

annual report 2007



There is a solution to hunger

Our Principles

Action Against Hunger is a non-governmental, non-political, non-religious, non-profit organisation that was created in 1979 in France. Its aim is to save lives by combating hunger, physical suffering and the associated distress that endanger the lives of vulnerable children, women and men.

ACTION AGAINST HUNGER INTERVENES IN THE FOLLOWING SITUATIONS:

- In natural or man-made disasters that threaten food security or that result in famine.
- In situations of social/ economic breakdown, linked to internal or external circumstances that place groups of people in extremely vulnerable positions.
- In situations where survival depends on humanitarian aid.

Action Against Hunger brings assistance either during the crisis itself through emergency interventions, or afterwards through rehabilitation and sustainable development programmes. The goal of Action Against Hunger programmes is to enable beneficiaries to regain their autonomy and self-sufficiency as quick as possible.

WHILST CARRYING OUT ITS ACTIVITIES, ACTION AGAINST HUNGER RESPECTS THE FOLLOWING PRINCIPLES:

INDEPENDENCE

NEUTRALITY

NON DISCRIMINATION

FREE AND DIRECT ACCESS TO VICTIMS

PROFESSIONALISM

TRANSPARENCY

Letter from the President



The year 2007 has been a time of changes in the top governing body of Action Against Hunger Spain. Unfortunately, the most important event for our foundation was the sudden death of Rodrigo Uría, vice president and secretary of the board of the Foundation. Even though his contribution to culture and the business world are amply known, yet equally or even more important was his commitment to others, especially with the dispossessed of the world. With his intelligence and devotion, he supported the endeavours of Action Against Hunger: he travelled to its missions around the world, created an exemplary foundation in his own office and provided his aid whenever he was asked for humanitarian tasks. From his youth, his commitment to others was one of the cornerstones of his life.

After the death of Rodrigo Uría, the board was reinforced with two new members: Francisco Javier Ruiz Paredes, member of the Uría y Menéndez law firm, and Crisanto Plaza, statistician, economist and member of the National Commission on the Telecommunications market. As always, the board will continue to set the strategy for the Foundation and ensure compliance with the goals set and the appropriate, transparent use of the funds that are entrusted to us.

Throughout 2007, we have monitored with concern the possible impact of the current economic slow-down on the funds available for the children, women and men in the world threatened by malnutrition. Fortunately, we can say that the slow start did not alter the commitment of citizens, businesses and institutions with the neediest, because far from relegating cooperation to the bottom of their lists of priorities, they have once again renewed their efforts to achieve a world without hunger. Noteworthy along these lines is the consolidation of our relationship with the Spanish International Development Cooperation Agency, with which we have embarked on major long-term development programmes in 2007.

Nor have the press' reports on occasional scandals revolving around several cooperation organisations harm Action Against Hunger. Confident that society's trust in us is our main asset, we reinforced the control and transparency mechanisms on our funds. In 2007 we also set out to define quality processes that will enable us to better control and measure the efficacy and impact of each of our interventions. The Foundation's international dimension requires us to have the best information and project management systems. To accomplish this, one of our top priorities, we are lucky enough to have the inestimable support of the Accenture Foundation.

There is still a host of challenges facing us in 2008. We members of the board are tracking the rising threat to humanitarian workers in many countries with the utmost concern. We are also worried about the effect of the global economic situation on the population we work for and the consequences of climate change on their means of making a living. However, the enormous efforts that we channel from Spanish society to the struggle against hunger, coupled with the enthusiasm and know-how of our aid workers on the ground, give us the courage to rise to these challenges. We would have been pleased to have Rodrigo Uría with us as we continue with our efforts. His memory will remain among us.

José Luis Leal
President of the Board of Action Against Hunger-Spain

The year's balance sheet



The reduction of humanitarian space, meaning the wide array of pressures that bear upon us actors, that are part of our working contexts and that we have been condemning for several years now, has been confirmed with the brutal murder of our colleague Agnès Dury. The vehicle of the organisation in which she was travelling was shot at in Burundi on the 31st of December. Likewise, we are still awaiting an international inquiry to shed light on the cold-blooded murder of 17 Action Against Hunger-France workers in Muttur (Sri Lanka) in August 2006.

The risk is still there. We are the awkward witnesses in zones like the Palestinian Territories, Lebanon, Colombia, Niger and Sudan, where hunger is deeply rooted in latent conflicts, or ones that periodically come to life again, in which the causes of the suffering can only be sought in violence or politics. It is difficult to work like this, but we are backed by the incontestable strength of our mandate and international humanitarian law, in the hopes that one day it may truly be enforced.

New fronts gradually keep arising in our struggle against hunger. The phenomenon of migration, as ancient as humanity itself, is full of lights and shadows. The lights are those who manage to fulfil their dream of a better life. The shadows are the many who never reach their destination, and the communities and countries who are left bereft of their most valuable young people.

Seven out of every ten hungry people in the world are still **women and**

children. Action Against Hunger has furnished ample proof of their greater exposure to the pandemic, regardless of their culture, geographic region or religion. But in 2007 we have tried to focus on them as change agents because of both the efficacy of the actions targeted to them and their ability to distribute and multiply the resources invested. The gender issue has been brought onboard as a transversal approach in our projects in order to ensure that these women and their children never go to bed on an empty stomach.

We have also kept up our work on **HIV/AIDS.** Even though the impressive medical advances in treatments have dampened this threat, our workers know that much still remains to be done in Sub-Saharan Africa, where the boundaries of AIDS and malnutrition are one and the same, and where there are countless challenges in the matter of food safety of the households affected by the pandemic, which depletes their workforce and income while raising their medical and funeral costs.

Finally, we cannot fail to mention **climate change.** Without entering into the scientific debate as to its causes and the scope of its consequences, what is clear is that in 2007 we have noticed with concern the recurrence of extreme weather phenomena such as typhoon Durian in the Philippines, the floods in Bangladesh and Colombia, and hurricane Felix in Nicaragua. While we find out whether or not it is possible to placate these natural forces, it urgently behoves us to deal with the fact that 95% of the victims of hurricanes, earthquakes and other

natural disasters live in developing countries. To do so, we have to lower their exposure to these disasters and work on disaster preparation and prevention plans.

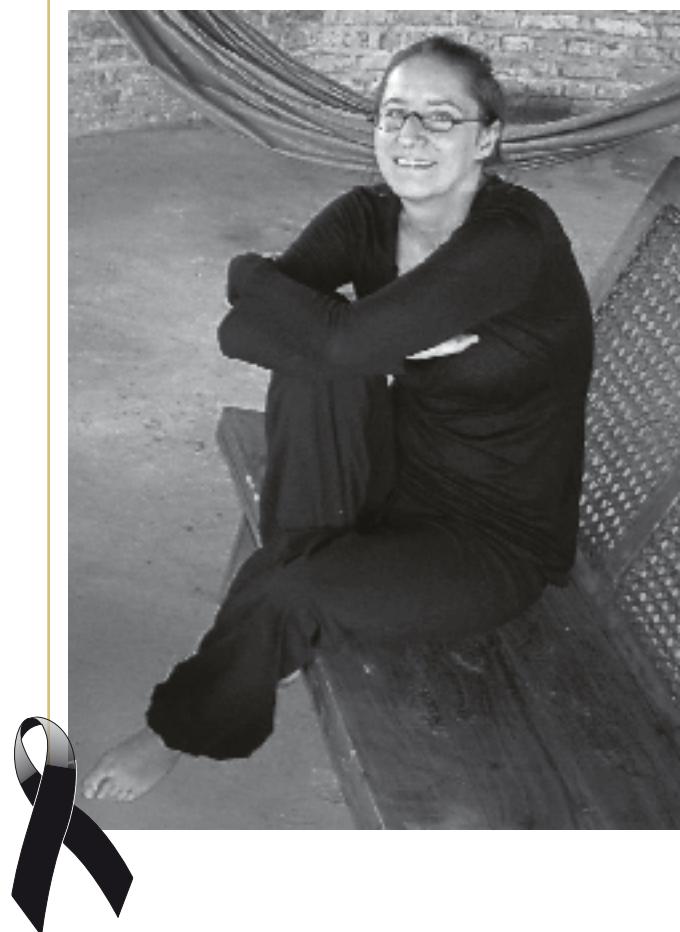
We are facing 2008 with a new immediate concern: the unbridled rise in food prices, which is already having negative consequences in the poorest countries, where the population earmarks three-fourths of its income for food. We shall closely track this development. In 2008 we will strive to adapt to this humanitarian situation in progress and our actions will revolve around four main goals:

1. To reaffirm our identity as a humanitarian organisation, resisting whomever tries to reduce our space with the banner of humanitarian principles such as neutrality and free access to victims.
2. To raise the quality and coverage of our programmes with new methodologies for treating malnutrition that allow us to reach more people better.
3. To improve our capacity to innovate by applying new information technologies to our projects.
4. To strengthen our reaction capacity (focusing on teams specialising in emergencies and improved rapid-action protocols) and to secure the loyalty of our teams, a group of men and women chosen for their ability to combine professionalism with a humanitarian vocation. They are the spearhead of the trust that

citizens, companies and institutions have deposited in us to seek a world without hunger. We cannot let them down.

Olivier Longué
General Director
Action Against Hunger Spain

Agnes Dury lost her life on December 31st, 2007 when the Action against Hunger vehicle in which she was travelling was gunned down in Ruyigi, Burundi



New ways of putting an end



Providing nourishment does not consist of merely handing out food. Ever since it was created as an international network in 1979 (1995 in Spain), Action Against Hunger has focused on developing high quality humanitarian actions adapted to each

setting and in line with the technical and scientific advances that enhance the efficacy of the aid. In our organisation, projects are led by technical experts (meaning nutritionists, geologists, engineers, agronomists and physicians) who, supported by a technical coordination team and experts at the headquarters, determine for us the guidelines for research, innovation and capitalisation so that we do not just want to combat hunger but also **know how to do it**.

BASIC PRINCIPLES OF THE NEW OUT-PATIENT TREATMENT

In 2007, home treatment of malnutrition has yielded excellent results in countries such as Niger and Mali. The new technique is based on three main principles:

- Accessibility and coverage: more nutrition centres that require fewer re-



NUTRITION: A NEW TREATMENT TO REACH MORE PEOPLE

In 2007, this team of professionals concentrated on a new approach to combating severe acute malnutrition (SAM) in children. Traditionally, the strategy used to help children suffering from acute malnutrition to recover consisted of admitting them to hospital units where they received treatment for one month. This strategy had many limiting factors, such as the need for hospital infrastructures in settings with few hospital resources (beds, qualified human resources) and high costs.

Furthermore, in areas where acute malnutrition is frequent, the number of cases exceeds the hospital capacity, which limits the treatment. On the other hand, the treatment centralised at hospital level increases barriers that

sources and are closer to children's homes.

- Proactiveness: a team of home visitors that are in charge of identifying malnourished children before they become seriously ill and therefore be able to treat them in their homes.
- Integration into already existent clinics: this ensures that the local medical staff knows how to treat malnutrition in the long term.

For the time being, there are two requirements for severely malnourished children to be treated in their home instead of at a therapeutic nutrition centre: they must not have any medical complications, and they must still have an appetite. Should either or both of these two conditions be absent, the children must be admitted to a therapeutic nutrition centre in order to save their life.

hinder access to treatment for people living in rural areas, where acute malnutrition is more frequent.

The development of new therapeutic nutrition products ready to be used is revolutionising nutritional care, allowing community treatment strategies to be implemented on a large scale, facilitating access to decentralised nutrition care that is accessible and near the homes where people live, increasing the coverage and number of children suffering from acute malnutrition who receive treatment, and preventing hundreds of thousands of children from dying.

FOOD SECURITY: RECOVERING AGRICULTURE AS A DEVELOPMENT PRIORITY

We know that the world is not making the most of all of its agricultural potential, and it is not true that the planet is no longer able to produce enough food for everyone. Ever since the Green Revolution in the 1970s, agriculture seems to have become stalled, turning into the vast forgotten terrain of all public policies and state budgets. However, the Green Revolution did not reach many African and Latin American countries, where the machete is still the cutting-edge technology in their crop fields. Aware of the limitations of the international agriculture market and the fact that reactivating agriculture in the poorest countries is the only way of ensuring that no one has to go to bed on an empty stomach, this year the food safety teams at Action Against Hunger have focused their efforts on programmes which are aimed at **reactivating agriculture** in an attempt to improve productivity. To accomplish this, efforts have been made to introduce improved varie-

to malnutrition

ties and to improve watering systems and the possibilities for storing food, pest control, managing soil and water resources and technical support for farmers

WATER AND SANITATION: TAKING CARE OF BASINS AND AQUIFERS

In the area of **water and sanitation**, 2007 witnessed noteworthy efforts to protect river basins, a crucial strategy for protecting increasingly depleted aquifers and to prevent and avoid natural disasters such as erosion and flooding. We have worked side-by-side with the local population to stop deforestation and promote a community-wide, sustainable management of natural resources. During the year, we have also had to intervene in numerous emergencies in which access to water and basic sanitation was a life-or-death matter immediately following the natural disaster. This was the case in the Philippines after typhoon Durian and in Peru after last summer's earthquake.

In the matter of **HIV/AIDS**, we have continued our avenue of work aimed at identifying the links between the virus and malnutrition, as well as their practical application in terms of treatment. We have launched new programmes aimed at preventing the vertical mother-to-child transmission of HIV in countries such as Mali and Angola.

CAPITALISING AND DISSEMINATING: MAKING THE MOST OF OUR KNOWLEDGE

Along with these new or enhanced intervention methodologies, the technical department of the organisation has focused its efforts on **capitalising** the experiences and disseminating them

at **prestigious specialised forums** such as the United Nations' Standing Committee on Nutrition, the London School of Hygiene & Tropical Medicine and the Third International Dialogue on the World Water Crisis.

New **publications** were also issued in 2007, including "Hunger and AIDS", the Paraguayan national report on progress in the right to food, and the CD-ROM promoting hygiene. Our experiences have been capitalised in matters such as payment for environmental services, child development and participatory diagnoses of natural resources. Now, as always, we shall continue to place our know-how at the service of the humanitarian community.

Amador Gómez
Technical Director
Action Against Hunger - Spain

THE JUSTICE OF EATING, FIRST REPORT BY ACFIN'S HUNGER WATCH

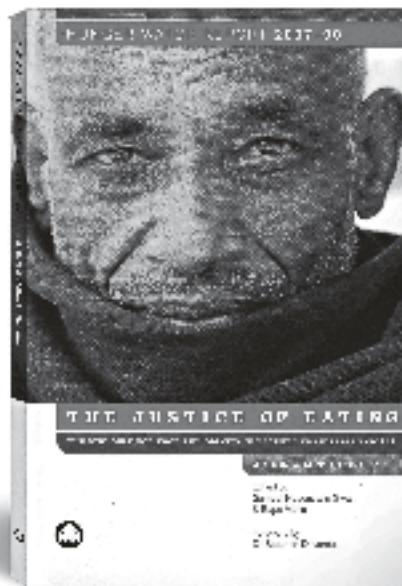
Darfur is much more than "the nth African ethnic conflict". Hunger in Niger cannot only be put down to the drought and locusts. AIDS cannot be solved by medicine alone. With statements like these, the first 2007-2008 Hunger Watch Report aims to undermine many of the myths and simplifications that today surround the main human crises on the planet.

From the voices of people like Awa Abadía in Darfur, Harouna Zarouma in Niger and Beauty Ziko in Zambia, individuals who cooperate with Action Against Hunger try to show the human face concealed behind the huge figures that once again feature in the

headlines on World Food Day: the five and a half million children that die of malnutrition each year, or the 854 million people that are still threatened by hunger.

After 27 years of on-the-ground work day after day, this first report by Hunger Watch, which is part of the AAH international network, aims to reveal the role of the markets in a modern crisis such as the one in Niger, the importance of increasingly scarce natural resources in Darfur, and the need to address the HIV pandemic using a comprehensive approach and from multiple areas of action.

All of this aims to call for a type of food and humanitarian aid that is capable of setting goals that extend beyond the mere survival of the victims, and whose premise lies in human rights, including the basic right to food.



*Author: Action Against Hunger/ Samuel Hauenstein Swan and Bapu Vaitla
Pluto Press, 2007*

Action against Hunger



in the world





Afghanistan

Capital: Kabul

Number of inhabitants: 27.1 million

Surface area: 652,225 km²

Language: Pashto, Dari

Political regime: presidential republic

Life expectancy at birth: 43

Infant mortality (for each 1,000 births alive): 260

Literacy rate: 67.4%

GDP per capita (dollars calculated according to purchasing power): 222

Human Development Index: not available

Ever since the fall of the Taliban regime, Afghanistan has been trying to forge ahead and rebuild, a long and fraught process after 25 years of intermittent conflicts. The first presidential elections in the history of the country, held in 2004, entailed a huge step forward in terms of economic stability, although even today 60% of the investments depend on international aid. The lack of infrastructures, insecurity and the return of thousands of refugees make the humanitarian efforts of the NGOs in the country even more difficult.



MAIN ACTIVITIES

NUTRITION AND MENTAL HEALTH

- Supporting the Ministry of Health in drawing up a national infant malnutrition prevention and treatment protocol
- Training in nutrition and good eating habits
- Psychological support for the families of the children staying in the therapeutic nutrition centres

FOOD SECURITY

- Sponsoring activities to revive the domestic economy via small shops, sales techniques and small-scale commercialisation
- Distributing seeds and fodder before winter

WATER AND SANITATION

- Building and refurbishing the water channel networks in the city of Kabul
- Building water points, individual latrines and public washrooms
- Holding sessions to promote hygiene and creating committees to ensure the proper management and maintenance of wells

KEY STATISTICS

START OF THE MISSION: 1979, reopened in 1995

ZONES OF INTERVENTION: Kabul, Daykundi, Ghor, Parwan, Kapisa

HUMAN RESOURCES:

- EXPATRIATES: 14
- LOCAL TEAM: 168

BENEFICIARIES: 131,731 people

FUNDING: ECHO, French government, WFP, Afghan Ministry of Health, UNICEF, private donors



Small-scale marketing is essential to stimulate the country's economy.

(Photograph: David Sauvage / Agence VU).

Angola



Spain

Life expectancy at birth: 41.7

Infant mortality (for each 1,000 births alive): 154

Literacy rate: 67.4%

GDP per capita (dollars calculated according to purchasing power): 2,335

Human Development Index: 0.446 (162 over 177)

Population under the national poverty line: not available

Chronic infant malnutrition rate: 45%

Population with no access to drinking water: 47%

Population without basic sanitation: 69%

Prevalence of HIV/AIDS: 2.8%

Capital: Luanda

Number of inhabitants: 15 million

Surface area: 1,246,700 km²

Language: Portuguese

Political regime: presidential republic

Angola is gradually recovering from a lengthy conflict that has left serious after effects on the political and social structure of the country. After signing a peace agreement in 2002 and creating a government made up of all the parties to the conflict (UNITA, FNL and MPLA), many of the Angolans in exile have gone back to their country. Nevertheless, Angola is still the country with the second most mined in the world after Cambodia, and it occupies one of the lowest ranks on the United Nations' Human Development Report. Despite the fact that it exports crude oil and produces diamonds, almost half the children suffer from chronic malnutrition, and six out of every ten people have no access to basic sanitation.

