

ANNUAL PROGRESS REPORT 2018

FOREWORD	3
MAHARASHTRA AMARAVATI - A NEW FRONTIER	4
CASE STUDY - PALGHAR	8
GOVANDI THE GOLDEN WINDOW OF OPPORTUNITY	10
FIRST 1000 DAYS	11
CASE STUDY - GOVANDI	14
MADHYA PRADESH TACKLING UNDER NUTRITION IN DHAR	16
CASE STUDY - DHAR	20
RAJASTHAN LEAVING THE FIGHT IN RAJASTHAN	22
CASE STUDY - BARAN	24
EVENTS	26
FINANCE	28
BOARD OF DIRECTORS	30

CONTENTS





GOVANDI-MAHARASHTRA THE GOLDEN WINDOW OF OPPORTUNITY – 1000 DAY PROGRAMME IN GOVANDI.

The first 1000 days of a child's life (from pregnancy until the child's second birthday) have a profound impact on the ability to grow, learn and thrive – and have a lasting effect on a community's health and prosperity. Optimum nutrition and care, for the mother and child, during this vital period can arrest undernutrition in children at the outset. Working closely with pregnant mothers, on the 1000 day golden window of opportunity will not only improve their nutritional status, but also ensure healthy childbirth and build happier, healthier futures.

In March 2018, we launched the 1000 day program in Govandi called “Suvarna Avsar – Ek Hazaar din Zindagi ke” thus expanding our current intervention in Govandi to include pregnant and lactating mothers. The project aims to cover a total population of 52,000, which includes 6000 children under 5 years of age and over 2000 pregnant and lactating women.

FOREWORD

Nine of the 17 Sustainable Development Goals identified by the United Nations in its 2030 development agenda are directly tied to nutrition.

According to the Global Nutrition Report, every investment in nutrition has a cost-benefit ratio of 1:16. Moreover, such an investment is recognised globally as both a critical development imperative and a pathway for the fulfilment of human rights.

Over 30% of the global acute malnutrition burden lies with India. The Indian Government has been responding to this emergency like situation through the Integrated Child Development Services (ICDS) and the National Health Mission (NHM). With the recent launch of the Poshan Abhiyan, we are closer than ever to have sustainable answer to this grave question in the coming years. Fight Hunger Foundation stands united with the Government in our fight against the causes and effects of acute malnutrition. We have worked untiringly in some of the most remote and tribal regions of Madhya Pradesh, Maharashtra and Rajasthan.

In the past 5 years we have touched the lives of over 7 lakh people, screened 90,000 children under 5 years of age for signs of malnutrition and worked with 10,000 pregnant and lactating women. We have been able to do with a dedicated team of 140 humanitarian professionals and your undying belief in

us. All this has been done through the pre-existing Government system on the ground level to ensure that the current system is strengthened and our programs become sustainable.

The core of our long term efforts have been nutrition, water sanitation, hygiene, food security, livelihood and education.

OUR GOAL IS TO CREATE AN ENABLING ENVIRONMENT IN THE COMMUNITIES WHERE WE WORK AND MAKE STRONG MECHANISMS FOR TRACKING THE PROGRESS OF THE EFFORT.

In this annual activity report, you will read about our work on the field, some heart-warming stories of change, school children running against hunger and much more.

We hope you will continue to be a part of our family, and help us provide services to more children in the coming years.

Dr. wasudhara joshi
Executive Director & Board Member

MAHARASHTRA AMRAVATI – A NEW FRONTIER

In December 2017, NAOS and Fight Hunger Foundation joined hands to work together towards addressing the nutrition needs of children and families in Amravati district, Maharashtra. With NAOS's support, Fight Hunger Foundation has launched a 3-year project in Dharni block of Amravati, where we aim to reach out to 900 malnourished children and touch over 45,000 lives. The project includes digging wells, providing livestock, educating women and children, addressing malnutrition etc.

