



**ACTION
AGAINST
HUNGER**

**ANNUAL
REPORT**
2021-22

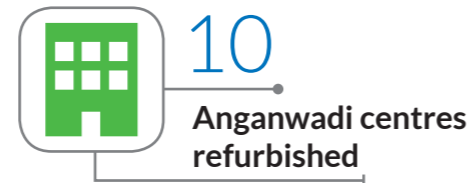
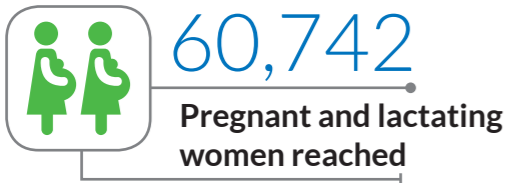
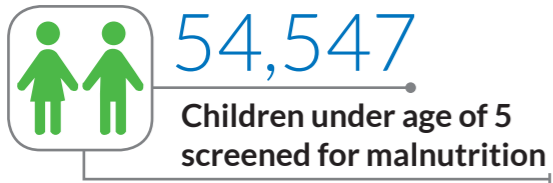
**FOR FOOD
FOR WATER
FOR HEALTH
FOR NUTRITION
FOR KNOWLEDGE
FOR CHILDREN
FOR COMMUNITIES
FOR EVERYONE
FOR GOOD
FOR ACTION
AGAINST HUNGER**



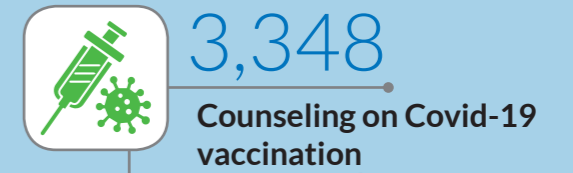
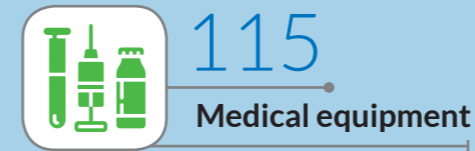
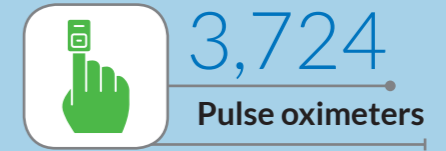
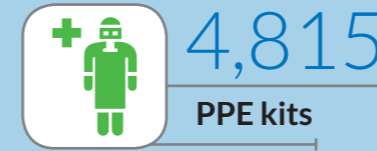
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IMPACT AT A GLANCE



Covid-19 Relief Activities



LETTER FROM THE CHAIRPERSON

Dear Colleagues,

The year 2021-22 has been particularly challenging for the world due to the ongoing Covid-19 pandemic. While the pandemic has affected every aspect of life, it has had a devastating impact on the most vulnerable population around the world, especially those living in poverty. As a result of the pandemic, an estimated 9.9% of the world's population, or approximately 768 million people remained undernourished in 2020. This is an increase of about 118 million compared to the previous year.

Child malnutrition is a pressing problem, and the pandemic has only worsened the situation. In 2020, an estimated 149.2 million children under the age of five were affected by stunting, while 45.4 million were affected by wasting. The continuation of Covid-19 pandemic has further exacerbated this crisis, with an additional 10,000 dying every month due to malnutrition since the onset of the pandemic.

It is important to note that the impact of Covid-19 is not limited to the health sector. The pandemic had far-reaching implications for food security, as disruptions to food systems, supply chains, and agricultural production led to increased food prices and decreased availability of nutritious food. These disruptions have disproportionately affected low-income communities and those living in food-insecure areas.

As development professionals, it is imperative that we take action to address these challenges. I am glad that Action Against Hunger in India has worked tirelessly to provide emergency food aid and nutritional assistance to those, most-in-need. Globally, we are working to promote sustainable and resilient food systems, which are essential for ensuring long-term food security and resilience in the face of future shocks and stresses.

I urge you all to join us in our endeavour to combat global hunger and child malnutrition. As we work towards recovery from the Covid-19 pandemic, we must prioritise the needs of the most vulnerable sections of the population and take steps to address the underlying causes of food insecurity and malnutrition. Together, we can build a more just and equitable world, where everyone has access to nutritious food.

Sincerely,

Ashwini Kakkar
Chairperson
Action Against Hunger



As I get the privilege to serve Action Against Hunger as the international Chairperson this year, it is with great concern that I bring to your attention the state of global hunger and child malnutrition, particularly in the wake of the Covid-19 pandemic.



CEO'S COMMUNIQUE

Dear Friends,

I could relate to the challenges that 'Action Against Hunger - India Team' faced during the past year. Notwithstanding the numerous challenges related to the personal safety and health of our field staff, the movement restrictions imposed by the Government, and the irregularities in delivering key Government services, our teams have tried to do their best.

In our endeavour to smoothen the impact of Covid-19 pandemic during the third wave, we looked for ways to maximise our relief efforts. Together with our partners, we distributed 12,983 food baskets, 9,365 home care (safety and hygiene) kits, 4,815 PPE kits, 3,724 pulse oximeters, and 115 other medical equipment in the States of Madhya Pradesh, Maharashtra, and Rajasthan.

In addition to our Covid-19 relief operations, we have helped 4,64,423 people in 1,266 villages, spread across the States of Rajasthan, Madhya Pradesh, Maharashtra and Gujarat as well as in two slum areas of Mumbai. This year, we have treated and referred 10,089 malnourished children – under the age of five – to the nearest NRC/MTC. We also reached out to over a lakh children under the age of five for signs of malnutrition, as well as lactating and pregnant mothers. Our field teams made 1,15,705 home visits and conducted 48,556 telephonic consultations. We trained 1,871 frontline staff and began renovating 10 Anganwadi centres to strengthen the Government machinery and improve service delivery. We established 467 nutri-gardens and 100 poultry units for the beneficiary families to uplift their livelihoods and enhance food security.



I joined Action Against Hunger India at a time when the impact of the Covid-19 pandemic – on the lives of the most disadvantaged groups – was still visible. In my various meetings with the teams, I was very impressed with the good work done by the organisation and our teams on the ground, during the pandemic. I, myself, had experienced working in emergency situations.

These numbers speak volumes about the impact of our work, which you can learn more about in the successive sections. As an organisation that attaches immense value to evidential work in every field, we conducted a rapid assessment during the Covid-19 pandemic. Below are some of the recommendations from our report that I would like to share with a wider audience:

1. Continuing Covid-19 relief efforts and targeting areas experiencing high levels of income loss and food insecurity. Convergence efforts must be focused to ensure better access to health, nutrition, and livelihood services.
2. Prioritising structure to allow organisations, like ours, to reach the most vulnerable populations first, with specific relief support.
3. Raising awareness about Government-led employment generation programmes, food and security, and livelihood activities to provide income opportunities for the target population. Offering home-based counselling on appropriate food intake and timely access to health services.
4. Strengthening the referral system at the community level for children identified as severely malnourished; bolstering the provisions for Nutrition Rehabilitation Centres (NRC)/Malnutrition Treatment Centres (NRC/MTC) to ensure complete treatment for all children admitted. Regular follow-up for all severely and moderately malnourished children until they reach normal status.
5. Understanding local food availability and barriers to food access; in process, improving access to and affordability of essential food. The development of food baskets or food provision, taking into account locally identified patterns of food availability and consumption.
6. Widening community participation and enhancing involvement of Panchayati Raj Institutions (PRIs) in each of the above-mentioned recommendations, especially for malnourished children and migrant populations.

This annual report provides an overview of our work and impact over the past year. I would like to extend my gratitude to the Action Against Hunger India Board members, staff, partners and donors for their support over the past year. Like everyone else, I look forward to a better year ahead.

Sincerely,

Vinay Iyer
CEO
Action Against Hunger India

ABOUT ACTION AGAINST HUNGER



Action Against Hunger is one of the leading not-for-profit organisations, operating on the purpose of global fight against hunger and malnutrition. We are committed to eradicate world hunger through prevention, detection and treatment of malnutrition in children.

Since our inception in 1979, our work globally impacts over **26 million** lives ever year, through a network of more than **8000 humanitarian professionals** across **50 countries**.