MAIN ACTIVITIES

HEALTH AND NUTRITION

- Training of medical staff in hospitals, healthcare centres and health jobs
- Promotion of public health through local committees
- Follow-up and analysis of the evolution of the medical nutritional situation

FOOD SECURITY

- Distribution of seeds and farming implements
- Implementation of a seed bank and empowerment of women's associations
- Training and empowerment of farmers in sustainable agriculture techniques
- Multiplication of sweet potato seeds
- Agricultural diagnosis of seed systems
- Socio-agro-economic analysis of the populations
- Implementation of a provincial working group with counterparts
- Diagnosis of the organisation of provincial and national actors in food safety
- Training of on-the-ground teams and counterparts
- Participation in provincial seminars

WATER AND SANITATION

- Construction and rehabilitation of wells and installation of manual pumps
- Training in building and maintaining latrines

- Training of self-management groups for water points
- Education in hygiene through community activists
- Logistical support and training of staff at the Municipal Water Brigades
- Urban sanitation activities in the capital of the country
- Sporadic intervention to combat the effects of epidemics like cholera

GENDER

- Bolstering social and institutional capacities
- Bolstering capacities in activities involving food safety and disease prevention (awareness-raising and HIV/AIDS prevention)
- Bolstering the economic capacities of women by supporting them in managing small companies in high priority productive sectors

KEY STATISTICS

START OF THE MISSION: 1995

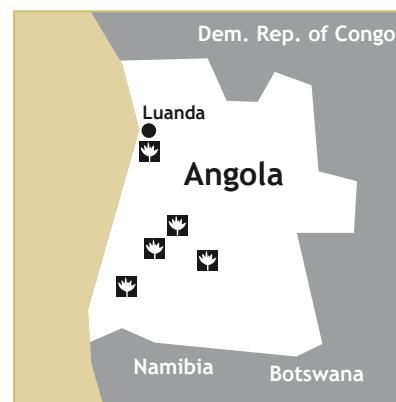
ZONES OF INTERVENTION: Luanda, Lubango, Chicomba, Chipindo, Huambo

HUMAN RESOURCES:

- EXPATRIATES: 10
- LOCAL TEAM: 65

BENEFICIARIES: 418,000 people

FUNDING: EU, AECID, Barcelona Town Hall, own funds



*Water and sanitation project in Luanda, the country's capital.
(Photograph: David Pedraza)*



SOUTH
AMERICA



Argentina

Capital: Buenos Aires
Number of inhabitants: 38 million
Surface area: 3,761,274 km²
Language: Spanish
Political regime: federal republic

Life expectancy at birth: 74.3
Infant mortality (for each 1,000 births alive): 15
Literacy rate: 97.2%
GDP per capita (dollars calculated according to purchasing power): 14,280
Human Development Index: 0.869 (38 over 177)
Population under the national poverty line: 26.9%
Chronic infant malnutrition rate: 8%
Population with no access to drinking water: 4% (23% without networks to safe drinking water)
Population without basic sanitation: 9% (55% without sewer)
Prevalence of HIV/AIDS: 0.6%

Even though the country is rapidly recovering from the severe economic crisis five years ago, almost half the child population, that is, more than four million children, do not cover their basic needs for food, clothing, transport, healthcare and education. Of this population, almost one and a half million minors live in conditions of indigence, which means that they suffer from food insecurity. In the northeast region, the situation is even more grave: child poverty affects 60% of the children (more than 700,000 children) and indigence affects 24% (294,000 children), showing the harsher facet of inequality.



MAIN ACTIVITIES

NUTRITION

- Campaigns to promote a balanced diet and prevent malnutrition
- Installation of nutritional monitoring systems
- Research (anaemia prevention and promoting integral child development)
- Administering nutritional surveys
- Strengthening the response capacity of local institutions that provide food-nutritional services

FOOD SECURITY

- Support for family and community productive projects via the transfer of resources (economic, technical assistance and empowerment)
- Strengthening of base organisations that manage community food access strategies
- Performing diagnostics on socioeconomic vulnerability

KEY STATISTICS

START OF THE MISSION: 2002

ZONES OF INTERVENTION: Partido de Moreno (greater Buenos Aires), city of Santa Fe and Rosario (province of Santa Fe) and Gran San Miguel de Tucumán (province of Tucumán)

HUMAN RESOURCES:

- EXPATRIATES: 0
- LOCAL TEAM: 5

BENEFICIARIES: 4,000 families

FUNDING: AECID, Generalitat Valencia, CaixaGalicia, Action against Hunger Spain, Prem Rawat Foundation



*One of the communal canteens in Tucumán supported by Action Against Hunger Spain.
(Photograph: Carine Thomas)*

Armenia



Life expectancy at birth: 71
Infant mortality (for each 1,000 births alive): 26
Literacy rate: 99.4%
GDP per capita (dollars calculated according to purchasing power): 4,945
Human Development Index: 0.775 (83 over 177)
Population under the national poverty line: not available
Chronic infant malnutrition rate: 18%
Population with no access to drinking water: 8%
Population without basic sanitation: 17%
Prevalence of HIV/AIDS: 0.1%

Capital: Yerevan
Number of inhabitants: 3 million
Surface area: 29,800 km².
Language: Armenian, Russian
Political regime: presidential republic

The majority of Armenia's population lives in rural areas and depends on agriculture as its sole economic activity. Even though Soviet heavy industry was the main manufacturing activity in the country for many years, today, between 7% and 9% of the population has emigrated in search of work, most of them to Russia. The unemployment rate is 25%, and the average salary of the population does not exceed 27 dollars per month. After five years of intermittent war over Nagorno-Karabakh, Armenia and Azerbaijan (1989-1994) signed a ceasefire, but the status of the disputed territory still lacks an international solution. Currently, there are estimated to be around 300,000 internally displaced persons due to the conflict.

MAIN ACTIVITIES

FOOD SECURITY

- Support for commercialising products
- Income-generating activities
- Strengthening of agricultural production
- Capacity creation in communities and community mobilisation
- Institutional strengthening
- Empowerment of farmers via farmers' associations
- Strengthening of market activities

KEY STATISTICS

- START OF THE MISSION:** 1994
ZONES OF INTERVENTION: Syunik region, Sissian district
HUMAN RESOURCES:
 - EXPATRIATES: 1
 - LOCAL TEAM: 46**BENEFICIARIES:** 12,300 people
FUNDING: SDC



COMMUNITY DEVELOPMENT

- Creating community-level capacities
- Community projects



Beekeeping is one of the revenue generating activities promoted by Action Against Hunger Spain.



Azerbaijan

Capital: Baku
Number of inhabitants: 8.3 million
Surface area: 86,600 Km²
Language: Azeri, Russian
Political regime: presidential republic

Life expectancy at birth: 67
Infant mortality (for each 1,000 births alive): 74
Literacy rate: 98.8%
GDP per capita (dollars calculated according to purchasing power): 5,016
Human Development Index: 0.746 (98 over 177)
Chronic infant malnutrition rate: 23%
Population with no access to drinking water: 23%
Population without basic sanitation: 46%
Prevalence of HIV/AIDS: 0.1%

Ever since the oil pipeline was opened between the cities of Baku, Tbilisi and Cehan in May 2005, Azerbaijan has experienced higher economic development and a drop in its poverty rate. However, there are not only deficient healthcare and education infrastructures but also a high degree of corruption (the country is ranked 150 out of 190 on the list of the most corrupt countries in the world according to Transparency International). The conflict with Armenia over Nagorno-Karabakh has led to the displacement of one million people. Even today, there are 800,000 refugees and internally displaced persons in Azerbaijan. As a consequence of the conflict, 14% of Azerbaijani soil is occupied and 13% of the population is displaced.



MAIN ACTIVITIES

FOOD AND ECONOMIC SECURITY

- Support for local counterparties in agricultural development
- Support for local counterparties in the management of natural resources for the economic development of the community
- Support for local counterparties to promote gender equality and the economic empowerment of women
- Facilitate connections between small farmers, suppliers and traders
- Capacity creation in communities and community mobilisation
- Support for agricultural production
- Market and sales technique analysis
- Interest-free loans for new agricultural activities
- Socio-economic analysis
- Follow-up surveys

WATER AND SANITATION

- Providing ten communities with drinking water
- Fostering the hygiene of public sites (drainage, waste management)
- Creating water management capacities in communities
- Training on community organisation
- Environmental awareness-raising
- Promoting participation by women in water-related activities



Access to drinking water remains a key issue for the most vulnerable families of the country.

KEY STATISTICS

START OF THE MISSION: 2000

ZONES OF INTERVENTION: Agjabedi and Beylagan districts

HUMAN RESOURCES:

- EXPATRIATES: 2
- LOCAL TEAM: 15

BENEFICIARIES: 13,000 people

FUNDING: SDC, EC, Mars Spain

Bangladesh



Life expectancy at birth: 63

Infant mortality (for each 1,000 births alive): 73

Literacy rate: 47.5%

GDP per capita (dollars calculated according to purchasing power): 2,053

Human Development Index: 0.547 (140 over 177)

Population under the national poverty line: 49.8%

Population with no access to drinking water: 26%

Population without basic sanitation: 61%

Chronic infant malnutrition rate: 51%

Prevalence of HIV/AIDS: 0.1%

Capital: Dhaka

Number of inhabitants: 158 million

Surface area: 143,998 km²

Language: Bengali

Political regime: presidential republic

Located inside the vast Ganges river delta, Bangladesh occupies a flat, low-altitude land. This vulnerable geographic location is coupled with an alarming population density, with more than 900 inhabitants per square kilometre. Its capital, Dhaka, with 11 million residents, sprawls out in multiple neighbourhoods that flood with the arrival of the monsoons. The rainfall this year has led to one of the most serious episodes in the history of this young country. In the Shariatpur district, half a million people were affected by the devastating fallout of the water, to such an extent that it is utterly impossible for the damage to be repaired from one year to the next.

MAIN ACTIVITIES

NUTRITION AND MENTAL HEALTH

- Evaluating nutrition and mental health needs after the floods

FOOD SECURITY

- Distributing seeds to be farmed to 700 families

WATER AND SANITATION

- Refurbishing and building water points
- Refurbishing and building latrines
- Holding workshops to promote hygiene and distributing hygiene kits (soap, rehydration salts, receptacles for holding water, etc.)

KEY STATISTICS

START OF THE MISSION: 2007

ZONES OF INTERVENTION: Shariatpur district

HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 22

BENEFICIARIES: 46,165 people

FUNDING: ECHO, French government



Because of its geographic location and its high population density, Bangladesh is extremely prone to flooding.



SOUTH
AMERICA



Bolivia

Capital: Sucre
Number of inhabitants: 9.5 million
Surface area: 1,100,000 km²
Language: Spanish, Quechua, Aymara, Guarani
Political regime: presidential republic

Life expectancy at birth: 64.7
Infant mortality (for each 1,000 births alive): 52
Literacy rate: 86.7%
GDP per capita (dollars calculated according to purchasing power): 2,819
Human Development Index: 0.695 (117 over 177)
Population under the national poverty line: 62.7%
Population with no access to drinking water: 15%
Population without basic sanitation: 54%
Chronic infant malnutrition rate: 33%
Prevalence of HIV/AIDS: 0.1%

Bolivia is the poorest country in South America. Despite the fact that it has a literacy rate of almost 90%, more than half of the population lives beneath the national poverty threshold. Rich in minerals and energy resources (Bolivia is the country in the region with the second highest natural gas reserves), most of its population works in agriculture, which provides scant resources. With each rainy season in the past three years, thousands of Bolivian families have lost their homes and way of life due to river surges and recurring floods that sweep away their crops.



MAIN ACTIVITIES

DISASTER PREPAREDNESS AND RISK MANAGEMENT

- Awareness-raising, organising and equipping communities to handle possible floods
- Strengthening the capacities of technicians and authorities from local institutions to manage risk, especially in flood preparedness
- Improving the knowledge of technicians and local authorities about the causes behind the floods in the Río Grande basin, as well as enhancing the institutional emergency coordination capacity
- Improving and expanding the Early Warning System for floods in the lower Río Grande basin

HUMANITARIAN AID

- Creating water-sanitary infrastructures in temporary accommodations that house the families affected by the floods
- Distributing agricultural supplies with the purpose of re-launching the production and self-consumption of basic food-stuffs
- Refurbishing water supply systems in flooded communities
- Strengthening the capacities of local institutions to coordinate assistance for the flood victims

KEY STATISTICS

START OF THE MISSION: 2.000-2004, re-opened in 2006

ZONES OF INTERVENTION: Santa Cruz de la Sierra, San Julián, Cuatro Cañadas, Pailón, El Puente

HUMAN RESOURCES:

- EXPATRIATES: 3
- LOCAL TEAM: 15

BENEFICIARIES: 15,000

FUNDING: AECID, ECHO



One of the water stations reconstructed by Action Against Hunger Spain in a camp where 400 families were relocated after flooding.

Burma (Myanmar)



Life expectancy at birth: 61

Infant mortality (for each 1,000 births alive): 105

Literacy rate: 89.9%

GDP per capita (dollars calculated according to purchasing power): 1,027

Human Development Index: 0.583 (132 over 177)

Population under the national poverty line: not available

Population with no access to drinking water: 22%

Population without basic sanitation: 23%

Chronic infant malnutrition rate: 41%

Prevalence of HIV/AIDS: 1.3%

Capital: Naypyidaw

Number of inhabitants: 49.5 million

Surface area: 657,550 Km²

Language: Burmese

Political regime: military regime

The military junta has held the power in Myanmar since 1962. This dictatorship has impoverished the country and led to the departure of the majority of international investors. Today, Myanmar has a 50% inflation rate, which has only been aggravated in the past few months by the high prices of fuel and rice, increasing the number of people in the country suffering from acute malnutrition. According to the World Health Organisation (WHO), the Burmese healthcare system is one of the most deficient in the world: it comes in 190th place out of a total of 191 countries.

MAIN ACTIVITIES

NUTRITION

- Setting up two therapeutic nutrition centres and five supplementary nutrition centres
- Strengthening the psycho-social aspects of the nutritional treatment of mothers and children
- Holding training workshops on nutrition and health

KEY STATISTICS

START OF THE MISSION: 1994

ZONES OF INTERVENTION: Maungdaw, Buthidaung and Sittwe (Rakhine region)

HUMAN RESOURCES:

- EXPATRIATES: 20
- LOCAL TEAM: 323

BENEFICIARIES: 82,151 people

FUNDING: ECHO, EUROPEAID, WFP, UNICEF, UNHCR, DAH

FOOD SAFETY

- Reinforcing agricultural techniques aimed at diversifying crops
- Developing and implementing new agricultural techniques
- Launching income-generating activities (micro-businesses)

WATER AND SANITATION

- Refurbishing and building water points
- Distributing family filters to make water drinkable
- Building family and public latrines (in schools)
- Training water management committees
- Training on hygiene



The weighing of children is a component in diagnosing acute malnutrition.

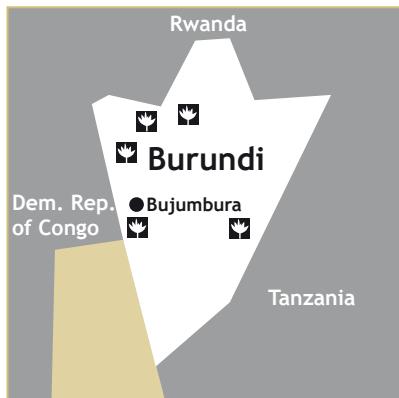
Burundi



Capital: Bujumbura
Number of inhabitants: 7 million
Surface area: 25,680 Km²
Language: Rundi kirundi, French

Life expectancy at birth: 49
Infant mortality (for each 1,000 births alive): 190
Literacy rate: 59.3%
GDP per capita (dollars calculated according to purchasing power): 699
Human Development Index: 0.413 (167 over 177)
Population under the national poverty line: 36.4%
Population with no access to drinking water: 21%
Population without basic sanitation: 64%
Chronic infant malnutrition rate: 63%
Prevalence of HIV/AIDS: 3.3%

Burundi is one of the poorest countries in the world, with a chronic malnutrition rate that affects six out of every ten children under the age of five. Likewise, the insecurity that the country has been suffering from makes humanitarian work virtually impossible. The Action Against Hunger Spain mission experienced its worst episode this year when on the 31st of December the French aid worker Agnès Dury, head of the HIV/AIDS programmes, was murdered. Angès had been in Burundi for three months when the car she was travelling in was shot. Action Against Hunger Spain, present in the country since 1994, has decided to close the mission and has opened up an inquiry that will shed light on the truth of this brutal murder.



MAIN ACTIVITIES

NUTRITION:

- Nutrition surveys
- Treatment of severe and chronic under-nourishment at 3 Therapeutic Feeding Centers
- 13 local Supplementary Nutrition Centers
- Technical monitoring for the centers integrated within the structures of the Ministry of Health
- Training for national staff and technical support

KEY STATISTICS

START OF THE MISSION: 1994
ZONES OF INTERVENTION: Bujumbura, Kayanza, Bubanza, Ngozi y Ruigi

HUMAN RESOURCES:

- EXPATRIATES: 13
- LOCAL TEAM: 198

BENEFICIARIES: 127,939 people

FUNDING: ECHO, Europeaid, BPRM, UNHCR, FAO, French Cooperation, private donors

FOOD SECURITY:

- Food, seeds and farming tools distribution
- Income-generating activities
- Cooking and Hygiene promotion workshops
- Analysis of food security and cooperation with the early alert bulletin of the FAO

WATER & SANITATION:

- Drinking water supply (wells, fountains)
- Construction of latrines
- Training in hygiene
- Water management committees



A member of Action Against Hunger provides training on the uses of drinking water.

Cambodia



Life expectancy at birth: 58

Infant mortality (for each 1,000 births alive): 143

Literacy rate: 73.6%

GDP per capita (dollars calculated according to purchasing power): 2,727

Human Development Index: 0.598 (131 over 177)

Population under the national poverty line: 35%

Chronic infant malnutrition rate: 49%

Population with no access to drinking water: 59%

Population without basic sanitation: 83%

Prevalence of HIV/AIDS: 1.6%

Capital: Phnom Penh

Number of inhabitants: 13.5 million

Surface area: 181,041 km².

Language: Khmer (official), French

Cambodia has suffered from 30 years of war and an iron-fisted dictatorship in which systematic abuses of human rights were a common feature. It is probably the most heavily mined country in proportion to its number of inhabitants, a drama that according to estimates has left between 18,000 and 40,000 victims. Much of its population lives in isolation and without access to basic hygiene and healthcare services: only two out of every ten people have a latrine.

MAIN ACTIVITIES

WATER AND SANITATION

- Rehabilitation of wells and drainage systems
- Installing of drinking water tanks
- Construction of latrines
- Training in health and hygiene

KEY STATISTICS

START OF THE MISSION: 1989

ZONES OF INTERVENTION: Mondulkiri, Kampong Cham, Phnom Penh

HUMAN RESOURCES:

- EXPATRIATES: 2
- LOCAL TEAM: 35

BENEFICIARIES: 10,800 people

FUNDING: ECHO, MRC (Mekong River Commission), DIPECHO, Private donors



In Cambodia, most of the population does not have access to drinking water.