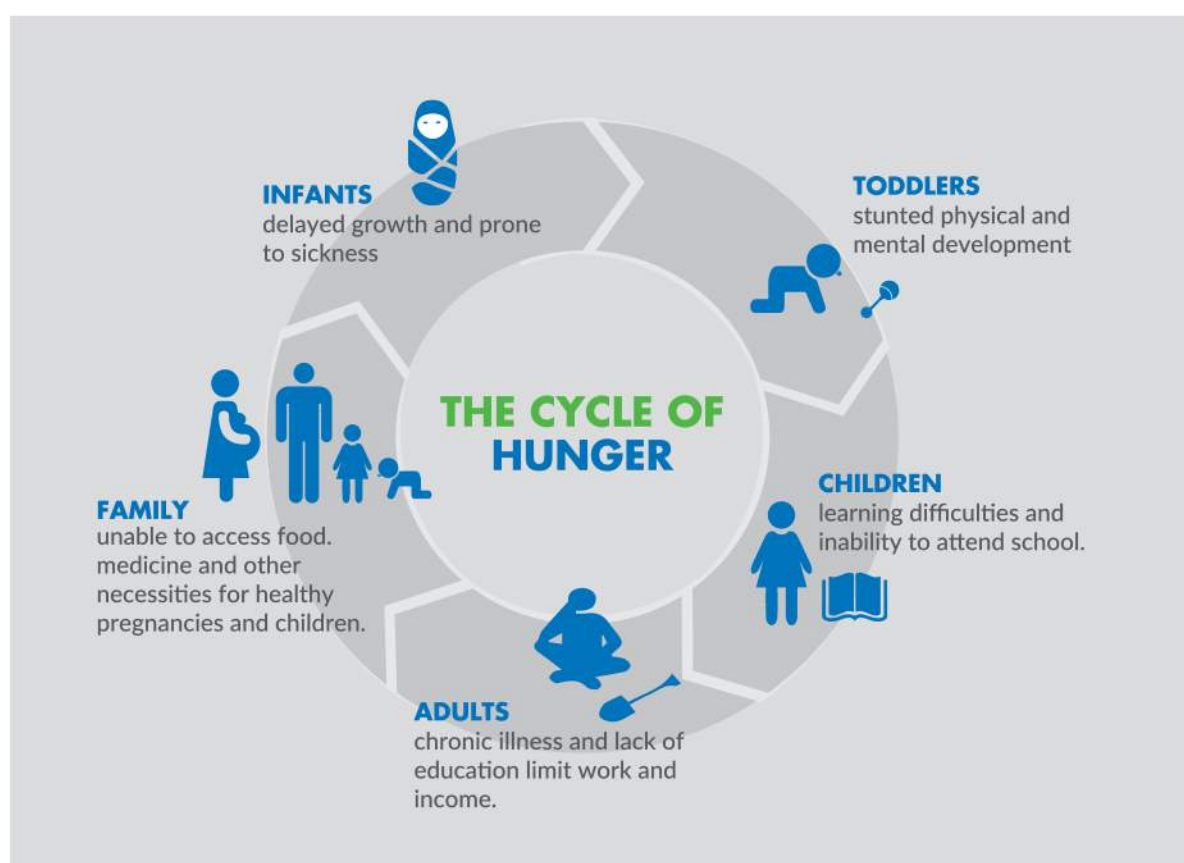


BREAKING THE CYCLE OF HUNGER AND ADDRESSING THE NEEDS OF CHILDREN AND MOTHERS

Combating malnutrition involves a two-pronged approach of immediate treatment and prevention. While children suffering from acute malnutrition require urgent medical attention, we also need to work closely with Pregnant and Lactating Women (PLW) and break the cycle of hunger, since malnourished mothers give birth to malnourished children.

Evidence suggests that about 80% of children with acute malnutrition* can be treated at home via an approach called Community based Management of Acute Malnutrition (CMAM), which involves the following aspects:

- Screening, detection and treatment of children with acute malnutrition
- Ensuring good antenatal and postnatal care for pregnant and lactating women
- Community awareness sessions along with linking PLW to government entitlements such as Iron folic acid, THR etc.



IMPROVING FAMILY INCOME AND IMPROVING ACCESS TO NUTRITION RICH FOOD.

Agriculture in its broad sense and nutrition are interlinked. Availability of wholesome and nutritionally well-rounded food sources are necessary for reducing under-nutrition in a community. Initiatives such as home gardens and livestock rearing will not only provide micronutrient rich food to vulnerable families but also give them an extra source of income to make the activity self-sustainable. Additionally, farmers will be trained on nutrient rich and locally suitable cropping and farming techniques.

The project will provide sustainable livelihoods and nutrition security to households in the project area in 3 years' time through enhanced sustainable production, consumption, processing and sale of micronutrient rich food items.

IMPROVING WATER AND SANITATION STRUCTURES

Access to clean water and good hygiene plays a vital role in ensuring children grow up healthy and strong. Repeated ailments such as diarrhoea, from dirty water and unhygienic living conditions, results in severe loss of essential nutrients thus accelerating the de-nutrition process.

The project aims to improve the existing water supply in terms of water availability and quality and at the same time, instil a behaviour change in the community on sanitation and good hygiene practices.

