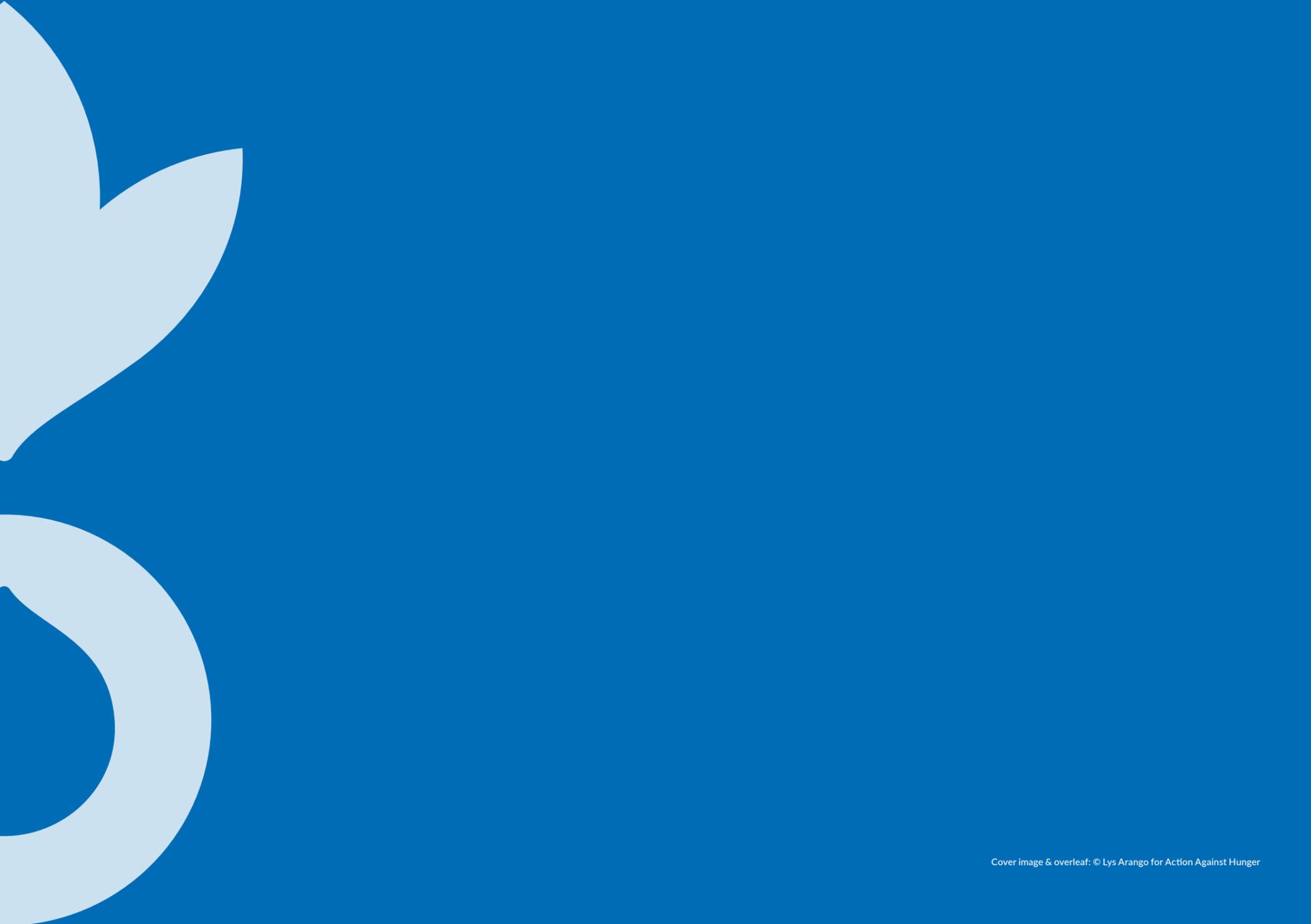




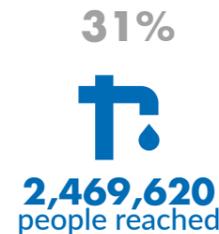
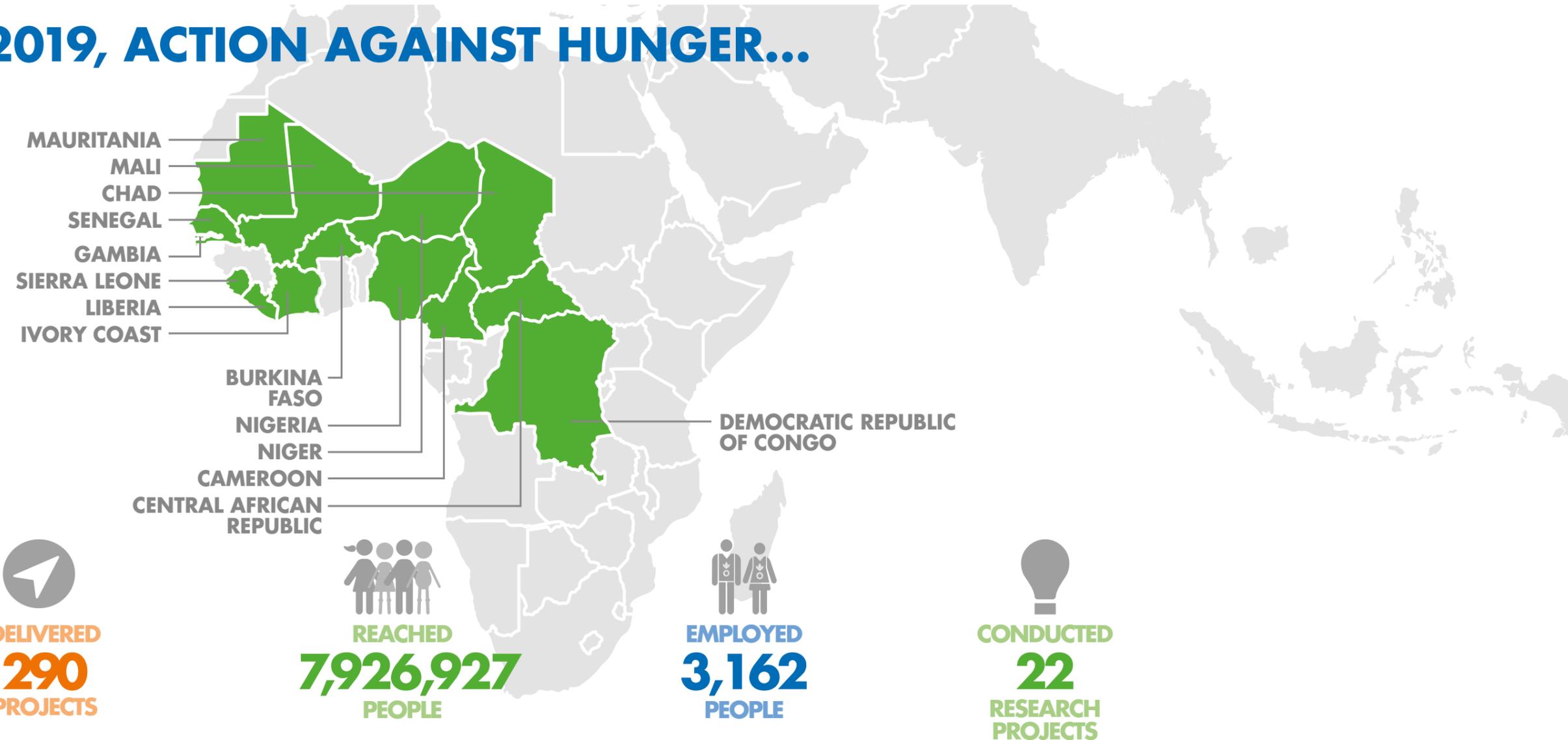
WEST AND CENTRAL AFRICA REGIONAL REPORT 2019



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IN 2019, ACTION AGAINST HUNGER...