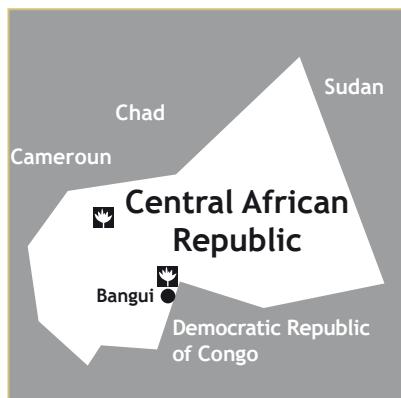
Central African Republic



Capital: Bangui
Number of inhabitants: 4.3 million
Surface area: 622,984 km²
Language: French, Sangho
Political regime: presidential republic

Life expectancy at birth: 44
Infant mortality (for each 1,000 births alive): 193
Literacy rate: 48.6%
GDP per capita (dollars calculated according to purchasing power): 1,224
Human Development Index: 0.384 (171 over 177)
Chronic infant malnutrition rate: 45%
Population that lives on less than \$2 per day: 84%
Population with no access to drinking water: 25%
Population without basic sanitation: 73%
Prevalence of HIV/AIDS: 10.7%

With a life expectancy that is under the age of 45, the Central African Republic is at the bottom of the ranking of the United Nations' Human Development Index. It is one of the poorest and most heavily indebted countries in the world. Without an outlet to the sea, 84% of the population lives on less than two dollars a day, and only one out of every four inhabitants has access to drinking water, a situation of structural poverty that is aggravated when the conflicts in neighbouring countries affect the country.



MAIN ACTIVITIES

NUTRITION AND HEALTH

- Support for the programmes carried out by the Ministry of Health
- Mental health

FOOD SECURITY

- Activities related to horticulture
- Distribution of seeds and farming implements
- Improving agricultural practices and training farmers
- Distribution of seeds (corn semolina, legumes, grains, oil, sugar, salt)
- Distribution of seeds (corn, sorghum)

WATER AND SANITATION

- Distribution of hygiene kits
- Workshops to promote hygiene
- Refurbishment of wells

KEY STATISTICS

START OF THE MISSION: 2006

ZONES OF INTERVENTION: Markounda, Boguila and Bangui

HUMAN RESOURCES:

- EXPATRIATES: 10
- LOCAL TEAM: 42

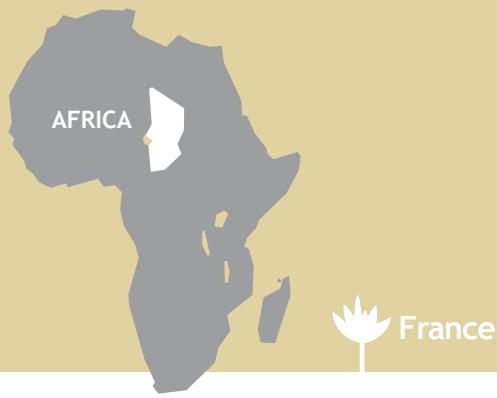
BENEFICIARIES: 42,586 people

FUNDING: OFDA (American cooperation), UNDP, UNICEF, WFP, FAO, DAH (French cooperation), private donors



Action Against Hunger only distributes food in emergency cases, such as the food crisis that occurred earlier this year.

Chad



Life expectancy at birth: 50

Infant mortality (for each 1,000 births alive): 208

Literacy rate: 25.7%

GDP per capita (dollars calculated according to purchasing power): 1,427

Human Development Index: 0.388 (170 over 177)

Population under the national poverty line: 64%

Population with no access to drinking water: 58%

Population without basic sanitation: 91%

Chronic infant malnutrition rate: 45%

Prevalence of HIV/AIDS: 3.5%

Capital: Ndjamen

Number of inhabitants: 10.4 million

Surface area: 1,259,200 km²

Language: Arabic and French

Political regime: presidential republic

For two years, the eastern part of Chad has had to grapple with the direct consequences of the Darfur crisis in neighbouring Sudan. More than 23,000 Sudanese people have sought shelter in the refugee camps, joined by the almost 150,000 displaced citizens of Chad who are fleeing from the violent conflicts in the southeast of the country. This immense displaced population survives in extremely precarious conditions and is dependent on foreign aid. In the west of the country, the border region with Niger is regarded as one of the poorest zones in the country, with chronic infant malnutrition rates far above the national average.

MAIN ACTIVITIES

NUTRITION

- Training on the treatment of malnutrition in refugee camps
- Nutritional surveys among the local population
- Training on the treatment of severe malnutrition

FOOD SECURITY

- Distribution of non-food kits (canvases, sheets, buckets, soaps...)
- Distribution of seeds
- Constant monitoring and evaluation of the humanitarian situation in the northern refugee camps
- Distribution of food in the refugee camps

WATER AND SANITATION

- Installation and rehabilitation of water points
- Rehabilitation and extension of water canalisation
- Construction of latrines
- Hygiene promotion

KEY STATISTICS

START OF THE MISSION: 2004

ZONES OF INTERVENTION: Dogdoré (sudeste), Guereda, Iriba, Bahai (Nordeste)

HUMAN RESOURCES:

- EXPATRIATES: 8
- LOCAL TEAM: 48

BENEFICIARIES: 26,587 people

FUNDING: ECHO, UNHCR, ELLE Foundation, Private donors



More than half of the population has no access to drinking water. Women are tasked with fetching it. (Photograph: Alexandre Dupeyron).



Colombia

Capital: Bogotá
Number of inhabitants: 45.6 million
Surface area: 1,141,814 km².
Language: Spanish
Political regime: presidential republic

Life expectancy at birth: 72,3
Infant mortality (for each 1,000 births alive): 17
Literacy rate: 92.8%
GDP per capita (dollars calculated according to purchasing power): 7,304
Human Development Index: 0.791 (75 over 177)
Population under the national poverty line: 64%
Chronic infant malnutrition rate: 16%
Population with no access to drinking water: 7%
Population without basic sanitation: 14%
Prevalence of HIV/AIDS: 0.6%

Colombia is still the country with the second highest number of internally displaced persons, almost three million, due to the armed conflict that it has been suffering from for decades. More than half of the population lives under the poverty line, a figure that is even worse when natural disasters strike, such as the flooding late last year that affected the most vulnerable population. In the regions of Córdoba and La Mojana, the almost seven months of incessant rains have left entire towns flooded and crops ruined because of the overflow of the Río Cauca, one of the fastest-flowing rivers in the country. Even though this is a cyclical phenomenon, this year has been particularly harsh and devastating.



MAIN ACTIVITIES

FOOD SECURITY:

- Distributing food to the population in a state of emergency
- Distributing agricultural supplies for early recovery
- Refurbishing or repairing the infrastructures and productive means
- Developing systems to process and transform food on a small scale
- Training and specialised technical assistance in productive processes and commercialization
- Market diagnoses

WATER AND SANITATION

- Constructing and refurbishing community and family water infrastructures
- Constructing family latrines
- Constructing and refurbishing school and community sanitation infrastructures
- Monitoring water quality (bacteriological and physical-chemical)
- Creating and strengthening water committees

HEALTH

- Monitoring basic health indicators
- Vaccination, deworming and micronutrient supplementation campaigns
- Training community health agents
- Training and education in nutrition
- Psycho-social evaluation and support

KEY STATISTICS

START OF THE MISSION: 1998

ZONES OF INTERVENTION:

- Atlantic coast (departments of César, Sucre, Bolívar, La Guajira and Córdoba)
- South of the country (Departments of Putumayo and Nariño).

HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 66

BENEFICIARIES: 118,000 people

FUNDING: COSUDE, European Commission (ECHO and uprooted people line), ACCD, AECID, WFP



One of the flooded streets in the village of Cocotá, in the Córdoba department.

Dem. Rep. of Congo



Life expectancy at birth: 45.8

Infant mortality (for each 1,000 births alive): 205

Literacy rate: 67.2%

GDP per capita (dollars calculated according to purchasing power): 714

Human Development Index: 0.411 (168 over 177)

Population under the national poverty line: not available

Population with no access to drinking water: 54%

Population without basic sanitation: 70%

Chronic infant malnutrition rate: 44%

Prevalence of HIV/AIDS: 3.2%

Capital: Kinshasa

Number of inhabitants: 54.2 million

Surface area: 2,345,410 km².

Language: French, Lingala, Kiswahili, Kikongo, Tshiluba

Political regime: presidential republic

The Democratic Republic of the Congo is one of the largest countries on the continent of Africa, and also one of the poorest. With more than 50 million inhabitants, the country does not have the healthcare and education infrastructures needed to tend to its entire population. As a result, more than half of its citizens have no access to drinking water. After 36 years of an authoritarian regime and four years of war, in 2003 the country was on the verge of collapse. Five years later, its inhabitants do whatever they can to keep going, even though the fear of a new outbreak of conflict is still ever present.

MAIN ACTIVITIES

NUTRITION

- Diagnosis and treatment of acute malnutrition in therapeutic nutrition and supplementary nutrition centres.

FOOD SECURITY

Distribution of seeds and farming equipment

- Rehabilitation of irrigation systems
- Freshwater fishing
- Promotion of soy and yuca crops
- Support to fishing and farming cooperatives

WATER AND SANITATION

- Drinking water supply in the health centres
- Creation of water committees in the communities
- Training in post-emergency reaction

HEALTH

- Support to health centres
- Epidemic monitoring for controlling outbreaks of malaria and measles

KEY STATISTICS

START OF THE MISSION: 1996

ZONES OF INTERVENTION: Kinshasa, Lumbashi, Malenba, Nkulu, Mbandaka, Boende, Uvira, Bukavu, Shabundu, Baraka, Moba

HUMAN RESOURCES:

- EXPATRIATES: 40
- LOCAL TEAM: 600

BENEFICIARIES: 700,000 people

FUNDING: ECHO, OFDA, DFID, EU, WFP, UNICEF, FAO, OCHA



*A child suffering from acute malnutrition is usually shorter than other children of their age.
(Photograph: Burber Phanie)*

Ethiopia



Capital: Addis-Abeba
Number of inhabitants: 81 million
Surface area: 1,000,000 km²
Language: Amharic
Political regime: federal republic

Life expectancy at birth: 47
Infant mortality (for each 1,000 births alive): 164
Literacy rate: 41.5%
GDP per capita (dollars calculated according to purchasing power): 1,055
Human Development Index: 0.406 (170 over 177)
Population under the national poverty line: 44.2%
Chronic infant malnutrition rate: 51%
Population with no access to drinking water: 78%
Población sin acceso a saneamiento básico: 87%
Prevalence of HIV/AIDS: 3.5%

Ethiopia has been suffering from internal strife since the general elections held in 2005. The administration's heavy-handed control over all realms of life makes it difficult to analyse the humanitarian situation in the country, although it is estimated that almost 10 million people rely on external aid for their survival. In the regions of the country that are more exposed to drastic climate alternations, the population is living in a critical situation because their crops are often lost and they suffer from chronic decapitalisation. It is one of the few countries in the world where the majority of the population has neither drinking water nor basic sanitation.



MAIN ACTIVITIES

NUTRITION

- Treating severe malnutrition both at home and at 16 therapeutic nutritional centres
- Psycho-social support and supporting mother-infant care

FOOD SECURITY

- Training para-veterinaries to care for the livestock
- "Food for work" programmes
- Supporting vendors of medicine for animals

WATER AND SANITATION

- Water supply (drilling, wells, reservoirs)
- Studying the dynamics of pastoral activities by developing a programme aimed at improving access to water for the shepherd population and their livestock

KEY STATISTICS

START OF THE MISSION: 1984

ZONES OF INTERVENTION: Somali and SN-NPR (Afar)

HUMAN RESOURCES:

- EXPATRIATES: 14
- LOCAL TEAM: 126

BENEFICIARIES: 57,176 people

FUNDING: ECHO, Europeaid, OCHA, Fondation de France, private donors



Diagnosis of acute malnutrition on a boy of less than five years of age.

Georgia



Life expectancy at birth: 70
Infant mortality (for each 1,000 births alive): 41
Literacy rate: 100%
GDP per capita (dollars calculated according to purchasing power): 3,365
Human Development Index: 0.754 (96 over 177)
Population under the national poverty line: not available
Population with no access to drinking water: 18%
Población sin acceso a saneamiento básico: 6%
Chronic infant malnutrition rate: 15%
Prevalence of HIV/AIDS: 0.2%

Capital: Tbilisi
Number of inhabitants: 4.6 million
Surface area: 69,700 km².
Language: Georgian, Russian
Political regime: presidential republic

Despite having been one of the most prosperous regions during the Soviet era thanks to its agricultural exports and tourism potential, the socioeconomic indicators on Georgia have gradually eroded since its independence. After the ceasefire monitored by the United Nations after the war, the dispute between Georgia and the secessionist republic of Abkhazia has not yet been resolved, although it has led to the displacement of 240,000 people.

MAIN ACTIVITIES

FOOD SECURITY

- Income-generating activities
- Strengthening of agricultural production
- Support to suppliers of agricultural services
- Creation of an information and dissemination network

PEACE BUILDING

- Youth associations
- Training on conflict resolution
- Projects between communities in conflict

COMMUNITY DEVELOPMENT

- Creating community-level capacities
- Strengthening of community participation in the making of decisions
- Development of community plans
- Community projects
- Coordination and participation of the local authorities in community development

KEY STATISTICS

- START OF THE MISSION:** 1995
ZONES OF INTERVENTION: Abkhazia, Kvemo Kartli, Samegrelo-Upper Svanetia
HUMAN RESOURCES:
- EXPATRIATES: 8
 - LOCAL TEAM: 70
- BENEFICIARIES:** 33,950 people
FUNDING: SDC, ECHO, EC



Strengthened agricultural output is vital to ensure the autonomy even of the poorest farmers.

Guatemala



Capital: Guatemala

Number of inhabitants: 12 million

Surface area: 105,890 km²

Language: Spanish, 23 indigenous languages

Political regime: presidential republic

Life expectancy at birth: 69,7

Infant mortality (for each 1,000 births alive): 32

Literacy rate: 69.1%

GDP per capita (dollars calculated according to purchasing power): 4,568

Human Development Index: 0.689 (118 over 177)

Population under the national poverty line: 56.2%

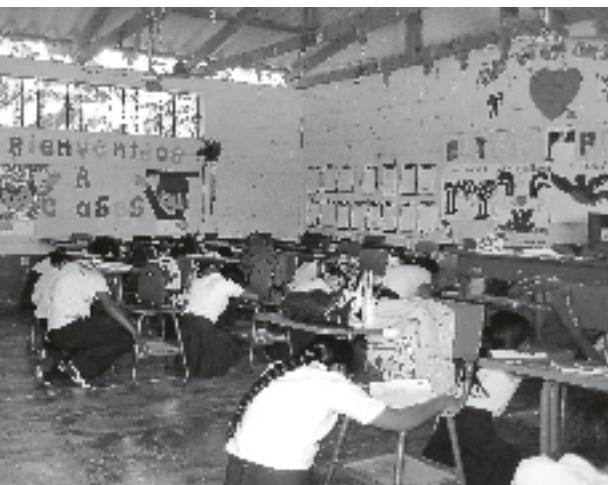
Chronic infant malnutrition rate: 54%

Population with no access to drinking water: 5%

Population without basic sanitation: 14%

Prevalence of HIV/AIDS: 0.9%

The second poorest country in Latin America after Haiti, Guatemala has a chronic infant malnutrition rate of 54%. This already alarming figure runs the risk of worsening even further due to the world crisis in the price of basic foodstuffs, a new challenge with which this Central American country must grapple. The country is beset by a high structural poverty rate coupled with an unfavourable environment in the past five years due to the magnitude of natural disasters like hurricane Mitch and tropical storm Stan. These disasters have affected thousands of people and much of the department of San Marcos, the poorest in the country.



An emergency drill in a school in Tecún Umán, Guatemala.

(Photograph: Alejandra Mabiques).

MAIN ACTIVITIES

HEALTH AND NUTRITION

- Nutritional surveys
- Studies on nutritional food safety vulnerability
- Support for the Ministry of Health to develop information and early warning systems in the field of nutritional food safety
- Health and nutrition education in communities
- Revaluating and promoting the consumption of local edible plants

FOOD SECURITY

- Distribution of seeds, farm implements and fertilisers
- Empowerment in techniques for selecting local seed varieties of basic grains
- Agricultural training in technical and management factors
- Construction of mini-watering systems
- Advice in transforming and commercialising agricultural products on a local level
- Soil conservation and improving fertility by using organic fertilisers

WATER AND SANITATION

- Refurbishment and/or reconstruction of safe water systems
- Construction and/or refurbishment of ventilated latrines
- Training of sanitation promoters
- Training and equipping plumbers

- Protecting natural resources in the hydric recharge areas
- Promoting good practices in personal and home hygiene
- Strengthening the community organisation for managing water resources

DISASTER PREPAREDNESS

- Vulnerability diagnoses and risk mapping
- Monitoring systems (radio communication)
- Micro-basin management plans with a focus on risk management
- Strengthening the CONRED (National Coordinator of Disaster Reduction) system
- Simulations
- Training rescue brigades

KEY STATISTICS

START OF THE MISSION: 1998

ZONES OF INTERVENTION: Departments of Chiquimula, San Marcos, Huehuetenango and Guatemala City

HUMAN RESOURCES:

- EXPATRIATES: 0
- LOCAL TEAM: 62

BENEFICIARIES: 101,468 people.

FUNDING: AECID, European Commission, ECHO, PNUD, PRESANCA, Government of Navarra, FAO, Action against Hunger Spain

Guinea



Life expectancy at birth: 55

Tasa de Infant mortality (for each 1,000 births alive): 150

Literacy rate: 29.5%

GDP per capita (dollars calculated according to purchasing power): 2,316

Human Development Index: 0.456 (160 over 177)

Population under the national poverty line: 40%

Population with no access to drinking water: 50%

Population without basic sanitation: 82%

Chronic infant malnutrition rate: 39%

Prevalence of HIV/AIDS: 1.5%

Capital: Conakry

Number of inhabitants: 8.8 million

Surface area: 245,587 km²

Language: French (official), Fulani, Mandinka, Susu, Kissi, Pular, others

Political regime: presidential republic

Guinea Conakry is facing a harsh political and economic crisis that is even further hindering the population from securing the goods they require to cover their primary needs. Despite the fact that the country is rich in natural resources, it is also one of the poorest in the world, with an alarming sanitation problem that affects 82% of the population and triggers chronic cholera and meningitis epidemics. Despite its fragile situation, the country still has around 15,000 refugees from Liberia and the Ivory Coast who are slowly returning to their home countries.

MAIN ACTIVITIES

NUTRITION

- Supporting training and nutritional rehabilitation centres in Conakry
- Raising awareness and providing training in nutritional practices
- Training personnel from the healthcare structures in preventing and detecting malnutrition
- Nutritional surveys following the SMART methodology
- Supporting and advising on the national protocol for treating malnutrition

the areas affected by cholera in Conakry

- Building latrines
- Promoting hygiene habits
- Managing solid and clinical waste in rural areas
- Cooperating with UNICEF in the intervention in Conakry due to the last cholera epidemic

KEY STATISTICS

START OF THE MISSION: 1995

ZONES OF INTERVENTION: N'Zérékoré, Kissidougou, Guéckédou and Conakry

HUMAN RESOURCES:

- EXPATRIATES: 9
- LOCAL TEAM: 153

BENEFICIARIES: 127,262 people

FUNDING: ACNUR, DFID, ECHO, AECID, World Food Programme, Government of Navarra, La Caixa Foundation, FAO



FOOD SECURITY

- Monitoring food distribution in refugee camps
- Income-generating activities
- Distributing seeds and farm implements
- Reforestation programmes
- Agricultural rehabilitation in flooded areas
- Distributing food in Guinée Forestière after the economic crisis and general strike
- Food for Work activities in rural areas

WATER, SANITATION AND HYGIENE

- Supplying drinking water, maintaining wells and managing solid waste in one of the refugee camps in Guinée Forestière
- Refurbishing water points in rural areas
- Refurbishing public water fountains in



Training on evaluation and analysis techniques in water management, sanitation and food security in the poorest regions of the country.