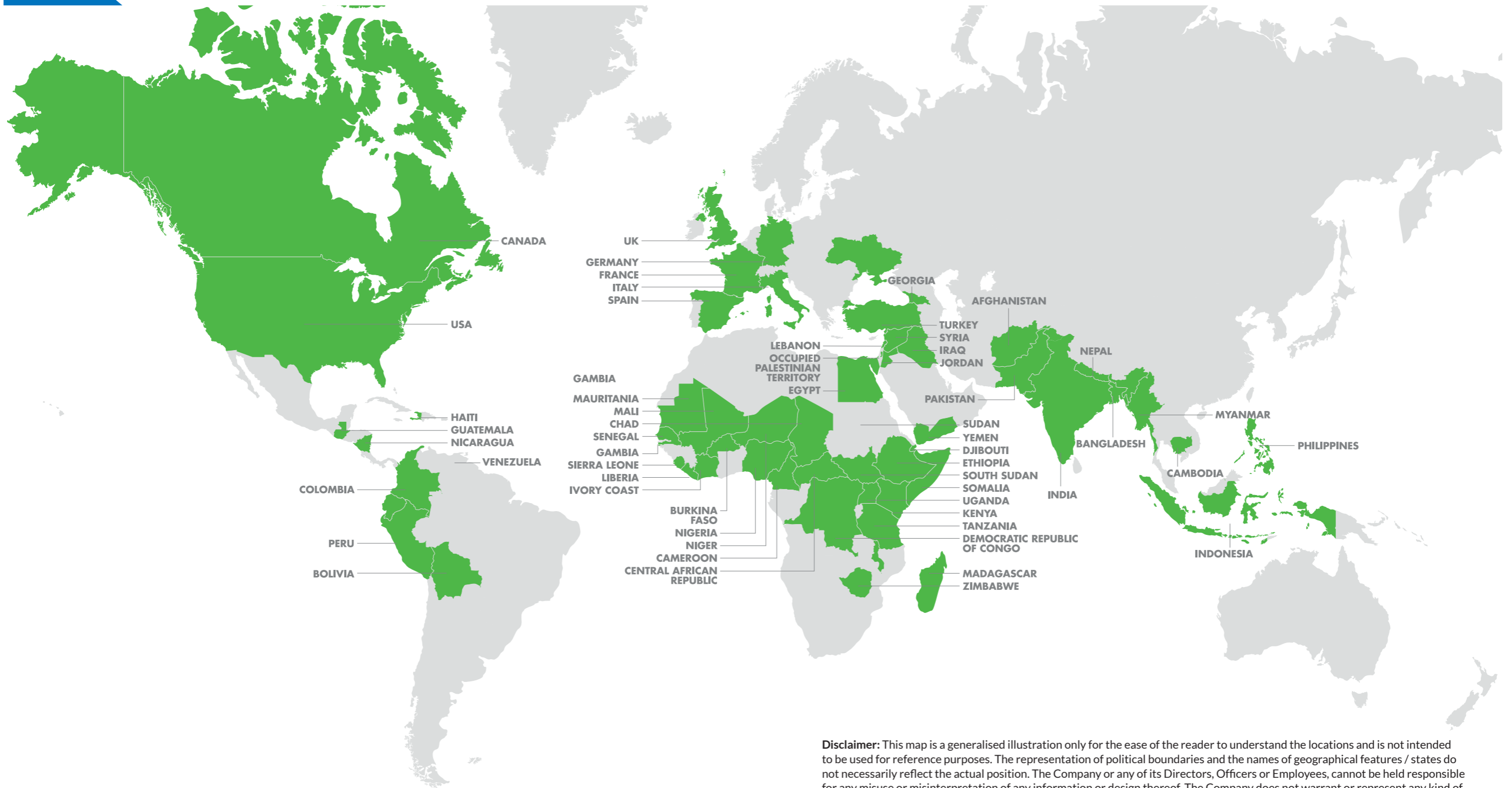
Commitment to SDGs

Action Against Hunger is fulfilling the objective of Sustainable Development Goals (SDGs) through its initiatives that compliments efforts of government and communities.

<p>1 NO POVERTY</p>	<p>2 ZERO HUNGER</p>	<p>3 GOOD HEALTH AND WELL-BEING</p>	<p>6 CLEAN WATER AND SANITATION</p>	<p>17 PARTNERSHIPS FOR THE GOALS</p>
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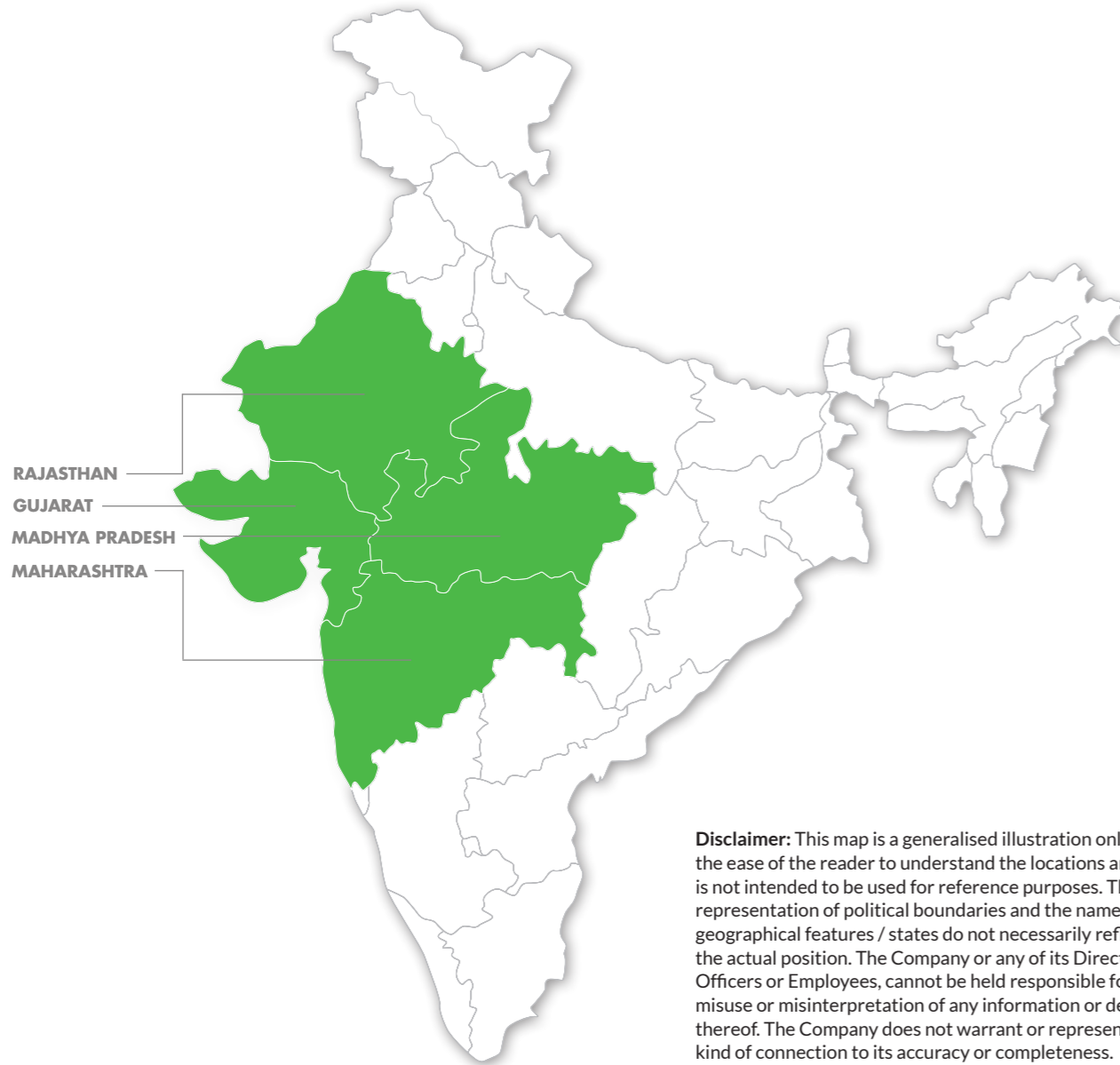
OUR PRESENCE

Global



Disclaimer: This map is a generalised illustration only for the ease of the reader to understand the locations and is not intended to be used for reference purposes. The representation of political boundaries and the names of geographical features / states do not necessarily reflect the actual position. The Company or any of its Directors, Officers or Employees, cannot be held responsible for any misuse or misinterpretation of any information or design thereof. The Company does not warrant or represent any kind of connection to its accuracy or completeness.