...IN WEST AND CENTRAL AFRICA

WEST AND CENTRAL AFRICA



NUTRITION &
HEALTH



WASH



FSL



DISASTER RISK
REDUCTION



ADVOCACY

Mamadou Diop
Regional Director



26
STAFF



REACHED
51,712
IN 2019

The year 2019 was marked by the impact of events for that have affected West and Central Africa for several years. Poor funding for response plans has contributed to the worsening of the countless crises in the region that reached previously untouched areas. The hotbeds of tension have multiplied in Central Africa and the Central Sahel with an expansion towards coastal countries; the impact of climate change was still felt throughout the region, stretching from the Sahel with pockets of droughts over several years as well as bad rainfall to the coastal countries where severe flooding led hundreds of thousands of people to migrate.

The epidemics also played their part in the list of calamities that severely impacted the region in 2019. The Ebola fever epidemic continued to devastate populations in the Democratic Republic of the Congo, in addition to measles and cholera. Political instability and armed conflicts have gained the upper hand over the fight against hunger and social inequalities, and over the little respite the region could have enjoyed with a so-called “normal” harvest year. Insecurity in the Sahel and Lake Chad Basin regions has aggravated the needs in the most vulnerable areas.

In 2019, nearly 10.8 million people were identified at risk of food and nutritional insecurity, and 7.3 million children under 5 years of age were affected by global acute malnutrition, including 2 million suffering from SAM (WHO 2019). Our action reached nearly 8 million people in West and Central Africa, thanks to the contribution of our technical and financial partners. This enabled us to reach 3.2 million persons with our nutrition and health programmes, assist 1.2 million food insecure people, and support 2.5 million people through the installation and rehabilitation of water, hygiene and sanitation infrastructure.

Our holistic and multi-sectoral approach aims to reduce the impact of seasonal peaks linked to structural vulnerability in the region; build the capacities of communities to enable them to better prepare for and respond to shocks while strengthening their livelihoods; facilitate their access to basic social services (health, water, hygiene, sanitation, etc.); respond directly or indirectly to emergencies, and finally influence policies to meet their commitments in relation to the fight against malnutrition and its various causes as well as taking malnutrition into account as a public health priority.



REGIONAL HIGHLIGHTS

ADVOCACY

Since 2013, the Regional Office of West and Central Africa (ROWCA) has been coordinating a large network of civil society engaged with the scaling up nutrition (SUN) Movement. This network currently includes 19 SUN Civil Society Alliances (CSAs) from West and Central African countries and Madagascar, which represent more than 846 civil society organisations. In 2019, our advocacy efforts were rewarded when the regional coordinator was one of the elected nutrition champions of the SUN Movement during the SUN global gathering.

In 2019, we focused on strengthening capacity, to speak with one voice. We provided technical assistance in civil society capacity building through webinars and workshops; we supported the creation of two new SUN CSAs, and worked in the fields of governance, conflict management, fundraising, and project writing; we leveraged on knowledge management and experience-sharing, peer-to-peer cross-visits; and we offered assistance for partnership and collaboration with other civil society actors, platforms, or stakeholders, including parliamentarians, academics, and UN agencies.

We developed action plans to influence key decision makers through activities such as high-level meetings and issuing position papers. We advocated for mutual accountability by developing studies to propose mutual accountability mechanisms, and supported different countries in creating scorecards, and monitoring nutrition commitments in West and Central Africa.

DISASTER RISK REDUCTION

In 2019, the pastoral surveillance system, already active in four countries of the Sahel (Senegal, Mali, Burkina-Faso and Niger), was extended to Mauritania. The combined analysis of the information produced by satellite data and from the hundreds of sentinel relays, made it possible to detect adverse climatic conditions in Western African countries that were already affected by five years of consecutive droughts. In the countries of the three-border region and the Lake Chad region, pastoralists mainly reported problems linked to insecurity. Thanks to a partnership with the Billatal Maroobé Network, relevant information is now broadcast directly to farmers in Senegal.

We piloted an initiative on agriculture surveillance in Niger. This system combining field information and satellite data aims at precise monitoring of agricultural production with the generation of real-time alerts of events affecting the yield, such as pest invasions, floods, and crop losses. This pilot was a success in 2019, and will be conducted again in 2020 in the same region to improve the data collection, and to refine the tools. We also intend to increase the communication around this innovative tool at national and regional level to build partnership and alliances as it would allow larger geographic coverage. This surveillance mechanism could, in the mid to long term, contribute to reinforce the FSN analysis, and be used for areas in which access has been limited or impossible.

NUTRITION AND HEALTH

Severe acute malnutrition (SAM) causes high mortality and morbidity among children (girls and boys) under 5 years of age in West and Central African countries, which gives Action Against Hunger the mandate for health and nutrition interventions. The causes of this disastrous situation in the region are related to the inadequate food intake (insufficient quantity and low quality) resulting from household food insecurity, the deterioration of the health status of individuals, in particular children and women of childbearing age, resulting from their poor access to quality health services. Added to this is the low level of access of the populations to water and sanitation services and inappropriate nutrition, health, and hygiene practices.

Due to its recognised expertise and comparative advantage in the region in the field of nutrition, especially in humanitarian contexts, ROWCA, through its health and nutrition department, provided health and nutrition services to the most vulnerable populations affected by this health and nutritional crisis in 2019. The activities implemented through the regional projects focused on strengthening the capacities of health systems, including community health services with the implementation of the iCCM approach (see highlight on page 8) integrating the management of SAM and access to health care and nutrition (prevention and management of acute malnutrition). The ROWCA health and nutrition department made a strong contribution in 2019 to pushing the nutrition agenda at the regional level through its active participation in health and nutrition coordination groups at the regional level. We positioned ourselves on key subjects such as expanding the SAM treatment coverage at the community level, Family MUAC, the creation of pilots on simplified approaches for the treatment of SAM in hot spot areas, and the strengthening of health systems and their resilience.

FOOD SECURITY & LIVELIHOODS

Our FSL department was leading the regional Food Security and Nutrition Working Group for Western Africa for six months in 2019. Its leadership created a new dynamic within the group, publishing two positioning papers (“Pastoralist Alert in Senegal and Mauritania” and “Food Security and Nutrition in times of security crises”).

ROWCA played a key role in the consolidation of the Food Security and Nutrition analysis at regional level within the work of the Technical Committee of the Cadre Harmonisé (CT-CH) and the Food Crises Prevention and Management Network (PREGEC). Key presentations and analysis were shared on pastoralism and the impact of recurrent climatic extremes in the transborder regions of Senegal and Mauritania. These inputs directly informed the key messages to decision makers.

We formalised key partnerships with Search For Common Ground in order to further develop the links between Food Security and Livelihood activities and social cohesion initiatives. Likewise, we deepened partnerships with regional farmers and pastoralists networks such as the ROPPA and the RBM. With these two Civil Society Organisation we are actively working towards the agro-ecological transition and a better recognition of the pastoralist sector at regional level.

