



# **BANGLADESH ANNUAL REPORT 2018**



# CONTENTS

<b>CONTENTS</b>	<b>1</b>
<b>I FOREWORD</b>	<b>3</b>
<b>II OUR INTERNATIONAL NETWORK AND STRATEGY</b>	<b>4</b>
<b>III OUR OPERATIONS IN BANGLADESH</b>	<b>5</b>
<b>1. OUR OBJECTIVES FOR 2016 – 2020</b>	<b>6</b>
<b>2. OUR GOVERNANCE</b>	<b>7</b>
<b>3. OUR CONTRIBUTION TO THE SUSTAINABLE DEVELOPMENT GOALS</b>	<b>7</b>
<b>4. OUR COLLABORATION AND STRATEGIC PARTNERSHIPS</b>	<b>8</b>
<b>A. STRATEGIC PARTNERSHIP TO RESPOND EFFECTIVELY TO THE NEEDS OF ROHINGYA REFUGEES</b>	<b>8</b>
<b>5. OUR WORK WITH THE GOVERNMENT OF BANGLADESH</b>	<b>9</b>
<b>6. ACCOUNTABILITY: COMPLAINT AND FEEDBACK MECHANISM</b>	<b>9</b>
<b>A. COMPLAINT AND FEEDBACK MANAGEMENT COMMITTEE’S ACHIEVEMENTS AT A GLANCE</b>	<b>10</b>
<b>IV OUR IMPACT</b>	<b>11</b>
<b>7. OVERVIEW</b>	<b>11</b>
<b>A. OUR RESPONSE TO THE ROHINGYA REFUGEE CRISIS</b>	<b>12</b>
<b>8. NUTRITION AND HEALTH</b>	<b>13</b>
<b>A. THE MODEL MOTHER INITIATIVE</b>	<b>14</b>
<b>B. NUTRITION SURVEILLANCE</b>	<b>14</b>
<b>C. SCHOOL NUTRITION AND HEALTH PROGRAMME</b>	<b>14</b>
<b>9. MENTAL HEALTH, CARE PRACTICES, GENDER AND PROTECTION</b>	<b>15</b>
<b>A. RECOGNISING AND RESPONDING TO GENDER INEQUALITIES: A GENDER ANALYSIS</b>	<b>17</b>
<b>B. WOMEN-FRIENDLY SAFE SPACES: PROTECTING VULNERABLE WOMEN AND GIRLS FROM SEXUAL AND REPRODUCTIVE HEALTH RIGHTS</b>	<b>18</b>

# CONTENTS

C. CHILD MALNUTRITION AND ITS LINK TO MENTAL HEALTH AND CARE PRACTICES	18
10. FOOD SECURITY AND LIVELIHOODS	19
A. CLIMATE RESILIENT AGRICULTURE FOR FOOD AND NUTRITION SECURITY	20
B. VILLAGE SAVING AND LOAN ASSOCIATION (VSLA) APPROACH FOR RESILIENT LIVELIHOODS	21
C. APPLIED RESEARCH (JOINTLY WITH KHULNA UNIVERSITY)	21
11. WATER, SANITATION AND HYGIENE	22
A. BIOGAS COMPOUND: A SUSTAINABLE AND ENVIRONMENT FRIENDLY SOLUTION FOR FEACAL SLUDGE MANAGEMENT	23
B. AQUA ANAEROBIC FILTER/ SEPTIC TANK: MANAGING FEACAL SLUDGE	23
12. COMMUNICATION WITH COMMUNITIES	24
A. COMMUNICATION WITH COMMUNITIES (CWC) INFORMATION CENTRES	25
13. DISASTER RISK REDUCTION	26
A. THE DHAKA EARTHQUAKE AND EMERGENCY PREPAREDNESS PROJECT	27
V ANNEX: LIST OF PARTNER ORGANISATIONS 2018	29
FINANCIAL AUDIT REPORT	31

# FOREWORD

2018 was a remarkable year for Action Against Hunger Bangladesh. In the last quarter of 2017, Bangladesh experienced one of the largest and the fastest growing humanitarian crises in the world which brought more than 700,000 refugees to Bangladesh. As a humanitarian organisation, Action Against Hunger addressed the humanitarian needs with its life-saving interventions for the refugee community as well as Bangladeshi host population. In 2018, the Bangladesh mission gradually began to stabilise its operations and strengthen its mid to long-term initiatives to build resilient communities.

In 2018 we continued to work in the south-east, south-west and the capital of Bangladesh through, both partnerships and direct implementation. To ensure that humanitarian needs are addressed in other parts of the country, Action Against Hunger Bangladesh continued to host the secretariat of the Start Fund Bangladesh - a funding mechanism which enables member agencies to access funding to respond to small and medium scale emergencies/disasters. In 2018, the Start Fund Bangladesh mobilised funding for four emergencies including urban fire, flood, waterlogging and river bank erosion.

To generate reliable data which can help us measure the impact of our work, we increased the size of our Monitoring, Evaluation, Accountability and Learning (MEAL) team to support the mission. Our investment in the process includes strengthening data collection using digital tools, setting up central data reporting software, and capacity building of MEAL and programme teams to build on the use of technology to monitor and evaluate our impact.

We continued to implement our policies on Human Resources, Code of Conduct, Gender and Operational guidelines in 2018. Both English and Bangla versions of the policies have been made available to support staff at all levels to understand and become aware of the policies around our zero tolerance towards sexual exploitation, unethical behavior and any form of abuse of power. To safeguard our staff and beneficiaries, we have put in place a central complaint and feedback system for beneficiaries, staff and partners. We also have set up information centres for beneficiaries to speak in person about their concerns, provide feedback and lodge complaints. For staff wellbeing, we have made professional psychological support available where our staff can seek advice and support.

As we move forward, Action Against Hunger Bangladesh will continue to work alongside vulnerable communities, address the underlying causes of hunger and undernutrition, and continue its commitment to build a hunger-free and resilient Bangladesh. It is a great pleasure to introduce Action Against Hunger Bangladesh's Annual Report 2018. Our success and achievements could not have been possible without the extraordinary commitment and efforts of our staff. I would like to thank each of our staff, our partners and supporters for their contributions to improve the lives of people affected by crisis in the past year.

Nipin Ganagadharan  
Country Director, Action Against Hunger Bangladesh

# OUR INTERNATIONAL NETWORK AND STRATEGY

Our vision is a world free from hunger. For almost 40 years, across nearly 50 countries, we have led the global fight against hunger. We save the lives of children and work with their communities before and after the disaster strikes. We enable people to provide for themselves, see their children grow up strong, and build prosperous communities. We constantly search for more effective solutions, while sharing our knowledge and expertise with the world. We push for long-term change. We will never give up. Until the world is free from hunger.

Action Against Hunger contributes towards the achievement of the 2030 Agenda for Sustainable Development, specifically the following four Sustainable Development Goals: Zero hunger, good health, 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 5: GENDER EQUALITY

Achieve gender equality and empower all women and girls.

## GLOBAL GOAL 3: GOOD HEALTH

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

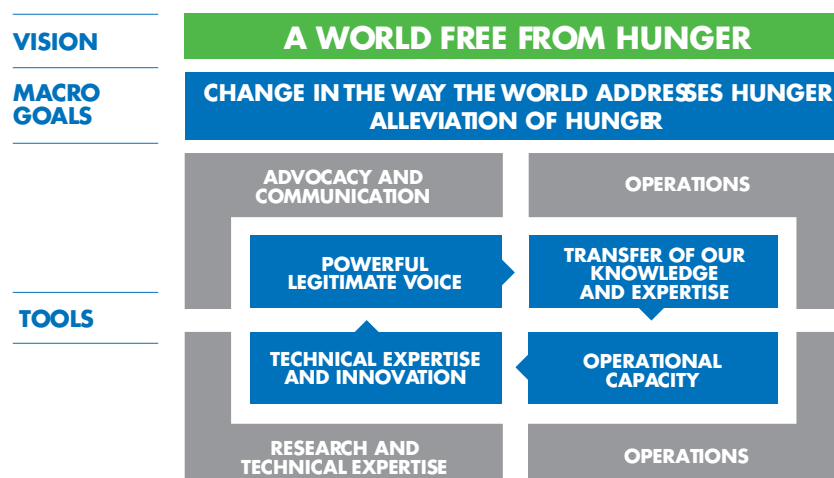
## GLOBAL GOAL 6: CLEAN WATER AND SANITATION

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

Our Network is directed by the International Strategic Plan 2016 – 2020, which outlines three major aims:

1. Mitigate the consequences of hunger;
2. Address the causes of hunger;
3. Change the way hunger is viewed and addressed.