India



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Introducing Action Against Hunger India

At Action Against Hunger, we drive change from the ground-level, to make this world free from hunger. In India, our operations are focused on taking decisive action against the causes and effects of malnutrition. We equip people with relevant knowledge and awareness, so they can see their children grow up strong, and communities prosper. Action Against Hunger currently works in partnership with State Governments on preventing and treating malnutrition through the **'First 1,000 days of life'** approach.

Our programmes cover 1,266 villages across four States of Madhya Pradesh, Maharashtra, Rajasthan and Gujarat, with a multidisciplinary approach to tackle malnutrition among children.

Treatment

- Providing home-based treatment to children identified from Moderate Acute Malnutrition (MAM) to Severe Acute Malnutrition (SAM)
- Referring children with SAM to the nearest Nutrition Rehabilitation Centres (NRC)
- Providing Ready-to-Use Therapeutic Food (RUTF) to children identified and locally-made diversives, nutritious food in other geographies diagnosed as SAM in Mumbai

Prevention

- Counsel and educate parents, and the community at large, on the causes and symptoms of malnutrition, maternal and child nutrition, sanitation, pregnancy care, accessing health services, among others

Sustainability

- Training Anganwadis and Accredited Social Health Activist (ASHA) workers on identifying the early signs of malnutrition, and taking corrective actions



OUR PROCESSES AND PILLARS



Design and Research

- We identify regions that require immediate attention to the nutrition of pregnant women (PW) and young children through global research and region-wise collection of baseline metrics.
- Use of community-centered participatory research methodology to design our interventions



Implementation

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

- **Core Measures:** We identify malnourished children, provide treatment, and raise awareness of the problem in local communities. In many of our major projects, we have implemented the 'First 1,000 days of life' programme as a first step in the prevention of malnutrition. This programme covers the time from pregnancy to the child's second birthday.
- **Complementary Measures:** A good example of this is Water Sanitation & Hygiene (WASH), which offers the community the necessary training of safe and hygienic practices. Additionally, Food Security & Livelihoods (FSL) provides communities with means to a livelihood and better nutrition by assisting them in growth.



Evaluation

All of our programmes are tracked and assessed in order to improve accountability and to support our ongoing education.



Knowledge-Sharing

We promote knowledge-sharing, policy modifications, as well as practical research and documentation, as an ongoing and long-term effort. All of this aids in advancing our fight against hunger and malnutrition while bringing forth voices of the unheard.



Four Pillars of Our Work

Measurable

We track projects using technology to measure impact using specific metrics for each project.

Collaborative

We collaborate with businesses, local Government agencies, healthcare facilities, and technology experts, while putting gender-inclusive programmes in place, for the entire community.



Long-term

Our projects are at least three years long, resulting in long-term behaviour change. For this purpose, we have trained frontline workers and build capacity of Government employees to carry on the work.

Hands-on

Our teams conduct on-ground, active field work for every project and at all levels – health centre, village, family and individual.

OUR CORE COMPONENTS

Community-centred designing of the programmes, meticulous plans, technology-enabled Baseline, Midline, and End-line evaluations provide us parameters to assess the root cause of the problem, its magnitude, and measure our impact. Through our comprehensive 1000 Days Life programme, we work on all the three pillars.

Our work spans across three broad pillars:

Treatment – While strengthening the early identification of malnutrition in the communities, we provide home-based treatment to children suffering from Moderate Acute Malnutrition (MAM) and refer children with Severe Acute Malnutrition (SAM) to the nearest Nutrition Rehabilitation Centres (NRC). We also ensure a close follow-up and counselling at community and facility-level to ensure the adherence to treatment and early recovery and prevention of relapse.

Prevention – We educate and build capacity of the mothers and the community at large, on improving maternal and child nutrition, recognising the causes and symptoms of malnutrition, taking preventive actions, and ensuring access to various nutrition-sensitive interventions – such as WASH, Food Security and Livelihood, in order to effectively prevent malnutrition. Along with this, we also spread awareness and link the beneficiaries to various health and nutrition-related Government schemes.

Sustainability – All the programmes are implemented in close collaboration with the local Governments, health, and nutrition ecosystem. We undertake capacity-building of Anganwadis and ASHA workers, and Panchayati Raj Institute (PRI) members on identifying the early signs of malnutrition, taking corrective actions and ensuring an enabling environment for better nutrition of the children and mothers.



About Our Interventions

Action Against Hunger India works on three major domains namely, Nutrition & Health, Water Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL).

The Nutrition & Health domain has the First 1,000 Days Plus of Life model based on preventative care, with an aim to break the cycle of malnutrition through interventions at key touch points during pregnancy and child's early years (from birth till two years of age). The interventions focus on nutrition and health awareness, access and security, integrated with WASH and FSL activities.

Prevention of Anaemia

We help Pregnant Women (PW) and Lactating Women (LP) to prevent iron deficiencies which could, in turn, affect the development of their children. We also work with adolescent girls to build their capacity and confidence for ensuring their own health and nutrition by ensuring regular testing for anaemia and regular access and uptake of Government services such as IFA tablets.



Ante-Natal Care (ANC) and Post-Natal Care (PNC)

We ensure that all pregnancies are registered early at health centres and provide the required care and attention for the survival and development of mother and child. This includes:

- Strengthening the infrastructure for screening of malnutrition and referrals to existing health centres and anthropometric measurements to determine mother and child's nutritional status
- Home-based visits to individually counsel and build awareness among all members of the family
- Group activities and discussions on care during pregnancy, ensuring institutional delivery, IYCF, sanitation and hygiene, accessing Government services, and immunisation, among others



Child Care

Enabling the proper physical and mental development of mother and child, including infant and young child feeding, early childhood development and immunisation. A targeted focus is given towards promoting and ensuring early, exclusive and optimal breastfeeding practices and behaviours and improving infant health by establishing a supportive and promotive environment.



Water, Sanitation & Hygiene (WASH)

We aid local communities to follow safe and hygienic practices like safe disposal of human waste, importance of constructing bathrooms for the community, washing hands before five critical points – before eating, after using toilet, before cooking, before feeding child and after cleaning child – boiling water before drinking it and storing it safely, and ensuring a clean play environment for children.

We also ensure improved access to clean drinking water, installed tippy-taps and promoted hand washing at the houses of our beneficiaries and at Anganwadi Centres. This was to aid the local communities to raise their standard of hygiene.



Food, Security & Livelihood (FSL)

We provide communities with means to a livelihood as well as better nutrition. This is done by helping them set up, grow and sustain their own nutri-gardens, raise chickens for consumption and selling of eggs, practice organic and sustainable farming, fish farming and more.



Advocacy

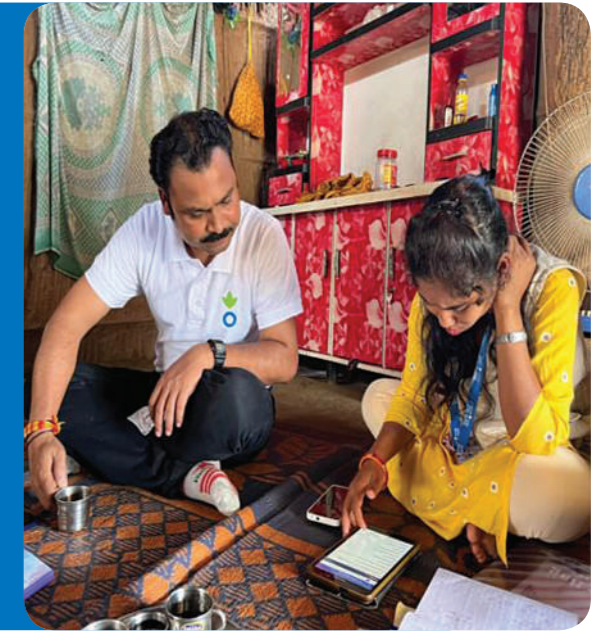
We work with the policymakers and other important decision makers to influence policies and programmes on nutrition, based on concrete research and evidence. In the states where we are actively working, our teams work with the State Government departments to translate programme learning into overall programme improvements, especially in Rajasthan, Madhya Pradesh, Gujarat and Maharashtra. Our grassroots advocacy efforts aim to strengthen Government programme delivery by involving the elected members of Panchayats, local administration, ASHAs and Anganwadi workers, and empowering beneficiaries with the right information.