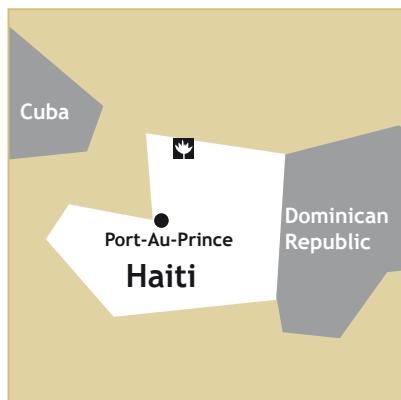
Haiti



Capital: Port-Au-Prince
Number of inhabitants: 9.5 million
Surface area: 27,560 km²
Language: French and Creole
Political regime: presidential republic

Life expectancy at birth: 59
Infant mortality (for each 1,000 births alive): 120
Literacy rate: 51.9%
GDP per capita (dollars calculated according to purchasing power): 1,663
Human Development Index: 0.529 (146 over 177)
Population under the national poverty line: 65%
Chronic infant malnutrition rate: 28%
Population with no access to drinking water: 46%
Population without basic sanitation: 70%
Prevalence of HIV/AIDS: 3.8%

The first Black republic in history, for two centuries Haiti has been suffering from a constant succession of authoritarian regimes, civil wars and external occupations; in short, 200 years of thwarted hopes. Today, Haitians live in utter misery. The most poverty-stricken country in Latin America, its subsistence agriculture is currently in decline due to lower productivity resulting from deforested, fragile land. This environmental depletion is coupled with social and political instability, unleashing constant food crises for the more than half of the population living under the threshold of poverty.



MAIN ACTIVITIES

WATER AND SANITATION

- Refurbishing water networks and training the population in how to sustainably manage them
- Strengthening the capacities of the local authorities in managing the water networks
- Holding workshops aimed at promoting hygiene among the population
- Improving access to basic healthcare infrastructures
- Conducting surveys and analyses of the link between poverty, the rural exodus and environmental impact

KEY STATISTICS

- START OF THE MISSION:** 1985
ZONES OF INTERVENTION: Port de Paix and Saint Louis du Nord
HUMAN RESOURCES:
- EXPATRIATES: 5
 - LOCAL TEAM: 32
- BENEFICIARIES:** 35,006 people
FUNDING: European Union, UNICEF, Paris Town Hall, private donors

DISASTER PREPAREDNESS

- Humanitarian responses to the natural disasters the country has suffered from in the past few decades
- Creating an emergency stock
- Mitigating risks and strengthening local civilian protection committees



Restoration and maintenance of one of the water stations in Port-au-Prince, the country's capital.

Indonesia



Life expectancy at birth: 69

Infant mortality (for each 1,000 births alive): 36

Literacy rate: 90.4%

GDP per capita (dollars calculated according to purchasing power): 3,843

Human Development Index: 0.728 (107 over 175)

Population under the national poverty line: 27.1%

Population with no access to drinking water: 23%

Population without basic sanitation: 44%

Chronic infant malnutrition rate: 29%

Prevalence of HIV/AIDS: 0.1%

Capital: Jakarta

Number of inhabitants: 231 million

Surface area: 1,811,750 km²

Language: Indonesian

Political regime: presidential republic

The island of Sumatra suffers from a constant onslaught of natural disasters. The latest, the earthquake in March of this year measuring 6.3 degrees on the Richter scale, left more than 50 dead. This instability, which prevents the most vulnerable people from ever fully recovering, is exacerbated by a 30% inflation rate on basic foodstuffs like rice. This inflation is considerably boosting the number of people living below the threshold of poverty, currently almost one-third of the population of Indonesia, that is, more than 50 million people.

MAIN ACTIVITIES

FOOD SECURITY

- Income generating activities
- “Cash for Work” Project
- Distribution of seeds and equipment

WATER AND SANITATION

- Construction and rehabilitation of water points

DISASTER PREPAREDNESS

- Creation of emergency stock for fast intervention in the case of a natural disaster
- Analysis and monitoring of the areas most vulnerable to disaster
- Improve the organisational capacity of the population in the poorest neighbourhoods of Jakarta in order to be able to face up to flooding and other disasters

KEY STATISTICS

START OF THE MISSION: 1997

ZONES OF INTERVENTION: East Timor, Jakarta

HUMAN RESOURCES:

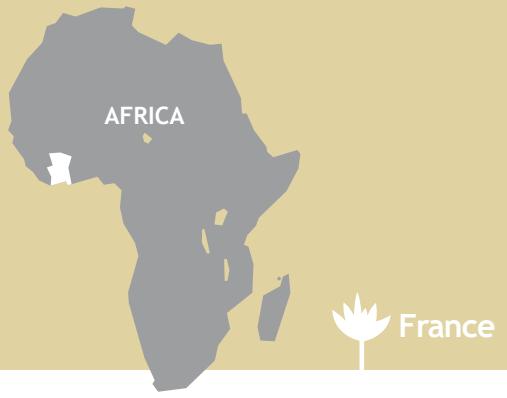
- EXPATRIATES: 6
- LOCAL TEAM: 46

BENEFICIARIES: 73,533 people

FUNDING: ECHO, UNICEF, AQUA, AECID, CIDA, WFP, Private donors



Indonesian children in the intervention region after the earthquake of March.

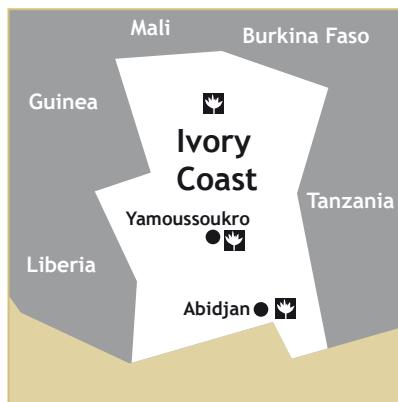


Ivory Coast

Capital: Yamoussoukro and Abidjan
Number of inhabitants: 18.9 million
Surface area: 322,460 km²
Language: French (official), Dioula and 60 other dialects
Political regime: presidential republic

Life expectancy at birth: 47
Infant mortality (for each 1,000 births alive): 195
Literacy rate: 48.7%
GDP per capita (dollars calculated according to purchasing power): 1,648
Human Development Index: 0.432 (166 over 177)
Population under the national poverty line: 36.8%
Chronic infant malnutrition rate: 32%
Population with no access to drinking water: 16%
Population without basic sanitation: 63%
Prevalence of HIV/AIDS: 7.1%

Ever since the attempted coup d'état in 2002 and the division of the country into the north controlled by the rebels and the south controlled by the government militia, the Ivory Coast has been experiencing a situation of ongoing political instability. Appointed by the international community, President Laurent Gbagbo has embarked on a dialogue with the rebels which in March of this year gave rise to the Ouagadougou agreements, the first step towards peace in this African country. Nevertheless, insecurity is still very present and the north of the country is suffering from the humanitarian consequences of an isolation that has left its population at the mercy of totally disintegrated public services.



MAIN ACTIVITIES

FOOD SECURITY

- Supporting horticultural activities
- Income-generating activities (micro-businesses)

WATER AND SANITATION

- Refurbishing and building water points
- Training agents to promote health and hygiene
- Creating water committees in villages
- Holding training sessions on hygiene
- Preparing support programmes in the poorest neighbourhoods

KEY STATISTICS

START OF THE MISSION: 2002

ZONES OF INTERVENTION: Korogho (North)

HUMAN RESOURCES:

- EXPATRIATES: 3
- LOCAL TEAM: 54

BENEFICIARIES: 27,864 people

FUNDING: Europeaid, private donors



Construction of a water station.

Kenya



Life expectancy at birth: 52.1

Infant mortality (for each 1,000 births alive): 120

Literacy rate: 73.6%

GDP per capita (dollars calculated according to purchasing power): 1,240

Human Development Index: 0.521 (148 over 177)

Population under the national poverty line: 52%

Population with no access to drinking water: 39%

Population without basic sanitation: 57%

Chronic infant malnutrition rate: 36%

Prevalence of HIV/AIDS: 6.1%

Capital: Nairobi

Number of inhabitants: 32.7 million

Surface area: 580,370 Km²

Language: English, Swahili (official), numerous indigenous languages, among them Kikuyu and Kamba

Even though the effects of the drought in 2005 and the crisis in 2006 are now a thing of the past, the situation remains critical for the population of northeast Kenya, one of the poorest areas in the country, due to the aridity of the soil. Even though Kenya is one of the African countries that has developed the most quickly in recent years, half of its people still live below the threshold of poverty and more than one-third have no drinking water or basic sanitation.

MAIN ACTIVITIES

NUTRITION

- Nutritional surveys
- Therapeutic Nutrition Programmes
- Training and support for Ministry of Health personnel
- Support for the development of a national protocol for the treatment of malnutrition and AIDS
- Health training

WATER AND SANITATION

- Rehabilitation of water points
- Construction of underwater reserves
- Health training and hygiene promotion
- Construction of latrines
- Treatment and control of water resources
- Creation of a water management committee

KEY STATISTICS

START OF THE MISSION: 2002

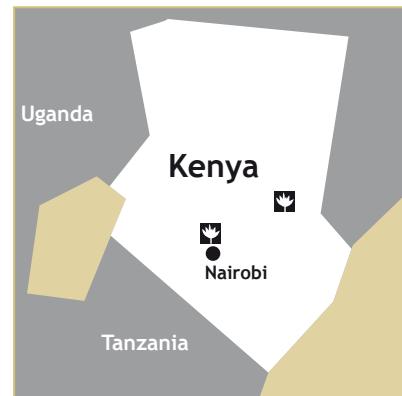
ZONES OF INTERVENTION: North of the country (Mandera- Garissa)

HUMAN RESOURCES:

- EXPATRIATES: 12
- LOCAL TEAM: 200

BENEFICIARIES: 49,000 people

FUNDING: ECHO, UNICEF, OFDA, DFID, Private donors



Outpatient clinics specialised in acute malnutrition allow to reach more children and prevent diseases in many cases.

Laos



Life expectancy at birth: 63
Infant mortality (for each 1,000 births alive): 79
Literacy rate: 68.7%
GDP per capita (dollars calculated according to purchasing power): 2,039
Human Development Index: 0.601 (130 over 177)
Population under the national poverty line: 38.6%
Population with no access to drinking water: 49%
Population without basic sanitation: 70%
Chronic infant malnutrition rate: 48%
Prevalence of HIV/AIDS: 0.1%

Capital: Vientiane
Number of inhabitants: 5.8 million
Surface area: 230,860 km²
Language: Lao
Political regime: popular democracy

Laos is the least developed country in Southeast Asia, with a sanitation infrastructure that only manages to cover 30% of its population. Most of its inhabitants are members of ethnic minorities and live in isolated zones, which make their living conditions harsh and make it virtually impossible to ensure nationwide coverage of the basic necessities. After decades of totalitarian regimes, the government still exerts heavy control over the population.



MAIN ACTIVITIES

WATER AND SANITATION

- Construction and rehabilitation of water points and gravity feed irrigation systems
- Promotion of hygiene and health for the prevention of malaria and diseases linked to dirty water
- Water committee training for infrastructure management

FOOD SECURITY

- Implementing of the project "Food for Work"
- Extension of irrigated rice surfaces
- Distribution of seeds and farming implements

KEY STATISTICS

START OF THE MISSION: 1991
ZONES OF INTERVENTION: Thathom and Luang Namtha
HUMAN RESOURCES:

- EXPATRIATES: 7
- LOCAL TEAM: 110

BENEFICIARIES: 32,345 people
FUNDING: ECHO, EuropeAid, WFP, BRITA, Concern, The Bridge, Private donors



A woman fills a bucket of water from one of the wells built by Action Against Hunger France, with the help of European funding.

Lebanon



Life expectancy at birth: 71.5

Infant mortality (for each 1,000 births alive): 27

Literacy rate: 86%

GDP per capita (dollars calculated according to purchasing power): 5,584

Human Development Index: 0.772 (88 over 177)

Population under the national poverty line: not available

Population with no access to drinking water: 0%

Population without basic sanitation: 2%

Chronic infant malnutrition rate: 6%

Prevalence of HIV/AIDS: 0.1%

Capital: Beirut

Number of inhabitants: 3.8 million

Surface area: 10,452 km².

Language: Arabic

Political regime: presidential republic

The 34-day conflict last summer, which required much of the population in the south of the country to flee their homes for months, has had a serious impact on the agro-pastoral sector in the region. The farmers could not harvest their crops, and many of them were lost. Months later, the problem was aggravated with the presence of unexploded mines and munitions in the fields. One year later, the farming population continues to be exposed to a high risk when cultivating their lands, while the uncertainty over the aggravation of the political situation is keeping the entire population on alert.

MAIN ACTIVITIES

FOOD SECURITY

- Distributing goats and veterinary products to more than 800 farmers in 15 towns in the region
- Distributing seeds, farm implements, fertiliser and fruit trees
- Distributing watering kits to more than 400 farmers in 21 towns in the region
- Support and training on agricultural techniques
- Monitoring and tracking the impact of the conflict one year later.

KEY STATISTICS

START OF THE MISSION: 2006

ZONES OF INTERVENTION: Bint Jbeil, Hasbayya and Marjayoun, in the region of Nabatiyeh

HUMAN RESOURCES:

- EXPATRIATES: 2
- LOCAL TEAM: 15

BENEFICIARIES: 20,200

FUNDING: ECHO, AECID, private donation from the USA



Action Against Hunger Spain provides assistance to farmers affected by the conflict in the south of the country.

(Photograph: Alicia García)



Lesotho

Capital: Maseru
Number of inhabitants: 1.8 million
Surface area: 30,355 km²
Language: English and Sesotho
Political regime: constitutional monarchy

Life expectancy at birth: 42.6
Infant mortality (for each 1,000 births alive): 132
Literacy rate: 82.2%
GDP per capita (dollars calculated according to purchasing power): 3,335
Human Development Index: 0.549 (138 over 177)
Population with no access to drinking water: 21%
Population without basic sanitation: 63%
Chronic infant malnutrition rate: 53%
Prevalence of HIV/AIDS: 23.2%

One of smallest countries in the African continent, embedded within South Africa, Lesotho has the second highest percentage of people living with HIV in the world, preceded only by its neighbour Swaziland. Additionally the country is facing high levels of chronic malnutrition and an increasing number of orphans. Hunger and HIV are closely linked. An HIV positive child is much more likely to malnutrition. In cases of severe malnutrition the child's immune system weakens and the child becomes more vulnerable to opportunistic infections such as tuberculosis or pneumonia, increasing the risk of mortality. To combat malnutrition is an essential component in the fight against AIDS.



MAIN ACTIVITIES

NUTRITION AND HEALTH

- Re-establishing a sustainable monitoring system to detect infant malnutrition.
- Training of healthcare and community staff in the treatment of malnutrition, in line with the appropriate treatment protocols.
- Participating in the launch of a nationwide nutritional and mortality survey.
- Including the nutritional and mortality component in the surveys conducted by the World Food Programme and the vulnerability analyses.
- Technical assistance for the Ministry of Health.

KEY STATISTICS

START OF THE MISSION: 2007

ZONES OF INTERVENTION: entire country

HUMAN RESOURCES:

- EXPATRIATES: 3
- LOCAL TEAM: 11

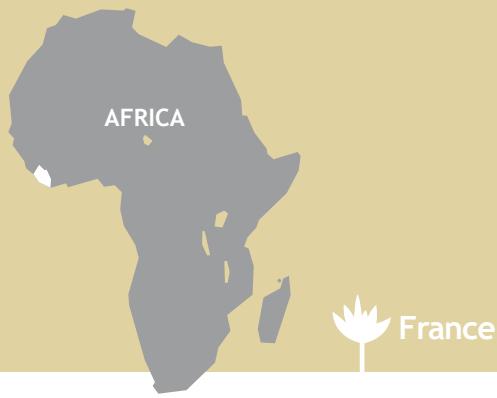
BENEFICIARIES: 5,254 people

FUNDING: ECHO, AECID, USAID



A mother gives therapeutic milk to her malnourished daughter.
(Photograph: María Pérez Negro)

Liberia



Life expectancy at birth: 44

Infant mortality (for each 1,000 births alive): 235

Literacy rate: 55.9%

GDP per capita (dollars calculated according to purchasing power): 130

Human Development Index: Not available

Population under the national poverty line: not available

Population with no access to drinking water: 38%

Population without basic sanitation: 74%

Chronic infant malnutrition rate: 46%

Prevalence of HIV/AIDS: 5.9%

Capital: Monrovia

Number of inhabitants: 3.6 million

Surface area: 96,320 Km²

Language: English (official)

Despite the relative stability of this country, bolstered by the peace agreement signed in 2003, the 14 years of civil war have economically battered Liberia, and it is unlikely that so many years of conflict will heal quickly. Liberia has no public or private structures capable of combating acute malnutrition and according to a survey conducted by Action Against Hunger in Monrovia. Two out of every ten children under the age of five suffer from overall acute malnutrition.

MAIN ACTIVITIES

NUTRITION

- Development of 1 Therapeutic Nutrition Centre in Monrovia
- Treatment of malnutrition in the home
- Psychosocial support for sufferers of malnutrition

FOOD SECURITY

- Support for local farming activity start-ups.
- Distribution of seeds and farming implements
- Rehabilitation of rice fields
- “Food for Work” programmes
- Training in agricultural activities

WATER AND SANITATION

- Construction and rehabilitation of water points
- Monitoring and evaluation of water quality
- Training of water committees
- Distribution of hygiene kits
- Training of salespeople responsible for selling spare parts for water systems
- Hygiene-promotion workshops

KEY STATISTICS

START OF THE MISSION: 1991

ZONES OF INTERVENTION: Nimba, Lofa, Bong

HUMAN RESOURCES:

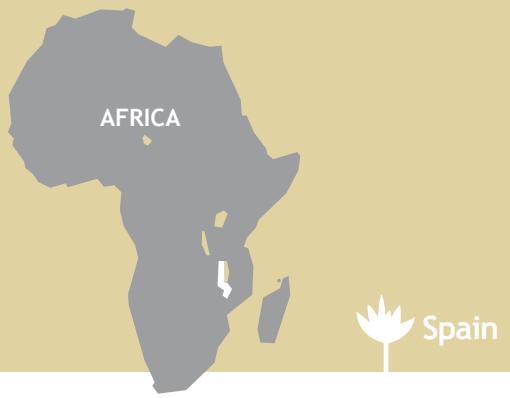
- EXPATRIATES: 15
- LOCAL TEAM: 240

BENEFICIARIES: 71,013 people

FUNDING: ECHO, DAH, Dutch Government, DFID, SDC, Private donors, WFP, UNICEF



The Action Against Hunger team ramped up the distribution of therapeutic milk following an increase in malnutrition cases in Monrovia.