These aims are framed by our theory of change, which outlines four approaches to achieving a world free from hunger:

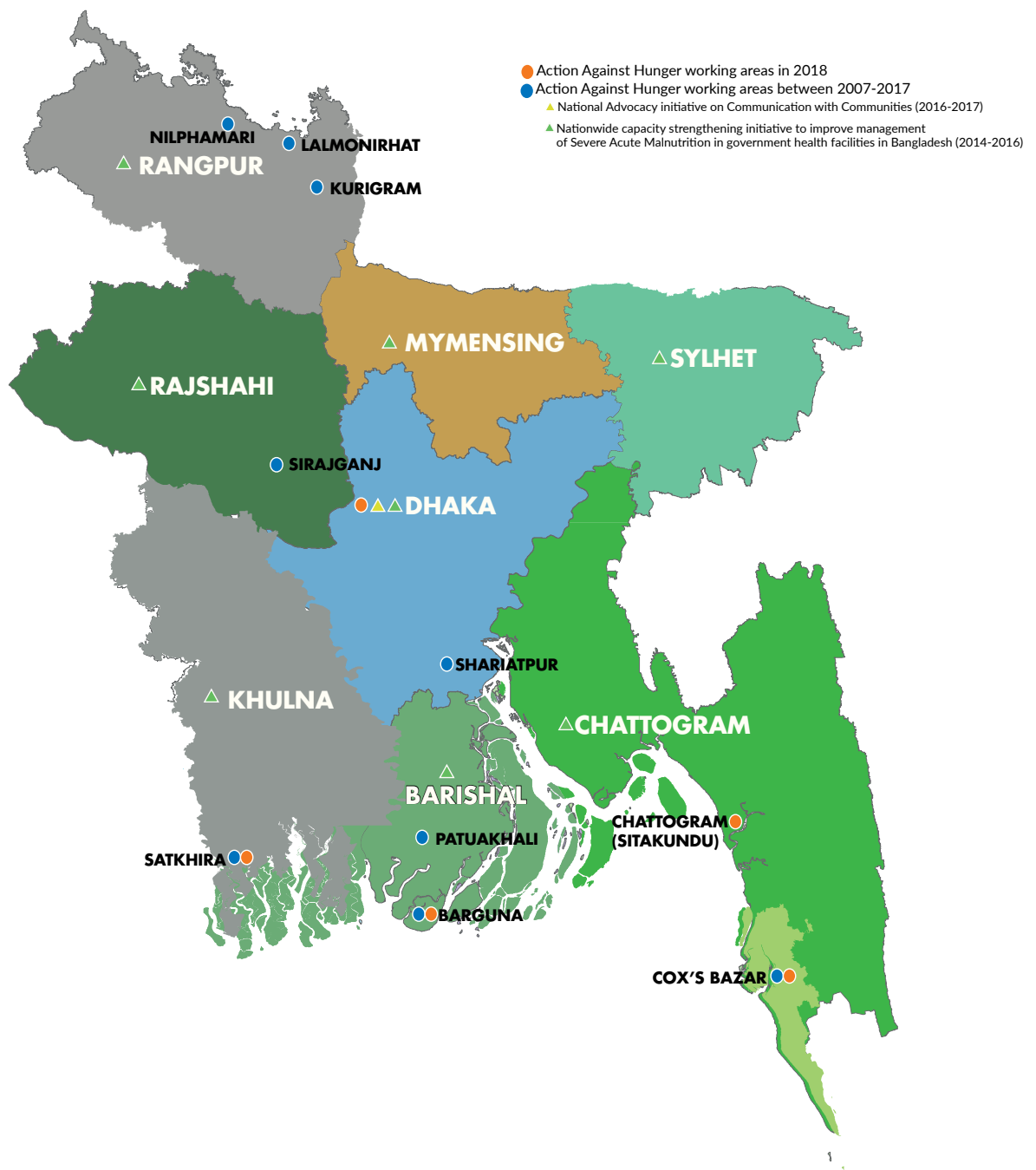


The Action Against Hunger Network is comprised of six member organisations (Canada, France, India, Spain, the United Kingdom and the United States of America) and approximately 50 country offices. Over 7,000 people work for the Network.

# OUR OPERATIONS IN BANGLADESH

Action Against Hunger became active in Bangladesh in 2007. Since then, we have been fighting to end hunger and malnutrition across the country, supporting the most vulnerable communities affected by conflict and natural disaster.

Our mission is to save lives through prevention, screening and treatment of malnutrition. Although our focus lies on nutrition, we bring expertise from various sectors and take a multi-sectoral approach, integrating food security and livelihoods (FSL), water, sanitation and hygiene (WASH), disaster risk reduction (DRR) and mental health and care practices (MHCP) into our programmes. We provide short-term relief when crisis strikes, while also working towards long-term change, incorporating our programmes into the wider national systems, conducting research and informing policy.



# OUR OBJECTIVES FOR 2016 - 2020

We have set ourselves three strategic objectives, outlined in our Country Strategy for 2016–2020:

1. To strengthen Bangladesh's capacity to effectively diagnose, treat and prevent malnutrition and mitigate its impact through an integrated, multi-sectoral approach.
2. To build long term resilience to climatic shocks as well as disasters and respond timely and effectively to such situations in Bangladesh.
3. To improve effectiveness and efficiency of operations and enhance organisational impact through strategic partnerships and increased evidence-based advocacy.

In line with our international theory of change presented above, we work towards these three objectives through our operational capacity, transfer of capacity, technical credibility and innovation, and a powerful and legitimate voice.



## OUR GOVERNANCE

**Action Against Hunger is a global movement of people working towards a world without hunger.** We believe that by working together we can help provide malnourished children and their families with healthier futures. The global Action Against Hunger network is comprised of five headquarters in France, the UK, the USA, Canada, and Spain. The global network is coordinated by the International Executive Committee, while the International Chairpersons' Committee works to ensure compliance with the Charter of Principles and the application of international strategies in its headquarters and country offices.

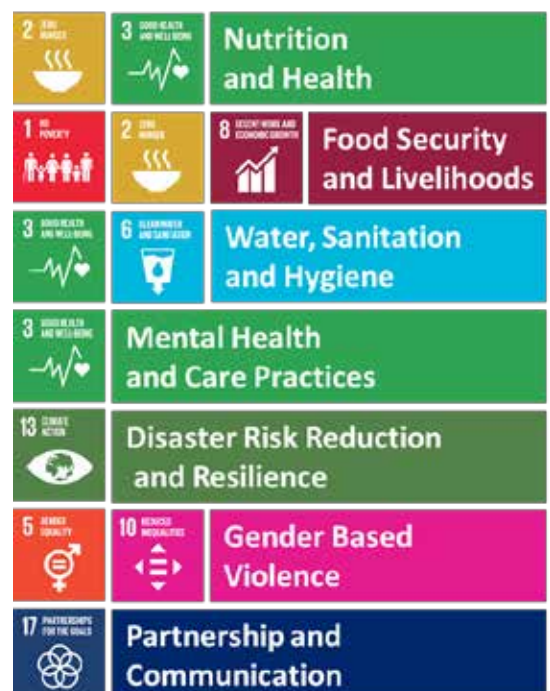
**Action Against Hunger Bangladesh is one of the country offices under the Action Against Hunger France headquarters.** The France headquarters is governed by a Board of Directors who are responsible for ensuring that country/mission strategies are managed in line with the global vision and mission, that we abide by our charitable objectives and that we are compliant with legal and statutory requirements.

**At country-level, Action Against Hunger Bangladesh runs under the leadership of the Country Director with support from Deputy Country Directors for Programmes and Operations, Director for Field Operations.** The country team is organised by programme and support the departments and units with direct support and supervision from the Senior Management Team. The Senior Executive Team (SET) plays an advisory role for the country team to operate and function efficiently. The country team consists of around 1,000+ staff and volunteers. Each team member is accountable to the Code of Conducts and the Charter of Principles.

To ensure our efforts the save lives of the most vulnerable and bring long-lasting change, we implement integrated programming; work in collaboration with partners and the government at central and local levels; share human resources, logistics, technical expertise and capacity within programmes and the global network; and develop the best structures and systems to operate in a professional and transparent manner. Our internal control and risk management mechanisms, including Internal Audit and Complaint & Feedback Mechanism (CFM) System, are placed within the organisation to ensure that the associated risks are evaluated and appropriately managed.

## OUR CONTRIBUTION TO THE SUSTAINABLE DEVELOPMENT GOALS

We see the work we do under our strategy as a key contributor to the achievement of the Sustainable Development Goals in Bangladesh. In 2018, we created an **SDG Cell** comprised of six Action Against Hunger staff members, dedicated to our contribution to the Sustainable Development Goals. We directly contribute to 9 of the 17 Sustainable Development Goals through our programmes in Nutrition and Health, FSL, WASH, MHCPGP and DRR as well as our interventions in combatting gender based violence and our focus on Partnerships and Communication.



## OUR COLLABORATION AND STRATEGIC PARTNERSHIPS

We collaborate as much as possible with non-governmental and civil society organisations, academic institutions and with the wider international humanitarian community<sup>1</sup>. Through our partnership work, we aim to **increase the impact and enhance sustainability of our interventions, maximising the resources available across the humanitarian community and reaching those most in need**. Our collaboration with local actors aims to promote local ownership, autonomy and self-sufficiency and aims to build a *shared* voice with stronger impact. We have taken active steps to increase our collaboration with other organisations, increasing the volume of our portfolio that is implemented with partners from 18% in 2016/17 to over 30% today.

Our partnerships are based on the following principles:

- Trust and respect
- Shared purpose
- Complementary nature
- Added Impact
- Transparency & Accountability
- Inclusiveness & Collective Action
- Mutual Learning

### A STRATEGIC PARTNERSHIP TO RESPOND EFFECTIVELY TO THE NEEDS OF ROHINGYA REFUGEES

In response to the influx of Rohingya refugees in 2017, we signed a one-year strategic agreement with three national non-governmental organisations: Shushilan, Friendship and FIVDB.

With our expertise and extensive experience in development and disaster preparedness and response, we proposed to support and expand their activities in Cox's Bazar. The collaboration was synonymously known as "capacity building support", to prepare them for any humanmade humanitarian emergencies.

Key objectives of the partnership included:

- Improving staff competency to deal with Rohingya refugee related situations in Cox's Bazar and collaborate where needed;
- Developing a basic logistical support system to manage the planned emergency intervention;
- Enabling national organisations to conduct long-term development projects in Cox's Bazar;
- Improving donor consultation and negotiation skills of national organisations to expand their activities in Cox's Bazar.

<sup>1</sup> A full list of partners can be found in annex 1.