Use of Technology

We leverage technological solutions at multiple stages of our programme. We have incorporated technology right from the visible front at the grassroots level till the backend operations of our work. These include:

- Identifying hotspots of malnutrition through secondary data sources
- Identification of malnutrition using Artificial Intelligence (AI) and Machine Learning (ML) in close collaboration with global organisations
- Use of audio-visual media for prevention, treatment and behaviour change around malnutrition
- Geotagging of beneficiaries
- Monitoring and evaluation of the programmes using CommCare and KOBO Toolbox



Building Capacity

- Yearly need-based training and capacity building for Government frontline workers such as Anganwadi workers and Accredited Social Health Activists (ASHAs)
- Training of Panchayati Raj Institutions on a monthly / quarterly basis
- On-job support provided to all trained Government workers



REGIONAL HIGHLIGHTS

Baran, Rajasthan

Project Navodaya: First 1,000 days of life

This project – financed by SBI Life Insurance – is implemented across two districts, Baran in Rajasthan and Dhar in Madhya Pradesh. The project is based on the 'First 1,000 days of life' approach which is in sync with governments POSHAN ABHIYAN.

The Baran district administration recognised and highlighted Action Against Hunger's work in the publication **'Aspiring for a Healthy Baran.'**

Baran consists largely of tribal families who make a living from small-scale farming, manual labour and/or the sale of minor forest produce. Dependency on rain and inconsistent income of the people living in the region has led to a lack of proper nutrition, particularly in children. Action Against Hunger (AAH) started working in Baran in 2011 and was one of the few organisations to focus on malnutrition and its underlying causes.

Bringing Positive Change

Villages reached

299



Screenings for children under age of 5

20,641



Malnourished children - referred and treated

3,614



Pregnant and lactating women reached

24,438



Front-line workers trained

759



Group discussions and demonstrations

1,973



Home visits

53,589



The Covid-19 pandemic had a significant impact on sustenance and livelihoods of people. It aggravated poverty and overburdened the health care system. The Malnutrition Treatment Centres (MTC) were not operational during the period corresponding to the pandemic. Notwithstanding the difficulties, we at AAH India, helped the district administration establish a temporary MTC in Kushyara village, Baran district. We also appointed an MTC counsellor to provide counselling services to the people of the district.



Case Story

Suwans Panchayat is the largest panchayat in Kishanganj block of Baran district in Rajasthan. It covers around 14 villages and is situated 36 km from the sub-district headquarters in Kishanganj, and 50 km from the district headquarters, in Baran. Raji Bai Sehriya is the lady Sarpanch of the Panchayat and is truly a commendable leader. She is a strong individual and motivated to work with the community. **Raji Bai firmly believes that her ambition and dedication shall bring about a transformation in her Panchayat.**



For Raji Bai Sehriya, it was not an easy task to embark upon this transformational journey. First, she lacked education and actual experience of working with rural local governance. Despite being aware of the Anganwadi centres in her village and surrounding areas, Raji Bai was initially uncomfortable communicating with Government officials as the head of her Gram Panchayat. This was because she had never visited these centres. However, she gradually became aware of the problems confronting her village, such as lack of potable water and non-functional hand pumps, poor communication and road connectivity, malnutrition, lack of awareness on health and nutrition, sanitation and hygiene, and infrastructure and proper housing.

Further, the Covid-19 pandemic struck during her tenure, making things more difficult for her. However, she received assistance and support from one of her ward leaders during the lockdown. She connected with the representatives at Action Against Hunger through phone calls. Even though she initially relied on the Ward Panch for information, she gradually learned to communicate independently. As her Ward Panch and Action Against Hunger team continued to motivate her, she became more interested in Panchayat affairs.

Despite all the challenges stemming from her illiteracy and lack of knowledge, Raji Bai remained motivated to adapt and learn constantly. She proactively set up meetings with other Panchayat members and Panchayat Samiti officials and was always ready to take a stand. Her ability to take the initiative and learn by observing her surroundings enabled her to develop a well-thought-out strategy for her Panchayat. Raji Bai's strategy covered all the critical areas like water, sanitation, electrification, and construction of roads and streets in the village.

She became more involved in organising events to spread awareness, such as celebrating World Breastfeeding Week, with the help of Action Against Hunger. Her eagerness to learn more about nutrition led her to participate in commemorating various other days and events. After the pandemic, she visited MCHND with our field team to ensure that Covid-19 protocols were being followed. Raji Bai was keen to establish POSHAN Vatikas and plant trees, so she initiated a planting drive in her Panchayat's villages.

During Nutrition Month, hosted in September, she organised POSHAN Panchayat and raised awareness about 'POSHAN Thali', 'The first 1,000 days of a child's life', 'Child malnutrition', and 'Importance of MTC' in the treatment of Severely Acutely Malnourished (SAM) children with health complications. After receiving information from the Action Against Hunger representative, Raji Bai and the Anganwadi workers visited homes of pregnant women and began to counsel them on the importance of a healthy diet during pregnancy.

At present, Raji Bai is all set to resolve the concern of electricity shortage. She has been meeting and visiting electricity officials and her local area MLAs, because the solution to this problem was beyond the scope of Sarpanch or other Panchayat officials.

Apart from these efforts, Raji Bai believes that women's reservation in the panchayat system can empower village women to take a stand for themselves. She is aware that even though it will take time for women to achieve the needed confidence, the Panchayat encourages them to speak up about their concerns.

Raji Bai has received recognition from her community members, officials, and development organisations for her relentless efforts towards bringing about a positive change in her Panchayat.

Dhar, Madhya Pradesh

Project Navodaya: 1,000 days and plus

This project is supported by the SBI Life insurance and implemented in two districts in Baran, Rajasthan and Dhar, Madhya Pradesh. The project in both the districts is based on '1,000 Days Life Programme' approach.

In Madhya Pradesh, tribals account for over 20% of the total population. The communities in these regions struggle with low income and have low literacy rates. Agriculture and forest produce are the main source of income, but low yield majorly affects people's earnings. As a result, most adults spend all day in the fields or work as labourers, while children are often left behind to fend for themselves. This, coupled with poor child feeding practices and lack of diversity in the local diet, results in undernutrition among children.

Bringing Positive Change

Villages reached

145



Screenings for children under age of 5

12,704



Malnourished children - referred and treated

3,261



Pregnant and lactating women reached

14,856



Front-line workers trained

532



Group discussions and demonstrations

1,429



Home visits

22,774



Key Activities Conducted during 2021-22

- Action Against Hunger participated in a state-level workshop on 'Nutrition during Covid-19', organised by SPHERE- IAG in Madhya Pradesh.
- AAH is also assisting ICDS Madhya Pradesh in developing a 'Nutrition Policy Implementation Framework'.
- We also participated in the 'Joint Tele-Monitoring of Essential Nutrition Service Delivery'. Here, our field team assisted the ICDS in Telemonitoring ICDS services across Dhar and Balaghat district.
- According to the instructions of the ICDS department, Government of Madhya Pradesh, we conducted a data verification survey at the field level and visited the Anganwadi Centres (AWCs), verifying the SAM children.



Case Story

Manju, a married woman, lives in Keshvi, Dhudhiya village, with her five children and husband. The remote location and lack of transportation in her region have been a major reasons behind the underdevelopment of the village.

Manju's husband works as a truck driver and frequently spends time away from home. He spends most of his earnings on alcohol, leaving the family's needs unmet. Manju's four children belong to the same age group. While Manju struggled to find enough nutritious food while pregnant with her fifth child, and her husband's alcohol consumption put a strain on their finances.



After learning about Manju's pregnancy, an Anganwadi and AAH Community Mobiliser (CM) discovered that the child she was pregnant with was very weak and was anemic. This stressed Manju for obvious reasons, as it could have led to her losing the child.

Under such scenario, when Manju needed a good amount of care, there was no one else at home to look after her or even take her to the health centre regularly for check-ups. This is when Action Against Hunger team devised a plan to take care of Manju. They took her to the health facility and also visited her home regularly. Manju's neighbours assisted in providing nutritious food comprising of pulses, vegetables, fruits, and milk. In the seventh month of her pregnancy, Manju suffered stomach aches. Following an investigation, it was determined that the child's life was in danger, and Manju needed complete bed rest. For two months, Anganwadi health workers and Manju's neighbours worked together to look after her. Eventually, things went well and Manju was blessed with a healthy newborn.