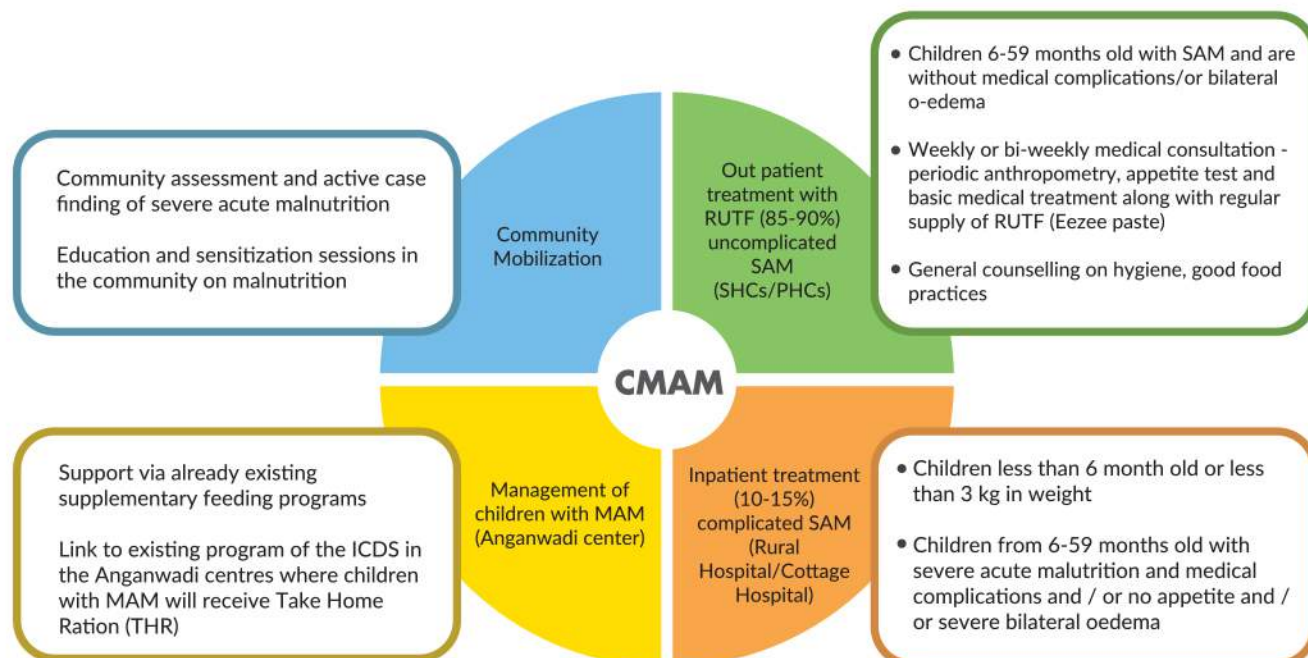
SAVING LIVES IN PALGHAR

In response to high rate of acute malnutrition in Palghar, Maharashtra, Fight Hunger Foundation started its life saving interventions for children with acute malnutrition in August 2016 and it has been quite an experience. We have been working very closely with mothers and caretakers, Anganwadi workers, adolescents and the community at large.

To make sure we reach out to every malnourished child, we launched 4 Outpatient Therapeutic Centres at Mokhada, Moranda, Washala and Ashe. These OTC's operate from within the government Primary Healthcare Centres (PHC) and Sub Health Centres (SHC) on a weekly basis. Covering 59 villages, these OTC's provide therapeutic food for children, counselling to mothers and track their progress consistently. Together, the 4 OTC's cover a population of 86,000 in 238 hamlets.



SCOPE OF CURRENT INTERVENTIONS



CASE STUDY

SHRUTI'S MOTHER BRAVES CONFLICTS TO SAVE HER CHILD'S LIFE.



Fight Hunger Foundation staff met baby Shruti during one of our routine screenings in Khodala in Palghar, Maharashtra. She was born pre mature, with a low birth weight of only 1.6kg and needed immediate medical attention.

Our community mobilizers immediately referred her to Khodala Primary Health Centre (PHC) and we enrolled her in our nutrition therapy program. Our team explained to Sheetal, her mother, the severity of Shruti's condition and the measures to be taken to help her recover. During her first visit to our Out- Patient Therapeutic centre (OTC), Sheetal received an in-depth counselling on Infant and Young Child Feeding (IYCF) practices. Techniques on how to hold the baby, what should be the baby's position, number of times the child should receive breast milk and what should be the duration of feeding was explained thoroughly.

Sheetal, being an ASHA (Accredited Social Health Activist) Frontline worker herself, had sufficient knowledge on IYCF practices. Unfortunately, lack of support from her family in raising Shruti was one of the biggest barriers she faced. Our team began visiting her home every fifteen days to ensure Shruti was receiving proper nutrition. During these visits the team counselled the entire family on the importance and benefits of breastfeeding, on hygiene and sanitation practices and various causes and consequences of malnutrition which might be detrimental to her growth and survival.



As Shruti completed 6 months, the team started focusing on complementary feeding practices. Sheetal was encouraged to introduce simple food preparations such as rice puree and egg yolk to Shruti and it further aided Shruti's progress. Shruti is on her way to recovery; we are closely following up on her and assisting Sheetal in her endeavour to raise her child to be healthy and strong.

RECOVERY OF BABY SHRUTI (NOV 2017 TO FEB 2018)





1. PREGNANT AND BREASTFEEDING WOMEN

During pregnancy, children are entirely dependent on their mothers for the nutrition they need to grow and develop. This project will make sure pregnant women and breastfeeding mothers are receiving the nutrients they need through these activities:

Screening of all pregnant women using adult Mid Upper Arm Circumference (MUAC) tapes to assess their nutritional status.

Community Awareness Sessions: All pregnant women registered in the programme will be targeted through individual counselling and group discussion sessions to improve their awareness of Nutrition, Childcare, Water, Sanitation and Hygiene (WASH) and feeding practices. We will also run sessions to educate the women on other forms of support they are entitled to, and what government services are available.



2. POSTNATAL CARE

The right care during labour, birth and the first few weeks afterwards is essential to allow both babies and mothers to thrive.

Postnatal care for new-borns will include:

Community mobilisation and education activities focused on topics such as keeping their baby clean and warm and promoting 'Kangaroo Care' (skin-to-skin contact between mother and baby.)

New-born Kits containing warm blankets, baby soap, baby oil, paediatric thermometer and a mosquito net distributed to mothers.

Support with birth registration and routine immunisations

Identification of post-birth skin infections (such as swelling, redness and hardness around the navel) and refer the baby to our treatment centre for medical assessment.



4. CHILDREN AGED 6-24 MONTHS

- **Promotion of IYCF** with focus on continued breastfeeding to 2 years, and complementary feeding (suitable, hygienically prepared foods for children aged 6-24 months alongside breastfeeding) through demonstrations and other awareness generation activities
- **Screening and timely diagnosis** of children aged 6-24 months suffering from Severe Acute Malnutrition or Moderate Acute Malnutrition
- **Prevention of Acute Malnutrition 6-59 months children**
- Caregivers of malnourished children will receive **one-to-one counselling** on the following topics:
 - Age appropriate feeding
 - Causes and consequences of malnutrition
 - Care of children (topics such as sensory stimulation and tracking developmental milestones)
 - Water, Hygiene and Sanitation practices (WASH)
- **Referral of children** aged 6-24 months suffering from Moderate Acute Malnutrition to programme run by Anganwadi Centres.