Malawi

Capital: Lilongwe
Number of inhabitants: 12.3 million
Surface area: 94,080 km²
Language: English and Chewa

Life expectancy at birth: 39.8
Infant mortality (for each 1,000 births alive): 175
Literacy rate: 64.1%
GDP per capita (dollars calculated according to purchasing power): 667
Human Development Index: 0.437 (164 over 177)
Population under the national poverty line: 65.3%
Population with no access to drinking water: 27%
Population without basic sanitation: 39%
Chronic infant malnutrition rate: 53%
Prevalence of HIV/AIDS: 14.1%

After the severe nutrition crisis in 2005 caused by the drought and poor harvests, the Malawian population regrouped and in the past two years the malnutrition and food safety rates have improved considerably. The Malawian government, with the support of international organisations, has implemented a nutritional monitoring and follow-up system nationwide that issues alerts of another crisis before it is too late. Nevertheless, much still remains to be done. Despite the efforts these years, more than half the children under the age of five suffer from chronic malnutrition, a figure that is added to the prevalence of HIV/AIDS, a problem affecting 14% of the population.



MAIN ACTIVITIES

NUTRITION AND HEALTH

- Supporting the Ministry of Health in its efforts to detect and treat malnutrition
- Supporting the nutritional rehabilitation units for the application of national protocols for treating malnutrition
- Tracking the nutritional status and alert system
- Researching and analysing the links between HIV/AIDS and malnutrition and the appropriate care for the recovery of malnourished HIV-positive children

KEY STATISTICS

START OF THE MISSION: 2002

ZONES OF INTERVENTION: entire country, 28 districts

HUMAN RESOURCES:

- EXPATRIATES: 6
- LOCAL TEAM: 70

BENEFICIARIES: 40,000 people.

FUNDING: European Union, NAC, UNICEF, World Food Programme, AECID, ACCD

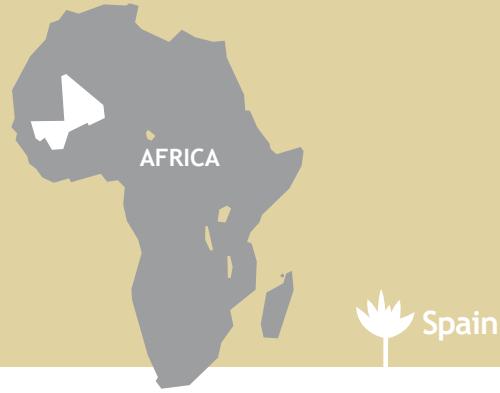
FOOD SECURITY:

- Tracking the food safety and alert system
- Supporting the Ministry of Agricultural and staff specialising in food safety
- Promoting agricultural diversification by introducing new varieties of seeds and new irrigation systems
- Distributing seeds, farm implements and irrigation supplies
- Agricultural recovery especially aimed at families affected by HIV/AIDS



Training on nutrition and AIDS prevention provided to women from rural communities in Kasungu. (Photograph: Alejandra Mahiques)

Mali



Life expectancy at birth: 53.1

Infant mortality (for each 1,000 births alive): 120

Literacy rate: 24%

GDP per capita (dollars calculated according to purchasing power): 1,033

Human Development Index: 0.380 (173 over 177)

Population under the national poverty line: 63.8%

Population with no access to drinking water: 50%

Population without basic sanitation: 54%

Chronic infant malnutrition rate: 43%

Prevalence of HIV/AIDS: 1.7%

Capital: Bamako

Number of inhabitants: 12.7 million

Surface area: 1,248,574 km²

Language: French, Bambara, Berber, Arabic

Political regime: presidential republic

Mali is one of the five poorest countries in the world. Thirteen million inhabitants live in an area twice that of Spain, more than half of them under the national poverty threshold. Seven out of every ten people live on less than two dollars a day, a situation of structural poverty that drastically worsens when external factors such as droughts, inflation or price cuts affect the country. Half the population has no access to drinking water, and more than one-third of the children under the age of five suffer from chronic malnutrition. This country is part of the Sahel region, one of the largest desert regions in the world.

MAIN ACTIVITIES

NUTRITION

- Supporting the start up of a nutritional monitoring system locally and regionally in Gao
- Supporting more than 50 healthcare centres to treat acute malnutrition in Gao
- Participating in the revision and conclusion of the national protocol for treating acute malnutrition in the entire country (in conjunction with Mali's Ministry of Health and UNICEF)
- Training mothers in new hygiene, feeding and maternal care practices
- Conducting nutritional surveys and analyses of the causes of malnutrition

FOOD SECURITY

- Supporting the diversification of the diet and use of different foods, especially with women
- Improving the agro-pastoral production systems
- Strengthening local capacities and supporting rural associations
- Improving food safety via grain reserves, income-generating activities, etc.
- Working with the remote sensing or early warning system for a more accurate analysis of the risks to pasturing activities

WATER AND SANITATION

- Building and refurbishing water points and latrines

- Training in the proper management of the water and sanitation infrastructures
- Raising awareness and training the public at large on hygiene practices
- Training and mentoring civil society organisations on improving access to hygiene and sanitation

HEALTH

- Raising awareness and providing training in the prevention of HIV/AIDS
- Supporting healthcare centres in diagnosing HIV and psycho-social treatment for patients
- Supporting healthcare centres in the prevention of mother-child AIDS
- Providing training in nutritional education for people suffering from AIDS

KEY STATISTICS

START OF THE MISSION: 1996

ZONES OF INTERVENTION: Gao, Kidal and Kita

HUMAN RESOURCES:

- EXPATRIATES: 13
- LOCAL TEAM: 78

BENEFICIARIES: 411,834 people

FUNDING: European Commission, ECHO, AECID, OFDA, Government of Navarra, French cooperation, World Food Programme, FAO, Grupo Lábaro, Action Against Hunger Spain



*Action Against Hunger Spain renovates and builds wells for passing nomadic tribes.
(Photograph: Karine da Rocha)*



Mauritania

Capital: Nouakchott
 Number of inhabitants: 3.1 million
 Surface area: 1,030,400 km².
 Language: Arabic
 Political regime: Islamic republic

Life expectancy at birth: 63.2
 Infant mortality (for each 1,000 births alive): 102
 Literacy rate: 51.2%
 GDP per capita (dollars calculated according to purchasing power): 2,234
 Human Development Index: 0.550 (137 over 177)
 Population under the national poverty line: 46.3%
 Population with no access to drinking water: 47%
 Population without basic sanitation: 66%
 Chronic infant malnutrition rate: 40%
 Prevalence of HIV/AIDS: 0.7%

Mauritania, Niger and Mali together make the Sahel region, a semi-desert strip of land in the southern Sahara. Due to its geographic location, the country's population of three million inhabitants is divided between Arab Berbers in the north and Black Africans in the south. It is one of the poorest countries in the world, yet paradoxically since 2006 it is also an oil-exporting country. With vast tracts of desert, only 0.5% of Mauritanian soil can be used for agriculture, and water sources are extremely scarce: 47% of the population has no access to drinking water.



MAIN ACTIVITIES

NUTRITION

- Nutritional and mortality survey of the south of the country, where 15% of the infant population suffers from moderate acute malnutrition.

FOOD SECURITY

- Supporting women's cooperatives in improving production and horticulture systems in 26 communities
- Evaluating agricultural production zones (survey, training and participatory diagnosis)
- Supporting the management of food reserves
- Technical improvements in the agricultural production systems

WATER AND SANITATION

- Surveying and assessing the water and water quality situation in the country

KEY STATISTICS

START OF THE MISSION: 2007

ZONES OF INTERVENTION: Nouakchott (mission) and Kaedi (Gorgol region)

HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 25

BENEFICIARIES: 22,000 people

FUNDING: AECID, UNICEF



*A group of women learn how to work the land in the Kaedi region, in the south of the country.
 (Photograph: Jean Nordmann)*

Mongolia



Life expectancy at birth: 66

Infant mortality (for each 1,000 births alive): 49

Literacy rate: 97.8%

GDP per capita (dollars calculated according to purchasing power): 2,107

Human Development Index: 0.700 (114 over 177)

Population under the national poverty line: 36.1%

Population with no access to drinking water: 38%

Population without basic sanitation: 41%

Chronic infant malnutrition rate: 24%

Prevalence of HIV/AIDS: <0.1%

Capital: Ulan Bator

Number of inhabitants: 2.6 million

Surface area: 1,566,500 km²

Language: Mongol Khalkha

Political regime: parliamentary republic

Mongolia is the country with the least dense population in the world, a vast territory with no outlet to the sea that suffers from extremely harsh winters and dry summers. This hostile climate led to the death of 25% of the cattle in the country in 1999, which forced many livestock and crop farmers to immigrate to the cities. Over the years, this crisis has drastically raised the urban population and, as a result, the percentage of inhabitants living below the threshold of poverty, which has risen from 14% in 1991 to 50% today.

MAIN ACTIVITIES

NUTRITION

- Creation of Nutrition Promotion units
- Training of health personnel on the treatment of severe malnutrition
- Distribution of dried food rations
- Training on nutritional habits, health and hygiene
- Treatment of severe acute malnutrition in children under 5 years

FOOD SECURITY

- Distribution of food
- Support for agricultural production
- Distribution of seeds and farming equipment
- Training on animal rearing
- Rehabilitation of small agricultural infrastructure
- Distribution and production of feed for livestock
- Construction of sheds for livestock
- Support for horticultural production

WATER AND SANITATION

- Better hygiene via awareness campaigns in Ulan Bator
- Rehabilitation of water points

KEY STATISTICS

START OF THE MISSION: 2001

ZONES OF INTERVENTION: Ulan Bator and Bayan Olgi

HUMAN RESOURCES:

- EXPATRIATES: 4
- LOCAL TEAM: 32

BENEFICIARIES: 9,189 people

FUNDING: Union des Banques Suisses, Paris City Hall, Private donors



A training session in good practices for the cultivation and the maintenance of the land.

Nepal



France

Capital: Kathmandu

Number of inhabitants: 28.8 million

Surface area: 143,000 Km²

Language: Nepalese

Life expectancy at birth: 63

Infant mortality (for each 1,000 births alive): 74

Literacy rate: 48.6%

GDP per capita (dollars calculated according to purchasing power): 1,550

Human Development Index: 0.534 (142 over 177)

Population under the national poverty line: 30.9%

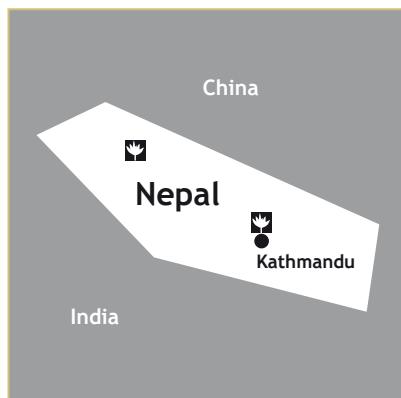
Population with no access to drinking water: 10%

Population without basic sanitation: 65%

Chronic infant malnutrition rate: 57%

Prevalence of HIV/AIDS: 0.5%

The signing of the peace agreement in late 2006 put an end to ten years of civil war that left a poor population in extremely precarious conditions. Almost 40% of Nepalese live under the threshold of poverty, and the country's infant mortality rate is one of the highest in the world. The severe drought in 2006 led to a spike in infant malnutrition to rates even higher than those registered in Darfur.



MAIN ACTIVITIES

NUTRITION

- Distribution of food with high protein content for children and pregnant or breastfeeding women
- Training on health and nutrition
- Treatment of acute child malnutrition through 3 mobile therapeutic units

WATER AND SANITATION

- Construction and rehabilitation of water points
- Construction of latrines
- Creation of water management committees and distribution of maintenance kits
- Hygiene promotion

FOOD SECURITY

- Boosting agriculture: training on agricultural techniques (fertilisation, pesticides, fertiliser), seed distribution and rehabilitation of irrigation systems.
- Creation of flocks, veterinary training, monitoring of flocks
- "Food for Work" and "Cash for Work" programmes

KEY STATISTICS

START OF THE MISSION: 2003

ZONES OF INTERVENTION: Mugu and Humla

HUMAN RESOURCES:

- EXPATRIATES: 8
- LOCAL TEAM: 42

BENEFICIARIES: 47,832 people

FUNDING: Swiss government, Danish government, Australian government, ECHO, Private donors, Rhin Meuse Water Agency



Washing one's hands is essential in preventing the transmission of diseases.

Nicaragua



Life expectancy at birth: 71.9

Infant mortality (for each 1,000 births alive): 30

Literacy rate: 76.7%

GDP per capita (dollars calculated according to purchasing power): 3,674

Human Development Index: 0.710 (110 over 177)

Population under the national poverty line: 47.9%

Population with no access to drinking water: 21%

Population without basic sanitation: 53%

Chronic infant malnutrition rate: 25%

Prevalence of HIV/AIDS: 0.2%

Capital: Managua

Number of inhabitants: 5.3 million

Surface area: 130,000 km²

Language: Spanish

Political regime: presidential republic

One of the poorest countries on the American continent, Nicaragua has been suffering from structural problems for decades, including access to basic sanitation, which more than half the population lacks. This is the largest country in the region, geographically speaking (approximately 130,000 km²), yet it is one of the most economically vulnerable: eight out of every ten inhabitants lives on less than two dollars a day. These high vulnerability rates skyrocket every time a natural disaster strikes the population, such as hurricane Felix in September of last year, which affected more than half a million Nicaraguans.

MAIN ACTIVITIES

NUTRITION

- Supporting the expansion of primary healthcare coverage with FamiSalud
- Conducting research to define regional nutritional indicators with NicaSalud

FOOD SECURITY

- Supporting the local management of land and natural resources: surveying and participatory cartography
- Applied research into participatory tools for the local management of natural resources
- Diversifying agricultural activities by installing family and communal watering systems
- Supporting women's cooperatives to develop agro-businesses
- Livestock diversification projects

WATER AND SANITATION

- Strengthening the municipal capacities in managing water and sanitation services in the rural sector
- Supporting the expansion of primary healthcare coverage with FamiSalud in environmental health

EMERGENCY RELIEF

- Help for victims of hurricane Felix: disinfection and refurbishment of wells, reconstruction of latrines and reactivation of agricultural production

KEY STATISTICS

START OF THE MISSION: 1996

ZONES OF INTERVENTION: Managua, Departments of Madriz, Chontales, Río San Juan and RAAN (North Atlantic Autonomous Region)

HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 40

BENEFICIARIES: 74,667 people

FUNDING: FamiSalud/USAID, Coalición por la Tierra, French Embassy, Autonomous Community of Madrid, AECID, Universidad Politécnica de Madrid, Government of Navarra, ADHIS, Castilla La Mancha, ECHO, HIPRA, SISCA/PRESANCA.



Water stations installed because of Hurricane Felix emergency procedures in the Autonomous Region of the Northern Atlantic (Puerto Cabezas).

Niger

Capital: Niamey
Number of inhabitants: 14.4 million
Surface area: 1,267,000 km²
Language: French
Political regime: parliamentary republic

Life expectancy at birth: 41.8
Infant mortality (for each 1,000 births alive): 150
Literacy rate: 28.7%
GDP per capita (dollars calculated according to purchasing power): 750
Human Development Index: 0.374 (174 over 177)
Population under the national poverty line: 63%
Population with no access to drinking water: 41%
Population without basic sanitation: 87%
Chronic infant malnutrition rate: 54%
Prevalence of HIV/AIDS: 1.1%

This year, Niger has pulled itself up from last place on the annual list drawn up by the United Nations Development Programme. Nevertheless, the malnutrition rate is on a constant upswing: more than half the children under the age of five are not well fed. Due to its heavy dependence on climate factors and the scant diversification of its economy, the country regularly faces food crises, a drama that could be mitigated by fostering the creation of grain banks that ensure a year-round supply and by applying protectionist measures that dampen the volatility of prices.



MAIN ACTIVITIES

NUTRITION

- Treating acute severe malnutrition in two nutritional rehabilitation centres supported by Action Against Hunger
- Supporting 31 out-patient nutritional centres in rural settings
- Treating moderate and severe infant malnutrition
- Training national healthcare staff at both healthcare centres and in hospitals in how to treat acute malnutrition
- Training volunteers from the community in how to detect and diagnose acute malnutrition
- Holding nutritional surveys in different provinces in the country
- Training the population in improving nutritional practices and family planning

FOOD SECURITY

- Support for providing grains.
- Distributing food rations and treatment therapeutic rations.
- Campaign to promote money for work (land recovery and tree planting)
- Distributing enhanced seeds to over 3,000 farmers
- Seed multiplication
- Distributing agricultural supplies
- Campaigns to vaccinate and de-worm livestock
- Improving and diversifying agro-pastoral

production in the most vulnerable families

- Income-generating activities
- Applying a geographic information system to identify the zones affected by drought and the most optimal areas for pasturing (launching a tool that analyses the biomass in the pasturing regions)

EARLY WARNING SYSTEM FOR FOOD CRISIS

- Supporting the production and commercialisation of basic foodstuffs like dates and salt (activities underway in Bilma until 2005)
- Training in better use of local products (management of stored food, commercialisation, ...)
- Training workshops in good food habits, farming techniques, management of productive goods and strengthening local capacities.
- Advocacy campaign

KEY STATISTICS

START OF THE MISSION: 1997

ZONES OF INTERVENTION: Tahoua, Maradi

HUMAN RESOURCES:

- EXPATRIATES: 16
- LOCAL TEAM: 189

BENEFICIARIES: 264,600 people

FUNDING: EU, ECHO, AECID, Madrid Town Hall, Castilla-La Mancha regional government, DFID, UNICEF, World Food Programme, FAO, Intercomet, private funds.



Treatment of severe acute malnutrition in one of Action Against Hunger's nutrition centres.



Pakistan



Life expectancy at birth: 64

Infant mortality (for each 1,000 births alive): 99

Literacy rate: 49.9%

GDP per capita (dollars calculated according to purchasing power): 2,370

Human Development Index: 0.551 (136 de 177)

Population under the national poverty line: 32.6%

Population with no access to drinking water: 9%

Population without basic sanitation: 41%

Chronic infant malnutrition rate: 42%

Prevalence of HIV/AIDS: 0.1%

Capital: Islamabad

Number of inhabitants: 163 million

Surface area: 770,880 km²

Language: Urdu

Political regime: Islamic republic

The 2005 earthquake measuring 7.6 degrees on the Richter scale left almost four million victims and thousands dead. Many of the water and sanitation infrastructures were totally destroyed. As the country gradually recovers from the disaster, political instability hinders humanitarian efforts, and the people live in the fear of a conflict in the near future. With more than 160 million inhabitants, Pakistan is one of the most densely populated countries in the world, and half of its population, that is, 80 million people, is illiterate.

MAIN ACTIVITIES

NUTRITION

- Nutritional survey for the diagnosis of malnutrition in children under 5.

FOOD SECURITY

- Distribution of seeds and farming equipment
- Distribution of fodder for livestock
- Surveys on the food security in intervention zones

KEY STATISTICS

START OF THE MISSION: 2005

ZONES OF INTERVENTION: Islamabad, Battagram and Mansehra

HUMAN RESOURCES:

- EXPATRIATES: 6
- LOCAL TEAM: 40

BENEFICIARIES: 70,000 people

FUNDING: OFDA, DFID, ECHO, WFP, own funds



According to a nutrition survey carried out in 2007, 2 out of 10 children suffer from malnutrition. (Photograph: Anna Bosch)

Palestinian Territory



Capital: the Palestinian Authority claims East Jerusalem
Number of inhabitants: 3.8 million
Surface area: Gaza 360 km², West Bank 5,860 km²
Language: Arabic
Political regime: Caretaker Government based in Ramallah

Life expectancy at birth: 73
Infant mortality (for each 1,000 births alive): 21
Literacy rate: 92.4%
GDP per capita (dollars calculated according to purchasing power): 1,230 (World Bank, 2005)
Human Development Index: 0.731 (106 over 177)
Population under the national poverty line: 36.1% (Palestinian Central Bureau of Statistics)
Population with no access to drinking water: 8%
Population without basic sanitation: 27%
Chronic infant malnutrition rate: 10%
Prevalence of HIV/AIDS: (not available)

The escalation in the conflict between Israelis and Palestinians continues to affect the civilian population on both sides. The blockade of the Gaza Strip has led to a total collapse of its economy, causing the worst human crisis since 1967. In the West Bank, the obstacles to the free movement of people and goods are always on the rise, while access to basic resources is becoming increasingly tight, unleashing a clear recession in the economic situation of the region.



