



2018 - 2019

ANNUAL REPORT

www.actionagainsthunger.in



**ACTION
AGAINST
HUNGER**

FOR FOOD.
AGAINST HUNGER AND
MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER DISEASES.

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

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

FOR CHANGING MINDS.
AGAINST IGNORANCE AND
INDIFFERENCE.

FOR FREEDOM FROM HUNGER.
FOR EVERYONE.
FOR GOOD.

FOR ACTION.
AGAINST HUNGER.

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GLOSSARY

AWC: Anganwadi Centre

CGM: Child Growth Monitor

FLW: Frontline Workers

PLW: Pregnant and Lactating Women

NRC: Nutrition Rehabilitation Centre

NHM: National Health Mission

NNM: National Nutrition Mission

ICDS: Integrated Child Development Services

OTP: Outpatient Therapeutic Programme

OTC: Outpatient Therapeutic Centre

SAM: Severe Acute Malnutrition

MAM: Moderate Acute Malnutrition

CMAM: Community Based Management of Acute
Malnutrition

WASH: Water, Sanitation and Hygiene

FSL: Food Security and Livelihoods

ANC: Ante Natal Care

MUAC: Middle Upper Arm Circumference





Dear friends,

It is my pleasure to be writing this note for the first time as well as to present our 2018-2019 annual report. This has been a very satisfactory year with 1036 malnourished children diagnosed and treated, INR 86 million received in donations, and being able to reach out to 4,52,000 beneficiaries.

Staying focussed on our mission to make Indian hunger-free, we continued to work on saving and improving the lives of children and women. This year taught us that to be able to impact and eradicate malnutrition, we need to focus on prevention as well as treatment, by starting at the root cause and working our way up. This creates change at every level, and significant impact at an overall level. Among our many projects, one of the major steps towards this was the introduction of the preventive 1000 Days program in Govandi, Mumbai. All our projects across five main Indian districts are elaborated in this annual report.

Through the last year, we have been fortunate to collaborate with a wide range of compassionate individuals and organisations. Our dedicated staff has done an incredible job towards the treatment and prevention of malnutrition, while also strengthening our internal systems. We are also grateful for the our donors, board, advisors, volunteers and well-wishers. Our organisation underwent some leadership changes this year and we received invaluable support from the Action Against Hunger international network in terms of knowledge, expertise and opportunities.

We hope that the next year also brings growth and learnings for us, and most importantly, a satisfying impact on the malnutrition situation in the country.

Thank you for your continued support!

Snigdha Sahal
COO

CREATING IMPACT FROM THE GROUND UP.

India is home to 24% of the world's malnourished population. And one in every three children in the country is malnourished. Malnutrition also causes 69% of deaths among children below 5 years of age.

This means there is an incredibly large gap to bridge before we meet our ultimate goal of a hunger-free India. We can only make a difference and significant impact if we start at the beginning.

From the root cause, from the ground up.

Since 1979, Action Against Hunger has led the fight against hunger with this ground up approach across 50 countries, changing the lives of 15 million individuals. Through a network of 7100 dedicated humanitarian professionals, we start by addressing the lack of awareness at the individual level to ensuring healthy pregnancies and babies at the familial level, to creating long-term health and prosperity for the community at large. Bringing about small but important changes at each level is the only way to make sure there is a bigger, lasting change in the overall scenario of hunger and malnutrition.

We work every step of the way with a hands-on, highly proactive approach. Implementing programs with dedication and advocating for tangible change in mindsets and policies. Making use of technology to track our work and improve upon it when needed. Collaborating with partners who add value to what we do as well as carry it forward.

In this annual report, we share our work and its impact in five districts across three Indian states, improving the lives of women and children in particular. In each region, small steps have led to a big change, getting us a little closer to our goal of a hunger-free India.





OUR PROCESS

1. DESIGN AND RESEARCH

Global research and collecting the baseline metrics of an area helps us identify regions that need immediate attention to the nutrition of pregnant women and young children.

2. IMPLEMENTATION

Depending on the severity of the situation, we implement a combination of measures:

- **CORE MEASURES:** We screen and treat malnourished children and build awareness towards the causes of malnutrition within communities. As a first step towards the prevention of malnutrition, we have introduced the 1000 Days program - which covers the period from pregnancy till the child turns two - in one of our key projects.
- **COMPLEMENTARY MEASURES:** These include Water Sanitation and Hygiene (WASH) that provides necessary training in safe and hygienic practices within the community. Along with WASH, Food Security & Livelihoods (FSL) provide communities with a means to a livelihood and better nutrition through helping them grow

3. EVALUATION

All our programs are monitored and evaluated to increase accountability and help us to keep learning.

4. KNOWLEDGE-SHARING

As an ongoing and long-term effort, we advocate for increased knowledge-sharing, policy changes and concrete research and documentation. All of this helps create lasting change, giving a voice to those who are not always heard, and improves the hunger and malnutrition situation.





THE FOUR PILLARS OF OUR WORK:

MEASURABLE:

we use technology-enabled tracking to measure impact with well-defined metrics for every project

LONG-TERM:

our projects are a minimum of three years, creating long-term behaviour change and Government front-line workers are trained to continue the work

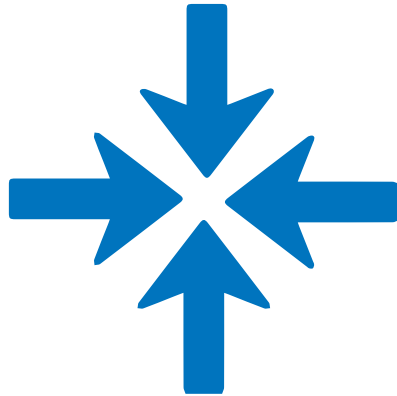
COLLABORATIVE:

we work with corporates, local government bodies, health institutions and technology experts, along with implementing gender inclusive programs that involve the whole community