In 2018, we have been an active member of the **Department of International Development Consortium**, collaborating with the non-governmental organisations FIVDB, Friendship, Sushilan, Humanity and Inclusion, and the International Rescue Committee. We are also active members of the **ECHO consortium** (under the leadership of Solidarities), and the “**Dhaka Earthquake and Emergency Preparedness**” (DEEP) Consortium<sup>2</sup>.

Furthermore, Action Against Hunger International is a member of the Start Fund Network, working to transform and improve humanitarian action with a focus on financing, localisation and innovation. **START Fund Bangladesh** is a nationally managed rapid emergency response fund, which activates funding within the first hours and days of a crisis. It is the pilot of a decentralised, nationally managed pooled funding mechanism that gives NGOs direct access to funds. We host the **Start Fund Bangladesh secretariat**, providing secretarial support to the network. As a custodian of the pool fund (financed by the UK's Department for International Development, DFID), we oversee the use of the funds to minimise risk and ensure member compliance with DFID and Bangladesh government regulations. Close collaboration with the Start Fund enabled Action Against Hunger to respond quickly and effectively to the cyclone that hit in May 2016, the flooding in August 2016 and the cyclone in May 2017.

## OUR WORK WITH THE GOVERNMENT OF BANGLADESH

We work closely with the Government of Bangladesh to strengthen the National Nutrition Services Delivery System, specifically the Community Management of Acute Malnutrition services.

We signed an agreement (from Jul 2016 – Dec 2020) with the National Nutrition Services (NNS) of Institute of Public Health Nutrition (IPHN) and Community Based Health Care (CBHC) of Ministry of Health and Family Welfare (MoHFW). Under this agreement, we are providing support on a district, upazila and community level, by reinforcing the technical capacity on facilitation of key maternal & child nutrition and health care practices, case identification and management of severe acute malnutrition.

We work with the government to strengthen community health systems in three areas: Satkhira, Barguna and Cox's Bazar. In Cox's Bazar alone, we work with 87 health centres and community clinics across 5 upazilas. We ensure the sustainability of community clinics by strengthening the capacity of 61 community groups and 1037 community group members, and 110 Community Support Groups.

## ACCOUNTABILITY: COMPLAINT AND FEEDBACK MECHANISM

In order to comply with the Core Humanitarian Standards, and to mainstream protection, we use power responsibly by taking account of, giving account to and being held to account by the people we seek to assist.

As a key element of this commitment, we have established a systematic complaints and feedback mechanism, aimed at ensuring a high standard of effectiveness, relevance and trust with beneficiaries, partners and other stakeholders.

The complaints and feedback mechanism is managed by the Complaint and Feedback Management Committee (CFMC), which currently consists of five members and is headed by the Country Director. The CFMC manages all types of misconduct, such as fraud and sexual harassment, and assists with the implementation of the Prevention of Sexual Exploitation and Abuse (PSEA) policy.

The primary mechanisms for feedback and complaints are a hotline, a designated email address, complaint boxes and airmail/post. The hotline number is distributed to beneficiaries, staff and

<sup>2</sup> More on the DEEP project in section “Disaster Risk Reduction”

partners and along with 151 complaints boxes set up in the community, these are the most popular modalities for both staff and beneficiaries to make complaints and ensure that Action Against Hunger can receive and act on complaints in a timely manner.

Additionally, beneficiaries utilise their close relationship with our staff to provide feedback and complaints face-to-face, after which staff can go through the proper channels to pass them on to the CFMC committee. Information hubs are in place to facilitate face-to-face feedback, 5 of which are currently operated by our Communication with Communities team directly, but CFMC receives feedback and complaint if it is relevant.

We work with a number of implementing partners, and take on responsibility of ensuring that these partners are acting in line with donor compliance and CHS/SPHERE standards. We therefore encourage and support partners in setting up the above mechanisms such that they are also receiving complaints and feedback. Partners can then act on complaints themselves or pass on any relevant issues to Action Against Hunger directly.

In 2018, CFMC recorded 49 complaints, which is sixteen times higher than the previous year. We received programmatic cases along with issues like misconduct, fraud, behavioural issues, and sexual harassment. After introducing the feedback mechanism in 2018, CFMC received only 12 pieces of feedback from 151 complaint boxes. The number was low as it took time to introduce the system among all staffs, beneficiaries and stakeholders. Action Against Hunger took necessary actions in response to the feedback according to the CFMC guidelines. CFMC conducted investigations upon evaluating the complexity and necessity of the complaints. In 2018, Only 14 cases (out of 49) were investigated in detail, as the rest were resolved by relevant programme and support officials. CFMC ensured the confidentiality of all complaints and shares necessary information with Donors and HQ on a needs basis.

#### COMPLAINT AND FEEDBACK MANAGEMENT COMMITTEE IN NUMBERS 2018

Complaints received	49
Feedback received (only from CFMC)	12
Investigated cases	14

### COMPLAINT AND FEEDBACK MANAGEMENT COMMITTEE'S ACHIEVEMENTS AT A GLANCE

In 2018, CMFC experienced a diversified variety of complaints and also conducted investigations into necessary cases. Such experience has developed our capacity to investigate financial fraud, behavioural misconduct, sexual abuse and harassment, gender-based violence/discrimination, PSEA, threats, theft, and negligence of duty. At a glance, CFMC has achieved the following in 2018.

1. Installation of 151 complaint boxes in Dhaka & Cox's Bazar;
2. Initiated a 24/7 hotline to ensure access of beneficiaries, employees and stakeholders with CFMC;
3. Conducted 10 orientation workshops on CFMC guidelines, policy and practices with ACF staffs;
4. Formed a gender-balanced committee of five members for effective management of the complaints. We also placed one female member in Cox's Bazar with fluency on local Cox's Bazar dialect for better communication with beneficiaries.

# OUR IMPACT



**53**  
PROJECTS ACROSS  
BANGLADESH

In 2018, 1.3 million people in Bangladesh were in need of humanitarian assistance. In addition to the Rohingya refugees seeking safety in the country, the country has a population of 164.6 million people, with 15% living below the income poverty line and 37% living in urban areas. Due to climate change and the rise in sea level, the loss of major agro-production zones is expected, which will have devastating effects on food security. In fact according to the INFORM index, which indicates the risk of natural hazards, Bangladesh is at very high risk of hazards, scoring 8.2/10<sup>3</sup>. In May 2018, Cox's Bazar was struggling with severe flooding and landslides, forcing over 25,000 refugees to relocate.



**>1.5 M**  
PEOPLE REACHED

In response to this need, in 2018 Action Against Hunger implemented 53 projects across Bangladesh, reaching over 1.5 million people. We had a total of 978 staff members working with us, of which 966 were nationals. With 31 agreements signed in 2018, we worked with a total of 13 different partners throughout the year and participated in three consortia.



**978**  
ACTION AGAINST  
HUNGER STAFF

**966**  
NATIONAL STAFF MEMBERS



**13**  
PARTNERS

## IN FOCUS

### OUR RESPONSE TO THE ROHINGYA REFUGEE CRISIS

Action Against Hunger has been one of the main humanitarian actors involved in the response to the Rohingya refugee crisis. Since August 2017, an estimated 745,000 Rohingya people, including more than 400,000 children, have fled from Myanmar to seek safety and protection in Cox's Bazar, Bangladesh. As of January 2019, over 900,000 stateless Rohingya refugees reside in Ukhiya and Teknaf Upazilas of Cox's Bazar District. The vast majority live in 34 extremely congested camps. The lack of food security and hygiene have resulted in high rates of malnutrition, for both refugees and host communities. The situation is exasperated by floods and disease outbreak. This has required extensive humanitarian action from the Government of Bangladesh and the humanitarian community in order to provide life-saving assistance and protection measures including emergency shelter, access to clean water and sanitation, healthcare, delivery of food and nutrition support, education, and protective services.

As part of the Joint Response Plan for 2018, we cooperated with the Government of Bangladesh and the international humanitarian community, including UN agencies and more than 100 national and international NGOs. Together, we supported the immediate needs of the Rohingya refugees and the affected host community. Action Against Hunger's response focused on nutrition and health, WASH, MHCPGP, FSL, DRR, Communications with the Community and response coordination support to the Government of Bangladesh.



# NUTRITION AND HEALTH



**353,971**  
PEOPLE REACHED  
THROUGH  
NUTRITION  
AND HEALTH  
PROGRAMMES



**14,858**  
CHILDREN ADMITTED  
TO THERAPEUTIC  
CENTRES

Acute malnutrition is the most life threatening consequence of hunger, affecting 49 million children under five years of age world-wide in 2018. Children with the most severe form of acute malnutrition are nine times more likely to die from infections such as diarrhoea, dysentery, respiratory infections and measles. Poor nutrition in the first years of a child's life can also lead to stunted growth, impaired cognitive ability and poor school performance.

Although Bangladesh has significantly improved its nutrition indicators, today 36.2% of all under-five year old children in Bangladesh are stunted<sup>4</sup> and 7.7% of all infant deaths are caused by malnutrition.

The Rohingya refugee community in Bangladesh is especially vulnerable at this time, with stunting and anaemia at approximately 40% and 30% respectively<sup>5</sup>. At the end of 2017, we conducted a nutrition assessment at Kutupalong refugee camp in Cox's Bazar, showing Global Acute Malnutrition (GAM) prevalence at 24.3% and Severe Acute Malnutrition (SAM) prevalence at 7.5, doubling from May to October 2017<sup>6</sup>. The minimum acceptable diet, an indicator that combines dietary diversity and meal frequency for children at 6–23 months of age, is at 7.3% (UNHCR, 2018) and Infant and Young Child Feeding practices are poor with low levels of exclusive breastfeeding of infants under six months of age.