In the tool box for practitioners on “Health gardens in Western Africa and the Sahel”, finalised in 2019, we highlighted how to ensure the integration of different sectors (FSL, WaSH and Health and Nutrition), and to act effectively towards the reduction of malnutrition.

PROJECT HIGHLIGHT

INTEGRATION OF THE MANAGEMENT OF SEVERE ACUTE MALNUTRITION WITHOUT MEDICAL COMPLICATIONS INTO THE CARE PACKAGE OF COMMUNITY HEALTH WORKERS: THE ICCM+ APPROACH

In West Africa, the prevalence of global acute malnutrition (GAM) is 7.5%, with 1.8% of severe acute malnutrition (SAM) in 2019. The results of a 2019 SMART nutritional survey across Sahel countries show that high rates of acute malnutrition persist, significantly higher than in 2018, particularly in several regions of Niger, Mauritania, northern Senegal and in the north of Mali. Civil insecurity and armed conflicts in northeastern have worsened the food and nutritional situation in the region, which has led to a sharp increase in the number of internally displaced people in the Sahel region.

Over the past two decades, there have been significant changes in the way the world approaches SAM from inpatient treatment to outpatient treatment due to the development of ready-to-use therapeutic foods (RUTF). From this, protocols for community management of acute malnutrition (CMAM) were developed. Nonetheless, a study conducted in 21 low- and middle-income countries showed that CMAM programmes achieve coverage of less than 40%.

In the Sahel, access to the availability of treatment remains a major challenge, where less than 50% of malnourished children have access to quality treatment. Common barriers to economic and geographic access to health facilities were identified as the main culprits for this low coverage.

iCCM (Integrated Community Case Management) is an equity-focused intervention aiming to improve access to essential health services for children under five, based on the training of non-medical community health workers (CHWs) to provide primary health care. They are responsible for detecting and referring SAM cases in the community, while SAM children can only be admitted and treated by qualified and trained personnel.

To this end, the West Africa Regional Office and the Center for Action Against Hunger in collaboration with the Ministries of Health of Mauritania and Niger and, conducted two pilot studies between 2017 and on the integration of SAM treatment in the care package of CHWs in

Mauritania (Guidimakha) and Niger (Maradi).

In Niger, in the area where the iCCM+ approach was implemented, the quality of treatment load was better compared to the control zone. The SAM treatment coverage in the iCCM+ area was acceptable but there was no difference in the increase in treatment coverage between the iCCM+ area and the control area.

In Mauritania, there was no difference in the quality of care for severe acute malnutrition between the area where the iCCM+ approach was implemented and the control area. However, SAM treatment coverage for the iCCM+ zone was much higher than that of the control zone.

The positive results of this project show the importance of using iCCM+ as a basis for the integration of CMAM with a genuine promotion of community participation. In order to better support this scaling up of the iCCM approach, ROWCA has set up an iCCM+ regional technical coordination mechanism to support countries and regional partners through technical guidance and skills transfer.



BURKINA FASO



The security and humanitarian situation in Burkina Faso has continued to deteriorate since 2018; 2019 has been a particularly violent year, causing a substantial increase in internal displacement (560,033 internally displaced persons in December 2019), and worsening of the already very limited access to basic social services. In 2019, more than 620,000 people were directly affected by insecurity, 490,000 of whom were in immediate need of food, nutrition, health and education assistance to save their lives.

The Burkina mission continued its health and nutrition activities under the PADI project in the Hauts Bassins. This project is supported by an advocacy project, which aims to strengthen civil society organisations in advocacy for nutrition. The Burkina Faso country office became more involved in sectoral groups and in clusters in order to provide its expertise across multi-sectoral approaches.

The displacement of people prompted the country team to roll out emergency projects. Action Against Hunger is leading the Rapid Response Mechanism consortium, which allows a rapid response in the sectors of shelter, non-food items, WaSH, protection and psychosocial support to displaced populations and their host families. A project for health facilities affected by the crisis was implemented, including a conflict prevention and management component.

Action Against Hunger in Burkina Faso have distributed WaSH kits, and implemented health nutrition and Wash in Nut interventions. In addition to emergency projects, development projects are implemented to strengthen the capacities of the populations to improve their productivity, either through training, support for production, strengthening organisations and groups.



Strengthening the resilience of communities is an integral part of the country strategy. With support from headquarters in France, the mission developed its emergency preparedness and response plan (PPRU). This plan identified the main risks, monitoring and preparation actions. The operationalisation of this plan is scheduled for 2020.



CAMEROON




192
STAFF


OPERATING
SINCE
2014


REACHED
325,843
IN 2019

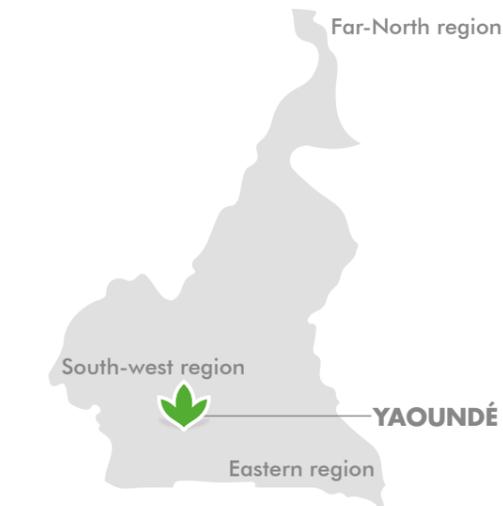
For few years now, Cameroon is regularly affected by major and complex humanitarian crisis happening in neighboring countries: The Lake Chad basin and Central African Republic (CAR) crisis. The country is now home to over 400,000 refugees with a large influx from CAR (293, 863 peoples). A series of violent acts in English-speaking parts of the country and in the Far-North region has also led people to flee their homes (more than 600,000 displaced people in North and South-West and 297,380 in Far-North). These crisis have significantly destabilised the socio political environment of the country, characterized with accrued food insecurity and vulnerability.

Action Against Hunger started operations in eastern Cameroon in 2014 following the CAR crisis. Focusing on refugees sites as well as host communities, we started intervening in Health and Nutrition, then later in FSL, WaSH and in Mental Health and Care Practices. Progressively our action turned into strengthening livelihoods and empowering vulnerable

populations through cash transfer, social cohesion and resilience projects while remaining constant in their traditional activities in supporting health districts.

Action Against Hunger has improved its response in the Far-North region, linking humanitarian and development actions through resilience projects (RESILAC and RESILI(A)NT) implemented in consortia with other organisations. These multi-year programmes aim at strengthening resilience and nutritional security of beneficiary communities, and supporting local governance. We strengthened our actions with emergency response through a Rapid Response Mechanism projects providing NFI/WASH support to people affected by conflict.

Following the deterioration of the humanitarian situation in the North-West and the South-West, Action Against Hunger helps mitigating the effects by providing Health and WaAH assistance to displaced population through its mobile clinics.



In Cameroon, Action Against Hunger intends to continue the same strategy to combat the underlying causes of undernutrition, implementing its emergency response coupled with medium actions to empower the population, and to increase their resilience.