HANDS-ON:

our teams conduct on-ground, active field work for every project and at all levels: health center, village, family and individual

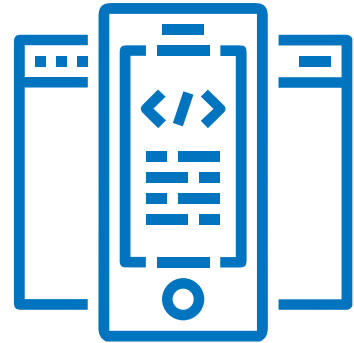
CONVERGENCE



GRIEVANCE
REDRESSAL



ICDS - CAS



BEHAVIORAL CHANGE



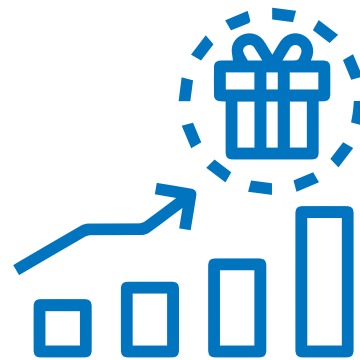
TRAINING AND
CAPACITY BUILDING



POSHAN
ABHIYAN



INNOVATION



INCENTIVES

ALIGNING WITH POSHAN ABHIYAN (NATIONAL NUTRITION MISSION)

As one of the many organizations working with the Government's Poshan Abhiyan program, Action Against Hunger played a role in influencing the policies and guidelines for this mission.

As a part of our advocacy efforts, we have brought together government representatives at the national, state, district and block levels, development partners, media, and the general public to drive positive action for better nutrition.

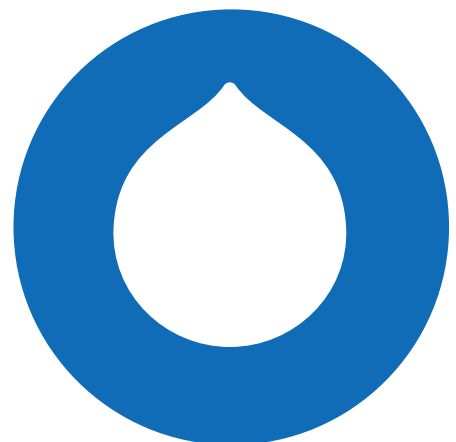
As experts on acute malnutrition, Action Against Hunger is involved in four components of the Poshan Abhiyan:

Convergence: Bringing together multiple partners like Integrated Child Development Services (ICDS), National Health Mission (NHM), Tribal Affairs, Information and Broadcasting Ministry, Consumer Affairs, Food and Public Distribution for the smooth implementation of programs.

Behavioral change: Creating long-term changes and mass movements in knowledge and attitudes towards nutrition by highlighting the need and impact of nutrition projects through the media, government officials, panchayats, and key influencers.

Innovations: Collaborating with unconventional influencers like panchayats, government workers and grassroots media organizations to ensure that key learnings and knowledge on nutrition filter down to the household level.

Training and capacity building: Providing technical support to ICDS on improving guidelines, training modules, trainings, e-learning courses. We also facilitate sector-level meetings and resource groups at the block and district levels.