Mumbai, Maharashtra

Slum Pockets of Andheri and Govandi

This project – financed by Givaudan and Credit Agricole for Andheri and by Societe Generale for Govandi, implemented in a suburb of the crowded city of Mumbai, is home to many migrant and daily-wage labourers. Literacy and lack of job security in these suburbs lead to negligence in children’s upbringing. The same is reflected in major health issues like malnutrition, which go unrecognised. Numerous pathogens and diseases like cholera and diarrhoea come with changing seasons, such as the monsoons. The unhygienic living conditions prevalent in these suburbs further aggravate problems.

Action Against Hunger India collaborated with Shatabdi Hospital to provide support to the Paediatric Department for screening children in these suburbs, and for counselling the caregivers of malnourished children.

Bringing Positive Change

Slum pockets

6



Home visits

24,756



Screenings for children under age of 5

12,014



Malnourished children – referred and treated

1,810



Pregnant and lactating women reached

9,834



Front-line workers trained

458



Group discussions and demonstrations

793



Andheri

Project Khwaish

A total of 48 caregivers from the group of cured Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children, attended a workshop at Andheri. The workshop guided these caregivers on how to implement some of the best health practices and care for children’s health. The event helped AAH comprehend our programmes’ impact and observe behavioural changes in the targeted beneficiaries. It also served the purpose of recognising maternal and child health care efforts.

In collaboration with the Municipal Corporation of Greater Mumbai (MCMG), a mobile vaccination camp was organised in Nehru Nagar to assist beneficiaries in receiving Covid-19 vaccination. These doses of Covid-19 vaccination were given to more than 66 project beneficiaries.

Case Story

Laxmi Kanojiya, 22, resides in Nehru Nagar, Andheri, Mumbai. Her husband is the sole breadwinner in the family and works for a private company. Roshni Shinde, our Community Mobiliser (CM), identified and enrolled Laxmi as a pregnant woman when she was expecting her third child. Roshni did not know about Laxmi’s third pregnancy initially. During one of the visits to Laxmi’s home, Roshni found out that Laxmi had lost both her new borns within a week of birth. Back then, the doctors could not identify the reason behind the mishap. On knowing about this, Roshni advised Laxmi to get admitted to a hospital for proper care and treatment. This was when Laxmi informed the CM about her plans to deliver her third child in her hometown. Roshni tried counselling Laxmi and asked her to register at Cooper Hospital in Mumbai instead, keeping her health in mind. On her second follow-up visit, when our CM prodded Laxmi further, she registered herself at the Cooper hospital for all Ante-Natal Care (ANC) services.



Doctors even recommended a C-Section delivery during Laxmi’s third trimester. However, she declined due to fear. But our CM didn’t give up and counselled Laxmi once more, whereafter she agreed to a C-Section. Eventually, Laxmi gave birth to a healthy baby. During the doctors’ investigation, it was found that her previous borns had suffered from the nuchal cord (An umbilical cord that is wrapped around a baby’s neck in utero), which resulted in their deaths. Due to our Community Mobiliser’s hard work and perseverance, Laxmi overcame her fears. She could identify the cause behind the deaths of her newborns and eventually received the needed help to deliver a healthy baby.



Govandi

- Action Against Hunger India collaborated with Shatabdi Hospital to assist the Paediatric Department to screen children, counsel caregivers of malnourished children, and manage data. In order to ensure the smooth functioning of the department, a nurse and a counsellor from Action Against Hunger India visited the hospital to provide assistance and technical support to the MCGM.
- Trained 313 Front-Line Workers (FLWs) from the Shivaji Nagar and Mankhurd ICDS projects on common errors during Anthropometric measurement - non-invasive quantitative measurements of the body. During this training, Anganwadi workers were given practical demonstrations that benefited them. Child Development Project Officer Integrated Child Development Scheme (CDPO ICDS) was also a part of this training and observed the proper Anthropometric measurement methods. Following the training, the CDPO and supervisors also monitored the AWWs on the field, ensuring the usage of correct measurements.
- 55 youths attended a meeting in collaboration with the 'Kotak Education Foundation' as part of the UNNATI project of vocational and skill training for youth. The meeting's agenda was to introduce the youth of Govandi to various career options. A total of 13 young people were registered for beauty classes, retail, banking, financial services, and insurance, among other things.
- Organised Community Mobilisers (CMs) training on 'Covid home-based care'. This was done with the intent to help the community understand different strategies and support in case someone gets infected. The idea was to support CMs through regular calls and streamline accessing the services from the nearby hospital and personal care. After this training, a survey was initiated to understand the impact of Covid-19 on the economic, mental health, and services accessible to our project beneficiaries in Govandi. This included training CMs to collect data from the field level through an app. A total of 120 PLWs, 60 caregivers of malnourished children and 40 male parents were covered under the survey.
- Action Against Hunger India hosted a Male Engagement Programme with SAM/MAM fathers. The programme had 49 participants, including 38 men and 11 women. The theme was 'Father's Role in Child Care' as well as malnutrition and Mid Upper Arm Circumference (MUAC) training. This meeting with fathers had a huge impact on the ground, where the fathers began giving their children fruits instead of junk food. They started taking their children to Outpatient Treatment Point (OTP) centres for measurements and looked after them, while mothers were busy with household chores.



Case Story

Kirtiratna Kharat is working with Action Against Hunger as a Community Mobiliser (CM). During one of her home visits, she found Sumaiyya Shaikh, who was 4-months pregnant that time. Her LMP was 28.3.21 and EDD was 4.12.21, but she was not doing her pregnancy registration at any private or municipal hospital or in a nearby health post. When Kirtiratna inquired about this, she said she was not going there out of fear. The CM counselled her that there was no need to be afraid of the corona virus, and one should follow safety measurements like wearing a mask, face shield, washing hands in regular intervals, while visiting hospitals or health posts. In addition, one can wear hand gloves; and if all the all-safety measurements are followed, then no need to be afraid.

The CM advised her to register her name in any hospital as soon as possible. She also talked about ante-natal care, rest and nutrition. In the interaction, the CM felt that she is concerned with the subject of nutrition. The lady gradually opened to the CM and told that she was living in her husband's home, and she is not comfortable there. She is not eating as per her habits and feels shy to eat. Then the CM asked her about her husband, father-in-law and mother-in-law's behaviour. She said there was no problem from their side. She felt shy because this house was not hers. She felt that at her own home, there is freedom.

The MC was shocked when she heard her story but quickly understood that this was her personal thought, and there was no problem with the in-laws. She started to counsel her again by saying that if she does not eat properly, then her child's health would get affected. The child may be malnourished and the baby's weight may be decreased. Growth may be hampered if the child will not get proper nutrition from the mother. She needs to eat the balanced-diet in lunch and dinner, and take medicines like iron, folic acid and calcium tablets and other medicines and supplements as per doctor's prescription. Finally, she was convinced; and she also agreed to eat properly, so that her child would be healthy. She promised the MC that she would go to her mother's home very soon and follow whatever has been suggested to her. Now she has registered her name in the hospital, received a second T.T. injection; furthermore, she is also eating enough.



Dharni, Amravati (Maharashtra)

This project – financed by NAOS and implemented in Dharni, a hilly region of Melghat, Amravati district. This region largely consists of the tribal community. Unfortunately, clean drinking water and means to earn their living is not available all year round. This is a major reason for communities living there choosing to migrate seasonally to avail the basic necessities of life. The level of poverty, early marriages, multiple pregnancies, poor sanitation and inability to get nutritious food have been leading to severe malnutrition among the children in that area.

Bringing Positive Change

Villages reached

39



Screenings for children under age of 5

3,865



Malnourished children – referred and treated

501



Pregnant and lactating women reached

4,140



Front-line workers trained

122



Group discussions and demonstrations

341



Home visits

4,331



Case Story

Pramila gave birth to a baby boy at Sadrabadi Primary Health Centre (PHC). Both the mother and the child were healthy. Pramila was discharged from the hospital just three days after delivery. However, the child's weight at birth was 2 kgs only.

A fortnight after the discharge, Pramila's breast milk abruptly stopped flowing. This is when Pramila sought treatment at Sadrabadi PHC, from where she was referred to the Dharni rural hospital. However, Pramila received no benefit from the treatment.