3. CHILDREN AGED 0-6 MONTHS

A vital component of our interventions for children are focused on improving Infant and **Young Child Feeding Practices (IYCF)**. IYCF is vital for preventing malnutrition and promoting good food habits right from the beginning.

- **Community activities** promoting the following breastfeeding practices to improve the knowledge of pregnant and breastfeeding women:
 - Early initiation of breastfeeding (within 1 hour of birth)
 - Exclusive breastfeeding from 0 to 6 months (no other liquids or solids)
- Educating women on best practices for **feeding sick children**.
- **Screening of children** under 6 months for acute malnutrition.
- **Referral of children** under 6 months displaying symptoms of severe or moderate acute malnutrition to the government hospital for inpatient care.



STRENGTHENING THE HEALTH CARE SYSTEM PARTNERING WITH HOSPITALS IN MUMBAI

To make specialized medical services accessible to children suffering from acute malnutrition in the suburbs of Mumbai, Fight Hunger Foundation collaborated with Dr. R.N.Cooper Hospital and Hindu Hruday Samrat Balasaheb Thackarey Medical College (HBTMC) for a Malnutrition Outpatient Department (OPD). Inaugurated in February 2018, the OPD operates on a weekly basis and treats malnourished children referred by Anganwadi workers in the surrounding catchment area.

TRAINING FRONTLINE WORKERS

With the objective of making our programs sustainable and enabling communities to become self-reliable, we regularly train frontline Government workers on identifying signs of malnutrition.

We trained close to 850 Anganwadi and Balwadi workers in Mumbai on identifying signs of acute malnutrition, maternal and child diet, feeding practices and sanitation. This will help frontline workers to identify early signs of malnutrition in children undears of age and refer them for specialized medical services at the malnutrition treatment OPD that has been set up in Cooper hospital, Mumbai.



WORKING CLOSELY WITH PREGNANT MOTHERS, ON THE 1000 DAY GOLDEN WINDOW OF OPPORTUNITY WILL NOT ONLY IMPROVE THEIR NUTRITIONAL STATUS, BUT ALSO ENSURE HEALTHY CHILDBIRTH AND BUILD HAPPIER, HEALTHIER FUTURES.



CASE STUDY - GOVANDI

EDUCATION ON MATERNAL DIET PREPARES SAKINA TO HAVE A HEALTHY BABY



When Sakina was pregnant with baby Wasim (name changed) often she would be too occupied with her daily chores and sadly would land up skipping her meals. Sakina is a resident of Umarkhadi, an extension of the sprawling Bainganwadi slum in north-eastern Mumbai.

Due to her nutritional deficiency, Baby Wasim was born premature in the 7th month of Sakina's pregnancy and weighed only 2 kg. Wasim's weight was low for a new born baby, and to make matters worse, within two months, Sakina suddenly stopped producing milk due to frequent bouts of illness and started bottle feeding him. In the coming weeks Wasim's weight continued to drop below the normal standard weight for his age.

During a routine screening in Govandi, baby Wasim's MUAC reading (Middle Upper Arm Circumference) indicated that he was severely malnourished and required immediate attention. Sakina enrolled him

at our treatment center. Baby Wasim was provided essential medicines and introduced to a diet of energy dense nutrition supplement for gradual recovery.

Nurses at the treatment center helped Sakina to start breastfeeding baby Wasim again. Through close monitoring and Sakina's counselling on correct feeding practices, Wasim was showing signs of recovery.

His weight started to increase gradually. It wasn't long before he was babbling and throwing his limbs around. Buoyed by the results, Sakina diligently attended the weekly counselling sessions and understood the importance of nutrition during pregnancy.

Wasim recently turned one and has made complete recovery. His favourite toy is his red and yellow coloured ball and he will gladly throw it at you if you are game to throw it back! He will soon have a sibling to share his favourite toy with. Sakina is pregnant again.

This time around though she is making sure she gets all the essential nutrients from her diet and never skips her meals. Sakina is determined to give her second baby the right start to grow up to be as healthy and strong as Wasim is now.



MADHYA PRADESH TACKLING UNDER NUTRITION IN DHAR.

The state of Madhya Pradesh is home to a large tribal population and various unique cultures. Although tribals account for over 20% of the total population of the state, most of these tribes are characterized by low income, and low literacy rates.

The district of Dhar, located in western Madhya Pradesh, consists of 13 blocks of which 11 are classified as tribal by the GovPradesh. Agriculture and forest produce, practised for generations, serve as the main occupation and have been consistently affected by low yield, resulting in low income. To cope with inconsistent income, in most families' adults spend the entire day on the field or for paid labour while children are often left to fend for themselves. This coupled with poor child feeding practises and lack in diversity in local diet has resulted in a high prevalence of undernutrition among children.

National Institute of Nutrition (NIN), Hyderabad in its study found that the under-nutrition levels were as high 33% for wasting, 54% for underweight and 47% for stunting. Given the above figures, almost 50% of children under five within the district of Dhar are under nourished.