MAIN ACTIVITIES

FOOD SECURITY

- Distributing forage for livestock
- Veterinary assistance
- Training and distributing farm implements to small-holding farmers
- Supporting the commercialisation and sale of agricultural products
- Supporting the access to resources and markets
- Promoting trade relations between Palestinian farmers and Israeli merchants

WATER AND SANITATION

- Distributing water in tank lorries
- Refurbishing and extending the water networks
- Building and refurbishing tanks
- Refurbishing the drainage system and building new water points
- Campaigns to analyse the quality of running water
- Training town technicians in the management and maintenance of water networks
- Training the owners of tank lorries in chlorination techniques and how to maintain drinking water
- Awareness-raising campaigns to save water

KEY STATISTICS

START OF THE MISSION: 2002
ZONES OF INTERVENTION: West Bank (Tubas, Jenin, Nablus, Bethlehem, Hebron) and the Gaza Strip
HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 23

BENEFICIARIES: 249,372 people.
FUNDING: ACF, AECID, ECHO, ACCD, UNOCHA, UNICEF, UN Humanitarian coordinators' HERF, Generalitat de Cataluña (ACCD), Castilla-La Mancha regional government, Madrid Town Hall



Restoration of a well in Gaza.
(Photograph: Marcial Trigo).

Paraguay



Life expectancy at birth: 71.3

Infant mortality (for each 1,000 births alive): 20

Literacy rate: 93%

GDP per capita (dollars calculated according to purchasing power): 4,642

Human Development Index: 0.755 (95 over 177)

Population under the national poverty line: 21.8%

Población con insuficiencia alimentaria: 15%

Population with no access to drinking water: 14%

Population without basic sanitation: 20%

Prevalence of HIV/AIDS: 0.4%

Capital: Asunción

Number of inhabitants: 6.6 million

Surface area: 406,752 km².

Language: Spanish

Political regime: presidential republic

Paraguay is the world's leading per capita producer of a foodstuff with a vast nutritional value: soy. Nevertheless, 20% of its inhabitants suffer from malnutrition. The expansion of the mechanised farming of genetically manipulated soy has led to the disappearance of small family farms, whose owners have been forced to emigrated to the beltways of urban misery in Paraguayan cities or even further away: Buenos Aires or Spain. An estimated 20% of Paraguay's working aged population lives abroad. Despite the country's apparent political stability and the fact that it does not tend to be the victim of major natural disasters, Paraguay is one of the poorest and least industrialised countries in Latin America, with an annual per capita income of only 1,222 dollars, 20 times lower than the average income in Spain.

MAIN ACTIVITIES

FOOD SECURITY

NATIONWIDE ACTIONS:

- Supporting the creation of a National Food Safety System, spearheaded by the FAO
- Strengthening the National Coordinator for Rural and Indigenous Women (CONAMURI) by creating a technical office and training its bases
- Supporting the drafting and implementation of a Law on Food Rights

LOCAL ACTIONS:

(communities and towns in the Department of Caazapá)

- Strengthening and supporting the task of agricultural-livestock dissemination and assistance undertaken by the Ministry of Agriculture and Livestock
- Providing advice to savings and loan cooperatives to improve their technical assistance and services offered to small farm producers; creation of rotating funds
- Technical training in ecological farm production with groups of farming families (ecological handling of farm crops, environmentally-friendly fertilisers and seed conservation)
- Providing in situ technical assistance for individual families and organised family groups

- Training on how markets work, planning production, and ongoing and updated information on crop and livestock prices
- Performing market studies on the products with the greatest potential to make a profit on the market

KEY STATISTICS

START OF THE MISSION: 2007

ZONES OF INTERVENTION: Asunción, Caazapá, San Juan Nepomuceno

HUMAN RESOURCES:

- EXPATRIATES: 2
- LOCAL TEAM: 8

BENEFICIARIES: 9,500 people

FUNDING: AECID, FAO



*Action Against Hunger Spain works with the country's poorest in order to improve food security.
(Photograph: Miguel Angel García Arias)*



Peru

Capital: Lima
Number of inhabitants: 27.9 million
Surface area: 1,280,000 km²
Language: Spanish, Quechua, Aymara
Political regime: presidential republic

Life expectancy at birth: 70.7
Infant mortality (for each 1,000 births alive): 23
Literacy rate: 82.2%
GDP per capita (dollars calculated according to purchasing power): 6,039
Human Development Index: 0.773 (87 over 177)
Population with no access to drinking water: 17%
Population without basic sanitation: 37%
Chronic infant malnutrition rate: 31%
Prevalence of HIV/AIDS: 0.6%

Peru is a middle-income country that for some years has been experiencing a favourable economic and political juncture, just like the entire region, which is affording the country new opportunities for development. Nevertheless, the main problem is the concentration of wealth and the vast gap between the rural and urban populations. More than half of Peruvians live under the national poverty line, and almost 20% suffer from extreme poverty. The earthquake on the 15th of August 2007 devastated several regions in Peru, leaving a great deal of damage and thousands of victims in its wake. Six months after the disaster, many families were still living in unstable conditions, and access to basic water and sanitation services is still quite limited.



MAIN ACTIVITIES

FOOD SECURITY

- Supporting the vulnerable population to replace the means of production lost in the natural disaster

WATER AND SANITATION

- Distributing drinking water
- Installing sanitation services
- Improving management of solid waste
- Implementing alternative low-cost techniques for ensuring access to basic services
- Campaigns to promote hygiene and health
- Strengthening the local institutions

KEY STATISTICS

START OF THE MISSION: August 2007

ZONES OF INTERVENTION: Ica region: provinces of Chincha, Pisco and Ica

HUMAN RESOURCES:

- EXPATRIATES: 4
- LOCAL TEAM: 28

BENEFICIARIES: 35,000 people

FUNDING: AECID, ECHO, CAM, ACCD, Government of Navarra, Caja Navarra, Obra Social Caja Madrid



Drinking water station installed following the earthquake at Independencia, Ica.

Russian Federation

(Chechnya, Ingushetia)



Life expectancy at birth: 65

Infant mortality (for each 1,000 births alive): 18

Literacy rate: 99.4%

GDP per capita (dollars calculated according to purchasing power): 10,845

Human Development Index: 0.802 (67 de 177)

Population under the national poverty line: not available

Population with no access to drinking water: 3%

Population without basic sanitation: 13%

Chronic infant malnutrition rate: not available

Prevalence of HIV/AIDS: 1.1%

Russian Federation data

Capital: Moscow (Chechnya: Grozni; Ingushetia: Magas)

Number of inhabitants: 143.9 million (Chechnya 1 million, Ingushetia 300.000)

Surface area: 1,000,000 km² (Chechnya 19,300 km²)

Language: Russian (Chechnya: Chechén-Tushi; Ingushetia: Ingush)

Political regime: Federal republic (Chechnya: non recognized Islamic republic)

After 13 years of constant conflicts after the war in 1994, the Northern Caucasus region is beginning to witness tentative stability, and the more than 200,000 Chechen refugees have begun to return home. The refugee camps in Ingouchia were permanently closed in 2006, and today thousands of Chechens are trying to resume their lives in extremely precarious conditions. The majority of them have lost their means of earning a living (due to mined fields, sale of their productive capital) and the psychological consequences of the war are only exacerbated by still deficient healthcare and social infrastructures.

MAIN ACTIVITIES

FOOD SECURITY:

- Distribution of food
- Macro-projects
- Monitoring of food security

WATER & SANITATION:

- Construction of water points
- Construction of latrines and other medical infrastructure
- Hygiene education
- Creation of water management committees
- Distribution of sanitary

HEALTH

- Psycho-social support for the most vulnerable groups paying special attention to mother child relationship
- Creation of meeting points for working mothers
- Information to pregnant women
- Distribution of childbirth kits

KEY STATISTICS

START OF THE MISSION: 1999

ZONES OF INTERVENTION: Nazran, (Ingushetia), Grozni, Itum Kale, Shatoi, Sharoi (Chechnya)

HUMAN RESOURCES:

- EXPATRIATES: 3
- LOCAL TEAM: 42

BENEFICIARIES: 32,956 people

FUNDING: ECHO, DAH, Norwegian cooperation, private donors



Psycho-social support promoting the mother-child relationship is one of the key goals of this mission.



Sierra Leone

Capital: Freetown

Number of inhabitants: 5.1 million

Surface area: 71,620 Km²

Language: English (official); the majority of the population speaks Creole

Life expectancy at birth: 42

Infant mortality (for each 1,000 births alive): 282

Literacy rate: 34.8 %

GDP per capita (dollars calculated according to purchasing power): 806

Human Development Index: 0.336 (177 de 177)

Population under the national poverty line: 70.2%

Population with no access to drinking water: 43%

Population without basic sanitation: 61%

Chronic infant malnutrition rate: 38%

Prevalence of HIV/AIDS: 1.6

After ten years of civil war came to an end, since 2002 Sierra Leone has been enjoying a period of political stability and tentative development. Nevertheless, this country has come to rank last on the United Nations' Human Development Index. Despite the fact that it possesses valuable natural resources, such as diamonds, only one-third of the population is literate, while 70% live below the national threshold of poverty.



MAIN ACTIVITIES

FOOD SECURITY

- Preventative activities in the face of loss of crops
- Construction of stocks, market areas and drying areas
- Income-generating activities
- Recovery of small livestock

WATER AND SANITATION

- Rehabilitation and construction of water points
- Setting up of water committees
- Hygiene training workshops
- Chlorine treatment of 200 water points

KEY STATISTICS

START OF THE MISSION: 1991

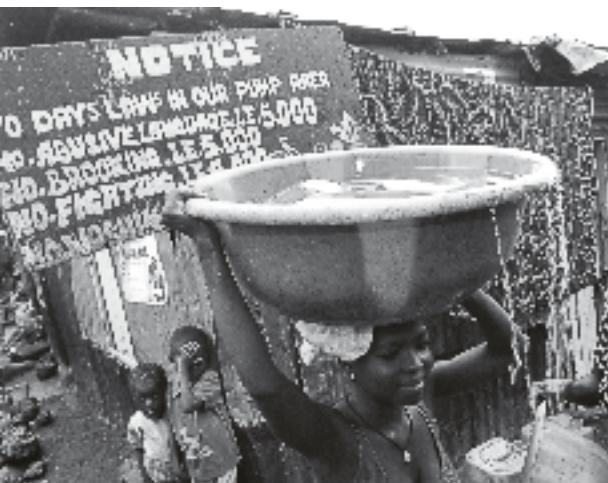
ZONES OF INTERVENTION: Freetown, Makieni (Distrito Bombali), Bo

HUMAN RESOURCES:

- EXPATRIATES: 8
- LOCAL TEAM: 125

BENEFICIARIES: 27,925 people

FUNDING: EuropeAid, DFID, Private donors



*In Freetown, most of the population has no access to drinking water and wells are often contaminated.
(Photograph: Reuters/Luc Gnago, courtesy of Alertnet.org)*

Somalia



Life expectancy at birth: 45

Infant mortality (for each 1,000 births alive): 225

Literacy rate: not available

GDP per capita (dollars calculated according to purchasing power): not available

Human Development Index: not available

Population under the national poverty line: not available

Population with no access to drinking water: 71%

Población sin acceso a saneamiento básico: 75%

Chronic infant malnutrition rate: not available

Prevalence of HIV/AIDS: not available

Capital: Mogadishu

Number of inhabitants: 8.6 million (UN, 2005)

Surface area: 627,340 Km²

Language: Somali, Arabic, Italian and English

Political regime: parliamentary republic

Ever since the coup d'état in 1991, Somalia has been enmeshed in true anarchy and submerged in chaos. Since January of this year, Mogadishu has become a lawless city with daily revolts that have led to hundreds of deaths and the flight of thousands of people. Despite the attempts to attain stability in the country, the Horn of Africa is experiencing one of its direst episodes, and as always the civilian population is the main victim. Humanitarian aid is essential, yet it hardly exists due to the insecurity that reigns in the country. Even though there are no official figures, estimates claim that almost six million Somalis, out of a total of eight million, have no drinking water or basic sanitation.

MAIN ACTIVITIES

NUTRITION

- Two Therapeutic Nutrition centres that treat an average of 200 children per month
- Treatment for malnutrition in the home
- Health centre
- Mother and child care services
- Vaccination against diseases such as cholera

WATER AND SANITATION

- Rehabilitation of water points and washing areas
- Distribution of equipment for ploughing land
- Hygiene training
- Monitoring of water quality (bacteriological contamination)
- Distribution of perforation tools
- Chlorination of water points in order to prevent cholera

FOOD SECURITY

- Emergency food distribution
- Improved farming practices
- Improved farming techniques (distribution of farming equipment, seeds and training for farmers)
- Family orchards and other income-generating activities
- "Cash for Work" initiatives

KEY STATISTICS

START OF THE MISSION: 1992

ZONES OF INTERVENTION: Mogadishu and Wajid (Bakool, Bay and Gedo regions)

HUMAN RESOURCES:

- EXPATRIATES: 14
- LOCAL TEAM: 219

BENEFICIARIES: 223,069 people

FUNDING: UNICEF, CICR, ECHO, OFDA, FAO; DFID, WFP, CIAA, Private donors



The mother is in charge of giving therapeutic milk to her child in order to help strengthen the mother-child relationship.

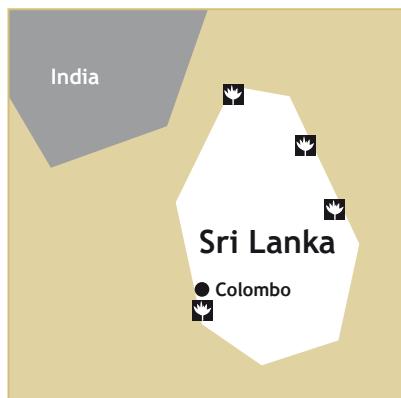
Sri Lanka



Capital: Colombo
Number of inhabitants: 19.3 million
Surface area: 64,630 km²
Language: Sinhala
Political regime: presidential republic

Life expectancy at birth: 72
Infant mortality (for each 1,000 births alive): 14
Literacy rate: 90.7%
GDP per capita (dollars calculated according to purchasing power): 4,595
Human Development Index: 0.743 (99 over 175)
Population under the national poverty line: 25%
Population with no access to drinking water: 21%
Población sin acceso a saneamiento básico: 9%
Chronic infant malnutrition rate: 18%
Prevalence of HIV/AIDS: 0.1%

Three years after the tsunami, the persons who were displaced by the disaster slowly continue to return homes. These victims are joined by the thousands of Sri Lankans who had to flee from their villages after a resumption of the conflict between the government and the Tamil rebels in mid-2006. That same year, 17 members of the local Action Against Hunger team were murdered in the organisation's office. In view of the reduced humanitarian sphere and difficulties working in the country, the mission closed its activities this year.



MAIN ACTIVITIES

FOOD SECURITY

- Income-generating activities
- Distribution of seeds and farming equipment
- Distribution of animals
- Training on agriculture and cattle raising

WATER AND SANITATION

- Supply and management of water and sanitation
- Training for well-users committees
- Training on hygiene
- Research programme into the drinking water needs of the population affected by the tsunami
- Distribution of drinking water, water cans and construction of latrines to urgently attend to those people displaced by the Tamil conflict

KEY STATISTICS

START OF THE MISSION: 1996

ZONES OF INTERVENTION: Jaffna, Trincomalee, Batticaloa, Colombo

HUMAN RESOURCES:

- EXPATRIATES: 6
- LOCAL TEAM: 51

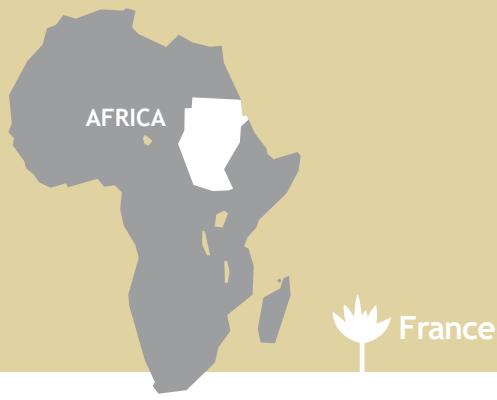
BENEFICIARIES: 21,914 people

FUNDING: ECHO, French aid, French Red Cross, Private funds



A member of the local team examines a child of under five years of age.

Sudan



Life expectancy at birth: 57

Infant mortality (for each 1,000 births alive): 90

Literacy rate: 60.9%

GDP per capita (dollars calculated according to purchasing power): 2,083

Human Development Index: 0.526 (147 over 177)

Population under the national poverty line: not available

Population with no access to drinking water: 30%

Population without basic sanitation: 66%

Chronic infant malnutrition rate: 48%

Prevalence of HIV/AIDS: 1.6%

Capital: Khartoum

Number of inhabitants: 37.8 million

Surface area: 2,505,813 km²

Language: French, Bambara, Bereber, Arabic

Political regime: presidential republic

After the civil war that divided the country between 1993 and 2005, today Sudan is experiencing one of the most severe human crises in history: Darfur. Shortly after the civil war which took the lives of two million people and displaced almost four million, the Darfur conflict has broken out in the past five years, leading to almost 300,000 deaths and more than two million displaced persons according to the United Nations. Despite its complexity, the humanitarian dimension of the conflict has reached everyone's ears in this past year. The international community has condemned the situation of the victims, and the UN has approved the deployment of a "hybrid" force of 26,000 troops, who will join the 7,000 from the African Union that are already present in the region. Nevertheless, NGOs are still the target of the armed militias, and insecurity makes it virtually impossible to work in the zone, where millions of people depend on international aid for their survival. In the rest of the country, the malnutrition rate remains one of the highest in the world, and the country also has to deal with adverse weather conditions, with lengthy periods of drought and rains that prompt flooding each year.

MAIN ACTIVITIES

HEALTH AND NUTRITION

- Therapeutic Nutrition Centres
- Training for the Ministry of Health
- Treatment of malnutrition in the home
- Training in nutrition
- Psychosocial support
- Monitoring of the nutritional situation

FOOD SECURITY

- Distribution of food
- Distribution of seeds and farming equipment
- Construction and rehabilitation of granaries
- Monitoring of food security situation
- Income-generating activities
- Support for irrigation systems

WATER AND SANITATION

- Construction of latrines
- Rehabilitation of water tanks
- Drinking water supplies
- Rehabilitation of wells and manual pumps
- Hygiene-promotion workshops

KEY STATISTICS

START OF THE MISSION: 1985

ZONES OF INTERVENTION: Bentiu, Port Soudan, Juba, El Fasher (North Darfur), Nyala

HUMAN RESOURCES:

- EXPATRIATES: 64
- LOCAL TEAM: 897

BENEFICIARIES: 1,233,729 people

FUNDING: ECHO, OFDA, WFP, DAH, French aid, DFID, Dutch aid, Tolkien Foundation, Private donors, Canadian aid, Swiss aid, UNICEF, Common Humanitarian Fund



Water station construction ensures access to drinking water and better hygienic conditions.