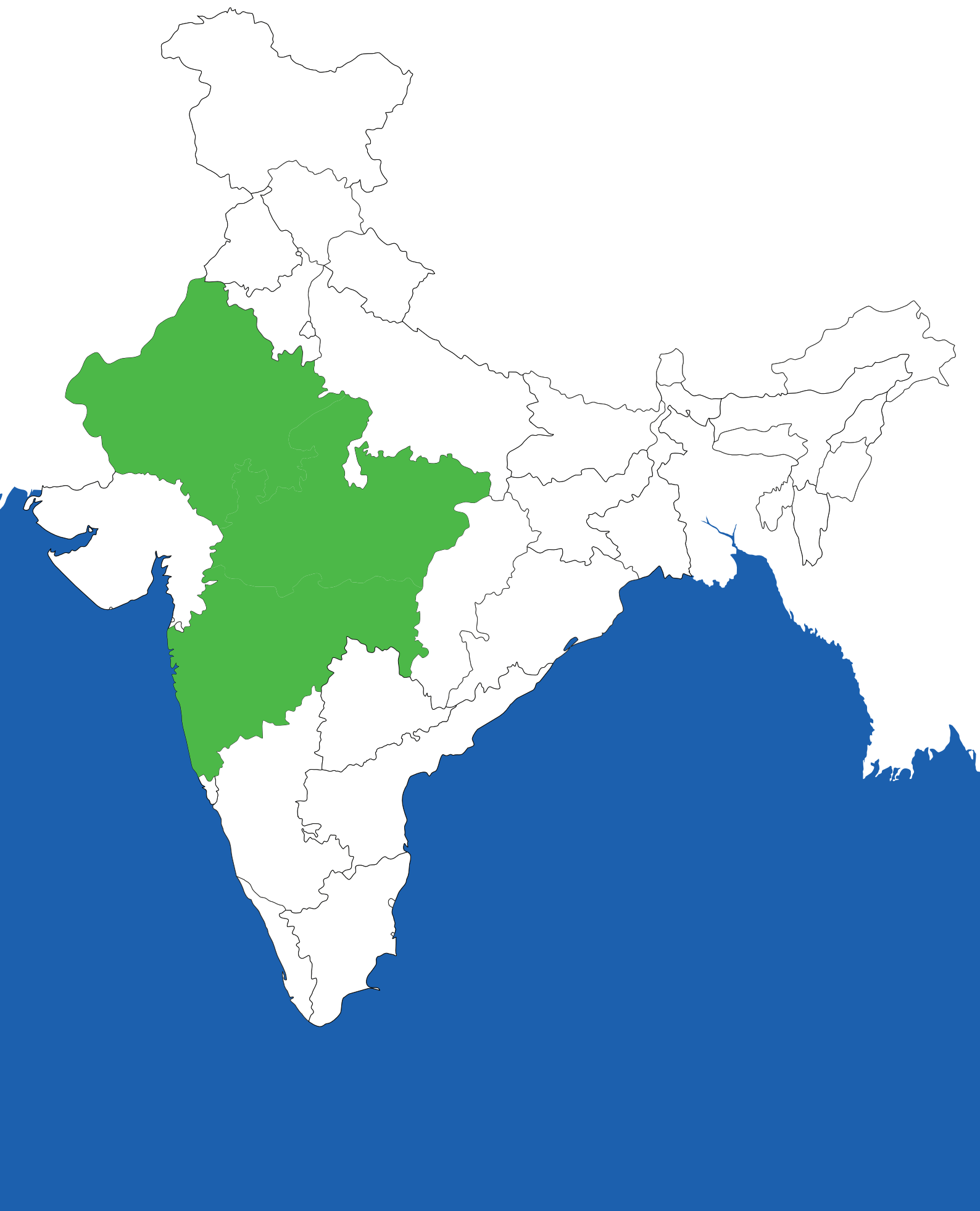


REGIONAL HIGHLIGHTS



In India, Action Against Hunger works with communities in five districts across Maharashtra, Madhya Pradesh and Rajasthan. These communities face a lack of job security, minimal access to diverse and nutritious food, tough climatic and geographical conditions and cultural mindsets that can be hard to change. In our work, we do our best to bring resources, awareness and knowledge into these parts, changing and saving lives to the best of our ability.

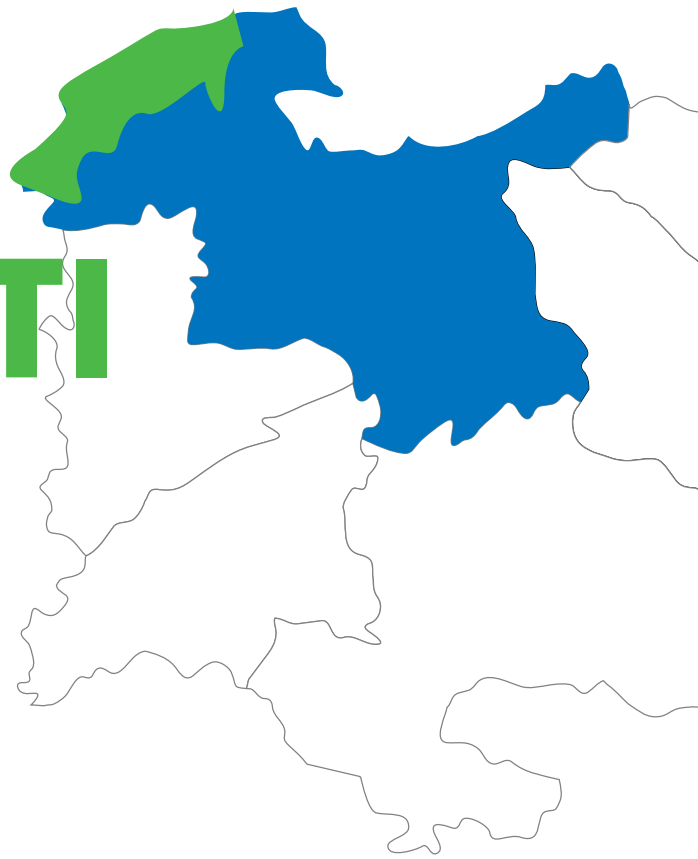
We are pleased to share the progress we have made in these districts in the last year and hope that the next year brings even more.



DHARNI AMRAVATI

MAHARASHTRA

Dharni, located in the hilly region of Melghat, Amravati, is largely populated by the tribal community. Unfortunately, clean drinking water and a means to earn their living is not available all year round and it leads to communities migrating seasonally to access these basics. The level of poverty, lack of awareness and facilities, early marriages and multiple pregnancies, poor sanitation and inability to get nutritious food leads to severe malnutrition.



To combat the acute malnutrition problem in Dharni, we set up our first Outpatient Treatment Centre (OTC) under the Dharni project in June 2018. This is one of three OTCs set up under the project. The OTCs reach out to over 5000 children and mothers, treat acutely malnourished children, provide counselling on nutrition and sanitation to pregnant and lactating mothers as well as increase overall awareness in the community on the causes, effects and remedial measures related to acute malnutrition.



We also conducted a free medical camp for the community of Dharni. Supported by NAOS along with the local administration, the camp served more than 1300 people from 39 villages for over 3 days. This included pregnant and new mothers, children and the general community. Nurses and technicians from government health centres along with paediatricians, gynaecologists, dermatologists and pharmacists from across the world came together to help and support the camp.

45994 1067 4307 1331 369

PEOPLE REACHED

PEOPLE COUNSELED
ON CHILD CARE

CHILDREN UNDER FIVE YEARS
OF AGE REACHED

PLW REACHED

MALNOURISHED CHILDREN
PROVIDED TREATMENT



The Dharni project was also our first integrated project that combined three programs: Community based Management of Acute Malnutrition (CMAM), Water Sanitation & Hygiene (WASH) and Food Security & Livelihoods (FSL).