STORY FROM THE FIELD

REVIVING HOUSEHOLD FINANCES IN TOKOMBÉRÉ, FAR NORTH CAMEROON

Marceline Adjaldou, 30, restaurateur in Tindrémé, Municipality of Tokombéré, is a member of the Village Savings and Loan Association (AVEC), set up by Action Against Hunger as part of the RESILI programme. Through this support, her profit increased from 1,500 FCFA to 3,500 FCFA per day, allowing her to pay for her children's schooling on time, for labour support with her agricultural activities, and for family health care. She now plans to expand her business.

She explains how in her own words:

"I am Marceline Adjaldou, mother of five; two girls and three boys. I am a farmer. My husband's income is too unstable to take care of the family. Each season, I grow rice and cotton on a land of 2500 m². I sell part of my harvest to support our basic needs but it's not enough. In 2013, I decided to run the catering at the Tindrémé crossroads because most young people of Tindrémé spend the day there hanging out and playing cards, and I saw in this a potential market. Every day, I sold fritters, boiled potato, tomato sauce and tea. I made a profit of 1500 FCFA per day.

I wanted to increase my profit but there was no way because I had no chance to borrow money. One day, while in my restaurant, I overheard a conversation from my customers saying that there is an organisation that will come to speak with the community the next day in the village. I went along, and that's where I met the Action Against Hunger team. They told us about an association, which allows us to deposit our money, take out loans when needed, and help each other.

They told us about the benefits of this type

of association build from groups of 15 to 30 members on the basis of trust and volunteering. As I was also a member of GIC ATAMBA, a farmers' association, with 20 members, we decided to send our list with the consent of each member. The Action Against Hunger team came back to present the principles of the association they wanted to set up and the various training modules during the work cycle.

That's when we started the paying our contributions. After six weeks, I decided to take a loan of 7,500 FCFA that I invested in my activities and returned after four weeks. Then I decided to take 25,000 FCFA just after paying off the first loan. These loans allowed me to expand the product line I offered by adding rice, macaroni, beans and beef stew. Thanks to this, my daily profit went from 1500 FCFA to 3500 FCFA. Since then, our children's schooling is paid on time, I have increased the cultivation area by 1500 m², I have hired someone to do the hard labour, such as clearing, sowing and harvesting in my field. Right now, if all goes well, I plan to build a shed at my catering location and help rebuild our house. My husband is proud of me and my children lack nothing. I think I am a happy woman."





CENTRAL AFRICAN REPUBLIC


144,139


120,736


54,818


22,823


455
STAFF


OPERATING
SINCE
2006


REACHED
342,516
IN 2019

Action Against Hunger in the Central African Republic implements projects through the following areas of expertise: Health and Nutrition, Food Security and Livelihoods, Water, Sanitation and Hygiene (WaSH), Mental Health and Care Practices, and Advocacy. In 2019, the Monitoring and Evaluation department was created to improve the quality and impact of emergency and recovery interventions.

Since 2014, the country mission has been part of the Rapid Response Mechanism (RRM) in CAR in partnership with other humanitarian actors. In 2019, we raised 25 alerts on shock situations that affected populations, and distributed 15,000 kits of essential household items to nearly 80,000 people.

Action Against Hunger intervened in the west and south-east of the country by ensuring the management of severe acute malnutrition, awareness raising, screening and referral cases at mobile

clinics in areas of nutritional crisis, as well as treatment of common childhood illnesses in children under five. These mobile clinics also enabled the capacity building of local health teams and their empowerment.

The RRM project has a WaSH component, which offers a basic package including latrines, emergency showers and rehabilitation of water points to populations affected by a shock. The mission also has a WaSH Forage Mobile team operating across the country, focusing on areas of extreme vulnerability to improve access to water.

Action Against Hunger is one of the only players offering Mental Health and Care Practices (SMPS), providing services at Nutritional Therapeutic Units, as well as in the camps for internally displaced persons and on the axes with the population affected and traumatised by the crisis of 2017 and 2018.



Mental health care was provided in Bangui along with the establishment of income-generating activities by partners. In May 2019, we created an emergency SMPS team to support the rapid responses of the RRM.

Our teams continue to build resilience and improve the food security of vulnerable households by setting up several activities, such as agro-ecology and seed systems, value chains, natural resource management, financial inclusion and food diversity.

CHAD



302
STAFF

OPERATING
SINCE
1982

REACHED
579,092
IN 2019

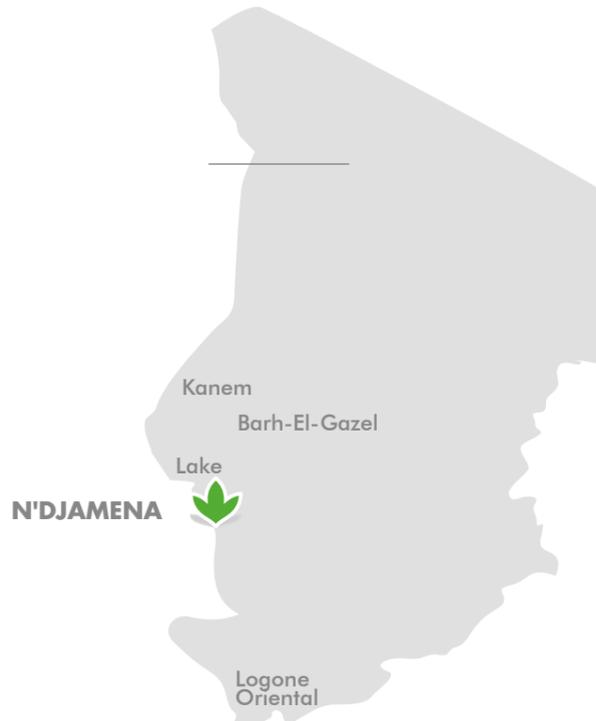
Action Against Hunger's strategy in Chad covers the three main areas of humanitarian response, strengthening the nutritional security of populations as well as addressing structural issues related to the nutritional security of populations. In 2019, Action Against Hunger intervened in the regions Kanem, Bahr El Gazel, Lac, Logone Oriental and Mayo-Kebbi Est.

In addition to traditional health system strengthening activities for better management of child malnutrition, and for better monitoring and care of pregnant and breastfeeding women, Action Against Hunger experimented with methodologies aimed at the sustainability of activities. The year 2019 was also marked by the successful experimentation of several community approaches aimed at behaviour change and community empowerment, such as community management of childhood illnesses by community social agents (iCCM), the "school for husbands" initiative and the Care Group approach. Action Against Hunger provided urgent responses to the most vulnerable populations to food insecurity and to recurrent shocks with the restoration of productive assets. New approaches were introduced to stimulate organisational dynamics and economic and social changes.

In the Lac region, we responded to the emergencies of refugees and displaced persons, and provided WaSH services in response to the Cholera epidemic. In the Bahr El Ghazel and Kanem regions, Action Against Hunger contributed to the prevention and treatment of severe

acute malnutrition through the implementation of the WaSH in Nut intervention package. Populations affected by the Lake Chad crisis received support for the strengthening of their socio-professional integration capacities. In Kanem and Logone, Action Against Hunger provided psycho-educational support for mother-child couples using group and individual therapies as part of the management of severe acute malnutrition.

In 2019, Action Against Hunger carried out in 2019 activities aimed at preventing and anticipating risks, such as the establishment of a community early warning system and emergency response system across Kanem and Bahr el Gazel. This is in addition to the Food Security and Early Warning Information System already available at national and regional level, which is implemented in collaboration with breeders-farmers associations and institutional actors. The country teams also uses the Participatory Scenario Planning method, which consists of a participatory information mechanism on climate forecasts, in partnership with the state meteorological services, which trained farmers and provided them with rainfall measurement equipment.