DECISIVE ACTION AGAINST HUNGER

Fight Hunger foundation began its operations in Dhar in November 2015 and we work in close to 300 villages. We identify children under 5 years of age suffering from acute malnutrition, refer them to the Nutrition Rehabilitation Centres (NRC), educate mothers on nutrition and sanitation and build capacities of frontline Government workers.

OUR DHAR PROGRAM HAS 3 MAJOR PILLARS OF INTERVENTION

1. Detection, referral and follow up of children with malnutrition.
2. Assisting behavior change of the community on nutrition, health and sanitation.
3. Government infrastructure support and strengthening.

Apart from working with the community, we also train Anganwadi and ASHA workers on identifying early signs of malnutrition and refurbish anganwadi centres to make them a playful and inviting place where children can learn and grow.

REFURBISHING ANGANWADI CENTERS

Anganwadi centres serve an important touch point for children in terms of health, nutrition and education. Through anganwadi centres, mothers and children receive adequate nutrition in the form of hot meals and Take Home Rations (THR) and children under the age of 5 are also provided basic elementary learning.

One of the pillars of our nutrition program involves strengthening our Anganwadi centres, as we refurbish Anganwadi structures to make them a playful and inviting place where children can learn and grow.

As a part of our community based management of acute malnutrition, Fight Hunger Foundation refurbished 3 Anganwadi Centres in Dhar, Madhya Pradesh with the support of our donor United Way of Mumbai and HSBC. The Anganwadis came alive with colours, play equipment and educational pictures. To promote hygiene practices among children, hand-washing stations were built in the courtyard with easy to understand directions on the 6 steps to clean hands. More than 150 children will now have access to playful, clean and learning oriented Anganwadi Centers.



SUSTAINABLE EXIT IN BURHANPUR

Fight Hunger Foundation / Action Against hunger worked in Burhanpur district of Madhya Pradesh from 2011 to 2017. Lying on the southernmost region of Madhya Pradesh and bordering Maharashtra, Burhanpur presented a high prevalence of malnutrition among children under 5 years of age.

Our project involved the Community based Management of Acute Malnutrition (CMAM) as a model of implementation in 149 villages of the Khaknar block. We conducted extensive door-to-door screening of children under 5 years of age for acute malnutrition, referred malnourished children to the local Nutrition Rehabilitation Centres (NRC's) and

educated mothers and caretakers on maternal and child nutrition and sanitation. We also worked closely with ICDS, local Anganwadi and ASHA workers, training them on identifying malnourished and taking corrective measures.

In December 2017 we completed 5 years of combatting malnutrition in Burhanpur and exited the project. A strong focus on training Government frontline workers and educating local communities on nutrition has been instrumental in reducing the acute malnutrition prevalence by 7 percentage points in our area of work. We immensely thank our donors, well-wishers and our dedicated field team, with whose support we touched the lives of 1,30,000 people in 149 villages.





A STRONG FOCUS ON TRAINING GOVERNMENT FRONTLINE WORKERS AND EDUCATING LOCAL COMMUNITIES ON NUTRITION HAS BEEN INSTRUMENTAL IN REDUCING THE ACUTE MALNUTRITION PREVALENCE BY 7 PERCENTAGE POINTS IN OUR AREA OF WORK.

CASE STUDY - DHAR

SHYAM'S JOURNEY AS THE YOUNGEST OF FIVE SIBLINGS



Baby Shyam (name changed) lives with his four siblings, parents and grandparents in Kodi, a remote village in Dhar, Madhya Pradesh. It is quite an adorable sight to see Shyam all happy and giggly, his chuckle growing on you every minute! Unfortunately, his parents have never heard it, both of them being hearing impaired.

With five children to look after, coupled with the loss of hearing, Shyam's mother, Rekha, has had a hard time taking care of him and his nutritional needs. It was not long ago when he was suffering from severe acute malnutrition, a deadly condition where a child carries 11 times the risk of dying compared to a normal child. Fight Hunger Foundation's field staff found him during our door-to-door screening campaign. Following our suggestion, Shyam's parents readily agreed to rush him to the nearest Nutritional Rehabilitation Centre (NRC) for immediate treatment. Sadly, even after 4 weeks, his condition did not improve in spite of the treatment. Rekha did not understand the instructions on feeding practices and sanitation provided at the NRC,

due to her hearing disability. It took much convincing from our staff for them to take Shyam to the NRC once again, but this time, with his grandmother. Simultaneously, we counselled his grandparents and elder siblings on Shyam's dietary needs, feeding patterns and sanitation practices.

When Shyam returned from the NRC for the second time, his grandmother made sure to put into practise her learnings that the staff at the NRC gave her. At the same time, his grandfather and his 7-year-old elder sibling began to keep a track of his meals, made sure he was fed at regular intervals, his surroundings were kept clean and he was bathed every day. We requested his neighbours too to keep a check on Shyam's health. The efforts taken by his family bore fruit and Shyam began to quickly show signs of improvement in a few weeks. During his first screening, he was too feeble to even stand but now Shyam has gained enough strength to stand on his own and follow your voice if you call out his name. His current MUAC (middle upper arm circumference) now reads 124mm, which is a green zone, and very soon, he will completely recover from malnutrition.



RAJASTHAN

LEADING THE FIGHT IN RAJASTHAN

Fight Hunger Foundation started its work in Baran in 2011 in close partnership with the local health and ICDS departments specially tasked to tackle malnutrition in the local tribes. Our work primarily involves active screening, effective referral and promoting treatment, prevention education and system strengthening.

