



REGIONAL APPEAL 2021 - 2023
COVID-19 CRISIS IN LATIN AMERICA

OCTOBER
2020



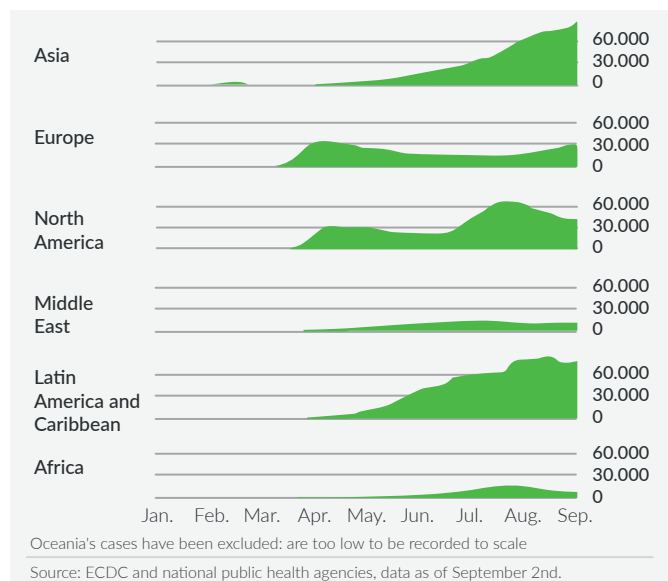
CONTENT

1. NEEDS AND CHALLENGES	3
2. OUR PROPOSAL	9
WORK WITH PEOPLE	10
STRENGTHENING THE TERRITORIES	13
INFLUENCING SYSTEMS	16
3. HOW ARE WE GOING TO DO IT	19
COMMITTING TO PARTNERSHIPS	19
PROMOTING DIGITAL INNOVATION	19
4. FINANCIAL REQUIREMENT FOR 2021	22



1. NEEDS AND CHALLENGES

The first cases of COVID-19 were reported in Latin America between February and early March 2020, and as of March 15 almost all countries took strict measures to control the pandemic.



According to the model adopted at a global level for the reduction of infections, the main measure in the region has also been the confinement of the population. However, the results have not been as expected and in May 2020 WHO declared that the region was the new epicentre of the pandemic.



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In fact, by September of this year, the number of confirmed cases had reached 8 million¹, while 248,000 people had died.

At the **health management** level, COVID-19 has exceeded the capacities of the precarious and segmented health systems in all the countries of the region, although the degree of affectation varies between countries and areas. In indigenous communities, rural areas or particularly isolated areas (such as the Amazon) there is extremely limited access to health services; while in all territories the availability of intensive care beds is limited and diagnostic capacities have been rapidly overwhelmed, both possibly because of budgetary reasons and difficult access to important segments of the population (for example due to security issues or logistical difficulties), which suggests that the real number of infections and deaths is much higher than officially recorded.

This fragility of the systems has generated a high level of **mistrust** and **uncertainty** among citizens, in addition to directly affecting the attention to other key areas such as **maternal and child health or undernutrition**. In Guatemala, for example, health services have suspended regular programmes, including maternal and child health care and other essential services, while funds for these programmes have been redirected to the national response of COVID-19, which has again had a very negative impact on the most vulnerable populations. This suspension and cutbacks have further increased the gaps and structural deficiencies of services, particularly at the first level of care, evidenced in the low capacity for active search of cases of acute malnutrition during the seasonal period of hunger, despite the fact that so far this year there have been more than 21,000 children with acute malnutrition, doubling the cases of the same period in 2019².

Confinement conditions, distrust towards authorities, as well as the lack of resources or concentration of public resources dedicated to the containment of the pandemic to the detriment of other services in some countries, have also contributed to creating favourable conditions for the increase in **conflict and violence**. For example, in the case of Haiti, there has been an increase in violence by active gangs in the poorest areas of Port-au-Prince, which have been particularly affected by the pandemic; and in Honduras and others countries there have been protests and even looting to gain access to food and basic services.