THE CHIMOTE FAMILY'S STORY



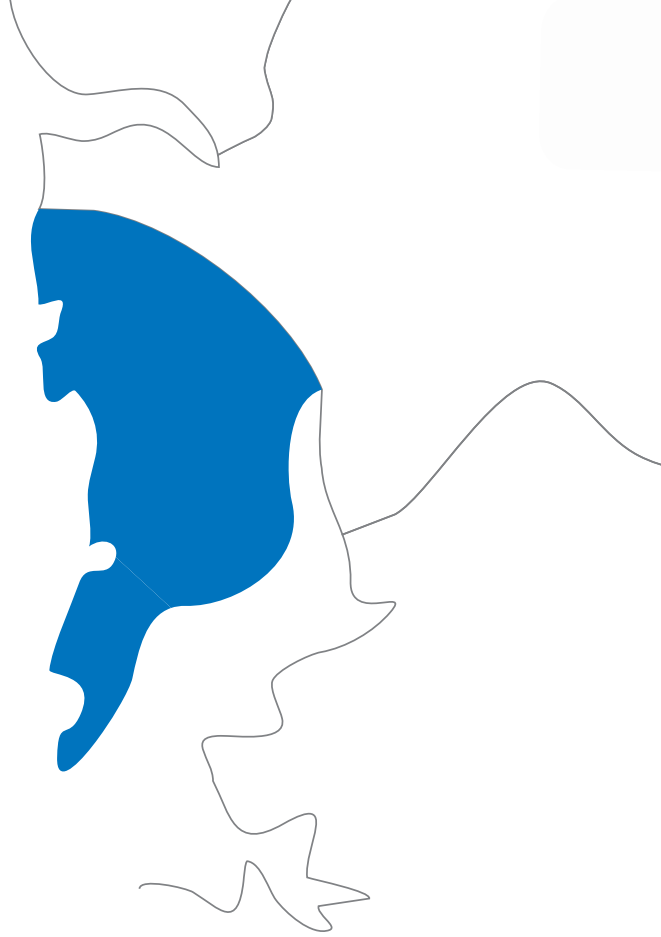
Shanklal Chimote lives with his wife and three children in the village of Khidki in Dharni. In 2018, two of the three children, Pari and Tejashvari, were diagnosed with malnutrition. Shanklal and his wife Tara started participating in the group discussions on nutrition and sanitation and started making changes to their daily lives. They started focusing on eating wholesome meals, hand washing to avoid diseases and age-appropriate feeding practise. Shanklal's children gradually gained weight and recovered.

Shanklal realized that to ensure his children grow up healthy, their diet needs to be constantly nourishing and well-rounded. He decided to plant a vegetable garden in his backyard. With a seed kit and training from our team, he planted tomatoes, okra, fenugreek, beetroot, bottle gourd, spinach, among others. He installed a motor to get water from a nearby stream, tended to the garden every day and made those vegetables a part of their daily diet. His children continue to be healthy and visit the Anganwadi centre every day thanks to their father's resourcefulness.

MUMBAI

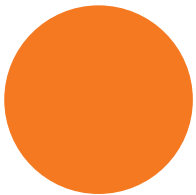
MAHARASHTRA

Govandi, a suburb of the crowded city of Mumbai, is home to many migrant and daily-wage labourers. Illiteracy and lack of job security results in their children often being neglected and malnutrition goes unrecognised. The monsoons bring with them diseases like cholera and diarrhoea due to dirty water and unhygienic living conditions. Combined with poor maternal health, proximity to the country's largest dumping ground and lack of knowledge, 51% of the children growing up in this community are stunted.



We set up two Outpatient Treatment Centers in Govandi for less complicated cases, equipped with doctors, nurses and counsellors who screen children and pregnant mothers and provide appropriate treatment.

Also in Mumbai, we partnered with Terna Medical College to establish two Outpatient Treatment Centres (OTCs), to identify and treat malnourished children in the Navi-Mumbai region. These centres reach out to 52,000 people including over 3500 children under five years of age.



51863

PEOPLE REACHED

223

PEOPLE COUNSELED
ON CARE PRACTICES

3556

CHILDREN UNDER FIVE YEARS
OF AGE REACHED

3451

PLW REACHED

272

FLW TRAINED



In May 2018, we introduced the

1000 Days program

reaching out to women from the time they get pregnant to their child turning two. With pre-and post-natal care, breastfeeding counselling and awareness of nutritious food, this program breaks the cycle of malnutrition that results in an undernourished mother giving birth to an undernourished child.



452

SAM children treated

3

Slum pockets reached

8328

People counseled on WASH practises



NAZIR'S STORY

In Govandi, Noorjahan lives with her husband and four children in a makeshift tin house, close to a garbage dump. Her husband, Zahir, is an auto rickshaw driver and her older children are all school-going. In July 2017, due to unsanitary living conditions, their third child Nazir had severe diarrhoea and though he underwent treatment, he ended up becoming malnourished.

Noorjahan then took Nazir to our 'mother & child center' in Govandi and diligently participated in group discussions and was more than happy to have weekly check ups at home for Nazir by Saba, a community mobilizer. In some time, Nazir recovered and by September, Noorjahan was pregnant with her fourth child.

Through her sessions earlier in the year, she knew the common problems that could cause this baby to be undernourished as well. She registered herself for our Ante Natal Care services and started practising good nutrition and sanitation practices. While this sounds basic, in a place like Govandi where sanitation and hygiene is so poor and clean water so scarcely available, Noorjahan's efforts are highly commendable.