Because of the lack of mother's milk, the child's weight began to fall and his health began to deteriorate. During a field visit, one of the Anganwadi workers briefed the Community Mobiliser on Pramila's condition. Our CM visited Pramila and, after a critical analysis of her health, discovered a lump in her breast. This eventually helped understand the primary reason why Pramila's breast wasn't producing milk. In the meantime, she started feeding her baby bottled milk, which could have been more dangerous for the baby.

The Community Mobiliser and Anganwadi workers counselled Pramila about the importance of exclusive breastfeeding until the baby was six months old. Pramila was also counselled on the potential harm to the baby if he was not breastfed. Pramila's mother-in-law was advised to massage Pramila's back once a day. Our CM explained to Pramila and her mother-in-law that massaging the back causes milk to be produced in the breast. Pramila's mother-in-law began to follow the process diligently.

After five to six days Pramila was able to produce breast milk and gradually the lump disappears. Pramila was then able to breastfeed her child. The child's health and weight eventually improved. The family was extremely happy with Action Against Hunger's intervention and rigorous counselling that saved the child's life.



Palghar, Maharashtra

This project – financed by Intesa Sanpaolo (ISP) for Jawahar block and Action contre la Faim (ACF) Italy for Mokhada block, implemented in 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 long. This leads to lower income, lack of access to nutritious food and seasonal migration. In 2015, Action Against Hunger India conducted a survey that revealed that Jawahar and Mokhada had the highest percentage of stunting and malnourishment in children under five years of age.

Bringing Positive Change

Villages reached

71



Pregnant and lactating women reached

7,474



Screenings for children under age of 5

5,323



Group discussions and demonstrations

1,473



Malnourished children – referred and treated

903



Home visits

10,255



Key Activities Conducted During 2021-22

- Initiated 60 food corners at the households of 60 malnourished children in our Mokhada project location. The objective was to have the availability of nutritious snacks for children within households. We stored rajgira laddu, peanut and jaggery chikki and puffed gram in the food corners. Another objective was to encourage caregivers of children to make healthy snack options available to their children and avoid packaged junk food.
- Conducted training of 241 Anganwadi workers on ‘1,000 Days Life Programme’. Along with this, we held two days of non-residential training workshops on Covid-19 awareness in Jawhar and offered one-on-one training in Mokhada.
- Reached out to the beneficiaries from the Mokhada project as an integral part of the project work with 1,392 food baskets containing nutrient-rich food items (319 to PWs, 950 to LMs, 123 to caregivers of malnourished children).



Case Story

Sunil Patil works as a community mobilizer for Action Against Hunger India, and during his field visit to Chinchutara, he came across a newborn baby's lactating mother, Chandrakala Pagi (18), who was visiting from another village. Sunil later visited Chandrakala's home as part of his work and spoke with her about a variety of topics during his initial visit. During the conversation, Sunil learned that Chandrakala had given birth to a baby boy in a rural hospital in Mokhada, and that the baby weighed only 1.8 kg. Chandrakala expressed her concern about her baby's low weight.



It was established that the baby's health was in poor condition, and there was a risk of further deterioration if his condition remained unaddressed. Sunil and the Anganwadi workers attempted to persuade the baby's mother and grandmother to take the newborn to the district hospital for a health checkup, where the SDH had a Special Newborn Care Unit (SNCU). But the family refused to take the child to Jawhar.

Sunil then advised the caregivers to go to Morhanda Primary Health Centre (PHC) at the very least. This was when Sunil discovered that Chandrakala was to visit the Morhanda PHC a day before his visit. However, she had to wait for a vehicle for more than three hours and ultimately missed the appointment. However, caregivers were willing to carry the newborn to Morhanda PHC, the following day.

On returning from the field, Sunil inquired about an ambulance. However, none was available. This was when the Action Against Hunger field officer arranged for a private vehicle, enabling the caregivers to take the newborn to the hospital. The medical officer examined the newborn and advised the caregivers to take the child to Jawhar SDH. The following day, an ambulance was arranged from Aase PHC by the field supervisor, field officer, and ASHA worker. The newborn was admitted to SNCU in Jawhar sub-district hospital. The baby's father was also present at the time of admission. The child was admitted to Jawhar SDH's SNCU for three days.

Every day, Sunil diligently followed up with the caregivers. On the day of discharge, the field officer urged Jawhar SDH staff to provide an ambulance so that the caregivers could safely travel to their home in Chinchutara - more than 40 km away.

For three months, AAH provided food baskets to caregivers. Sunil also visited their home and counselled them on breastfeeding, hygiene, and other newborn care practices. Later on, Sunil recorded the baby's weight and it improved to reach 6.0 kg.

The case story demonstrates the impact of strong convergence and local coordination between our organisation and the Government functionaries. It was a successful attempt that eventually saved a newborn's life and restored caregiver's confidence in improving the health and nutrition of a newborn.



Sabarkantha and Bhavnagar, Gujarat

Project Vruddhi: A Consortium of CARE and Action Against Hunger

This initiative aimed to improve the community's essential health and nutrition practices and provide technical support for strengthening service delivery. Its goal was tackling the problem of childhood malnutrition and maternal and child anaemia. The initiative was carried out in Bhavnagar and Sabarkantha districts of Gujarat. In this regard, a non-financial MOU was signed with the Health and Family Welfare Department & Women and Child Development Department, Government of Gujarat.

Sabarkantha and Bhavnagar continue to perform below the Gujarat average in several key determinants of nutrition such as: the timely initiation of breastfeeding, Ante-Natal Care (ANC) coverage, consumption of Iron and Folic Acid (IFA) supplements, and children in the age bracket of 6 - 23 months receiving an adequate diet. The coverage of health and nutrition interventions also remains poor.

Problems

- Prevalence of stunting is 32.6% in Bhavnagar and that of wasting is 29.6% in Bhavnagar and Sabarkantha
- Prevalence of wasting in 29.6% in Bhavnagar and 33.1% in Sabarkantha
- Sabarkantha's severe wasting rate has more than doubled over a period of five years, making it a high-burden district – it ranks the fourth-highest in this regard

Key Interventions

- Promotion of Breastfeeding: Timely initiation; exclusive and continued breastfeeding
- Promotion of Complementary Feeding: Quantity, dietary diversity and feeding during and after illness
- Maternal and Childhood Anaemia: IFA – Supply chain, distribution, consumption compliances
- Managing Common Childhood Illness
- Promotion of Handwashing

Project Highlights

The project reached out to all the supervisors of Health & ICDS across the districts of Sabarkantha and Bhavnagar to reinforce and refresh MIYCN components with a sharp focus on:

- Strengthening timely initiation of breastfeeding and exclusive breastfeeding up to six months of age
- Initiating semi-solid foods in time
- Strengthening knowledge and practice around the appropriateness of complementary feeding with respect to quantity, frequency and dietary diversity
- Complying with maternal IFA, especially during pregnancy

Along with this, a learning pilot was designed and implemented with supervisors and FLWs in 90 selected Anganwadi centres across both project districts (50 in Bhavnagar and 40 in Sabarkantha).





The interventions of the Learning Pilot were:

A) Capacity building and handholding of FLWs for

- Targeting and tracking beneficiaries
- Prioritising home visits and age-appropriate counselling
- Integrating counselling messages delivered by FLWs from Health & ICDS
- Demonstrating and counselling in identified focus areas

B) Experiential learning with Supervisors of Health and ICDS

- Refresher capacity building of supervisors
- Joint visits, planning and ongoing CB of Frontline Workers during visits

C) Social and behavioural change communication strategy for HH-level behaviour change

- Delivering age-appropriate messages for Inter Personal Communication (IPC)
- Reinforcing the use of available IEC materials
- Generating awareness in the community through the use of posters, AV aids, social media messaging and mass media

Through this pilot, the project reached out to all pregnant and lactating mothers and children under age of 3 across 90 Anganwadi centres in Sabarkantha and Bhavnagar. The pilot learnings further validated the focus on identified technical areas.