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DEMOCRATIC REPUBLIC OF CONGO


472
STAFF


OPERATING
SINCE
1997


REACHED
1,263,514
IN 2019


1,067,486


140,480


52,279


3,269

For more than 20 years, the Democratic Republic of Congo (DRC) has been experiencing several acute and complex humanitarian crises, fuelled by high levels of chronic poverty and significant structural deficiencies. In 2019, 15.6 million people needed humanitarian assistance, of which 58.5 per cent were children, and 4.7 million suffered from severe acute malnutrition. Armed conflicts have intensified in the eastern part of the territory causing massive population movements, especially in the Ituri province. The DRC has more than five million displaced persons.

In addition, the DRC suffers from the prevalence of several diseases with epidemic potential, including cholera, malaria, measles and Ebola. For the latter alone, 3,000 cases and 2,200 deaths have been reported.

Throughout 2019, Action Against Hunger continued to develop its

emergency response capacity to nutritional crises and their immediate causes through its PUNC programme (Pool d'Urgence Nutritonnel au Congo), as well as to humanitarian crises linked to population displacements, epidemics and natural disasters.

We contributed to strengthening resilience for the most vulnerable populations. Action Against Hunger responded to humanitarian crises in the provinces of Kasai, Kasai Central, North Kivu and Ituri through our regular programmes. We favoured a multi-sectoral approach with nutrition-health interventions linked to WaSH activities. Action Against Hunger DRC has developed a multi-sectoral and integrated approach in partnership with a local organisation in the Kasai province for a three-year project to strengthen nutritional and food security.

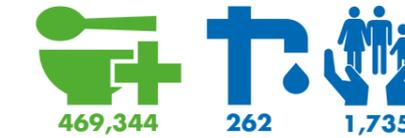


In addition, Action Against Hunger carried out food distribution activities in two intervention areas, Ituri and Kasai. Action Against Hunger is a major stakeholder in national coordination platforms in the DRC, being the co-facilitator of the National WaSH Cluster and member of the executive board of the INGOs forum. We also actively participated in the INGOs collective advocacy actions, and works in close collaboration with governmental technical services at the national and local level.



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IVORY COAST



Ivory Coast is considered more stable following the end of the 2010-2011 post-electoral armed conflict. However, the upcoming presidential election in October 2020 raises concern about renewed instability. Since 2011, the economy has grown at a yearly average rate of 8 per cent, which makes it one of the most dynamic in Africa. Despite its economic performance, the poverty rate has remained high (46.3%). The country was ranked 170th out of 189 countries in the 2018 UNDP Human Development Index report. Despite recent efforts, Côte d'Ivoire remains one of the countries in the world where gender inequalities are the most marked. Improving access to and the quality of basic social services and employability remain among the main development challenges.

Action Against Hunger's interventions to strengthen the Ivorian health system continued with the start of the PROSSAN programme, which aims to improve the health of the most vulnerable populations, in particular

women, young adolescents and children under 5 in precarious parts of Abidjan. PROSSAN also supported the development and promotion of the "E-Santé Jeunes" mobile application. In collaboration with the national school and university health programme, 92 health professionals were trained on the facilitation of the online platform.

The Ivorian government selected Action Against Hunger for the implementation of the multi-sectoral nutrition and early childhood development project in five sub-prefectures in the north of the country. This project, which started in September 2019, aims to open 27 centres for strengthening community nutrition activities.

In 2019, we continued to provide advisory assistance for the priority sanitation and drainage



ABIDJAN

programme in the Abidjan district. Action Against Hunger's support consists of proposing a strategy to mitigate the social, environmental and safety impacts induced by the works.

The country office has also continued its activities of strengthening civil society organisations on nutrition advocacy as part of the Scaling Up Nutrition (SUN) Movement, which contributes to national debates and to the development of nutrition strategy papers. Action Against Hunger has initiated a consultation process on sexual and reproductive health.

LIBERIA



21
STAFF

OPERATING
SINCE
1990

REACHED
308,032
IN 2019

Liberia is a country in West Africa, bordering Sierra Leone, Guinea and Ivory Coast. The country is classified among the least developed, low-income, food-deficit countries, ranking 176 out of 189 in the 2019 Human Development Index. Inflation reached 31.3% by August 2019, up from 26.1% the previous year.

An outbreak of the Ebola virus in March 2014 claimed 4,800 lives in just over a year, and highlighted Liberia's instability. Liberia's population increased from 1.4 million persons in 1970 to 4.94 million persons in 2019, growing at an average annual rate of 2.63%.

The country continues its efforts to recover from the effects of the global economic crisis, which began in 2008, and the Ebola crisis. Real GDP plunged to 1.2 % in 2018, following an increase growth of 2.5% in 2017.

Liberia still experiences a high malnutrition burden among its under-five population. According to the 2019 Global nutrition report, the under-five stunting prevalence is 32.1%, which is above the average of 25% in developing countries.

The under-five wasting prevalence of 5.6% below the the developing country average of 8.9%.The national prevalence of under-five overweight is 3.2%, which has decreased slightly from 4.2% in 2007.

In 2019, Action Against Hunger implemented several integrated country-wide projects. We implemented the Direct Nutrition Interventions Project in partnership with UNICEF across 206 government health facilities and their catchment communities in eight counties. This intervention contributed to improve maternal, infant and young child feeding practices among community dwellers, capacity building on counselling for health care providers and management of severe acute malnutrition. Our nutrition advocacy interventions influenced national policies and strengthened the multi-sectorial SUN platform nationally.

We addressed the multiple needs for improved WaSH among communities' dwellers and WaSH in schools, and ran a sexual reproductive health and rights project in health facilities, schools and communities.



Action Against Hunger in Liberia oversaw the Link Nutrition Causal Analysis (Link NCA) research for five counties, namely Grand Cape Mount, Grand Bassa, Montserrado, Rivercess and Sinoe. The specific objective of the project was to formulate a strategy and Theory of Change to address child stunting in a holistic, integrated and sustainable way, and to conduct advocacy for the nutrition actions based on the experiences of the formative research.





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MALI


303,024


87,337


149,738


1,822


256
STAFF


OPERATING
SINCE
1996


REACHED
541,921
IN 2019

Mali has been going through an unprecedented political, security, and socio-economic crisis since 2012. This complex humanitarian crisis is characterised by the presence of foreign armed forces, the Malian army, rebel armed groups, jihadist armed groups as well as pro-government and anti-government self-defense groups. The populations are subjected to looting, and inter-communal violence. The conflicts and natural disasters, including droughts and floods have caused many internal displacements.

Action Against Hunger Mali conducts humanitarian emergency responses as part of the Rapid Response Mechanism (RRM), food assistance, improved access to water & hygiene, livelihood restoration, prevention and management of severe acute malnutrition.

The country office's nutrition activities ensure the management of acute malnutrition cases as a gateway to primary health care by promoting the resilience of health system through capacity building of health structures to cope with acute malnutrition and

associated admissions. The primary targets are children under five and pregnant and nursing women. The programmes are implemented in response to the real needs arising from participatory community diagnostics.