In 2016, we became the technical partners for the largest State Government led program on tackling malnutrition in the country. POSHAN (Proactive and Optimum care of children, through Social- Household Approach for Nutrition), a joint initiative by National Health Mission, Rajasthan along with UNICEF and GAIN started the first phase of the program in 41 blocks of 13 high priority districts, 1574 villages, 2500 government workers reaching out to over 2,34,404 children. A community-based model of managing acute malnutrition was integrated into the health system and post the success of phase 1; the government has now launched phase 2 covering 20 districts that will save the lives of more than 17000 malnourished children.



APPRECIATION BY THE CHIEF MINISTER OF RAJASTHAN

In December 2017, the State Government of Rajasthan organized an event to showcase the impacts achieved during the last 4 years of functioning. "Vikas Pradashini" or Development Exhibition", witnessed various Government departments and initiatives presenting their work in terms of administration and local Governance. The exhibition was graced by the Hon'ble Chief Minister of Rajasthan, Shrimati. Vasundhara Raje.

The Hon'ble Chief Minister appreciated and acknowledged the efforts undertaken under POSHAN by Fight Hunger Foundation through the papers and knowledge materials published as a direct outcome of the programme. She interacted with various stakeholders from the programme and emphasized the importance of presenting the various success stories from POSHAN at the national level. The Chief Minister was happy to witness evident changes in the health of children enrolled and reiterated her unequivocal support in the fight against malnutrition.

A NEW CHAPTER

In July 2017, Fight hunger Foundation launched POSHAN Baran, a project to tackle malnutrition in the district of Baran through therapeutic food. The programme was Implemented in 63 villages of Shahabad & Kishanganj

blocks in Baran districts of Rajasthan in from July-2017 to March-2018.

Under POSHAN Baran 6,304 children, aged between 6 months to 59 months were screened for signs of acute malnutrition through door to door surveys. 341 children were identified to be suffering from Severe Acute Malnutrition (SAM) and were treated through a community based model of malnutrition. The children were provided Energy Dense Nutrition Supplement called "Poshan Amrit", the caretakers were counselled on child feeding practises and were under weekly medical follow up during the period of treatment. Apart from this, 402 were found to be suffering from Moderate Acute Malnutrition (MAM) and were referred to Anganwadi Centres for their treatment. The children discharged from the programme were closely monitored and tracked for 4 months to ensure that they remain healthy and do not succumb to malnutrition again.

At the end of the programme in March 2018, 58% of children enrolled as SAM were completely cured and the findings were presented at a workshop in Jaipur. The workshop was graced by Honourable Secretary Ministry of Health and Family Welfare and Mission Director - National Health Mission Shri Naveen Jain, Principal Secretary, Women & Child Development Smt. Roli Singh and Director AAH/FHF Dr. Wasundhara Joshi along with various state and national level development partners.

CASE STUDY - BARAN

A MOTHER DEFEATS MALNUTRITION THROUGH KNOWLEDGE

Khandela Kedi is a small village in Baran, Rajasthan where Madhu lives with her two children, her husband and mother in law. When Sandeep, her elder son was born, Madhu dedicated her entire time in caring for him. She made sure he was exclusively breastfed until 6 months of age and thereafter introduced to other simple foods. Sandeep was a chirpy, happy toddler. When Sandeep turned 18 months old, Madhu's family fell on hard times. The family income was not sufficient to sustain them and to make matters worse; Madhu's husband had become an alcohol addict.

To support her family, Madhu had to take up manual labour for an extra source of income. It often involved long, tiring days under the sun and returning home at dusk. Sandeep was left under the care of his grandmother. Madhu often missed her time with Sandeep but continued to toil for their sustenance. In some weeks, Madhu noticed that Sandeep was no longer the chirpy toddler he used to be, he had stopped playing and was getting weak and cranky.

One day when Madhu was out for work, a community mobilizer from Fight Hunger Foundation measured

Sandeep's Middle Upper Arm Circumference during a screening drive. He was found to be severely malnourished. We advised his grandmother to take him to the nearest Malnutrition Treatment Centre (MTC) and begin treatment immediately. On discovering this, Madhu took him to the MTC the next day. At the centre, Sandeep was provided necessary medicines and fed nutritious food 5 to 6 times a day. Madhu received counselling on aiding Sandeep's recovery through good nutrition and sanitation at home. His father too realized the toll his alcoholism was indirectly taking on Sandeep's health and quit drinking. During her 15-day stay at the MTC, she learned taking the MUAC measurement on her own.

Sandeep's MUAC reading had improved from 113 to 115 and he was gradually recovering. When Madhu heard of a fellow villager's child getting weaker, she quickly put her MUAC tape to use and realized that the kid was in the yellow zone (moderately malnourished). She got in touch with Fight Hunger Foundation and ensured the child's mother received adequate support from the MTC.



MADHU IS NOW A PART OF A 5 WOMEN GROUP IN HER VILLAGE WHO ARE WELL VERSED AT MUAC MEASUREMENT AND REGULARLY SPREAD AWARENESS ON THE IMPORTANCE OF GOOD NUTRITION AND SANITATION AMONG OTHER WOMEN IN THE VILLAGE. SHE IS SLOWING ERADICATING MALNUTRITION FROM HER VILLAGE AND EMPOWERING MOTHERS LIKE HER.