Case Story

Optimal Nutrition for a Child's Growth

Optimal nutrition is essential for a child's growth and development in the first two years of life. Exclusive breastfeeding for six months and continued breastfeeding with age-appropriate, nutritionally adequate complementary feed is essential for a child after six months up to two years of age. This helps prevent stunting and prevents the child from entering the undernutrition cycle. Once the child is six months of age, the body and brain require more nutrients which breastmilk alone cannot provide. Hence, appropriate complementary feeding becomes essential. Appropriate nutrition ensures a robust immune system and the realisation of full potential for the child. Healthier children will surely be more productive and will be able to create opportunities for themselves, their families and communities to eventually break the cycle of poverty and hunger.

Suraiya, residing in Sabarkantha district of Gujarat, is a mother of three, preoccupied with household chores. Her father, a brick labourer, is frequently out for work. Being an informed mother, Suraiya did not compromise on introducing healthy food groups as part of Zoya's complementary feed. Earlier, Suraiya used to let Zoya have market-available biscuits and other snack packets, and chips, among others, to save time when she was too busy with household chores or managing the other two children.

When an Anganwadi worker from Project Vrudhhi met Suraiya, she was advised on better food practices for Zoya. "I was aware that market-available packet food is not good for Zoya, but it was sometimes very convenient. Managing a home with three children can be difficult, especially when the other two children demand packaged foods such as cold drinks, chips, and sweets. So, I used to let Zoya eat just to manage and get some time to complete my pending chores," said Suraiya. "But when I was made aware that this casual approach might cost me Zoya's changed behaviour towards home-cooked food, and may result in her weight loss, or restrict her optimal growth, I became very conscious about what I was feeding my youngest child" she added. Zoya is now breastfed along with homemade semi-solids such as porridge, mashed vegetables, and fruits, among others, with no packaged food at all.

This counselling on the mother's feeding practice was critical in ensuring that the child does not lose adequate nutrition, fall ill, or become malnourished. This positive impact was enabled by ongoing engagement with families and their trust in Front-Line Workers and Project Vrudhhi's Field Coordinators (FCs) to guide them, and their children towards better healthy food practices.



EVENTS AT A GLANCE

The Andheri team celebrated following events in 2021-22. The aim of these events was to spread awareness regarding breast feeding, nutrition and hygiene across communities.

Breast-Feeding Week Celebration

Andheri

- Breastfeeding week was celebrated targeting Pregnant Women (PWs) of last trimester, and Lactating Mothers (LMs) whose children are under 3 months of age.
- Group discussion and one-to-one counselling sessions were conducted with target groups.
- In total, 21 group discussions were conducted covering 221 beneficiaries.
- One-to-one sessions covered 38 PLWs wherein information was given on early initiation of breast feeding and exclusive breast-feeding.



- Nine out of 12 PWs that had deliveries in the month of August after the event, initiated breast-feeding within 1 hour.
- Two mothers stopped bottle-feeding and started feeding with spoon and bowl after the activity.



Govandi

- Four community events organised on importance of breastfeeding.
- Total of 121 PLWs and their family members attended it.
- There were 59 PWs, 49 LMs and 13 caregivers participating in the programme.



Baran, Rajasthan

- Participated in a state-level workshop during Breastfeeding Week, a coverage of which was published with a title 'A Little More' by IPE Global.

Nutrition Month Celebration (1st to 30th September 2021)

Andheri

- Nutrition Month was celebrated in the community under the theme of '**Feeding Smart Right From The Start**'.
- We held group discussions on 10 food groups, and 'live market' sessions with use of vegetables.
- There were also one-to-one sessions through video screening, and cooking demos were conducted with target groups.
- Total 72 sessions with various activities were conducted covering 784 beneficiaries.
- The one-to-one sessions covered 47 PLWs wherein information was given on early initiation of age-appropriate complementary feeding.





- In total, 10 MAM's parents prepared Khajur jam at home following our cooking demonstration, and fed their babies.
- Women who went through misconception and were not consuming egg, started to include egg in their diet.
- In the month of August and September, 75 PWs fed colostrum to their babies after deliveries. .
- Age-appropriate complementary feeding practices were started by 12 mothers.
- ICDS staff invited us for Poshan Maah dissemination programme and acknowledged the collaborative work exhibited in front of them by AAH.



Food Day and Global Handwash Day - 15th and 16th October 2021

Andheri

- National Food Day was celebrated in the community with various cooking demonstration activities.
- The theme for Food Day was 'Our actions are our future - better production, better nutrition, a better environment and a better life.'
- In total, 32 sessions of chapati halwa recipe were held with beneficiaries targeted as LMs with children between 7 to 24 months of age.
- SAM and MAM caregivers were also a part of it wherein they learnt the till gud laddoo recipe.



- Global Hand Wash Day was celebrated in the community with demonstration on hand wash steps.
- The theme was '**Our Future is at Hand - Let's Move Forward Together.**'
- Under this, we had planned to reach maximum no of beneficiaries in Andheri east Auto Awareness campaign was planned. Thereon, the total population covered was approximately 50,000.
- Eating pattern of 3 PWs changed after group discussion.
- PLWs prepared recipes after demonstration and shared it on WhatsApp.



Palghar

- Nutrition Month celebration is an annual campaign held every year in September to raise awareness about nutrition and related aspects.
- We conducted several community-based events at our project locations in Jawhar and Mokhada, Palghar.
- The main objective was to promote awareness on the importance of right nutrition practices during the 1,000 days of window.
- The objective was complementary to this year's theme of national nutrition week, 'Eating smart from the start'.



Govandi

- Action Against Hunger India conducted handwashing and cooking demonstration in the community and OTP centres.
- These included with 37 PWs, 157 LMs, 18 SAMs, 34 MAMs and 264 caregivers.



Celebration of International Women's Day 2022

Palghar

- We celebrated International Women's Day on 8th March, 2022, across our project villages in both of AAH's base locations i.e., Jawhar and Mokhada.
- The international gender unit of ACF had decided to focus on the theme '**Gender Equality and Local Partnership**' for celebration of Women's Day 2022. We took it as an opportunity to involve important stakeholders in the celebration through community events in Jawhar and Mokhada.
- We raised awareness about importance of child and maternal health, nutrition from the gender equality perspective, and other topics such as menstrual hygiene management, nutrition of adolescent girls, pregnant women and women in general.
- Important stakeholders such as Government-appointed Gram Panchayat administrator, members of Panchayat Samiti Mokhada, members of Zila Parishad Palghar, Auxiliary Mid Wife, ASHAs and Anganwadi workers, and ICDS Supervisors, among others, became part of the community events.



Govandi

- We celebrated International Women's Day with 60 PWs – all in their last trimester – in Govandi.
- The focus was also on taking precautions during the last trimester, nutritional counselling on 10 food groups, demonstrating use of preparedness kits, and covering subjects like breastfeeding and hygiene.
- A total of 151 beneficiaries covered under Godhbharai event, and 213 under the Poshan Pakhwada programme.



Poshan Maah Celebration

- We celebrated 'Nutrition Week' at both centres and carried out demo of hand wash and disseminated information about the new concept of 'Khau ka Kopra' to SAM and MAM parents.
- We provided three sets of 'Khau Ka Dabba' along with filled nutritious food to 44 SAM and 99 MAM parents. For these, a total 289 participants were present.
- Under Nutrition Week, our CM did video screening for our beneficiaries and showed video on 'Early Initiation of Breastfeeding' and 'Timely Initiation of Complimentary Feeding'. Under this, we covered 149 PWs, 188 LMs, and 50 care givers – total 387 participants.
- We displayed the 'Right Cooking Method' chart on kitchen areas of 52 PWs, 99 LMs, 6 SAMs, and 9 MAMs. The purpose of the activity was to educate mothers and caregivers to use right practices of cooking which will help to increase and sustain the nutritional values of food.
- Our OTP team carried out hand wash and cooking demonstration in the field as well as at the OTP centres with SAM and MAM parents. During the cooking demo, we had shown them how to make 'Nutritious Laddu'.

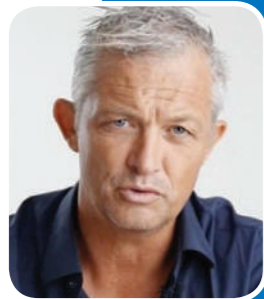


New-born Week Celebration

- The theme of National New-born Week 2021 was '**Safety, Quality and Nurturing Care - The Birth Right of Every New-Born**'.
- All new-borns require essential care to minimise the risk of illness and maximise their growth & development.
- Warmth, normal breathing, mother's milk, and prevention of infection are the basic needs of a normal baby at birth.
- During this new-born week celebration, we distributed new-born kits to mothers for prevention and protection of their children.
- In the two sessions conducted, there were 59 PNC mothers, 23 caregivers, and 6 husbands involved, in receiving training and knowledge on new-born care practices.