At Action Against Hunger, we are determined to reach, treat and cure as many people as possible. In 2018, we reached 353,971 people through our nutrition and health programmes, of which 137,406 were children under 5 years old and 40,462 were pregnant and lactating women. Our severe acute malnutrition management interventions reached a total of 14,858 children, and 225,446 people with preventative nutritional supplementation. As well as screening for and treating acute malnutrition, we work within communities to teach caregivers how to prevent malnutrition from occurring.

We provide funding (sub-grants) to local health partners and during the implementation period we conduct joint monitoring visits to health facilities while providing technical support based on capacity building needs and visit findings. Action Against Hunger organises capacity building trainings based on the identified topics. We also supported the health partners in formulating their SOP Guidelines. The health partners implement the Basic Primary Health Care package.

<sup>4</sup> Report on Bangladesh Sample Vital Statistics 2017. Bangladesh Bureau of Statistics. 2017.

<sup>5</sup> Emergency Nutrition and Health Assessment, Cox's Bazar, 2018.

<sup>6</sup> Cox's Bazar Refugee Settlements, Coverage survey, August-September 2018.

## THE MODEL MOTHER INITIATIVE

The Model Mother approach, initiated in 2016, aims to detect acute malnutrition in children under 5 in 5 upazilas of Cox's Bazar district (Teknaf, Ukhia, Moheshkhali, Pekua and Kutubdia). 380 "Model Mothers" have been selected by the community leaders and the management committee of community clinics. Each Model Mother is responsible for 150 households, working under the catchment area of community clinics.

The Model Mothers work on a voluntary basis and are responsible for regular nutritional screening of children who are 6-59 months old, as well as pregnant and lactating women. Model Mothers screen their children frequently allowing early detection and referral for treatment, thereby becoming the focal point in scaling-up community management of acute malnutrition. Model Mothers also train other mothers in screening their children and inform on infant and young child feeding.



©Mahmud Rahman for Action Against Hunger Bangladesh

## NUTRITION SURVEILLANCE

Action Against Hunger Bangladesh has dedicated and experienced Surveillance Managers, internationally trained on SMART, SENS, CMAM Coverage (SLEAC/SQUEAC) methodology, Health Facility Assessment, KAP surveys and Food security. They are engaged in the International Collaboration with the Global SMART AND CMN Team, the Centre for Disease Control and Prevention (CDC) and UN bodies. Action Against Hunger is leading the Nutrition Sector Assessment Technical Working Group in Cox's Bazar (UNHCR, WFP, UNICEF, SAVE & ACF). We have the technical capacity for leading the local level integrated SMART surveys using the Kobo/ODK platform and the capability to support the Government and nutrition cluster to implement SMART surveys on emergencies and need basis from the SMART Pool. As a credible surveillance capacity, Action Against Hunger is leading the world's largest SMART nutrition surveys in refugee settlements in collaboration with Nutrition sector partners, INGOs and CDC and contributed global nutrition planning for 4 years in a row.



©Action Against Hunger Bangladesh

## SCHOOL NUTRITION AND HEALTH PROGRAMME

In 2018, Action Against Hunger organised a basic nutrition training for 101 school teachers and 850 school nutrition promoters from secondary (High School and Madrasah) and primary schools. The training included basic and refresher trainings on nutrition, as well as hygiene messages with CMAM outreach activities in three upazilas (Teknaf, Ukhika and Moheshkhali). Following the training, the teachers then trained around 19,000 school students in the classroom on nutrition and health messages.

# MENTAL HEALTH, CARE PRACTICES, GENDER AND PROTECTION



**143,960**  
PEOPLE REACHED  
THROUGH MHCP  
INTERVENTIONS



**33,992**  
PEOPLE REACHED  
THROUGH MENTAL  
HEALTH SUPPORT



**108,551**  
PEOPLE TRAINED  
ON CARE PRACTICES

Action Against Hunger’s Mental Health, Care Practices, Gender and Protection (MHCPGP) Team works closely with both the local community in Dhaka in promoting urban disaster preparedness and resilience and the Rohingya refugee community in Cox’s Bazar.

A history of persecution, violence, displacement, and discrimination of Rohingya people has heightened their vulnerability to psychological distress and mental disorders. Experience of gender-based violence, abuse and dependence on the traditional patriarchal family system before and after displacement from Myanmar makes women and girls especially vulnerable. Gender based violence (GBV) is increasing within refugee settlements due in part to overcrowded settlements, extreme gender power imbalances, a lack of gender-segregated and adequately lit hygiene facilities, social norms that normalise violence against women, stigma and silence around abusive practices and widespread impunity of perpetrators. The Rohingya community also lives by certain social and cultural norms that can deplete every effort made for women’s empowerment, creating barriers to their mobility, access to resources and decision-making. Children are at risk of neglect, abuse, violence and exploitation in the changed hardship context, as caregivers are fighting for survival and under extreme duress. Action Against Hunger globally follows the mandate on child protection and women’s rights adhering to core humanitarian principles of inclusion, do no harm, and quality and dignity considerations in its assistance and support to marginalised communities.

We were the first active and leading provider of mental health and psychosocial support (MHPSS) for the distressed population during the influx in 2017. Early into the emergency response, we incorporated mental health, care practices, gender and protection (MHCPGP) activities as part of the immediate multi-sectorial response, including psychological first aid, psychoeducation, trauma-recovery and stress management. We established and led the MHPSS technical working group until 2018 for coordinated MHPSS response in collaboration with various sector leads from Protection, Child-Protection, and GBV sub-clusters.

Our MHCPGP team expanded quickly – in 2018, we deployed skilled psychologists and lay counsellors to support MHCPGP programmes, including 70 psychosocial assistants and 93 community volunteers. The majority of our community volunteers are Rohingya refugees themselves. We constantly strive to build the capacity of our teams and to respond to the challenges they face. We provide group and individual supervision, as well as support for both psychosocial workers and our community volunteers. Key staff have received orientation and training on gender equality principles, child protection policy, and protection mainstreaming principles especially. Further to this, all staff sign the code of conduct, strengthening our compliance with protection principles.

In 2018, we reached 143,960 people through our MHCPGP interventions, providing mental health support to 33,992 people and reaching 108,551 people through our interventions on care practices.

#### THE MENTAL HEALTH, CARE PRACTICES, GENDER AND PROTECTION SERVICES - OUTREACH IN 2018

ACTIVITY	BENEFICIARY REACHED (INCLUDING HOST & ROHINGYA POPULATION)
Displaced Rohingya refugees supported through Psychological First Aid	151,240
Individuals benefiting from mental health & psychosocial support key services	72,761
Government of Bangladesh healthcare staff trained on MHCP approach	539
Caregivers of severely malnourished children provided with long-term psychosocial follow-up and care services	1,972
Early child stimulation and structured play sessions organised through baby-friendly spaces	60,488
Adolescent girls and women of reproductive age provided with menstrual hygiene education and practical support	1,437
Vulnerable women and girls accessing safe spaces in refugee camps	4,697
Unaccompanied & separated children linked to foster care families	300
Lactating mothers and primary caregivers receiving breastfeeding and Infant and Young Child Feeding counselling sessions	54,539
Awareness sessions on care practices and child protection organised for key community stakeholders and religious leaders	4,800

The MHCPGP team incorporated protection initiatives from the very beginning, as all activities focus on protecting children from undernutrition as well as protecting caregivers and children from emotional distress. To integrate protection into Action Against Hunger's overall programming, we made coordinated efforts across WASH, Nutrition, FSL and MHCPGP activities to identify especially - but not limited to - children, women and girls most in need of protection. We provide psychosocial support through individual and/or group counselling and make needs-based referrals in relation to GBV, child protection and Sexual and Reproductive Health Rights issues. We also include awareness initiatives regarding protection. To institutionally strengthen gender across all programmes in Bangladesh, training is provided for staff on inclusion and referral mechanisms. MHCPGP counsellors and protection personnel are being trained on gender-sensitive approaches and treatment, with a particular emphasis on building confidence, agency and awareness of rights.



## RECOGNISING AND RESPONDING TO GENDER INEQUALITIES: A GENDER ANALYSIS

Action Against Hunger collaborated with Save The Children and Oxfam to conduct a gender analysis in April 2018. The aim was to identify and understand the needs and vulnerabilities of Rohingya refugees and host communities in Cox's Bazar, recognise existing gender inequalities, and develop recommendations for how to tackle them.

Data was collected in Cox's Bazar over the course of three weeks, using a mixed methods approach, including a desk review, focus group discussions, key informant interviews, surveys and direct observations. Once the data was collected, gender specialists from Action Against Hunger as well as from Oxfam, Save the Children, Care International, UN Women and UNHCR worked jointly on the analysis and the production of the research report.

Key findings indicate that gender inequalities exist across a range of sectors and are especially prevalent among the Rohingya community. For example, there is a lack of gender segregation of latrines and menstrual hygiene needs remain unmet. Undernutrition is more common among children under 5 years and women and girls. Women only have restricted access to Income Generating Activities and men are the key decision makers. Abuse of power exists among camp leaders (Majhis) and there is a major lack of support services. Another problem is that women only have limited access to certain services due to a lack of segregation or a limited number of female staff that women could see. These examples bring to light only part of the complex and deep rooted inequalities existing in the Rohingya refugee camps and host communities. Recommendations have been included in the research report and are to be considered in future programming.

## WOMEN-FRIENDLY SAFE SPACES: PROTECTING VULNERABLE WOMEN AND GIRLS FROM SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

In September 2018, Action Against Hunger created Safe Spaces for Women and Girls (SSWGs) in Cox's Bazar that provide counselling and information on protection. This is a place that Rohingya women and girls own and design themselves, where they can voice their concerns in safety and receive support in return. A psychologist provides specialised mental health services through individual and group counselling sessions. Participants receive appropriate guidance regarding various protection risks, such as sexual & gender-based violence, child marriage, trafficking of women and girls leading to cross-border movement and prostitution, etc. Usually protection concerns are dealt alongside informative sessions on sexual and reproductive health rights.