TWO CITIES, 1 CAUSE – AIRTEL DELHI HALF MARATHON 2017 AND THE TATA MUMBAI MARATHON 2018.

It is not often that two cities wake up at the crack of dawn to run a marathon, and rarer still when the two are bound together by a passion for a cause! However, when that happens, it is a spectacular sight!

We are referring to the Airtel Delhi Half Marathon held in November 2017 and the Tata Mumbai Marathon held in January 2018, where Fight Hunger Foundation was the charity of choice by a team of passionate runners.

We were obliged to have a team of almost 90 runners in Delhi and Mumbai supporting the cause of malnutrition! The corporate teams from Legrand India, Givaudan, and Drumsfood carried the Fight Hunger Foundation flags and spread awareness about ending child hunger in India. We also had many individual supporters who took to the half marathon and the dream run tracks.

A special mention must be made about 13 year old Daniel Tapia, who was so moved by children suffering from malnutrition, that he launched an online campaign and raised over Rs 1 Lakh through his network of family and friends for the treatment of malnourished children. We salute his commitment and will remain ever obliged to him.

We are truly indebted to all the participants and well-wishers for having represented us at the marathon. We cannot wait to come back next year and be a part of these fantastic events!



RUN AGAINST HUNGER

Run Against Hunger is an International social responsibility event held in schools that helps save lives of thousands of children suffering from acute malnutrition. It is being held globally for the past 17 years and has witnessed the participation of more than 273,000 children and 1,233 schools from all over the world.

2017-18 was the 2nd year of the run event in Mumbai and saw the enthusiastic participation of 5 schools from the island city. Over 3000 children of all age groups came together to pledge their support for malnourished children of the country. For the 2 part event, we have sensitization sessions on good nutrition and perils of junk food and a surprise visit by the junk food monster! The alert young ones had dozens of questions ranging from causes of malnutrition to the means of creating malnutrition free sustainable communities! Fathom that, a 14 year old wondering how to ensure children

recovered from malnutrition remain healthy and do not relapse! We were equally surprised and impressed at the same time as you are, by the bright spongy minds!

They willingly participated in the run, the next step to the presentation, and ran happily together with their class mates in tow. School teachers and parents too joined in the fun by cheering them and being their partners in the run.

We are deeply thankful to all the participating schools of the 2017-18 edition – The Green Acres Academy Chembur, Rustomjee Cambridge International School Dahisar, RBKIA Chembur, RBKIS Bhayandar and DSB International School for their whole hearted support!

FINANCE

Balance Sheet as at 31st March 2018

Particulars	Note No.	31.03.2018 (Rs.)	31.03.2017 (Rs.)
EQUITY AND LIABILITIES			
Shareholders' Fund			
(a) Share Capital	1	100,000	100,000
(b) Reserves and Surplus	2	19,483,260	33,943,153
		19,583,260	34,043,153
Non-Current Liabilities			
Long-term provisions	3	674,870	-
		674,870	-
Current Liabilities			
Grant Received in Advance	4	61,452,487	-
Other Current Liabilities	5	3,287,135	294,256
		64,739,622	294,256
Total		84,997,752	34,337,409
ASSETS			
Non-Current Assets			
Property, Plant and Equipment			
- Tangible Fixed Assets	6	1,763,973	1,820,695
- Intangible Assets	6	220,529	244,520
		1,984,502	2,065,215
Long Term Loan and Advances	7	412,300	109,000
		2,396,802	2,174,215
Current Assets			
Cash and Bank Balances	8	82,311,667	31,955,109
Short Term Loans & Advances	9	217,296	145,631
Other Current Assets	10	71,988	62,454
		82,600,951	32,163,194
Total		84,997,752	34,337,409

SIGNIFICANT ACCOUNTING POLICIES

15

OTHER NOTES TO FINANCIAL STATEMENTS

16

The accompanying notes are an integral part of the financial accounts

As per our report attached of even date
 SHARP & TANNAN
 Chartered Accountants
 Firm's Registration No.000452N
 By the hand of

Rajkumar

Rajkumar Khullar
 Partner
 Membership No. 092507
 Place: New Delhi
 Date : 3rd September, 2018

Vipul Jain
 VIPUL JAIN
 Director
 DIN: 00142518

Wasundhara Joshi

WASUNDHARA JOSHI
 Director
 DIN: 02896028

Place: Mumbai
 Date : 3rd September, 2018



Income & Expenditure Account for the year ended 31st March 2018

Particulars	Note No.	2017-18 (Rs.)	2016-17 (Rs.)
Income			
Income from Grants and Donations	11	80,932,647	64,436,866
Other Income	12	6,360,788	798,679
		87,293,435	65,235,545
Expenses:			
Programme cost	13	66,281,561	31,458,937
Depreciation	6	566,871	346,963
General and Administrative cost	14	11,236,123	3,557,942
		78,084,555	35,363,842
Excess of Income Over Expenditure		9,208,879	29,871,704
Tax Expenses:			
- Current tax		-	-
- Deferred tax		-	-
Surplus/ (Deficit) for the period		9,208,879	29,871,704
Earning per equity share (basic)		920.89	2,987.17

SIGNIFICANT ACCOUNTING POLICIES 15

OTHER NOTES TO FINANCIAL STATEMENTS 16

The accompanying notes are an integral part of the financial accounts

As per our report attached of even date
 SHARP & TANNAN
 Chartered Accountants
 Firm's Registration No.000452N
 By the hand of