By implementing WaSH programmes, we aim to improve the quality of the management of acute malnutrition through WaSH interventions in nutritional centres; contribute to the prevention of malnutrition at community-level; and to provide adequate drinking water supply and access to sanitation services to meet the WaSH needs of internally displaced populations. Action Against Hunger, in synergy with WaterAid and UNICEF, worked on the development and national validation of the WaSH in Nut strategy.

Our food security and livelihoods interventions consist of surveillance and monitoring activities, food assistance (food distribution and cash transfers) technical and financial support to strengthen the economic activities of households, technical and input support to improve the production capacities of households, strengthening community



infrastructure and natural resources management for vulnerable households.

Action Against Hunger and our partners work to support systems at both national and local levels in order to influence decision makers, humanitarian actors and civil society for the development and implementation of effective nutrition security policies. We supported the coordination framework and the revision of the communal development programmes in favour of nutrition activities and their financing. We collaborated with the Nutrition Coordination Unit and the Ministry of Health and Public Health for the revision of the Multisectoral Nutrition Action Plan. We also achieved through our advocacy efforts a bill on universal health coverage in order to lead to the management of Community Health Workers.



MAURITANIA

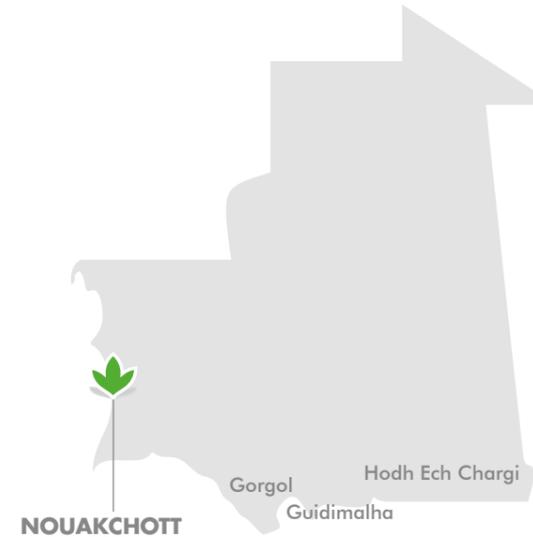


In 2019, food insecurity was the major issue in the southern area of Mauritania, as anticipated by the end of 2018. Mauritania experienced a drop in agricultural production following bad rainfalls, a deterioration in purchasing power, a decrease in income due to migration to cities, self-employment (sale artisanal products and wood / charcoal), payment of migrants and local agricultural labour. However, the support of the government and humanitarian partners have in part alleviated the situation. The security situation remained stable despite the elections and the change of president. The highly volatile security situation in Mali led to a massive influx of new refugees and a continuous increase in the population to the Mbera camp between January and October of 2018. By the end of that year, UNHCR had registered 55,866 refugees.

Action Against Hunger responded by implementing multi-sectoral and integrated programming to address the multiple facets of hunger, its causes and consequences in the regions of Nouakchott, Gorgol, Guidimakha and Hodh El Charghi.

We focused our activities primarily on addressing food and nutrition insecurity. We contributed to the strengthening of health systems and the capacity of health workers to improve the management of malnutrition; for the prevention of malnutrition, we worked with communities, authorities and community leaders to increase awareness of the good practices within the family, including infant and young child feeding, combatting gender-based violence, and abuse and harassment.

In 2019, the country faced floods, and Action Against Hunger actively participated in the response with the distribution of motor pumps and WaSH kits. We continued our work on the rehabilitation of water points, the construction and rehabilitation of latrines, and the capacity building of local actors. We built a second water tower at the M'Berra camp to improve access to drinking water. Hygiene promotion activities in support of community structures have contributed to a positive change in hygiene behaviours, attitudes and practices in beneficiary households.



Action Against Hunger in Mauritania continued to set up and support community sentinel sites in Guidimakha and Hodh el Chargui to anticipate crises affecting the food and nutritional situation of households, to populate the central system data to better inform the response by the State at central and decentralised levels as well as by partners.

NIGERIA

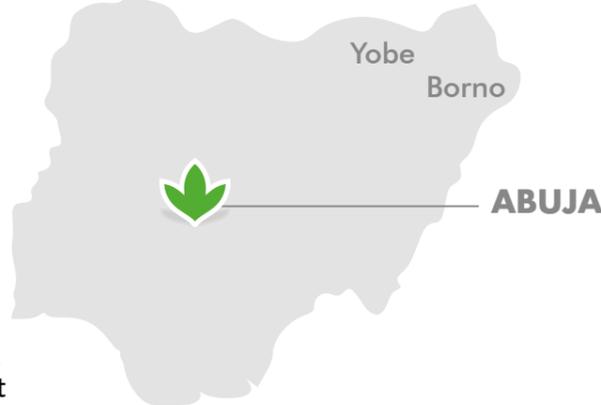

837,893


837,373


394,299


3,849


333




615
STAFF


OPERATING
SINCE
2010


REACHED
2,073,747
IN 2019

After more than a decade of conflict, the humanitarian crisis in the north-eastern states of Nigeria remains one of the most serious in the world, with more than half the population being in need of humanitarian assistance. In 2019, displacement caused by insecurity, increased attacks by non-state armed groups, and military operations resulted in the displacement of 160,000 people, aggravating humanitarian needs and the risk of protection.

The number of internally displaced persons increased from 1.8 million people at the start of 2019 to more than two million at the end of the year. Similarly, the number of food-insecure people has increased from 2.7 million to three million, with 80 per cent of those in need being women and children. The nutritional situation remains worrying, with 1.1 million women and children in need of immediate nutritional services or treatment for malnutrition.

In 2019, Action Against Hunger reached almost two million people across the four states of Borno, Jigawa, Yobe and Kano. We continued to invest in nutrition and health interventions in order to reach populations through reproductive, maternal, new-born and child health services. Using a wide variety of approaches to strengthen health systems remains a key priority of nutrition and health programmes in order to break the intergenerational vicious circle of malnutrition.

In 2019, Action Against Hunger continued to provide a minimum WaSH package in accordance with the “WaSH in Nutrition” strategy for the Sahel. Action Against Hunger Nigeria’s WaSH programme aims to help communities reach Nigeria’s “no open defecation” goal by 2030.

We provided solar-powered boreholes, and improved latrines in communities, schools and health facilities. Action Against Hunger also responds to acute

water-based diarrhoea by providing disinfection, latrine movement, and soap distribution.

Newcomers and populations affected by natural disasters such as floods and fires are prioritised for support with emergency latrines and shelter construction.

Action Against Hunger strives to combat the deep-rooted causes of hunger by addressing issues related to production, access and income. Indeed, most vulnerable populations have very limited access to livelihoods and lack resources and knowledge to properly commercialise their production, so they continue to face barriers that prevent them from improving their food security situation, which would help them recover from economic shocks and crises.