© Action Against Hunger Bangladesh

Through our community outreach initiatives, we have been able to reach many vulnerable women and girls. On average, we have 9 to 15 new beneficiaries join our safe spaces and once joined, the women and girls attend regularly. In the first four months, we provided support to over 4000 women aged from 18 to 60 years and over 600 adolescent girls aged from 10 to 18 years.

Male members of the families are becoming gradually more accepting and improving of their female family members participating. We aim to reach male family members through home visits and to provide them with clear information on what to expect from SSWG services.

We also hold focus group discussions and interviews with our beneficiaries to understand their motivations and potential barriers to coming to our safe spaces. Feedback has shown that beneficiaries very much appreciate the opportunity to speak about their feelings and issues, which helps them cope with their situation and become less fearful.

## CHILD MALNUTRITION AND ITS LINK TO MENTAL HEALTH AND CARE PRACTICES

MHCPGP activities are closely linked with nutrition activities, working toward the same objective of preventing and treating undernutrition. Our nutrition and MHCPGP staff therefore meet bi-weekly to discuss and share views regarding complex cases.

MHCPGP staff plan home visits to follow up on cases that are relapsed and/or defaulted. Through the OTPs and SCs covered by MHCPGP and Nutrition in the Rohingya camps, a total of 828 defaulter and relapse cases of severely malnourished children have been supported in the last 2 years. Apart from 12 defaulter cases that could not be located due to relocation from the camp, all of the cases showed significant improvements in childcare practices leading to enhanced nutritional outcomes.

MHCPGP teams conduct protocol-based health education and support sessions with family members of SAM children at community level to increase awareness and improve access to appropriate health and nutrition services, as well as home-based care of infants and children. Age appropriate stimulation sessions are conducted to strengthen adequate growth and psychosocial development of children under 5 years of age. These include play sessions, baby messages and baby bathing. The primary objectives are to improve mother-child bonding and nutritional outcomes for the malnourished children. These kinds of group sessions creatively engage mothers and primary caregivers in early child-care. Moreover, group discussions in mothers' support groups are held regularly to foster new learning and lasting behaviour change, allowing mothers to share their unique experiences and motivate each other for enhanced child-care. MHCPGP staff also provide individual counselling and tailored psychosocial support to lactating mothers when they encounter breastfeeding difficulties as a result of stress and deprivation of basic care services.

# FOOD SECURITY AND LIVELIHOODS



**476,431**  
PEOPLE REACHED



**8,793**  
METRIC TONS OF  
FOOD AID DISTRIBUTED



**52,835**  
PEOPLE RECEIVING  
BLANKET  
SUPPLEMENTARY  
FEEDING



**24**  
PROJECTS



**2,000**  
PEOPLE TRAINED



The arrival of Rohingya has greatly impacted the food security and livelihoods of the host community in Cox's Bazar, this in a community that was already facing severe (7%) and moderate (20%) chronic food insecurity. Lack of economic access to food, low food production, decreased employment opportunities, poor food utilisation, resource depletion (including environmental impact), increase in food prices, and market access are the main drivers of food insecurity. Natural disasters, deforestation, disease outbreaks, and restriction of movement may prolong and worsen the food insecurity situation for host communities and refugees.

In addition to the food security and livelihoods issues faced by those in Cox's Bazar, waterlogging is a chronic problem affecting food production in Bangladesh, particularly in in Satkhira and Jessore on the south-west Coast, where considerable parts of the region have been experiencing waterlogging almost every year since 2000. Landless and marginal farmers are affected most by waterlogging as they have lost their traditional livelihoods based on crop and animal production. As such, it is important to develop climate resilient strategies to anticipate and adapt to the effects of climate variability and extremes. One such approach is agroecology, which can increase farmers' ability to adapt to climate change and mitigate its effects (see case study opposite).

Action Against Hunger reached 476,431 people with food security and livelihoods support in 2018, distributing over 8793 metric tons of food aid and providing blanket supplementary feeding to 52,835 people. Through our 24 FSL projects delivered last year, we also provided FSL training to almost 2000 people.

## CLIMATE RESILIENT AGRICULTURE FOR FOOD AND NUTRITION SECURITY

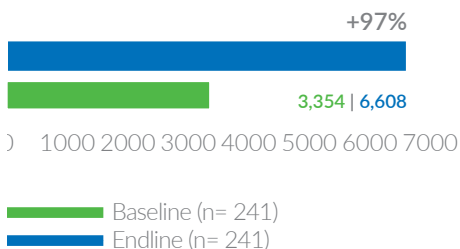
To support the most vulnerable Bangladeshi communities to enhance livelihood resilience and improve their food and nutrition security, Action Against Hunger and its partners implements a number of projects focused on addressing vulnerability linked to climate induced disasters. Among these is the 'Piloting of new models and approaches for strengthening resilience of the most vulnerable people in south-west Bangladesh' in Satkhira and Barguna, and the ECHO funded project entitled 'Enhance resilience of the most vulnerable communities to cope with waterlogging in Satkhira and Jessore districts in Bangladesh'.

The second of these projects is aimed at building up the resilience of the impacted farming systems through a range of agroecological practices, including crop and animal production, improved water and soil management, and diversified production systems. The project targeted a total 2,404 households, among them 2,300 landless and daily labourers and 104 marginal farmers.

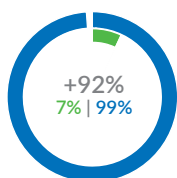
The project provided capacity building to both local authorities and communities themselves; supported communities to adapt their livelihoods to match the shifting context and where necessary find alternatives; and finally promoted good nutrition, health, care and hygiene practices. As a result, the livelihoods and food security of communities was strengthened through improved space utilisation and higher net returns, diversification of diets, and a diversification of assets and livelihoods.

## MONITORING OF FOOD AND NUTRITION SECURITY INDICATORS

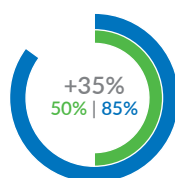
### OVERALL INCREASE OF MONTHLY INCOME (BDT)



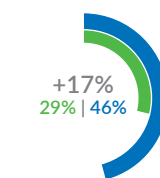
### DIVERSIFICATION OF INCOME SOURCE (> 1 OCCUPATION)



### DIVERSIFICATION OF AGRO-BASED PRODUCTIVE ASSETS (LIVESTOCK)



### DIVERSIFICATION OF NON AGRO-BASED PRODUCTIVE ASSETS



## VILLAGE SAVING AND LOAN ASSOCIATION (VSLA) APPROACH FOR RESILIENT LIVELIHOODS

Lack of capital is one of the biggest constraints for the most vulnerable people to diversify livelihoods to reduce disaster risk and better adapt to climate change. As part of a solution, Action Against Hunger piloted the Village Saving and Loan Association (VSLA) approach as a capital generation process to expand livelihoods. The VSLA is a community managed savings and microfinance association that does not receive any external capital and provides people with a secure place to save their money, with access to small loans for investing in income generating activities and emergency funds for covering emergency needs.

By the end of 2018, 8 VSLAs saved a total of BDT 751,780. BDT 614,000 were disbursed as a loan to invest in income generating activities, BDT 86,100 were in a bank account and BDT 51,710 were in a Box. By December 2018, 91 of the 203 VSLA members had taken a loan from the respective VSLA. Major investments went into vegetable production, small businesses, livestock & poultry rearing and fishing culture.



© Mahjabin Khan for Action Against Hunger Bangladesh



## APPLIED RESEARCH (JOINTLY WITH KHULNA UNIVERSITY)

**'Land and water based adaptive farming practices in variedly elevated homesteads to cope with water-logging'**

With technical support from Khulna University the applied research entitled as 'Land and water based adaptive farming practices in variedly elevated homesteads to cope with water-logging' was designed to evaluate the performance of the new model during the waterlogging season to keep the homestead areas productive. The trial of the new model is supposed to be carried out for three years. Two years have already been completed.

Overall performance of the research programme in the first two years was very encouraging and well accepted by the local community. The homesteads under this trial remained productive during the peak of the waterlogging season and production increased manifoldly. The new model is already highly accepted by the local community and appreciated by the stakeholders.

## WATER, SANITATION AND HYGIENE



**550,427**  
PEOPLE REACHED



In Bangladesh, 12 out of 100,000 people are dying as a result of unsafe water, sanitation and hygiene (WASH) in Bangladesh. Although WASH facilities have been improving in recent years, the need remains high especially in certain vulnerable areas such as urban slums, rural areas, community centres including schools and clinics, and disaster-prone regions.



**60**  
WATER POINTS BUILT

The large influx of Rohingya refugees from Myanmar since 2017 continue to pose a great challenge to the WASH infrastructure in Cox's Bazar, as its use exceeds capacity. Natural disasters in the region exacerbate the situation. Bangladesh is still dealing with the effects of cyclone Mora, which hit coastal areas in May 2017. Most of the WASH infrastructure in the refugee settlements consists of temporary structures, which were highly vulnerable to the heavy rains and winds of cyclone Mora. As a result, 10 000 latrines in Teknaf and Ukhiya were damaged<sup>7</sup>.



**55,321**  
SANITARY KITS  
DISTRIBUTED

In 2018, Action Against Hunger reached a total of 550,427 people in need of WASH assistance across Bangladesh. We built or renovated 60 water points, 2397 latrines, and distributed 55,321 sanitary kits. We worked in partnership with the Society for Health Extension and Development (SHED), Hygiene, Sanitation and Water Supply (HYSAWA), and the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b).