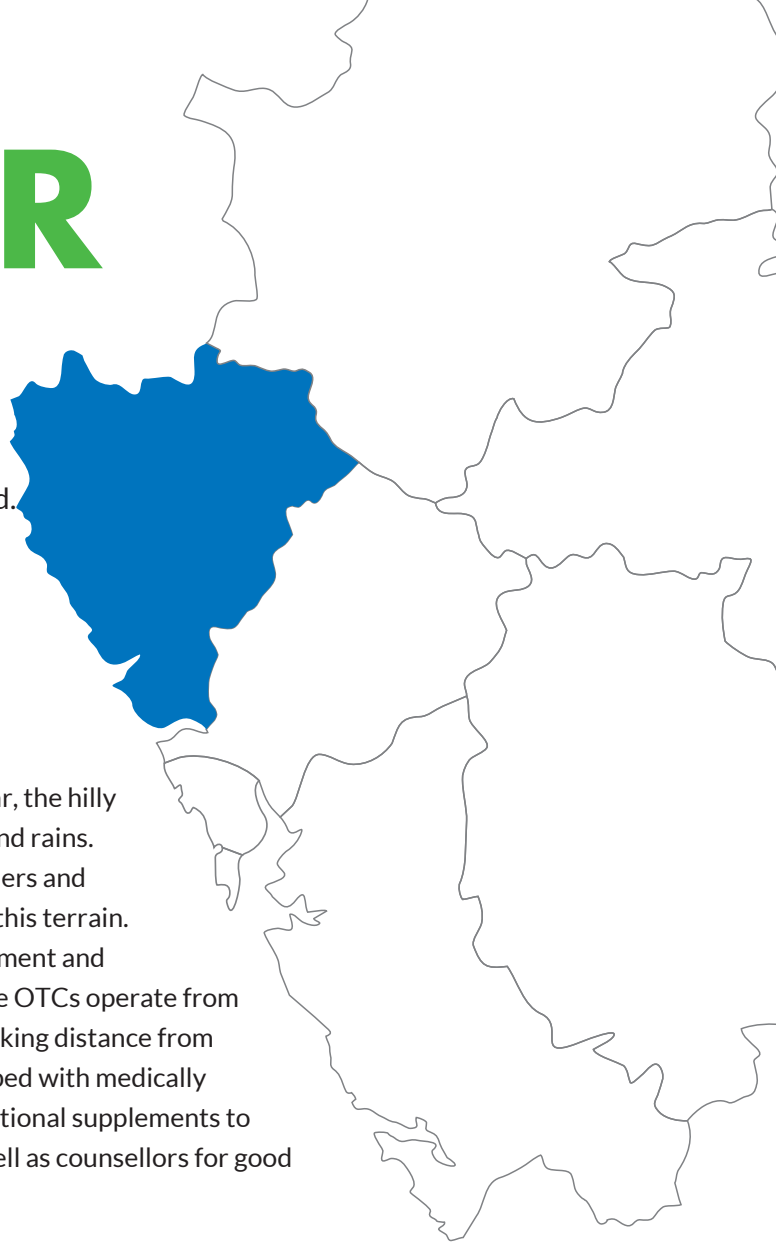
She made sure all the boxes were checked when it came to cleanliness and good maternal nutrition. Eating frequent meals, getting some rest in the middle of her busy day and not missing any checkups, all contributed to her baby Fatima, born in May 2018, within the normal weight range. She continues to be healthy and her mother has beaten all odds in keeping her children safe and nourished.

PALGHAR

MAHARASHTRA

The Palghar district of Maharashtra is home to a large tribal population but the hilly terrain makes their main occupation, agriculture, difficult to sustain all year round. This leads to lower income, lack of access to nutritious food and seasonal migration. In 2015, we conducted a survey that revealed Jawhar and Mokhada were the areas with the highest percentage of stunting and wasting in children under five years of age.

In Mokhada, the smallest and most backward part of Palghar, the hilly terrain makes it difficult to travel through in the summers and rains. To reach our Outpatient Therapeutic Centres (OTCs), mothers and children from 59 villages had to commute long distances in this terrain. We decided to support their determination to receive treatment and counselling by bringing the centres to them. Our new mobile OTCs operate from the village Anganwadi centres (AWCs) which are within walking distance from most of the households. These mobile OTCs are fully equipped with medically trained staff, growth monitoring tools, medication and nutritional supplements to provide lifesaving treatment to malnourished children as well as counsellors for good dietary practises, hygiene and age appropriate child care.



85886

PEOPLE REACHED

1405

PEOPLE COUNSELED
ON CHILD CARE

8247

CHILDREN UNDER FIVE YEARS
OF AGE REACHED

2165

PLW REACHED



AASU AND ROSHINI'S STORY



In Jawhar, we helped implement the

SPARSH Project

a maternal and child health programme that aims to improve the health and nutrition status of pregnant and lactating women and children under five years of age. During this project, we ensured 100% registration of pregnancies in the community and screened 234 children of which two with Severe Acute Malnutrition (SAM) received treatment at the nearest Nutrition Rehabilitation Centre (NRC).

Three-year-old Aasu lost her mother when she was just a year old and her father worked as a contractual labourer with long hours. She and her four siblings were looked after by their grandparents but the responsibility and household chores were a lot to handle for an elderly couple. As a result, Aasu ended up becoming malnourished, diagnosed during a routine screening in her village.

We advised the family to enrol her in the malnutrition treatment program and bring her to the weekly OTCs. With the grandparents unable to manage everything, Aasu's ten-year-old sister Roshni, took it upon herself to make sure she was treated and brought her to the OTC every week.

Roshni learned to take care of her little sister's nutritional needs, ensuring a clean home, purifying drinking water and identifying common diseases. Every day, she would wake up, fill water and make sure her sisters ate. It was through Roshni's efforts that Aasu was completely cured by December 2018, discharged from the program and continues to be healthy.

But her efforts also meant that Roshni had to drop out of school and missed out on getting an education. She now says she does plan to go back to school soon and become a doctor when she grows up. And not only that, she is going to ensure that all her sisters go to school as well. Aasu has a bright future ahead of her, all thanks to her big sister!