Rajkumar

Rajkumar Khullar
 Partner
 Membership No. 092507

Place: New Delhi
 Date : 3rd Septmber, 2018



VIPUL JAIN
 Director
 DIN: 00142518

Wasundhara
 WASUNDHARA JOSHI
 Director
 DIN: 02898028

Place: *Mumbai*
 Date : 3rd Septmber, 2018



FIGHT HUNGER FOUNDATION BOARD OF DIRECTORS



Prof. M.S. Swaminathan
Chairman Emeritus

Prof. Swaminathan is a member of the Indian Parliament, an Honorary Chairman of the FAO Council, and the Chairman of the National Commission on Agriculture, Food and Nutrition Security. Prof. Swaminathan was the very first recipient of the World Food Prize which he received for advancing human development through increased quantity, quality and accessibility of food. He has also received the UNESCO Mahatma Gandhi Gold Medal for his outstanding work in extending the benefits of biotechnology to marginalised and poverty-stricken populations in developing countries.



Ashwini Kakkar
Chairman

Mr. Kakkar is the President of Mercury Travels as well as being the President of the Association of Travel agencies in India. He is also a member of the International Board of INSEAD. Mr. Kakkar received the National Order of Merit of the French Government in 2007, in recognition of his contribution towards the promotion of French/Indian relations.



TCA Rangachari

Mr. Rangachari is former diplomat and is also the former director of the MMAJ Academy of International Studies in New Delhi. He has held a number of posts in several continents during his career working for UN agencies and not for profits. He represented India on the boards of UNICEF, UNDP and UNFPA. Since then, he has been extensively writing and lecturing on many topical issues relating to India's foreign policy, strategic and security matters.

**Shashwat Saraf**

Shashwat Saraf is the Regional Operations Director – Asia for Action Against Hunger and has previously served as the Country Director for Nepal, Somalia and Ethiopia. HE completed his masters from London School of Economics and Political Science in 2005 and has been associated with ACF for the past 9 years.

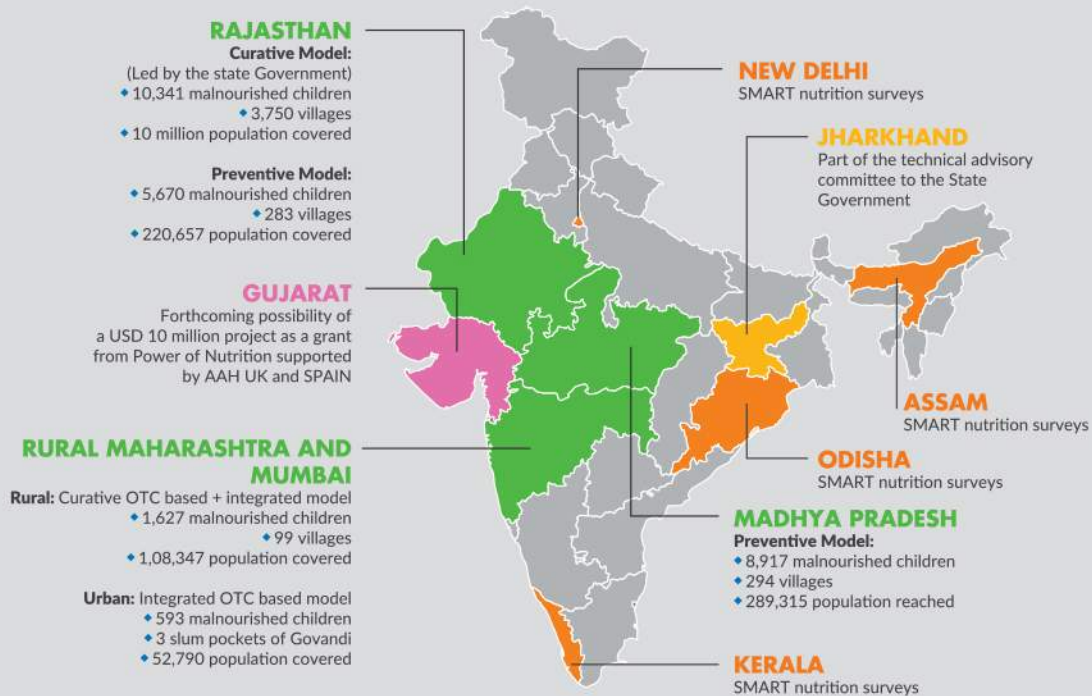
**Dr. Wasundhari Joshi**

Apaediatrician and former director of the Indian Association SNEHA (Society for Nutrition Education and Health Action), Dr. Joshi is a specialist in mother and child health. Dr. Joshi taught and practiced paediatrics and newnatal nursing for ten years. She then joined the public health sector to improve women and children's health in the slums of Mumbai.

**Vipul Jain**

Vipul Jain is the Chairman of the NGO Catalyst for Social Action and Managing Director of Accelya Kale Solutions Ltd. Mr. Jain is also a recipient of Asia Pacific Entrepreneurship Award in the outstanding category for the India Chapter in 2015 for creating a leading software product company in Accelya Kale and his passionate contribution to social sector.

OUR FOOTPRINT IN INDIA



Fight Hunger Foundation is registered under Section 25 of the Companies Act, 1956



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Office:
F 201, Sai Prasad, Sion Kamgar CHS Ltd,
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Email: contact@fighthungerfoundation.org
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