Swaziland

Capital: Mbabane
Number of inhabitants: 1.1 million
Surface area: 17,364 km²
Language: English and Swazi
Political regime: absolutist monarchy

Life expectancy at birth: 40
Infant mortality (for each 1,000 births alive): --
Literacy rate: 79.6%
GDP per capita (dollars calculated according to purchasing power): 4,824
Human Development Index: 0.547 (141 over 177)
Population with no access to drinking water: 38%
Population without basic sanitation: 52%
Chronic infant malnutrition rate: 37%
Prevalence of HIV/AIDS: 33.4%

One of the smallest countries in the African continent, Swaziland has the highest prevalence of HIV/AIDS in the world. With a quarter of the population infected with the virus, the country lives in a situation of structural poverty that continues to worsen. Governed by a monarchy with strong traditions, subsistence agriculture and thousands of orphans due to HIV/AIDS, the cold winter strikes each year in this tiny country with scarce natural resources.



MAIN ACTIVITIES

NUTRITION AND HEALTH

- Re-establishing a sustainable monitoring system to detect infant malnutrition.
- Training of healthcare and community staff in the treatment of malnutrition, in line with the appropriate treatment protocols.
- Participating in the launch of a nationwide nutritional and mortality survey.
- Including the nutritional and mortality component in the surveys conducted by the World Food Programme and the vulnerability analyses.
- Technical assistance for the Ministry of Health.

KEY STATISTICS

START OF THE MISSION: 2007

ZONES OF INTERVENTION: entire country

HUMAN RESOURCES:

- EXPATRIATES: 3
- LOCAL TEAM: 11

BENEFICIARIES: 5,254 people

FUNDING: ECHO, AECID, USAID.



*A mother breastfeeds her child in the nutrition centre of Manzini hospital.
(Photograph: María Pérez Negro).*

Tajikistan



Life expectancy at birth: 66

Infant mortality (for each 1,000 births alive): 71

Literacy rate: 99.5%

GDP per capita (dollars calculated according to purchasing power): 1,356

Human Development Index: 0.673 (122 de 177)

Population under the national poverty line: not available

Population with no access to drinking water: 41%

Population without basic sanitation: 49%

Chronic infant malnutrition rate: 42%

Prevalence of HIV/AIDS: 0.1%

Capital: Dushanbe

Number of inhabitants: 6.4 million

Surface area: 140,600 Km²

Language: Tajik

Political regime: presidential republic

Tajikistan is still recovering from its devastating civil war that caused thousands of deaths and almost 600,000 internally displaced persons, while another 300,000 fled to Afghanistan, Russia and other former Soviet republics. Tajikistan is the poorest of all of them, and the exodus of the educated population (doctors, teachers, technicians) is on the rise every year, worsening the situation and leading to the closure of half of the hospitals, a vast number of schools and tens of factories.

MAIN ACTIVITIES

NUTRITION

- Nutritional surveys
- Training in health and nutrition
- Breastfeeding promotion workshops
- Training of Ministry of Health personnel in pediatric care
- Training of other local NGOs in malnutrition diagnosis
- Diagnosis, prevention and treatment of acute malnutrition
- Monitoring of the development of children treated for malnutrition

KEY STATISTICS

START OF THE MISSION: 1998

ZONES OF INTERVENTION: Khatlon Oblast, southern region of the country

HUMAN RESOURCES:

- EXPATRIATES: 5
- LOCAL TEAM: 130

BENEFICIARIES: 25,000 people

FUNDING: ECHO, WFP, own funds



Treatment of a child suffering from malnutrition in the therapeutic nutrition centre.

The Philippines



Capital: Manila

Number of inhabitants: 82.2 million

Surface area: 299,000 km²

Language: Philippine (Tagalog), English

Political regime: presidential republic

Life expectancy at birth: 71

Infant mortality (for each 1,000 births alive): 25

Literacy rate: 92.6%

GDP per capita (dollars calculated according to purchasing power): 5,137

Human Development Index: 0.771 (90 over 177)

Population under the national poverty line: 36.8%

Chronic infant malnutrition rate: 34%

Population with no access to drinking water: 15%

Population without basic sanitation: 28%

Prevalence of HIV/AIDS: 0.1%

The consequences of the typhoons in 2006 along with the political instability in the country once again show the fragility of a country that is permanently exposed to natural disasters and internal conflicts. The Philippines is also one of the countries with the highest demographic rates in the world, an indicator that just multiplies its vulnerability. Of the more than eight million Filipinos, one-third live under the country's poverty threshold.



MAIN ACTIVITIES

FOOD SECURITY

- Recovering displaced families' capacity for agricultural production
- Agricultural and productive diversification
- Training women and adolescents in different trades
- Income-generating activities
- Distributing fertiliser, seeds, livestock and other agricultural resources
- Training sessions
- Activities related to fishing

WATER AND SANITATION

- Constructing and refurbishing wells
- Creating water committees
- Improving the water conduction system using gravity
- Systems to collect rainwater and reservoirs
- Protecting natural springs
- Training in good health and hygiene habits
- Distributing hygiene kits
- Solid waste management

DISASTER PREPAREDNESS

- Training in responding to emergencies at all levels: regional, provincial, municipal and community
- Mitigation works

CONFIDENCE BUILDING

- Promoting dialogue among the communities affected by the conflict

- Assistance to help the communities to handle internal and external conflicts

KEY STATISTICS

START OF THE MISSION: 2000

ZONES OF INTERVENTION: Central Mindanao, Caraga region, Bicol region

HUMAN RESOURCES:

- EXPATRIATES: 6
- LOCAL TEAM: 90

BENEFICIARIES: 80,000 families.

FUNDING: European Commission, AECID, PACAP, Action Against Hunger Spain, Generalitat Valenciana



*Distribution of drinking water to those affected by typhoon Dorian in January 2007.
(Photograph: Basilio Rodriguez).*

Uganda



Life expectancy at birth: 50

Infant mortality (for each 1,000 births alive): 136

Literacy rate: 66.8%

GDP per capita (dollars calculated according to purchasing power): 1,454

Human Development Index: 0.505 (154 over 177)

Population under the national poverty line: 37.7%

Population with no access to drinking water: 40%

Population without basic sanitation: 57%

Chronic infant malnutrition rate: 45%

Prevalence of HIV/AIDS: 6.7%

Capital: Kampala

Number of inhabitants: 26.9 million

Surface area: 241,038 km²

Language: Arabic, Nubia

Political regime: presidential republic

For decades now, Uganda has been experiencing political instability marked by the virulence of the leaders that have seized power. Rebel groups such as the LRA (Lord's Resistance Army) continue to struggle for power from their refuge in the north of the country. Around 80% of the population in these regions lives in camps for displaced persons, with extremely limited access to drinking water and health-care services and without any land to cultivate. The life expectancy in this zone of the country is no higher than 40. Despite the increasing security in recent months, much of the population is still displaced and dependent on international aid.

MAIN ACTIVITIES

NUTRITION

- Nutritional surveys and monitoring of malnutrition
- Training in health and nutrition
- Therapeutic Nutrition Centres

FOOD SECURITY

- Permanent monitoring the displaced persons' situation in the northern camps.

WATER AND SANITATION

- Rehabilitation of water points
- Training in health and hygiene in the displaced persons camps

KEY STATISTICS

START OF THE MISSION: 1980

ZONES OF INTERVENTION: Gulu, Moyo

HUMAN RESOURCES:

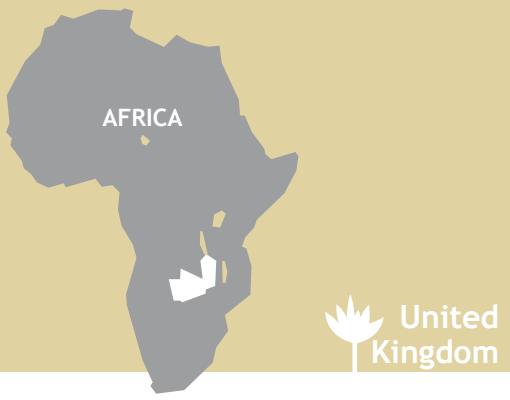
- EXPATRIATES: 6
- LOCAL TEAM: 100

BENEFICIARIES: 750,000 people

FUNDING: ECHO, OFDA, DFID, Italian aid



*A malnourished child admitted to a therapeutic centre recovers fully in one month.
(Photograph: Laurent Attali)*



Zambia

Capital: Lusaka
Number of inhabitants: 11.9 million
Surface area: 752,614 km²
Language: English (official), Bemba, Lozi, Nyanja, Tonga, and others
Political regime: presidential republic

Life expectancy at birth: 40
Tasa de Infant mortality (for each 1,000 births alive): 182
Literacy rate: 68%
GDP per capita (dollars calculated according to purchasing power): 1,023
Human Development Index: 0.434 (165 over 177)
Population under the national poverty line: 68%
Population with no access to drinking water: 42%
Population without basic sanitation: 45%
Chronic infant malnutrition rate: 53%
Prevalence of HIV/AIDS: 17%

Despite being one of the leading producers of copper in the world, Zambia is still one of the poorest countries in sub-Saharan Africa. The alarming poverty and chronic malnutrition indicators are joined by yet another alarming figure: the prevalence of HIV/AIDS, which affects 17% of the population. Zambia is the country ranked sixth highest in the world in terms of the number of HIV-positive people, a problem that primarily affects the productive generation, diminishing their capacity for development and jeopardising the future of the country.



MAIN ACTIVITIES

FOOD SECURITY

- Creation of associations to assist the poorest families in each community with farming activities, focused especially on those families affected by AIDS
- Promoting the creation of fruit orchards
- Rearing of rabbits and chickens for self-consumption and sale
- Training of 122 people in organic farming techniques at an educational farm (Maposa Farm).

KEY STATISTICS

START OF THE MISSION: 2004

ZONES OF INTERVENTION: Kitwe region

HUMAN RESOURCES:

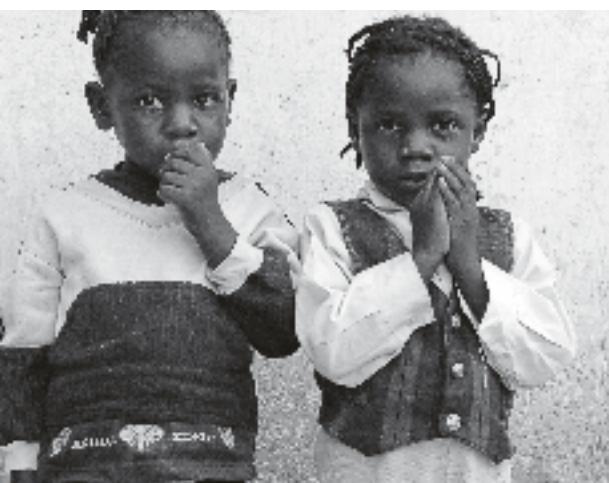
- EXPATRIATES: 0
- LOCAL TEAM: 10 (work carried out by local NGO CINDI)

BENEFICIARIES: 301,485 people

FUNDING: Comic Relief, Vegfam

HEALTH AND NUTRITION

- Health and hygiene promotion workshops through theatre activities, radio programmes and school debates...
- Training in nutrition and HIV/AIDS
- Training of members of the local counterpart, Children in Distress (CINDI)



AIDS leaves thousands of orphans in Zambia, a drama that finishes with the spoken word, vital for the development of the rural communities.
(Photograph: David Gillanders)

Zimbabwe



Life expectancy at birth: 41

Infant mortality (for each 1,000 births alive): 132

Literacy rate: 89.4%

GDP per capita (calculados según poder adquisitivo): 2,038

Human Development Index: 0.513 (151 over 177)

Population under the national poverty line: 34.9%

Population with no access to drinking water: 19%

Population without basic sanitation: 47%

Chronic infant malnutrition rate: 34%

Prevalence of HIV/AIDS: 20.1%

Capital: Harare

Number of inhabitants: 13.2 million

Surface area: 386,850 Km²

Language: English (official), Shona, Sindebele

Political regime: presidential republic

Since the late 1990s, Zimbabwe has been suffering from a decline in its economy which has led to an extremely worrisome crisis, with an inflation rate of over 1000%, the highest in the world. This deterioration has only been accentuated by the agricultural reform imposed by President Robert Mugabe in 2000, who ordered a redistribution of lands belonging to the white minority, a measure that has dismantled the entire productive sector and triggered a drastic drop in agricultural production. This slump in production, coupled with recurring climatic difficulties, has contributed to creating an extremely worrisome nutritional situation that affects one-third of the infant population.

MAIN ACTIVITIES

NUTRITION

- Monitoring of nutritional situation
- Support to hospitals in malnutrition treatment
- Nutritional surveys
- Training in nutrition and diseases such as cholera, HIV and malaria
- Support for HIV-positive individuals

WATER AND SANITATION

- Construction of wells and deposits
- Construction of latrines
- Promotion of hygienic habits
- Training of water management committees
- Improvement of local capacities for water management

FOOD SECURITY

- Analysis of the needs of the population
- Start-up of income-generating activities
- Development of traditional farming activities
- Maximising of natural resources and providing access for the population
- Distribution of tools, phytosanitary products and livestock
- Distribution of seeds
- Training in new farming methods
- Promotion of nutritional food via "conservation farming" programmes

KEY STATISTICS

START OF THE MISSION: 2002

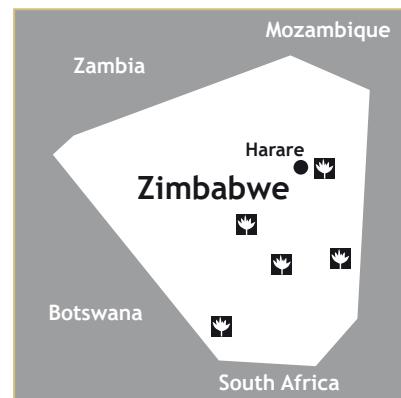
ZONES OF INTERVENTION: Midlands, Manicaland, Matebeleland Sud, Masvingo

HUMAN RESOURCES:

- EXPATRIATES: 10
- LOCAL TEAM: 46

BENEFICIARIES: 117,219 people

FUNDING: ECHO, European Union, FAO, Private donors



*Distribution of drinking water in one of the intervention regions.
(Photograph: Basilio Rodríguez).*

Pictures of 2007



MILES OF SOLIDARITY IN THE AMERICA'S CUP

Action Against Hunger Spain took part in the America's Cup with the Vive Valencia cultural promotion programme, as part of a joint initiative with the Regional Government of Valencia and the Valencia Town Hall: in around twenty containers spread throughout the capital, the Valencian people were able to get hold of wristbands tied with knots of solidarity and make a commitment to the fight against hunger.

TENNIS AND SOLIDARITY IN TARRAGONA

For the second year running, around 100 children took part in the Tournament for Solidarity organised by Action Against Hunger Spain and the Club Sports de Tennis de Cunit (Tarragona), and once more tennis player Sergi Bruguera donated his time and talent to the event.



2nd CONCERT FOR SOLIDARITY IN CASTELLÓN

The Amphitheatre of Pinar del Garo in Castellón welcomed the second edition of the Concert for Solidarity in August. The evening started with activities for children and several groups played their best music for a good cause until well after midnight.



WITH IÑAKI OCHOA DE OLZA IN THE PYRENEES

Around 100 young people and adults joined the climb for solidarity that Action Against Hunger Spain organised in September along with the climber Iñaki Ochoa de Olza, who died some months later in the Annapurna massif. In homage to the people who fight against hunger on a daily basis, the participants climbed Navarra's highest mountain, the Mesa de los Tres Reyes. Thank you for your dedication and commitment Iñaki, we will always remember you.



NIXER - NIGER

The photographs and prints painted by the Galician artist Alfonso Costa during his trip with Action Against Hunger Spain to Niger were exhibited in 2007 in several Galician towns. Alfonso Costa and Francisco Xosé Fernández Naval, members of Galician Culture for Solidarity, donated the total amount collected during this exhibition.



LA SEXTA'S CONTRIBUTION

Along with other NGOs, Action Against Hunger Spain participated in Spanish TV channel La Sexta's campaign for solidarity. Messages such as "There's a Solution for Hunger" and "Hunger No!" entered millions of Spanish homes.

SOCIAL DEVELOPMENT IN THE CLASSROOM

Universities such as the Universidad Rey Juan Carlos, the Instituto Universitario Ortega y Gasset, Carlos III and Comillas, business schools like EOI, and training centres and cultural centres such as La Casa Encendida have opened their classrooms to us in order to train future aid workers in specific development-related subjects like health, nutrition and water, logistics in emergencies and security in development.



A HURRICANE IN MADRID

For one day, pupils at the Padre Piquer School in Madrid left their classrooms and were taken to an imaginary Guatemalan village about to suffer the effects of a devastating hurricane. Firemen and women from the NGO Bomberos sin Fronteras and health workers from Médicos del Mundo took part, along with Action Against Hunger Spain logistics workers, in this mock hurricane organised by Obra Social Caja Madrid.

THE HIDDEN HUNGER IN NAVARRA

More than two thousand students took part in this educational project organised by around twenty schools in Navarra in order to teach young people about the current hunger situation and its relationship with the Millennium Development Goals. Along with the interactive material shown, thirty photos taken by the photographer Susana Vera during her trip to Niger and Mali with Action Against Hunger Spain were exhibited.



CHECK-MATE ON HUNGER

This year the first Fast Chess Tournament for Solidarity took place in the town of El Vendrell in Tarragona. More than fifty players, of all ages, took part in this initiative organised by Club d'Escacs Vendrell and the funds raised were donated to Action Against Hunger Spain.



Human resources

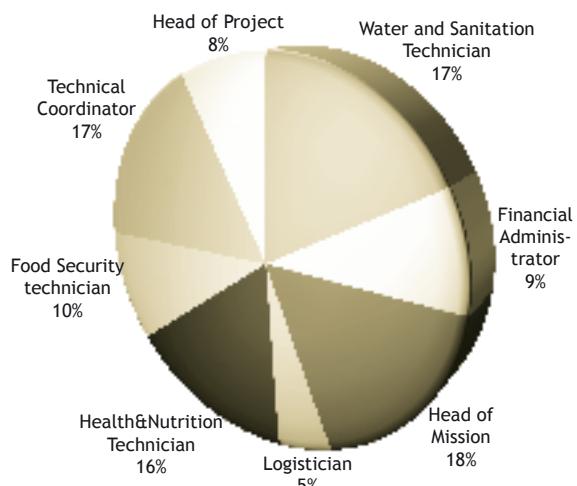
Commitment to the local team

In 2007, the Action Against Hunger team has continued to grow. With almost 2,000 workers from intervention countries and more than 100 development workers, this year the organisation has maintained its trend of reaching more people in more countries. In the 21 missions that the Madrid headquarters manages almost

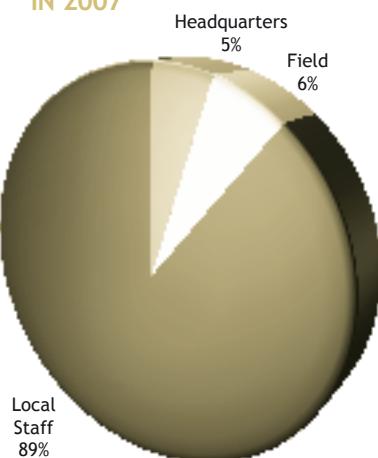
9 out of 10 members are hired directly by each mission and the majority are qualified individuals who are trained in development through Action Against Hunger's training courses. On the other hand, once more this year the majority of the staff is female, with many of these women holding positions of responsibility, which is a target that

the Human Resources team tries to meet in all areas of the organisation's work. Meanwhile, the Training department has continued working closely with universities on a range of levels including teaching, creation of university courses specialised in development, student internship programmes and scientific publications.