2282

Malnourished children
provided treatment

434

FLW trained

60

Villages reached



DHAR

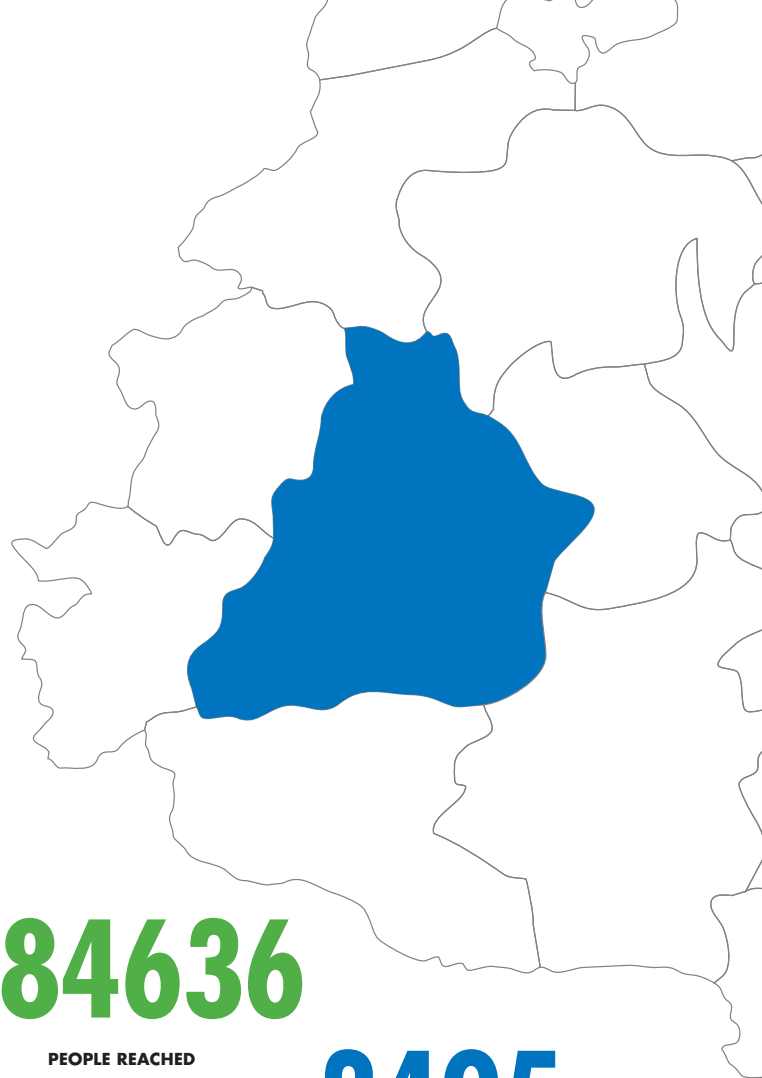
MADHYA PRADESH

Although tribals account for over 20% of the Madhya Pradesh population, the communities struggle with low income and low literacy rates. Agriculture and forest produce are the main occupations but low yield consistently affects earnings. As a result, most adults spend all day in the fields or working as labourers while children are often left to fend for themselves. This, coupled with poor child feeding practices and lack of diversity in the local diet has resulted in a high prevalence of undernutrition among children. In the district of Dhar, almost 50% of children under five years of age are undernourished.

We began working in Dhar in November 2015 and are now present in about 248 villages.

Our three-step process in Dhar:

1. Detection of acute malnutrition in children under five years of age, referrals to Nutrition Rehabilitation Centers (NRC) and follow-ups.
2. Educating parents on nutrition and sanitation and bringing about behavior changes and increased awareness in the community.
3. Government infrastructure support and strengthening including building capacities of frontline government workers. We also train Anganwadi and ASHA workers on identifying early signs of malnutrition and refurbish anganwadi centers to make them an inviting place where children can learn and grow.



184636

PEOPLE REACHED

3495

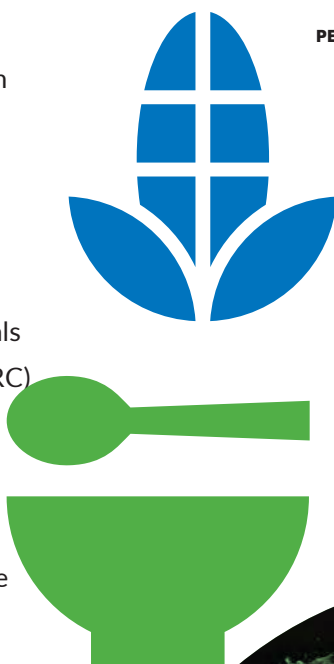
PEOPLE WHO WERE
COUNSELED ON CARE PRACTICES

20078

CHILDREN UNDER FIVE YEARS
OF AGE REACHED

912

PLW REACHED





RADHIKA'S STORY

Jemti lives in Dhar, a district known for its high prevalence of acute malnutrition in children. Her daughter, Radhika, was severely malnourished but with a large family to look after, taking care of the household and working in their farm, Jemti was unable to give Radhika the attention she needed. The child frequently fell ill and had diarrhoea, making her extremely weak. Radhika's MUAC (Middle Upper Arm Circumference), used for tracking a child's health, went from 105 mm in September 2018 to a dangerous low of 96 mm in December 2018.

It was at this time that her malnutrition was detected through a routine screening and she was admitted to the nearest treatment centre. Jemti was pregnant with her fourth child and it was a challenge to convince the family that she would have to be with Radhika while her treatment was on and make sure her own pregnancy was healthy and safe.

By January 2019, after 21 days of treatment, Radhika was back home much better than before. Jemti started participating in the community sessions on nutrition and hygiene, and implementing basic sanitation practices. Seeing Radhika's progress, her father involved and supported Jemti by adding a variety of nutritious food items to their diet. The family members now divide household chores among themselves to give Jemti time to rest and take care of Radhika and her new sibling. Radhika is now a healthy two-year old and Jemti is always glad she did not give up and continued fighting for her daughter.

1502

SAM children treated

539

FLW trained

248

Villages reached

8810

People reached through
community awareness sessions

BARAN

MADHYA PRADESH

Baran consists largely of tribal families that make a living off small-scale farming, manual labour or the sale of minor forest produce. Dependency on the rain and therefore inconsistent income, has led to a lack of proper nutrition, particularly in children. We started working in Baran in 2011, one of the few organisations at the time to focus on malnutrition and its causes. Our malnutrition treatment program here was awarded the Most Promising Social Programme that complements the Zero Hunger – Sustainable Development Goal at the CauseBecause event in June 2018.