TESTIMONIALS



Jean Girard

Regional Executive Director ME, NAOS

Action Against Hunger India and NAOS collaborated in 2018 through the NAOS Village Programme in Dharni, India. Since then, it has been commendable to see Action Against Hunger's commitment and dedication in providing assistance to beneficiaries and building a strong bond with them. By building trust within the community, we can implement impactful initiatives such as kitchen gardens, poultry units, demonstrations, and counselling sessions to help them become self-sufficient. Our appreciation goes out to Action Against Hunger for allowing us to contribute to the world's well-being.



Ravindra Sharma

Chief of Brand Corporate Communication & CSR, SBI Life Insurance

When we educate a pregnant woman on nutrition and feed young lives, we are actually investing in the future of our nation, by providing them an equal opportunity at life. It is a humbling experience to support young lives in some of the remotest districts of India. We are proud to have partnered with Action Against Hunger, working towards improving nutrition for pregnant, lactating mothers and children up to five years. Spreading the word to #EliminateMalnutrition, we encourage other corporates to support the cause and realise the nation's common goal of making India malnourishment-free by 2030. As with a malnourishment-free society, where healthy children grow up to their full potential, we can truly liberate individuals to pursue their dreams and ambitions. Thereby, fuelling the progress of our nation.

ADVISORS



Denis Metzger

Denis Metzger is a professional merchant banker in New York, London, and Paris. Denis Metzger has pledged to fight hunger and other important causes. He also founded the "Institut National pour la Simplification" (1992), the "Appel pour le Combat de l'Abbé Pierre" (1994), Droit d'Urgence (1995), and Action Against Hunger India 2013.



Rohan Parikh

Rohan Parikh is the Managing Director of Apurva Natvar Parikh Group. He has a diverse presence in real estate development, logistics, shipping, education, and hospitality. Mr. Parikh is also the Managing Director of The Acres Foundation, which was founded to innovate and improve India's educational system.

BOARD OF DIRECTORS



Professor M.S. Swaminathan

Chairman Emeritus

Prof. Swaminathan is a member of the Indian Parliament, the Honorary Chairman of the FAO Council, and the Chairman of the National Commission on Agriculture, Food, and Nutrition Security. He had received the UNESCO Mahatma Gandhi Gold Medal for his contributions to biotechnology, providing aid to impoverished population across developing countries.



Ashwini Kakkar

Chairperson

Ashwini Kakkar is widely recognised as a leader in the tourism industry. He previously served as Chairman of Mercury Travels and as Co-founder and Chairman of Via.com. His leadership roles included President of the Bombay Chamber of Commerce & Industry, and President of the Travel Agents Association of India. Additionally, he serves as the President of Action Against Hunger international network.



T C A Rangachari

Rangachari has served in a variety of posts across different locations during his 36-year-long career with the Indian Foreign Service. He is a former diplomat and the former director of MMAJ Academy of International Studies, New Delhi. Mr. Rangachari has served on the Boards of UNICEF, UNDP, and UNFPA, among others.



Vipul Jain

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

FINANCIAL STATEMENTS

ACTION AGAINST HUNGER FOUNDATION
(Formerly known as FIGHT HUNGER FOUNDATION)
Balance Sheet as at 31st March, 2022

Particulars	Note No.	As at 31.03.2022 (Rs.)	As at 31.03.2021 (Rs.)
EQUITY AND LIABILITIES			
Shareholders' Funds			
Share Capital	1	100,000	100,000
Reserves and Surplus	2	59,042,934	39,844,428
		59,142,934	39,944,428
Non-Current Liabilities			
Long-term Provisions	3	3,035,123	2,458,523
		3,035,123	2,458,523
Current Liabilities			
Grant Received in Advance	4	77,595,155	85,257,243
Trade Payables	5	-	-
Due to Micro Enterprises and Small Enterprises		7,752,556	143,650
Due to Creditors other than Micro Enterprises and Small Enterprises		7,752,556	143,650
Other Current Liabilities	6	2,676,143	6,810,621
Short-term Provisions	7	328,112	179,694
		88,351,966	92,391,208
Total		150,530,023	134,794,159
ASSETS			
Non-Current Assets			
Property, Plant and Equipment and Intangible Assets			
Property, Plant and Equipment	8	17,372,725	6,934,601
- Intangible Assets	8	276,881	148,556
- Intangible Assets under development	8	-	76,995
		17,649,606	7,160,152
Other Non-current Assets	9	1,565,019	1,539,128
		19,214,625	8,699,280
Current Assets			
Cash and Cash Equivalents	10	129,381,103	124,071,067
Short term Loans and Advances	11	1,592,973	1,069,766
Other Current Assets	12	341,322	954,046
		131,315,398	126,094,879
Total		150,530,023	134,794,159
SIGNIFICANT ACCOUNTING POLICIES	17		
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial accounts

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

EDWIN PAUL AUGUSTINE
Partner
Membership No. 043385

Place: Mumbai
Date: 30th August, 2022



VIPUL JAIN
Director
DIN: 00142518

TCA RANGACHARI
Director
DIN:01516949

Place: Mumbai
Date: 30th August, 2022



ACTION AGAINST HUNGER FOUNDATION
(Formerly known as FIGHT HUNGER FOUNDATION)
Income and Expenditure Account for the year ended 31st March, 2022

Particulars	Note No.	2021-22 (Rs.)	2020-21 (Rs.)
Income			
Income from Grants and Donations	13	199,223,246	131,558,129
Other Income	14	6,039,410	6,474,330
		205,262,656	138,032,459
Expenses:			
Programme cost	15	168,539,183	119,825,011
Depreciation and Amortisation	8	4,720,005	1,842,363
General and Administrative cost	16	12,804,962	11,877,669
		186,064,150	133,545,043
Excess of Income over Expenditure		19,198,506	4,487,416
Tax Expenses:			
- Current tax	18(12)	-	-
- Deferred tax		-	-
Surplus/ (Deficit) for the year		19,198,506	4,487,416
Basic and Diluted Earnings per equity share:			
Face value per equity share	18(7)	1,919.85	448.74
		10.00	10.00
SIGNIFICANT ACCOUNTING POLICIES	17		
NOTES TO FINANCIAL STATEMENTS	18		

The accompanying notes are an integral part of the financial accounts

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

EDWIN PAUL AUGUSTINE
Partner
Membership No. 043385

Place: Mumbai
Date: 30th August, 2022



VIPUL JAIN
Director
DIN: 00142518

TCA RANGACHARI
Director
DIN:01516949

Place: Mumbai
Date: 30th August, 2022



OUR PARTNERS



GLOSSARY

1	SDGs	Sustainable Development Goals
2	MAM	Moderate Acute Malnutrition
3	SAM	Severe Acute Malnutrition
4	NRC	Nutrition Rehabilitation Centres
5	RUTF	Ready to Use Therapeutic Food
6	ASHA	Accredited Social Health Activist
7	PW	Pregnant Women
8	WASH	Water Sanitation & Hygiene
9	FSL	Food Security & Livelihood
10	PRI	Panchayati Raj Institute
11	LP	Lactating Women
12	IFA	Iron and Folic Acid
13	ANC	Ante-Natal Care
14	PNC	Post-Natal Care
15	IYCF	Infant and Young Child Feeding
16	AI	Artificial Intelligence
17	ML	Machine Learning
18	MTC	Malnutrition Treatment Centres
19	POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
20	AWCS	Anganwadi Centres
21	ICDS	Integrated Child Development Services
22	CM	Community Mobiliser
23	FLWs	Front-Line Workers
24	MCMG	Municipal Corporation of Greater Mumbai
25	CDPO	Child Development Project Officer
26	MUAC	Mid Upper Arm Circumference
27	OTP	Outpatient Treatment Point
28	PHC	Primary Health Centre
29	MIYCN	Maternal, Infant, and Young Child Nutrition
30	FCs	Field Coordinators
31	IPC	Inter Personal Communication
32	MTC	Malnutrition Treatment Centres

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.



Action Against Hunger

No. 704, 7th floor, Antariksh House
Makwana Road, Marol, Andheri East, Mumbai 400059

www.actionagainsthunger.in