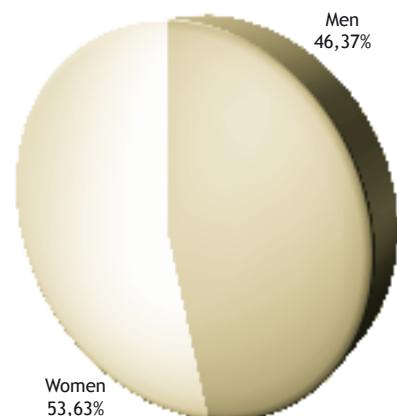
FIELD POSITIONS' DISTRIBUTION



TOTAL HUMAN RESOURCES IN 2007



AVERAGE MEN/WOMEN



NEW ETHICS COMMITTEE

As part of the development of its humanitarian principles and professional ethics, the organisation has established a new Ethics Committee, inspired by the organisations' ethical best practice and the Spanish Development NGO Coordinating Organisation (CONGDE)'s Code of Conduct. Formed by five members of the organisation and three

external and independent experts, including the writer Carmen Posadas, who is a member of the board of trustees, the new committee is responsible for the targets of governability, effectiveness, coherence, transparency, quality and communication that all NGOs should have. In addition, it carries out a consultative function, responding con-

fidentially to any doubts that could arise among members of the organisation. Action Against Hunger Spain is a member of CONGDE's Code of Conduct Monitoring Commission, part of the Forética Governing Board and takes part in a range of programmes directed towards the promotion of transparency (Fundación Lealtad).

Financial report

Annual accounts audit



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INFORME DE AUDITORÍA DE CUENTAS ANUALES

Al Patronato de Fundación Acción contra el Hambre:

Hemos auditado las cuentas anuales de FUNDACIÓN ACCIÓN CONTRA EL HAMBRE que comprenden el balance de situación al 31 de diciembre de 2007, la cuenta de pérdidas y ganancias y la memoria correspondientes al ejercicio anual terminado en dicha fecha, cuya formulación es responsabilidad del Comité de Formulación de Cuentas Anuales de la Fundación. Nuestra responsabilidad es expresar una opinión sobre las citadas cuentas anuales en su conjunto, basada en el trabajo realizado de acuerdo con las normas de auditoría generalmente aceptadas, que requieren el examen, mediante la realización de pruebas selectivas, de la evidencia justificativa de las cuentas anuales y la evaluación de su presentación, de los principios contables aplicados y de las estimaciones realizadas.

De acuerdo con la legislación mercantil, el Comité de Formulación de Cuentas Anuales de la Fundación presenta, a efectos comparativos, con cada una de las partidas del balance de situación, de la cuenta de pérdidas y ganancias y del cuadro de financiación, además de las cifras del ejercicio 2007, las correspondientes al ejercicio anterior. Nuestra opinión se refiere exclusivamente a las cuentas anuales del ejercicio 2007. Con fecha 31 de mayo de 2007 emitimos nuestro informe de auditoría de las cuentas anuales del ejercicio 2006 en el que expresamos una opinión sin salvedades.

En nuestra opinión, las cuentas anuales del ejercicio 2007 adjuntas expresan, en todos los aspectos significativos, la imagen fiel del patrimonio y de la situación financiera de Fundación Acción contra el Hambre al 31 de diciembre de 2007 y de los resultados de sus operaciones y de los recursos obtenidos y aplicados durante el ejercicio anual terminado en dicha fecha y contienen la información necesaria y suficiente para su interpretación y comprensión adecuadas, de conformidad con principios y normas contables generalmente aceptados que guardan uniformidad con los aplicados en el ejercicio anterior.

DELOITTE, S.L.
Inscrita en el R.O.A.C. N° 50692

Javier Jiménez García
28 de mayo de 2008

Deloitte, S.L., inscrita en el Registro Mercantil de Madrid, Tomo 11.890, folio 106, sección B, hoja M-54413.
Inscrição N.º C.I.F. B-71124408. Domicilio Social: Plaza Pablo Ruiz Picasso, 1 - Torre Picasso, 28020 Madrid.

Member n.º
Deloitte Network International

Financial report

Balance sheet

BALANCE SHEET AT 31ST OF DECEMBER 2007 & 2006

(Amount in Euros)

ASSETS	Tax Year 2007	Tax Year 2006	LIABILITIES	Tax Year 2007	Tax Year 2006
CAPITAL ASSETS:			EQUITY:		
			Social funds	6,010	6,010
Immaterial Capital Assets	29,455	28,111	Intervention reserve	1,572,868	1,559,496
Material Capital Assets	408,406	224,813	Specific programme reserve	284,124	-
Financial Capital Assets	11,441	9,443	Positive surplus from the tax year	320,250	297,496
Users and other long-term debtors	33,465,690	22,544,786	Total equity	2,183,252	1,863,002
Total capital assets	33,914,992	22,807,153			
			INCOME TO BE DISTRIBUTED	40,466,659	28,394,347
CURRENT ASSETS:					
Inventory	58,507	146,724			
Users and other debtors related to regular activity	855,008	3,571,651			
Users and other short-term debtors	166,990	3,098,772			
Debtors from associated foundations	375,394	276,817			
Debtors at HQ	151,029	196,062	SHORT-TERM CREDITORS:		
Debtors at mission-level	161,595	-	Creditors from associated foundations	2,304,355	2,295,015
			Creditors at HQ	501,043	416,088
Treasury	12,660,988	8,267,016	Creditors at mission-level	436,884	199,480
Treasury at HQ	9,080,749	6,808,194	Public Administration	213,713	165,735
Treasury at mission-level	3,580,239	1,458,822	Provisions for operations relating to the activity	1,383,589	1,458,877
Total current assets	13,574,503	11,985,391	Total short-term creditors	4,839,584	4,535,195
TOTAL ASSETS	47,489,495	34,792,544	TOTAL LIABILITIES	47,489,495	34,792,544

Profit and Loss Account

PROFIT AND LOSS ACCOUNT FOR 2007 & 2006 TAX YEARS

(Amount in Euros)

DEBIT	Tax Year 2007	Tax Year 2006	HABER	Tax Year 2007	Tax Year 2006
OVERHEADS:			INCOME:		
Supplies	5,714,463	5,607,486	Entity's income from own activities	28,017,139	28,200,107
Staff costs	9,585,173	9,185,528	Sales and other income from commercial activities	186,983	306,244
Capital assets redemption	302,456	238,630	Other income	224,229	357,590
Adjustments in trade provisions	(66,185)	248,861			
External services	12,369,945	13,295,627			
Positive results of ordinary activities	522,498	287,809			
Currency exchange losses	808,159	476,511	Currency exchange gains	497,018	256,304
Other financial expenses	76,151	243	Other assimilated interests and income	200,904	52,455
Positive results of ordinary activities	336,109	119,814	Negative financial results	186,389	167,995
Expenses and losses from other tax years, net	13,963	-	Income and profits from previous tax years, net	-	181,573
Positive extraordinary activities	-	181,573	Negative extraordinary results	13,963	-
Results before tax	322,146	301,387			
Corporate Tax	1,896	3,891			
Surplus for tax year	320,250	297,496			

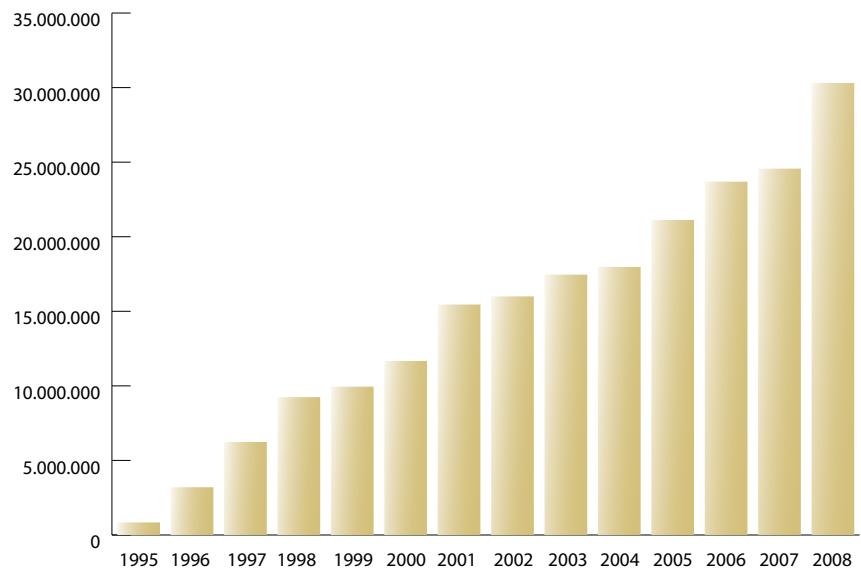
Financial report

Origin of funds

GENERAL EVOLUTION OF REVENUE

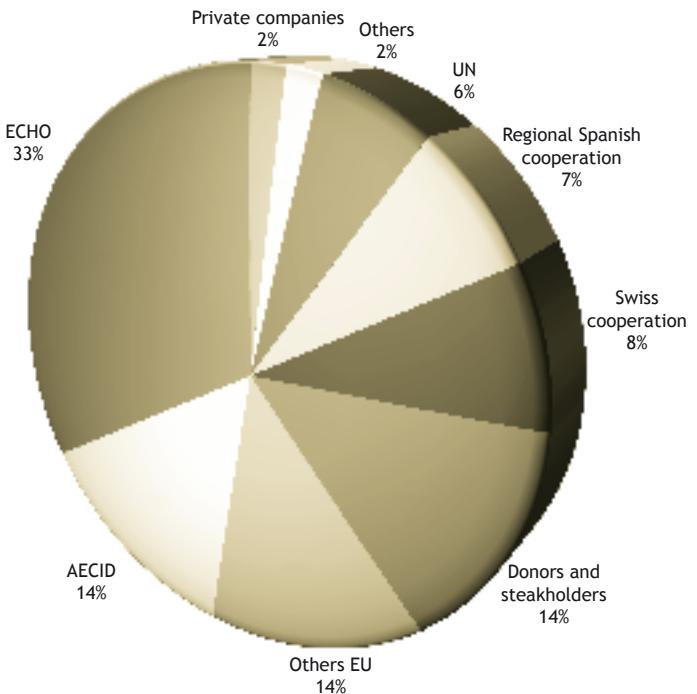
(ACF Spain, ACF-IN excluded)

year	Euros	% inc.
1995	841.417	-
1996	3.203.395	281%
1997	6.238.506	95%
1998	9.243.566	48%
1999	9.946.750	8%
2000	11.670.453	17%
2001	15.453.451	32%
2002	16.000.224	4%
2003	17.459.229	9%
2004	17.971.036	3%
2005	21.129.207	18%
2006	23.694.935	12%
2007	24.567.360	4%
Budget 2008	30.309.678	23%



DISTRIBUTION OF DONORS IN 2007

(ACF-IN contracts included)



Financial report

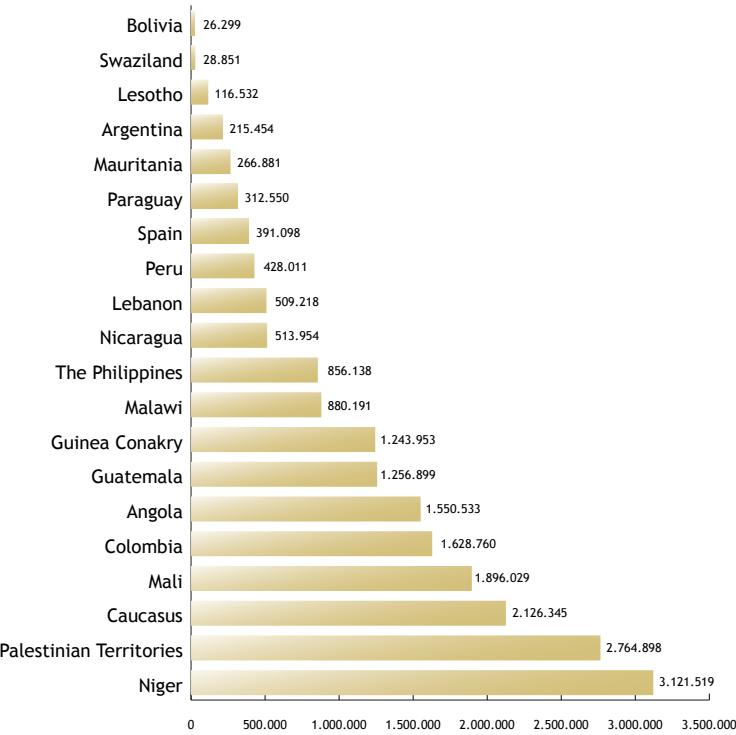
Use of funds

NUMBER OF BENEFICIARIES PER INTERVENTION SECTOR*

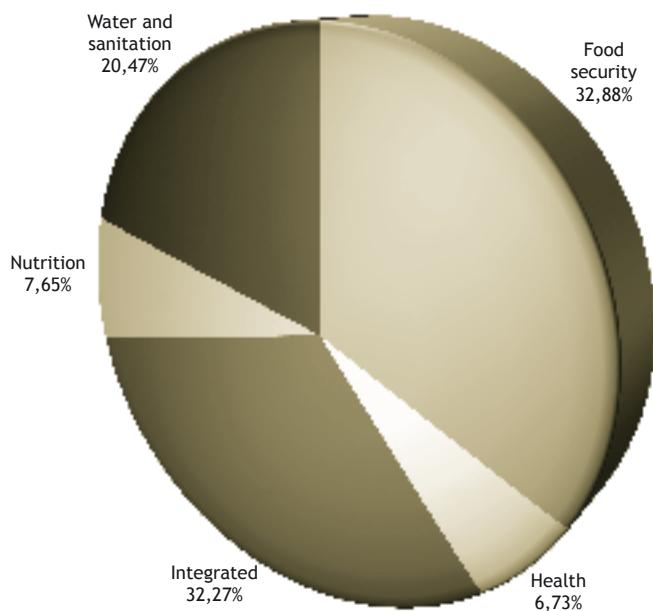
Food security	687.735
Health	713.609
Integrated	679.818
Nutrition	124.156
Water and sanitation	610.432
Total	2.815.749

* (Only missions administered by Spain).

VOLUME PER MISSION 2007 (In euros)

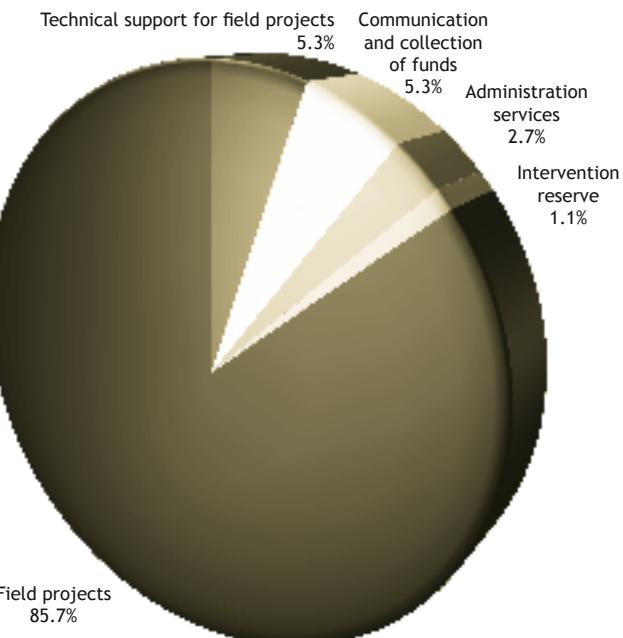


DISTRIBUTION OF FUNDS PER INTERVENTION SECTOR



USE OF FUNDS IN 2007

ACF-IN programs included



Thanks to...

This year, we wish to give very special thanks to:



COMPANIES
Aguas de Belascoain
Aldeatour
Arrasate
ARxT
Asociación Vinos sin Fronteras
Avsona
Baglinox
Banesto
BBVA
Caja Laboral
Celer soluciones
Click Networks, S.L.
Club Escacs El Vendrell
Club Esports Tennis Cunit
Diario de Navarra
Diario de Noticias
Dimiter Mimo
Eroski
Eurosource
Fnac
Fundació La Caixa
Fundación Caja Navarra
Fundación Dávalos-Fletcher
Fundación Juan Torrejón
Fundación Renfe
Gimasio Físico

Grefusa
Grupo Día
Grupo Fittest
Grupo Norte
GT Promociones
Helvetia Previsión
Horno Artesano
Hotel Voramar de Benicasim
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La Sexta
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Mesón de la Tapa de Castellón
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Ogilvy Bassat
OGIPAN
Onda Cero Navarra
Ortega y Azagra
Asociados
Portland San Antonio

Radio Nacional de Spain en Navarra
Santander Central Hispano
Seine Tech
Servyeco
Shakelton
SUC estudio
UBI
Voracine
Woman
Antoine Attout
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Carmen Posadas
Crisanto Plaza
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Esther Aguado
Francisco Javier Ruiz Paredes
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Ayuntamiento de Tudela
Ayuntamiento El Prat de Llobregat
Ayuntamiento Terrassa

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Federació Catalana d'ONGDs
Federación Navarra de Municipios y Concejos
Feria Valencia
Fundació CIDOB
Fundació Ecología y Desarrollo
Fundació Manuel Peláez Castillo
Fundació Universitat-Sociedad
Gobierno de Navarra
Gonzalo Marín (Canal de Isabel II)
Green Cross Spain
IDA Foundation
Ingenieros Sin Fronteras

...and to all the institutions, organizations and volunteers who, one way or another, have collaborated with us in the struggle against hunger.

Acronyms

ACNUR: in Spanish, United Nations High Commissioner for Refugees (UNHCR)	UE: in Spanish, European Union (EU)
AECID: in Spanish, Spanish Agency for International Cooperation	FAO: Food and Agriculture Organization of the United Nations
AusAID: Australian Government Overseas Aid	ICAI: in Spanish, Technical Engineers Association
BPRM - US: Department of State – Bureau for Population, Refugees and Migration	MRC: Mekong River Commission
CE: in Spanish, European Commission (EC)	NN.UU.: in Spanish, United Nations (UN)
CICR: in Spanish, International Committee of the Red Cross (ICRC)	N.U.: in Spanish, United Nations (UN)
CIDA: Canadian International Development Agency	NORAD AEN: Norwegian Agency for Development Cooperation
COSUDE in Spanish, Swiss Agency for Development and Cooperation (SDC)	MAE: in French, Ministry of Foreign Affairs
DDC: in French, Swiss Department for Development and Cooperation (SDC)	OCHA: United Nations Office for the Coordination of Humanitarian Affairs
SDC: Swiss Department for Development and Cooperation	OFDA: Office of US Foreign Disaster Assistance
DAH: in French, The United Nations Department of Humanitarian Affairs (DHA)	PMA: in Spanish, World Food Programme (WFP)
DFID: Department for International Development of UK Government	UNICEF: United Nations Children's Fund
ECHO: European Commission Humanitarian Aid Department	USAID: US Agency for International Development
DIPECHO: Disaster Preparedness - European Commission's Humanitarian Aid Department	UNDP: United Nations Development Programme

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