<sup>7</sup> Needs Assessment and Gap Analysis on Current Water, Sanitation and Hygiene Situation for Undocumented Myanmar Nationals and Host Communities in Ukhiya and Teknaf Upazilas and an Urban Slum of Sadar Upazila under Cox's Bazar District. AFM Kamal Chowdhury. July 27, 2017.

## **BIOGAS COMPOUND: A SUSTAINABLE AND ENVIRONMENT FRIENDLY SOLUTION FOR FEACAL SLUDGE MANAGEMENT**

In addition to other solutions, noteworthy interventions of Action Against Hunger include the construction of biogas plants ([youtu.be/wNK4h7Dmu3o?t=6](https://youtu.be/wNK4h7Dmu3o?t=6)). We have been implementing these in the camp since 2013. There are two types of biogas plant in the camp: the RCC biogas plant and the fiberglass biogas plant. The raw materials of this biogas plant are human faeces. Action Against Hunger is a pioneer in successfully implementing human faeces-driven biogas plants in refugee camps in Bangladesh. Biogas plants driven by human faeces are also very rare even beyond the camp in Bangladesh. The strength of biogas plants is its multipurpose contribution to faecal sludge management, food preparation and cooking, and use of sludge as organic manure. Community members cooking are their daily food and saving the money on fuel consumption. 15-20 families can use one kitchen to connected with a biogas plant meet demands for regular food preparation through a roster. The biogas plant saves women and children from indoor kitchen air pollution as well as reduces carbon emissions and deforestation, which has a major impact on climate change mitigation.

## **AQUA ANAEROBIC FILTER/ SEPTIC TANK: MANAGING FEACAL SLUDGE**

As a result of the rapid refugee influx in 2017, there is a huge volume of human excreta generated each day. It is noted that, not only from Action Against Hunger's side, but also from the side of the WASH sector, still it is challenging to manage this volume of excreta. Land constraint is the biggest challenge for introducing faecal sludge management plants. It is where an environmental-friendly disposal system is still lacking. Focusing on this constraint, Action Against Hunger introduced latrines that have the option of an on-site treatment facility known as an Aqua Anaerobic septic tank. To cope with the time constraint, it is easy to transport and install. There is a special device inside the tank to help grow Anaerobic bacteria that converts the solid waste into odourless 50% filtered liquid. This liquid, which is not suitable for drinking or any household use, is allowed to go out to the drain to use as natural fertiliser in garden or farmland for agricultural purpose, or can be used as fish food. Even this on-site treatment facility does not require desludging.

## COMMUNICATION WITH COMMUNITIES



# 28,350

REFUGEES ACCESSED  
INFORMATION CENTRES

20,600 FEMALE

7,750 MALE



5 INFORMATION  
CENTRES PILOTED IN  
2018

An information and communications needs assessment conducted by Internews in 2017 found that there are profound communication gaps among refugee women, girls, boys and men in Cox's Bazar. More than three quarters (77%) of refugees reported that they did not have enough information to make good decisions, and almost two-thirds (62%) reported that they were unable to communicate with aid providers. The assessment urgently called for scaled up mechanisms through which affected populations, particularly marginalised populations, and the humanitarian community could regularly establish two-way communication to engage, hear and respond to refugees' concerns and proposed solutions, as well as promote behavior development or change.

In 2018, Action Against Hunger initiated the Communication with Communities (CwC) Information Centre Initiative in partnership with BBC Media Action. Funded by Global Affairs Canada, these information centres aim to address the information and communication gaps and to reduce the risks associated with the spread of rumours and misinformation.

A Communication with Communities approach was implemented across all sectors to directly support programming, including WASH, nutrition, protection, and health. There has been an acute need to provide lifesaving information to communities in a language and format they understand to enable access to services, promote behavior change and reduce risks. Empowering Rohingya refugees and host communities to provide feedback is key to enabling a relevant, conflict-sensitive and localised response. The feedback collected by the information centres went to feed into the response-wide common feedback mechanism through both Action Against Hunger and BBC Media Action as coordinating agencies, and was used at local/agency level to help resolve individual cases and issues.

Action Against Hunger established five information centres in its emergency nutrition centres. This enabled the targeted population to access the information services along with other assistance. From June to December 2018, a total of 28,350 refugees accessed the information centers (20,600 female and 7,750 male).

Both Action Against Hunger and BBC Media Action are active members of the Shongjog working group, which is the multi-stakeholder platform for Communication with Communities in Bangladesh. As a result, both agencies have worked through strategic partnerships to complement and reinforce capacity.

## COMMUNICATION WITH COMMUNITIES (CWC) INFORMATION CENTRES

Our Communication with Communities (CwC) Information Centres ensure that the voices of Rohingya women and men are heard and understood at all levels of the Rohingya response in Cox's Bazar. A customisable design for the information centres was developed, taking into account the nature of the population and their information and communication needs. With new refugees coming in from Rakhine State, communication tools from Bangladesh were no longer suitable while the tools from Myanmar are censured, so adaptation was urgently needed. All information centres were located on a well-frequented route, accessible also to more vulnerable groups. The information centres used two-way communication and encouraged refugees to actively seek information services. A series of audio-visual material, animations and low-text content was developed based on the feedback and demand/needs of refugees. The centres were also linked with off-line radio programme content from another initiative by BBC Media Action under the Common Service Mechanism.

Due to the dynamic context, information centres provided content according to community need. For example, during the outbreak of chicken pox or the mass vaccination campaign, information centres adjusted messaging to context specific content on chicken pox and vaccination. In addition to direct one-on-one information exchange, we also shared digital content including animated videos with refugees who had access to smart phones, encouraging wider dissemination of the information and increasing awareness.

Information Centres offered a space also for community activities/discussions, proactively organised and led by the centre staff and other agency staff. Activities were aimed at particular groups, such as children, adolescents and women. We also offered counselling sessions on specific topics for specific groups (e.g. trafficking, IYCF, breastfeeding, etc.). We provided semi-private spaces for individual queries on sensitive topics and assured anonymity if wished so.

Our staff and volunteers working in the centres spoke the Rohingya language and/or Chittagonian dialect with regular working hours. A 'knowledge bank' supported staff and volunteers in providing information and answers to key, common questions, including generic information (e.g. entitlements, registration, self-help advice) and locally specific information (e.g.

location and timing of distributions).

Moreover, we had mechanisms in place for the immediate escalation of sexual exploitation and abuse allegations and life-threatening or protection-related issues, the immediate dissemination of urgent updates or warnings (e.g. cyclones, disease outbreaks), and for following up on referrals to ensure that the person referred was successful in receiving the service they needed.

We assured that all questions, complaints and feedback were recorded systematically, including those inputs from people who were unable to write. Feedback and complaints were not limited to the agency running the centre, but also addressed the centre itself. Detailed summaries were regularly submitted to the central feedback collation service.

A study carried out as part of the CWC Common Service project (2018) found that 75% of the Rohingya community felt that it had become easier to access information. 84% of the refugee population reported that they had enough information to make good decisions for themselves and their families. Despite the latest figures, the CWC common service evaluation showed that people still have many unanswered questions. 30% of Rohingya survey respondents asked the data collectors questions on where to collect relief or the government's plans for repatriation. This suggests that, while the Rohingya community feel better informed than when they first arrived, they still have many questions, particularly around their future.



**53,511**

**PEOPLE REACHED THROUGH SPECIFIC DRM ACTIVITIES**



**4,469**

**RISK MITIGATION INFRASTRUCTURES RECONSTRUCTED**



**50,000**

**PEOPLE COVERED BY FUNCTIONAL EARLY WARNING SYSTEM**



**RESPONDED TO**

**2**

**EMERGENCIES**



**1,114**

**PEOPLE TRAINED ON DISASTER PREPAREDNESS**

## DISASTER RISK REDUCTION



Bangladesh is one of the most disaster-prone countries in the world. The country has made considerable improvements in disaster risk management over the past decades, but gaps remain. Preparedness for earthquakes - especially in the urban centers of Dhaka, Chattogram and Sylhet - is an aspect of particular concern: The “contingency plan for an L3 emergency” includes a ‘worst-case earthquake scenario’, estimating up to 570,000 people to be killed, 1.2 million injured, 14 million displaced, and 80% of the buildings damaged in the three cities of Dhaka, Chattogram and Sylhet. There is a clear need for better earthquake preparedness amongst local and international stakeholders.

If struck by a major earthquake, the metropolitan area of Dhaka - home to around 13 million people - is likely to suffer in two waves: at the time when the earthquake strikes, leading to the collapse of buildings and potential soil liquefaction and later due to the aftermath. It is a city with a dilapidated infrastructure, an extremely dense layout, featuring narrow streets and few open spaces, and with a rather centralised structure of emergency and disaster response services (e.g. the Bangladesh Fire Service and Civil Defense (BFSCD) and the Armed Forces Division (AFD)). It is therefore likely that many sites across the city will find themselves waiting for rescue and response operations over extended periods of time.

## THE DHAKA EARTHQUAKE AND EMERGENCY PREPAREDNESS PROJECT

The “Dhaka Earthquake and Emergency Preparedness” (DEEP) project, funded by European Union Humanitarian Aid and Civil Protection, aims to strengthen local capacity for emergency preparedness in the capital city of Dhaka.

