued to work with partners to raise Covid-19 awareness, carry out multi-service referral and by providing them with training sessions.



15
STAFF



OPERATING
SINCE
2020



REACHED
38,179
PEOPLE



DISTRIBUTED
23,221
COVID HYGIENE
KITS





SPAIN

The Covid-19 pandemic has affected Spain's economy and short- and long-term effects are expected (GDP to fall to around 11% and the unemployment rate to rise to 16% in 2020). In addition, the crisis is further exacerbating existing inequalities, with low-income households experiencing a loss eight times greater than the richest ones. An additional 700,000 people are living under the poverty line, reaching 12 million at the end of 2020, which is an increase from 21.5% to 23.1% of the population.

The lack of resources threatens the food security of families who are forced to adopt purchasing strategies that lead to a reduction in the consumption of fresh food and an increase in refined and ultra-processed products. These high-calorie, low-nutritional-value diets, coupled with sedentary lifestyles, lead to a double burden of malnutrition, where obesity and micronutrient deficiencies coexist.

The teams in Spain have worked with vulnerable families affected by the economic crisis derived from the health crisis, helping them access livelihoods and build capacities to access the job market. The interventions were focused on mitigating the socio-economic effects of the Covid-19 crisis.



161
STAFF



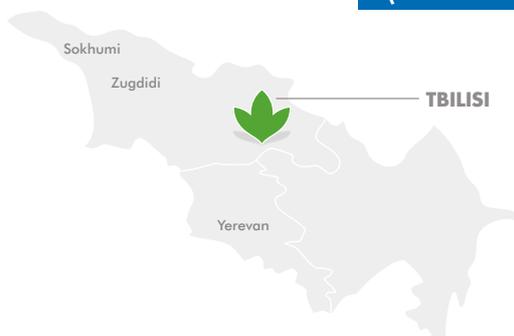
OPERATING
SINCE
2013



REACHED
4,411
PEOPLE



SOUTH CAUCASUS: ARMENIA, AZERBAIJAN AND GEORGIA (INCLUDING ABKHAZIA)



The Covid-19 pandemic had a big impact on healthcare and the socio-economic situation in both Georgia and Armenia, further exposing the poverty, inequalities and social exclusion that affect so many in both populations.

In September, conflict between Armenia and Azerbaijan over the Nagorno-Karabakh territory displaced tens of thousands of people, and the negative socio-economic impact of political and economic instability in Armenia inevitably worsened with the consequences of Covid-19.

Action Against Hunger's office in Tbilisi deployed emergency teams to collaborate with local partners in Armenia, and an office was reopened in Yerevan, providing emergency assistance. Hygiene, nutrition and food-security services were provided for displaced people and vulnerable host communities. Alongside strict measures decreed by the Georgian authorities to stop the contagion of Covid-19, Action Against Hunger teams implemented response and prevention activities.

The response in Georgia and the territory of Abkhazia included support for community-led initiatives helping vulnerable families, and for health and education systems, increasing their capacity to react to immediate needs. The country teams were able to re-engage in WaSH activities, and to rehabilitate sanitation facilities in 17 schools and three 'collective centres' (used as accommodation for IDPs).

In Armenia, the team integrated Covid-19 awareness materials into the hygiene and food parcels that were distributed to displaced people. The government did not allow cash interventions, so local partners worked closely with the national and local authorities to deliver in-kind distributions.



39
STAFF



OPERATING
SINCE
2018



REACHED
10,439
PEOPLE



DISTRIBUTED
733
COVID HYGIENE
KITS



CASE STUDY

A FOOD CRISIS THREATENS THE WORLD

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

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

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

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

CASE STUDY

HUMAN RIGHTS FILM FESTIVAL BERLIN IN TIMES OF COVID-19

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

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

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

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

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



ENDNOTES

BURKINA FASO

1. <https://reliefweb.int/report/burkina-faso/burkina-faso-unhcr-operational-update-1-november-31-december-2020>
2. <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Burkina%20Faso%20Country%20Brief%2C%20December%202020.pdf>

CHAD

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ETHIOPIA

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IVORY COAST

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ACRONYMS

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



FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

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

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

FOR CHANGING MINDS.
AGAINST IGNORANCE AND
INDIFFERENCE.

**FOR FREEDOM FROM HUNGER.
FOR EVERYONE. FOR GOOD.**

FOR ACTION.
AGAINST HUNGER.