Our partnership with **POSHAN**

- Action Against Hunger is a technical partner for POSHAN (Proactive and Optimum care of children, through Social-Household Approach for Nutrition), a joint initiative by the National Health Mission, Rajasthan along with UNICEF, GAIN, ICDS, NHM and Tata Trusts. It is the largest State Government-led program on tackling malnutrition in the country.
- It was started in 2015 and by June 2019, the program screened over 375,000 children in 2028 villages, treating 10,344 cases of Severe Acute Malnutrition with a cure rate of 70%.
- As part of POSHAN, we launched an advocacy project 'Building an enabling environment for improved nutrition results in India'. In 2018, we received the award for the best Public Relations in Action from the Public Relations Society of India (PRSI) for this project.

226294

PEOPLE REACHED

6928

PEOPLE COUNSELED ON
CARE PRACTICES

23569

CHILDREN UNDER FIVE YEARS
OF AGE REACHED

4497

PLW'S REACHED

BHUMIKA'S STORY

Many parents in Baran have limited access to nutritious food and medical care during pregnancy and throughout their children's early years. This inevitably hampers their child's development and growth.

During a routine screening, Balram, an Action Against Hunger community health worker, met three-year-old Bhumika. Frequent diarrhoea and vomiting had left her dehydrated and malnourished requiring immediate admission to our treatment center. After sixteen days, Bhumika had gained a significant 500 grams and returned home along with Sunita who was counselled on good nutrition and given a food basket and a cooking demonstration to improve Bhumika's diet. Bhumika's health was regularly monitored for six weeks and she began to put on more weight, graduating to solid foods like rotis and vegetables, becoming cheerful and playful along the way.

Balram and his team are still keeping a close eye on Bhumika's progress and visit her and Sunita twice a month to continue their sessions. Sunita makes sure everyone washes their hands before eating, and uses a bowl to keep track of how much Bhumika is eating. She takes her to the treatment centre every two weeks as well as gets weight checks every week. She also now knows that to prevent a relapse, she must take Bhumika to the hospital if she has the flu or diarrhoea. Through these small but important steps, Bhumika has been given a healthy new life.



2431

Malnourished children
provided treatment

644

FLW trained

283

Villages reached

7068

People reached through
community awareness sessions

Our three-step process in Baran

1. Detection of acute malnutrition in children under five years of age, referrals to Nutrition Rehabilitation Centers (NRC) and and follow-ups.
2. Educating parents on nutrition and sanitation and bringing about behavior changes and increased awareness in the community.
3. Government infrastructure support and strengthening including building capacities of frontline government workers. We also train Anganwadi and ASHA workers on identifying early signs of malnutrition and refurbish anganwadi centers to make them an inviting place where children can learn and grow.





ADVOCACY AND KNOWLEDGE SHARING

To increase awareness and bring about lasting change, we create documentation based on concrete research and evidence:

- A research paper on 'Financial Interpretation of Integrated Child Protection Scheme (ICPS) on Nutrition for Children' was published in the International Journal of Education and Management Studies in the June-2018 edition.
- A 'CMAM Position Paper' was published in the International Journal of Research in Medical Sciences in the December 2018 edition.

Knowledge-sharing for Poshan Abhiyan

- In July 2018, we organised a government-led visit from Rajasthan to Gujarat to gain insights into the preventive and curative aspects of the Gujarat State Nutrition Mission. Officials from Rajasthan exchanged their learnings on managing the Community based Model of Acute Malnutrition (CMAM) for a collaborative approach in the future.
- In December 2018, Action Against Hunger organized an inter-state meet with representatives from across India who are working towards reducing malnutrition in children and women. The aim was to share experiences, challenges and learnings in implementing Poshan Abhiyan in different parts of the country.





INDUSTRY PARTNERSHIPS

Tackling malnutrition in partnership with Welthungerhilfe

Action Against Hunger collaborated with German humanitarian organisation Welthungerhilfe in a project using artificial intelligence to tackle malnutrition among children. An app called Child Growth Monitor screens children under five years of age through a 3D scan, determines the height and weight and identifies signs of malnutrition early on. For health workers, this is a time-saving innovation that lets them quickly provide lifesaving treatment.

As part of the pilot phase of this project, we conducted 10,000 scans across the five districts we work in, building the capacities of partner NGOs as well.

If successful, this project will become a part of our regular programs soon.



Tata Mumbai Marathon 2019

The TATA Mumbai Marathon is the largest marathon in Asia. It brings together citizens of various backgrounds from India and abroad, giving them a chance to support various charities and causes.

In 2019, Action Against Hunger was represented by a team of 160 passionate runners, the largest ever representation we have had, along with being the most diverse group. For the second year in a row, our young star, Daniel Tapia proudly ran for our cause and raised over 1 lakh rupees through his heartfelt appeal in an online fundraiser. We also had our hard working field teams from Palghar, Dharni and Govandi participating in the Dream Run.

We are truly overwhelmed by the continued support of our individual and corporate partners year after year and are looking forward to the 2020 edition of the TATA Mumbai Marathon.





Run Against Hunger

Run Against Hunger is an international fund raising event held in schools for the last 17 years. Over 273,000 children have participated from 1,233 schools all over the world so far. The event involves them in understanding the severity of malnutrition and saving the lives of thousands of children.

We first conduct an interactive session along with a video to introduce children to the meaning of malnutrition, how it can be prevented and what our programs achieve. Students are then taken to their school grounds to 'run against hunger', completing as many laps as possible and asking their family and friends to sponsor each lap. The track they run on is between 50 to 70 metres long and the event is usually completed in less than 20 minutes per class. All the money raised goes towards funding our efforts and treating malnutrition among children.