As a key consortium member for this project, Action Against Hunger took the lead to implement the capacity enhancing of relevant professionals on Mental Health and Psychosocial Support (MHPSS) in the wards in South Dhaka City Cooperation. These professionals include Fire Service Civil Defense inspectors and volunteers, health professionals of the Health Centers of the Dhaka South City Corporation, Bangladesh Rogers Scout, Humanitarian professionals and Bangladesh Red Crescent Society volunteers. A total of 250 targeted professionals received training on MHPSS and Psychological First Aid (PFA), of which 160 were male participants and 90 were female participants. In addition to this, Action Against Hunger organised national level workshops on MHPSS preparedness during emergency with the Dhaka South City Cooperation, Department of Disaster Management, Directorate General of Health Services, Bangladesh Army (Dhaka Cantonment), University of Dhaka and the Fire Service Civil Defense. Through MHPSS training, the DEEP project enhanced the capacity of 1755 professionals and volunteers.

Initiatives have been taken to ensure that MHPSS and PFA were integrated in all activities of the DEEP project as a vital component of disaster preparedness. During the DEEP project, MHPSS was included in school DRR training curriculum, ward capacity building training and ward inception, mock drill, campaign assessment and community contingency planning.

Disaster Risk Reduction and Management is mainstreamed in Action Against Hunger Bangladesh programming. Action Against Hunger promotes people's ability to absorb, adapt and transform when faced with a crisis to limit their exposure to disasters, whether natural or human-made. We do this by developing early warning systems and risk management, contingency and development plans, using local budgets that include risk management. We work towards improving access to information and effective early warning systems through advocacy at local and national level to increase disaster resilience.



© Abdullah Al Mamun for Action Against Hunger for Bangladesh

An embankment reconstructed as part of risk mitigation measure



# ANNEX: LIST OF PARTNER ORGANISATIONS 2018

## NATIONAL NON-GOVERNMENTAL ORGANISATIONS

1. Shushilan
2. Society for Health Extension & Development (SHED)
3. MUKTI Cox's Bazar
4. Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)
5. Friendship
6. Friends In Village Development Bangladesh (FIVDB)
7. Hygiene Sanitation Water Supply (HYSAWA)
8. Nazrul Smriti Sangsad (NSS)
9. Manab Mukti Sangstha (MMS)

## INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS

1. BBC Media Action
2. Christian Aid
3. German Red Cross
4. Handicap International
5. Helen Keller International (HKI)
6. International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)
7. International Rescue Committee (IRC)
8. Solidarites International

## ACADEMIC INSTITUTIONS

1. Department of Clinical Psychology, University of Dhaka
2. Agro-technology Discipline, Khulna University

## GOVERNMENT AGENCIES

1. Institute of Public Health Nutrition (IPHN)
2. Community Based Health Care (CBHC)

## INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS (START FUND BANGLADESH MEMBERS)

1. ActionAid Bangladesh
2. Care
3. Caritas Bangladesh
4. Christian Aid
5. Concern Worldwide
6. Handicap International Federation\*
7. HelpAge International Bangladesh
8. Islamic Relief Bangladesh
9. Muslim Aid-UK
10. Oxfam
11. Plan International Bangladesh
12. Relief International
13. Save the Children International
14. Solidarites International\*
15. Tear Fund
16. World Vision

## NATIONAL NON-GOVERNMENTAL ORGANISATIONS (START FUND BANGLADESH MEMBERS)

1. Ashika Development Associates (ASHIKA)
2. Association Of Voluntary Actions For Society (AVAS)
3. Bolipara Nari Kalyan Somity (BNKS)
4. Center For Natural Resource Studies (CNRS)
5. Coastal Association For Social Transformation Trust (Coast Trust)
6. Dhaka Ahsania Mission (DAM)
7. Dushtha Shasthya Kendra (DSK)
8. Eco Social Development Organisation (ESDO)
9. Friendship\*
10. Gana Unnayan Kendra (GUK)
11. Jago Nari (JN, Fighting For Women Empowerment)
12. Mahideb Jubo Somaj Kallayan Somity (MJSKS)
13. Manab Mukti Sangstha (MMS)\*
14. Nabolok Parishad-Nabolok
15. National Development Programme (NDP)
16. Nazrul Smriti Sangsad (NSS)\*
17. People's Oriented Programme Implementation (POPI)
18. Polli Shahajogi Bishawyk Sangstha (ARCO)
19. RDRS Bangladesh
20. Shariatpur Development Society (SDS)
21. Shushilan\*
22. SKS Foundation (SKS)
23. Social And Economic Enhancement Programme (SEEP)
24. Society For Health Extension And Development (SHED)\*
25. Uttaran
26. Voluntary Association For Rural Development (VARD)

\* Also Action Against Hunger's direct partners

**Action Contre la Faim (ACF)****Consolidated Statement of Financial Position**

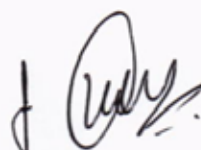
As of December 31, 2018

Particulars	Notes	Total Amount in Taka
<b>A. Non Current Assets</b>		<b>20,124,404</b>
Fixed Assets	4.00	20,124,404
<b>B. Current Assets</b>		<b>1,154,640,005</b>
Closing Cash and Bank Balance	6.00	451,791,757
Advance to Other Projects	8.03	669,500,785
Advances to PNGO & Other	5.00	33,347,463
<b>C. Current Liabilities</b>		<b>735,262,760</b>
Accrued expenses	18.00	80,262,760
Advance from Other Projects/Source	8.02	655,000,000
<b>D. Net Current Assets: (B-C)</b>		<b>419,377,245</b>
<b>Total: (A+D)</b>		<b>439,501,649</b>
<b>Represented by</b>		
Fund Account	7.00	439,501,649
<b>Total</b>		<b>439,501,649</b>

The accompanying notes form an integral part of this consolidated financial statement.



Head of Finance  
**Action Contre la Faim (ACF)**



Country Director  
**Action Contre la Faim (ACF)**

This is the Consolidated Statement of Financial Position referred to in our separate report of even date.

Dated: Dhaka  
December 24, 2019




**Ahsan Zamir FCA**  
Partner  
**Ahsan Zamir & Co.**  
Chartered Accountants

**Action Contre la Faim (ACF)**  
**Consolidated Statement of Financial Position**  
 As of December 31, 2018

Particulars	Notes	Amount in Taka										WFP Funded Project	Total Amount					
		Further Account	Non Operational Projects	Reduce Manufacturing Phases	HEMS	Core's F26, 2015-18	Country Coordination	Core's F2-7 17-18	Core's F2-7 18-19	Start Fund	Core's Next Community			UNHCR-Project	UNICEF			
<b>A. Non Current Assets</b>	4.00																	
Fixed Assets		-	2,272,256	6,827,730	1,998,261	340,280	1,325,046	-	-	196,040	5,827,999	371,095	-	-	1,185,727	20,124,404		
<b>B. Current Assets</b>																		
Closing Cash and Bank Balance	6.00	5,438,634	15,559,580	32,271,814	48,013,774	75,521,661	3,534,926	196,458,779	210,345,666	2,078,166	72,958,170	81,195,107	32,931,419	6,274,884	1,154,640,005			
Advance to Other Projects	8.03	-	-	31,667,714	48,013,774	75,521,661	3,534,926	1,458,779	345,666	2,079,166	25,724,023	31,195,107	32,931,419	6,274,884	451,791,757			
Advances to INGO & Other	5.00	-	-	-	-	-	-	195,000,000	210,000,000	-	14,500,785	50,000,000	-	-	669,500,785			
		-	-	604,100	-	-	-	-	32,743,363	-	-	-	-	-	33,347,463			
<b>C. Current Liabilities</b>																		
Current liabilities for Expense	18.00	-	-	-	-	230,085	5,606,500	-	-	41,563,816	818	580,089,912	47,355,042	2,202,446	88,214,141	735,262,760		
Advance from Other Projects/Source	8.02	-	-	-	-	230,085	626,500	-	-	16,563,816	818	5,089,912	47,355,042	2,202,446	8,214,141	80,262,760		
		-	-	-	-	-	5,000,000	-	-	25,000,000	-	575,000,000	-	-	50,000,000	655,000,000		
<b>D. Net Current Assets: (B-C)</b>																		
		5,438,634	15,559,580	32,271,814	48,013,774	75,291,576	(2,071,574)	196,458,779	210,345,666	(39,484,850)	372,045,608	(507,121,742)	33,840,065	30,728,973	(51,939,257)	419,377,245		
<b>Total: (A+D)</b>		5,438,634	17,831,836	39,099,544	50,012,035	75,631,856	(946,528)	196,458,779	210,345,666	(39,484,850)	372,241,648	(30,293,743)	34,211,130	30,728,973	(50,773,530)	439,501,649		
<b>Represented by Fund Account</b>																		
	7.00	5,438,634	17,831,836	39,099,544	50,012,035	75,631,856	(946,528)	196,458,779	210,345,666	(39,484,850)	372,241,648	(50,293,743)	34,211,130	30,728,973	(50,773,530)	439,501,649		
<b>Total</b>		5,438,634	17,831,836	39,099,544	50,012,035	75,631,856	(946,528)	196,458,779	210,345,666	(39,484,850)	372,241,648	(50,293,743)	34,211,130	30,728,973	(50,773,530)	439,501,649		

Details project name has been set out in Notes to the Consolidated Financial Statements.  
 The accompanying notes form an integral part of this consolidated financial statement.

  
 Head of Finance  
**Action Contre la Faim (ACF)**

  
 Country Director  
**Action Contre la Faim (ACF)**

  
**Ahsan Zamir FCA**  
 Chartered Accountants

Dated: Dhaka  
 December 24, 2019

This is the Consolidated Statement of Financial Position referred to in our separate report of even date.