COUNTRY HIGHLIGHT

SUSTAINABLE HYGIENE PROMOTION THROUGH WASH ADVOCACY

A decade of conflict in Northeast Nigeria, thousands of people have been killed. Others have been deprived of access to necessities of life. Yobe state, situated at the northeast of Nigeria has been affected by conflict with thousands of people suffering from high rate of malnutrition. Communities have limited access to WaSH infrastructures, some of the infrastructures were destroyed during the conflict and with many nonfunctional as a result of poor construction and maintenance. The Local government council WaSH unit was in existence; however, not fully functional due to inadequate resources without budget allocations for hygiene promotion at local government area (LGA) level. This concern has created challenges for the state government to fully support LGAs due to lack of budget allocations to hygiene promotion. Action Against Hunger facilitated a workshop with relevant WaSH stakeholders in Yobe state including Rural Water Supply and Sanitation Agency (RUWASSA) and Civil Society Organizations to identify WaSH gaps and WASH influencers in July 2019. Findings from the workshop revealed that the WaSH unit is domiciled at Ministry of works of the LGA level. Civil Society Organizations

in collaboration with RUWASA supported the process with identification of key stakeholders both at state and LGA government level. The team was set to identify key influencers and thus at the state government level: key ministries such as ministry of local government and GA & chieftaincy affairs, ministry of budget & planning, ministry of water resources and state legislators were identified. At the LGA level key stakeholders such as director of personal management (DPM) and LGAs chairmen, Heads of works department were identified. The next step was to embark on a visit to intimate the identified key influencers on the aim to make more functional the WASH unit and the plan to hold learning visits and workshop to Jigawa state to understand how the state was able to establish its WASH department and include hygiene promotion running cost in its annual budget.

The visit to the key influencers at the state and LGA yielded approval for the learning visit to Jigawa state which has good level of LGA WASH department that ensures adequate WASH services to the local communities. To ensure sustainability of approach and process

, the government stakeholders through Yobe state RUWASA took ownership of the process and initiated a request to Jigawa state for learning visit. Key representatives from Yobe state embarked on the visit: house of assembly members, representatives from ministry of budget and planning, members from executive governor's office, Director Personnel Management, Local Government Area (LGA) WaSH coordinators, LGA head of works, RUWASSA and The society for Water and Sanitation (NEWSAN) CSOs. The learning visit included site visitation to understand how Jigawa State achieved open defecation Free (ODF) status in specific LGAs, interactive sessions and knowledge sharing between both state members was done. Three(3) Yobe state chairmen of the committees (House committee on budget and appropriation, house committee on Local government and water) were presented with a copy of a detailed annual budget developed by Jigawa State which contained budget allocation for hygiene promotion. At the visit the Yobe team developed action plans to implement learnings back in Yobe state. One key action from the learning visit was for Action Against Hunger in collaboration with the team to

facilitate a planning workshop on implementation of the action plan developed at the e visit. At the end of the workshop all participants issued a communique to ensure budget allocation in the Annual Budget for improved hygiene for the WaSH unit within the 17 local government areas in Yobe state. In addition, capacity building sessions ensued for key influencers on the essence of WaSH on the overall health and well-being of the states, also, mapping of clear roles & responsibilities of each all influencer stakeholders was outlined.

Following the learning visit and workshop, Yobe state government developed a detailed costed hygiene work plan and allocated budget in the 2020 approved bill for the year across all seventeen(17) LGAs, although the initial plan was for an proposal was for the three(3) implementing LGAs (Yunusari, Machina and Fika). The Action Against Hunger project team continuously monitors the release of funds and implementation of hygiene promotion within communities and health facilities and collaborate closely with influencer- stakeholders to improve the health and nutrition status of the most vulnerable communities in Yobe State.



NIGER


583,183


116,834


48,708


7,161



288
STAFF



OPERATING
SINCE
1997



REACHED
755,886
IN 2019

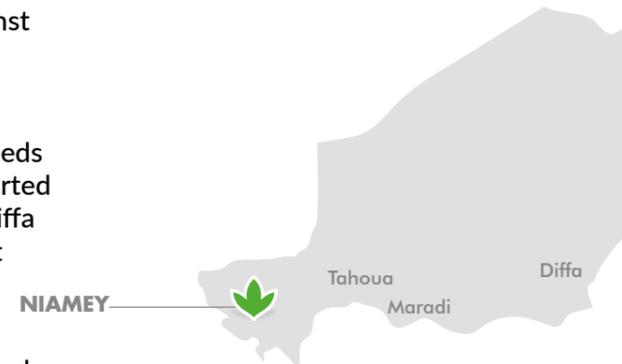
2019 saw a lot of humanitarian turmoil in Niger with more than 2.3 million people in need, chronic malnutrition of more than 45 per cent at the national level. The presence of non-state armed groups has been a major cause of insecurity and instability in the regions of Tillabéri and Diffa, and increasingly affecting the regions of Tahoua, Dosso and Maradi. This multi-crisis situation has been aggravated by waves of massive displacement of populations (over 400,000 people). The on-going state of emergency in the regions of Tillabéri, Tahoua and Diffa posed a real challenge to humanitarian access, as movement continued to be restricted for aid workers.

Action Against Hunger in Niger implemented multi-sectoral programmes in our bases in Maradi, Tahoua and Diffa. Recovery and resilience projects continue to play an integral part of our intervention with the aim to strengthen

the basic social services system, the decentralised state structures as well as the resilience of beneficiaries through community engagement.

As a humanitarian actor, Action Against Hunger leads the rapid response mechanism (RRM) in the regions of Maradi and Tahoua where it was essential to respond to the urgent needs of displaced populations. We also started our first RRM health project in the Diffa region to provide emergency support in primary and secondary health care through mobile clinics and referral.

Action Against Hunger Niger continued its technical support to state and civil society structures fighting against malnutrition and food insecurity, and worked to improve national policies and make them operational. We also supported the Ministry of Humanitarian Action with the development of its national nutritional security policy.



COUNTRY HIGHLIGHT

STRENGTHENING MULTI-SECTORAL COMMUNITY MOBILISATION THROUGH BARRIER ANALYSIS STUDIES

Action Against Hunger Niger carried out two barrier analysis studies in 2019 in order to strengthen its multi-sectoral community mobilisation strategy, and to better adapt our messages to the context and the target population, especially to the socio-cultural conditions of the intervention areas of our projects. The studies took place in the health districts of N'Guigmi (Diffa region) and Keita and Bouza (Tahoua region).

Through the studies, our teams were able to identify and analyse the barriers that prevent the promotion of good practices, particularly in health, nutrition, water, hygiene and sanitation and food security and livelihoods.

In total, six behaviours were studied, taking into account the multi-sectoral dimension of our projects. The behaviours the studies focused on covered the following themes: (1) the availability of latrines in households, (2) the treatment of water by boiling or using chlorine, (3) complementary

feeding for children from six months to a year, (4) exclusive breastfeeding for children 0 to 6 months, (5) hand washing with clean water and soap or ash, and (6) nutrition of pregnant and lactating women.

These barrier analysis studies also aimed at training and building the capacities of Action Against Hunger teams and partners on formative research and barrier analysis. At the end of the two studies, around forty members of staff and around ten facilitators from local partner organisations benefited from the training.

The results of the barrier analysis were accompanied by recommendations on an appropriate communication strategy for behaviour change to improve the tools of the Infant and Young Child Feeding Strategy (IYCF). Training on behaviour change approach tools closed the process, and enabled participants to build capacity on facilitation and communication techniques to improve the quality of community mobilisation



SENEGAL GAMBIA



Bad rainfall strongly affected agriculture and livestock production for the fourth time in five years, and the population has faced a difficult lean season in 2019. Despite the positive indicators and political stability, Senegal has had difficulties to meet its own humanitarian needs in time and adequately.

Action Against Hunger Senegal has intervened to cover the urgent needs of 2,200 vulnerable households in Northern Senegal through cash transfer actions and the distribution of enriched flour to prevent malnutrition among children under five years old.