Run Against Hunger helps sensitise schools to the reality of other parts of the country and world, giving them a chance to make a difference and be socially responsible. In the past year in India, we partnered with Rustomjee Cambridge International School, JBCN, RBK International Academy, and Ecole Mondiale World School.



Daan Utsav

The Joy of Giving Week or Daan Utsav is celebrated in India as a week of charity every October. Many corporates and their employees come together to support nonprofit organizations of their choice through donations, in kind, volunteering and more. For the second year in a row, one of our leading corporate partners set up a wish tree at their Mumbai office in collaboration with Action Against Hunger, for voluntary contributions towards saving the lives of malnourished children in Mumbai. We received an overwhelming response from the employees as well as interest in understanding what we do and how they can help. In no time at all, the wish tree was full and we hope to continue doing good work with corporates in the future.





BOARD MEMBERS



Mr. Ashwini Kakkar
Chairman

"Hunger and malnutrition tie into 9 of the 17 Sustainable Development Goals. With India carrying almost 30% of the global malnutrition burden, the world is looking up to us lead the way. With or people, processes and scientific expertise, we are closer than ever to setting an example"

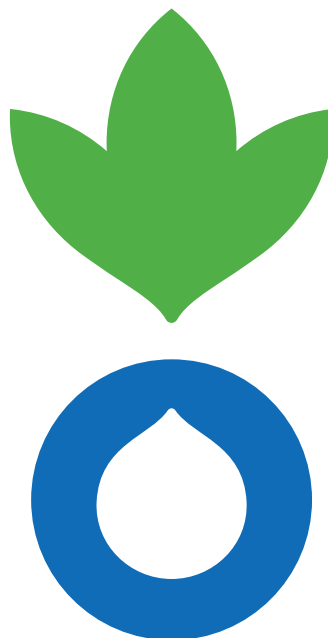


Prof Swaminathan
Chairman Emeritus



Mr. TCA Rangachari

"Strengthening cooperation with Government agencies has been a crucial part of our design and with the integration into Poshan Abhiyaan, we are looking forward to take a huge leap towards a malnutrition free India"



Dr. Wasundhara Joshi

"With our community focused approach, our interventions on early identification and treatment of malnutrition have been tailored to factor in both urban and rural contexts"



Mr. Vipul Jain

"We have invested, and plan to keep doing so, in creating collaborative and efficient internal processes backed by high performing teams with an eye on the long term goals"

FIGHT HUNGER FOUNDATION
Balance Sheet as at 31st March 2019

	Note No.	31.03.2019 (Rs.)	31.03.2018 (Rs.)
EQUITY AND LIABILITIES			
<u>Shareholders' Funds</u>			
Share Capital	1	100,000	100,000
Reserves and Surplus	2	24,370,275	19,483,260
		24,470,275	19,583,260
<u>Non-Current Liabilities</u>			
Long-term provisions	3	950,441	669,369
		950,441	669,369
<u>Current Liabilities</u>			
Grant Received in Advance	4	111,069,021	61,452,487
Other Current Liabilities	5	1,455,295	3,287,135
Short-term provisions	6	10,264	5,501
		112,534,580	64,745,123
		137,955,296	84,997,752
<u>Non-Current Assets</u>			
Property , Plant and Equipment			
-Tangible Assets	7	2,896,490	1,763,973
- Intangible Assets	7	196,538	220,529
Long Term Loan and Advances	8	334,500	412,300
Other Non-current Assets	9	41,176,013	-
		44,603,541	2,396,802
<u>Current Assets</u>			
Cash and Cash Equivalents	10	86,621,312	82,219,975
Short Term Loans & Advances	11	6,056,641	308,987
Other Current Assets	12	673,802	71,988
		93,351,755	82,600,950
		137,955,296	84,997,752

SIGNIFICANT ACCOUNTING POLICIES

17

OTHER NOTES TO FINANCIAL STATEMENTS

18

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.109982W
By the hand of

VIPUL JAIN
Director
DIN: 00142518

Edwin P.Augustine
Membership No. 043385

WASUNDHARA JOSHI
Director
DIN: 02896028

Place: Mumbai
Date : 25th September 2019

Place: Mumbai
Date : 25th September 2019

Fight Hunger Foundation
Income & Expenditure Account for the year ended 31st March 2019

Particulars	Note No.	31.03.2019 (Rs.)	31.03.2018 (Rs.)
Income			
Income from Grants and Donations	13	86,012,188	80,932,647
Other Income	14	5,223,781	6,360,788
		91,235,969	87,293,435
Expenses:			
Programme cost	15	74,239,996	66,281,560
Depreciation & Amortisation	7	872,669	566,871
General and Administrative cost	16	11,236,289	11,236,124
		86,348,954	78,084,555
Excess of Income Over Expenditure		4,887,015	9,208,880
Tax Expenses:			
- Current tax		-	-
- Deferred tax		-	-
Surplus/ (Deficit) for the year		4,887,015	9,208,880
Basic Earnings per equity share: (Face value Rs. 10 per equity share)	18(7)	488.70	920.89

SIGNIFICANT ACCOUNTING POLICIES	17
OTHER NOTES TO FINANCIAL STATEMENTS	18

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As per our report attached of even date
SHARP & TANNAN
Chartered Accountants
Firm's Registration No.109982W
By the hand of

VIPUL JAIN
Director
DIN: 00142518

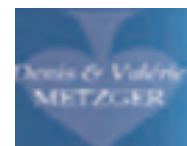
Edwin P. Augustine
Partner
Membership No. 043385

WASUNDHARA JOSHI
Director
DIN: 02896028

Place: Mumbai
Date : 25th September 2019

Place: Mumbai
Date : 25th September 2019

A SPECIAL THANKS TO OUR PARTNERS







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