Action Contre la Faim (ACF)

Consolidated Statement of Comprehensive Income  
For the period from January 01, 2018 to December 31, 2018

Particulars	Notes	Mother Account	Non Operational Projects	Reduce Maternal Phase 1	MIBS	Core's PDC, 2018-18	Country Coordination	Amount in Taka					UNICEF	WFP Special Project	Total Amount
								Core's PD-7 17-18	Core's PD-7 18-18	Core's PD-7 18-18	Start Fund	Core's Invest Community			
<b>Income:</b>															
Grant Received from Mother A/C	8.01	-	-	-	-	150,849,036	14,087,535	710,016,162	194,021,444	392,232,667	256,899,725	199,541,824	53,124,922	1,461,206,843	
Grant Received in Project A/C	8.01	1,461,206,843	-	-	-	-	-	-	-	-	-	-	-	565,674,520	
Grant Received in Mother Account	8.01	-	-	-	-	-	-	-	-	-	-	-	-	1,461,206,843	
<b>Total Income</b>						150,849,036	14,087,535	710,016,162	194,021,444	392,232,667	256,899,725	199,541,824	53,124,922	3,488,088,225	
<b>Expenditure:</b>															
Field disbursement	9.00	-	-	-	-	54,514,966	45,566,719	25,086,310	24,302,010	14,288,693	296,603,395	56,136,357	37,010,316	1,461,206,843	
Personnel	10.00	-	-	-	-	91,946	1,018,031	97,280	483,700	531,754	22,873,527	9,057,680	91,112	576,002,267	
Equipment & Stationeries	11.00	-	-	-	-	167,170	463,355	144,083	17,662	15,629	84,917	141,279	1,031,033		
Communication	12.00	-	-	-	-	1,916,665	12,478,008	5,216,979	2,211,842	231,672	14,196,699	2,394,342	510,558	35,654,850	
Office & Other Accommodation	13.00	-	-	-	-	2,474,455	6,242,667	3,188,762	284,661,263	4,165,218	99,000,840	1,549,036	403,683	73,732,823	
Traveling/Transport	14.00	-	-	-	-	118,393,383	279,980	318,807,562	125,000	45,000	5,799,750	1,650,693	392,182	11,437,664	
Head Office & Branch Office expenses	15.00	-	-	-	-	187,798,218	71,399,139	289,348,114	39,484,150	19,991,019	805,237,109	171,315,250	38,520,648	3,474,740,924	
Program Cost	16.00	-	-	-	-	(16,390,480)	(57,307,604)	480,668,047	(112,278,020)	(28,484,650)	(348,337,383)	28,226,574	15,587,750	(44,538,560)	
Other Cost	17.00	-	-	-	-	279,980	5,250,359	325,000	125,000	30,460	2,877,252	1,439,385	-	15,094,819	
<b>Total Expenditure</b>						187,798,218	71,399,139	289,348,114	39,484,150	19,991,019	805,237,109	171,315,250	38,520,648	3,474,740,924	
Excess of Income over Expenditure						(36,949,082)	(57,307,604)	480,668,047	(112,278,020)	(28,484,650)	(348,337,383)	28,226,574	15,587,750	(44,538,560)	
<b>Total</b>						150,849,036	14,087,535	710,016,162	194,021,444	392,232,667	256,899,725	199,541,824	53,124,922	3,488,088,225	

Head of Finance  
Action Contre la Faim (ACF)

Country Director  
Action Contre la Faim (ACF)

Ahman Zammir FCA  
Partner  
Ahman Zammir & Co.  
Chartered Accountants

Dated: Dhaka  
December 24, 2019

Details project name has been set out in Notes to the Consolidated Financial Statements.  
The accompanying notes form an integral part of this consolidated financial statement.

This is the Statement of Comprehensive Income referred to in our separate report of even date.

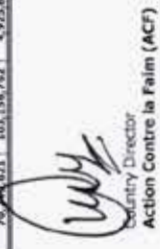
**Action Contre la Faim (ACF)**  
**Consolidated Statement of Receipts and Payments Accounts**  
 For the period from January 01, 2018 to December 31, 2018

Particulars	Notes	Amount in Taka											Total Amount			
		Mother Account	Non-Operational Projects	Reserve Memorandum Chapter 1	Mothers	Coa's FCR 2018-18	Country Contribution	Coa's FD-7 17-18	Coa's FD-7 18	Coa's FD-7 18-19	Heart Fund	Coa's Heart Community		UNHCR-Project	UNICEF	WFP Project/Event
<b>Opening Balance:</b>		5,438,634	15,559,580	31,654,714	47,833,872	310,387,267	56,470,553	107,506,265	510,541	-	-	-	-	14,141,223	32,176	432,877,523
Cash in Hand		-	-	1,010,634	524,814	200,000	510,541	-	-	-	-	-	-	-	-	2,245,989
Cash at Bank		5,438,634	15,559,580	31,654,714	46,843,238	109,862,453	56,270,955	106,995,724	-	-	-	-	-	14,141,223	32,176	430,631,534
<b>Receipts:</b>																
Grant Received from Mother A/C	8.01	-	-	-	-	150,849,036	14,087,535	710,016,162	194,021,444	-	-	-	-	392,232,667	256,899,725	1,718,105,568
Grant Received in Project A/C	8.01	-	-	-	-	-	-	-	-	-	-	-	-	-	-	308,774,814
Fund Transfer from Mother Account	8.01	1,461,206,843	-	-	-	-	-	-	328,123,686	-	-	-	-	-	-	1,461,206,843
Advance Realized	5.00	-	-	13,000	1,268,400	3,269,402	-	1,702,589	-	-	-	-	-	-	-	328,123,686
Advance Refund from Other Projects	8.03	-	-	-	-	-	-	5,000,000	-	-	-	-	-	-	-	9,804,328
Advance Received from Other Project	8.02	-	-	-	-	-	5,000,000	-	-	25,000,000	-	-	-	-	50,000,000	12,000,000
<b>Total</b>		3,466,843,477	15,559,580	31,667,714	48,132,272	344,509,705	75,558,491	824,225,015	522,145,130	25,000,000	392,232,667	872,935,884	212,889,945	70,249,621	103,155,762	4,925,893,762
<b>Payments:</b>																
Fund Disbursement from Mother A/C	9.00	1,461,206,843	-	-	-	-	-	-	74,320,010	10,679,827	-	-	-	14,257,875	296,454,371	1,461,206,843
Pensions	10.00	-	-	-	-	54,514,968	45,653,719	35,086,310	463,700	727,794	-	-	-	727,794	22,480,335	572,549,511
Equipment & Stationaries	11.00	-	-	-	-	211,602	2,143,077	97,080	17,650	15,629	-	-	-	15,629	84,917	38,133,099
Communication	12.00	-	-	-	-	167,120	463,355	141,083	17,650	231,672	-	-	-	231,672	64,279	1,031,033
Office & Other Accommodation	13.00	-	-	-	-	1,515,465	12,478,008	6,570,222	2,211,842	1,875,021	-	-	-	19,196,999	2,394,342	34,616,909
Traveling/Transport	14.00	-	-	-	-	2,474,455	6,235,117	6,570,222	2,211,842	662,583	-	-	-	1,507,830	403,683	74,827,039
Head Office & Branch Office expenses	15.00	-	-	-	-	682,007	129,442,955	262,747,855	284,661,262	45,000	-	-	-	1,656,693	392,182	10,933,153
Program Cost	16.00	-	-	-	-	119,790	232,480	200,000,000	210,000,000	50,460	-	-	-	55,976,111	25,889,370	1,227,519,118
Other Cost	12.00	-	-	-	-	232,480	5,046,788	328,123,686	125,000	328,123,686	-	-	-	97,685	1,692,283	329,813,969
Fund Transfer to Donor/Other Project	7.00	-	-	-	-	-	-	200,000,000	210,000,000	200,000,000	-	-	-	50,000,000	7,000,000	674,500,785
Advance to other projects	8.03	-	-	-	-	-	-	200,000,000	210,000,000	-	-	-	-	-	-	7,000,000
Advance Refund to other projects	8.02	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Advances to INECO & Other	5.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>		3,466,843,477	15,559,580	31,667,714	48,132,272	344,509,705	75,558,491	824,225,015	522,145,130	25,000,000	392,232,667	872,935,884	212,889,945	70,249,621	103,155,762	4,925,893,762
<b>Closing Balance:</b>		6,438,634	15,559,580	31,667,714	48,013,774	76,231,641	3,634,926	1,408,779	346,646	2,079,166	172,048,216	25,238,023	31,195,107	32,931,419	6,274,884	451,791,797
Cash in Hand		-	-	-	-	-	-	-	-	952,875	-	-	-	-	-	2,214,005
Cash at Bank		5,438,634	15,559,580	31,667,714	48,013,774	76,231,641	3,634,926	1,408,779	346,646	2,079,166	172,048,216	25,238,023	31,195,107	32,931,419	6,274,884	449,577,692
<b>Total</b>		6,438,634	15,559,580	31,667,714	48,013,774	76,231,641	3,634,926	1,408,779	346,646	2,079,166	172,048,216	25,238,023	31,195,107	32,931,419	6,274,884	449,577,692

Details project name has been set out in Notes to the Consolidated Financial Statements, page number 7.

The accompanying notes form an integral part of this consolidated financial statement.

  
 Head of Finance  
 Action Contre la Faim (ACF)

  
 Country Director  
 Action Contre la Faim (ACF)

Date: Dhaka  
 December 24, 2019

  
 Partner  
 Ahsan Zamir FCA  
 Ahsan Zamir & Co.  
 Chartered Accountants

This is the Consolidated Statement of Receipts and Payments referred to in our separate report of even date.



**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 GENDER EQUALITY.**  
**AGAINST GENDER BASED VIOLENCE.**

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

**FOR ACTION.**  
**AGAINST HUNGER.**