We implement, in collaboration with local and institutional partners, resilience activities to improve the nutritional security of vulnerable agro-pastoral communities in the long term. Action Against Hunger Senegal also supported the national health system to improve the management of SAM in Northern Senegal, which has one of the highest prevalence rates in the country.

We assisted communities and local authorities with a Disaster Risk

Reduction approach: in 2019, we carried out six communal and regional contingency plans to help local authorities to anticipate and prevent the main climatic and environmental risks.

In 2019, we started supporting youth entrepreneurship in Dakar but also new research/innovation projects aimed at improving the detection and treatment of SAM: the SAM photo app, proposing to screen for SAM/MAM children through a simple photo of the child's right arm, and the TISA which aims to gather evidence on the importance of a WaSH approach combined with medical treatment to reduce the duration of treatment and improve the recovery rate.

The Action Against Hunger Gambia mission currently operates three of the 5 rural regions, and directly works through three local organisation for the implementation of projects on food security, nutrition-sensitive projects targeting the most vulnerable households. In 2019, we provided support to 120 households through restocking of household small goats and



chicken to strengthen their resilience against the effects of climate change and to improve on their food security and livelihood. Community gardens and household kitchen gardens were also supported with seeds and tools during the year for poor households to increase their production and productivity. Action Against Hunger strengthened community-based management of acute malnutrition by training 40 village support groups in feeding practices, screening of children under 5 for malnutrition, providing counselling to parents on maternal and child health issues, and making referrals to the Community health nurse.

COUNTRY HIGHLIGHT

SETTING UP A PASTORAL MONITORING SYSTEM TO IMPROVE THE EARLY WARNING SYSTEM AND DISASTER RISK MANAGEMENT IN SENEGAL

Action Against Hunger, together with the French and Senegalese Red Cross, has implemented a project to support the preparation and response capacities in food and nutrition crises in the northern regions of Senegal. It aims to help the national Early Warning System (EWS) improve the quality of the information it provides to decision-makers, NGOs and communities.

This initiative has been implemented in the Ferlo regions located in northern Senegal, covering about 40 per cent of the country. The communities are mostly agro-pastoralists. The uncertain Sahelian climate with frequent dry spells causes difficulties in feeding and minding the animals. Access to water is strongly conditioned by pastoral wells and seasonal water bodies. Access to fodder depends almost exclusively on the rate and volume of precipitation during the rainy season.

Recurrent food and nutrition crises driven mainly by climate hazards in Senegal have led the country to the set-up of an EWS that includes all national structures involved in the management of food crises. The EWS collects and analyses monthly survey data to produce quarterly newsletters. It has been found that the data collected do not integrate the pastoral component, which is a source of income and food for a large part of the population. Also, these quarterly bulletins

are not accessible in time by the entire pastoral stakeholders who are mainly rural people with little or no reading capacity. According to "Future Climate for Africa", this type of information is too technical and inaccessible, or too general to be useful for local-level planning.

The initiative aimed to build the capacity of national and local actors in monitoring, preparing and responding to the consequences of climate hazards on food and nutrition security, by integrating pastoral data into the national EWS. It took place between April 2018 and December 2019 in 14 departments across the Louga, Matam, St. Louis, Kaffrine and Tambacounda regions. The project was implemented by the members of the consortium in partnership with the Senegalese National Early Warning System, the Maroobe Bilateral Network, a regional federation of pastoral organisations in West Africa, and Jokolante, a private communication structure that works with a dense network of community radios.

The pastoral EWS set up by the project was based on Action Against Hunger's on-going experience in the Sahel region since 2003. The surveillance system uses two types of data: (i) satellite images to inform on the availability of biomass/fodder and surface water; and (ii) survey data collected at 30 sentinel sites. Given the weak internet connection in remote areas of Senegal, surveys are carried out by SMS via an automatic SMS survey sender.

This initiative helped strengthen the national EWS by enabling the collection of data at community level, increasing thereby the geographic area coverage. It has also introduced community managed DRR groups that take climate and environmental risk mitigation actions based on contingency plans they have designed at different administrative levels (community, municipal and departmental), complementary to the existing regional and national levels. The project has allowed for pastoral-tailored early-warning information to be received by grassroots stakeholders via community radios broadcast in local languages.

Rougui Ba, a villager, used to have to queue. Now, getting water is less tiring, and takes less time. With the old well, even pregnant women went to the well and it was dangerous. Aissata Ba, a village relay, says the water is now clean and easier to store, it can stay in a cistern for days without a problem, and most importantly, there are no more cases of diarrhoea. The village chief says: "We are waiting for the mayor to organise the management committee. This would make it easier to distribute the water, and we will be able to launch various projects: from fundraising to repair breakdowns to projects related to agriculture."



Kaddijatou Jallow a housewife in Tabanding village, Wuli East District, in Gambia's Upper River Region, is the only breadwinner in her family with five children. For her family's daily feed, she depends on subsistence farming.

Since joining the "Konkobayo" project in 2018, Kaddijatou has received support in various areas, including child care, nutrition, and sanitation. As the project went on, she benefited from other mechanisms, such as a kitchen garden, field crops, and a goat.

"The training I received was very important to me as I am now using most of the knowledge in ensuring proper child care and preparation of simple nutritious food for my family using affordable vegetable from my kitchen garden," said Kaddijatou.

"The goat given to me by the "Konkobayo" Project has had a litter of kids, and the benefits are numerous. They helped improve my children's health and nutritious status; I can feed them with the milk, and use the dung to fertilise my kitchen garden," Kaddijatou added.



SIERRA LEONE


68
STAFF


OPERATING
SINCE 1991


REACHED
70,754
IN 2019


340,591


19,412


18,783

The 2018 Ebola outbreak suddenly stalled the economic growth in Sierra Leone. While the situation is now slowly improving, half of the population remains below the poverty line. A high level of food insecurity prevails among 43.7 per cent of the population. Access to clean water also remains a challenge: poor water quality from municipal systems leads people to source water from informal, polluted sources, significantly increasing health and infectious risks.

In August 2019, the country was hit by severe flooding following heavy rains. More than 39,000 people were directly affected, including 5,000 who had to be displaced or temporarily relocated.

In 2019, we reached 70,754 beneficiaries. The mission continued to implement a multi-sectoral programme to improve the nutritional status of children under five and women of reproductive

age through the implementation of the integrated management of acute malnutrition. In more than 50 health centres, Action Against Hunger offered training activities for the screening and treatment of malnutrition. We also helped mother support groups to organise activities around nutrition, hygienic practices, and community screenings for children and mothers. This programme also included a food security and livelihoods component.

As a continuation of its nutrition and health actions, Action Against Hunger began to implement a project aimed at strengthening the prevention and management of undernutrition. Activities fell into three areas: improving knowledge and practice in nutrition services, improving the capacity to coordinate and promote nutrition services at national level, and producing evidence to enable improving knowledge



of best practices to fight undernutrition. During the massive floods in August, an emergency intervention in cash and WaSH was launched in partnership with Oxfam and national stakeholders through the Start Fund. The intervention included water distributions, installation of water storage tanks, disinfestation and rehabilitation of water points. 1,289 households also benefitted from unconditional emergency cash. In the rural and urban Western Area, the multi-year regional project PROSSAN started in the autumn, focussing on improving access to basic health services for the most vulnerable, especially women, children and youths.

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September 2020

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.**