It has been observed that women are the ones who have been most exposed to this increase in violence, especially in a region where gender-based violence is particularly prevalent (more than half of the 25 countries with the highest incidence of femicide cases are in Latin America and the Caribbean³). In Colombia, the Attorney General's Office has indicated that during the period of quarantine 19 women have been victims of femicide, and this entity has received 3,069 reports of domestic violence, out of which 1,407 correspond to sexual crimes. In Guatemala, the Public Prosecutor's Office has registered 28 violent deaths of women

since March (since the beginning of the quarantine), and there is an average of **3 missing women per day**, as well as an average of 55 reports per day of domestic violence. In Peru, data from the Ministry of Women and Vulnerable Populations show that 13,075 cases of violence against women, domestic violence and people affected by sexual violence were registered during the period from 16 March to 31 July this year.

The increase in cases of COVID-19 in the region is due not only to limited capacities for detection and treatment of the disease, but also to the fact that lockdown measures have not had the expected result due to the social and economic situation of the region.

In Latin America, a large part of the population does not have access to such key basic services as **water and sanitation**, which are very deficient in rural areas, as is the case in Guajira in Colombia, where only 16.3% of the dispersed rural population has access to drinking water, 4% to basic sanitation systems, and an estimated 83.7% of the total population has access to contaminated water sources, which generate multiple diseases of water origin and due to hygiene. In Guatemala, 96% of rural households do not have connection to sewage drains, and 61% have limited access to water, either intermittently or in insufficient quantity. During the pandemic, the discontinuity of services due to the lack of maintenance and repairs have extended in rural areas, generating greater risks of infection and incidence of hydro-sanitary diseases that affect child undernutrition. On the other hand, the lack of services also affects the population living in marginal areas of large cities, such as Lima, where out of 9 million inhabitants, 1.5 million have no access to sewage systems.

³ UN Women

At the **socio-economic** level, the regional system is fragile, and the massive loss of sources of income has not been compensated by the social protection measures implemented by the governments of the region. Indeed, in Latin America "**labour markets are often precarious**: there is a high proportion of informal employment (53.1 per cent in 2016). In 2018 only 47.4% of employed persons contributed to the pension system and more than 20% of employed persons lived in poverty" (ECLAC). Due to the pandemic and confinement, a large number of informal and formal jobs have been affected; for example, in Colombia the number of unemployed is estimated to have reached 5 million, while in Lima alone more than 1.2 million people have lost their jobs.



According to the projections of eclac and FAO, as a result of COVID-19 the number of people in extreme poverty could reach **53.4 million in urban areas and 30 million in rural areas.**"

As Latin America is one of the most unequal regions in the world, these consequences of the crisis are worse for the groups that suffer most from the effects of **exclusion and inequality**, such as informal workers in urban areas, women, young people, indigenous people, people of African descent and migrants. In fact, it is estimated that inequality will increase due to the pandemic (the GINI index could increase by 1.1 to 7.8 per cent).⁴



Many workers in the informal sector have relatively limited savings capacity to cope with periods of inactivity; nor do they have access to income replacement mechanisms such as unemployment insurance. Moreover, this situation is expected to disproportionately affect women, who are over-represented in informal work, self-employment and the service sector (transport, business services and social services), which currently employs 78 per cent of women in the labour market⁵.

This loss of employment has exposed women to more risks, as they have had to seek new ways of producing income, in addition to the increased burden of care work (care of the elderly and chronically ill; care of children and adolescents due to the closure of schools). This economic vulnerability is especially acute for those women who are most excluded from the social economic system, such as single mothers, homeless women, migrant women, informal workers, sex workers, and women survivors of gender-based violence.



The situation of migrants, refugees, returnees, deportees, and displaced persons is particularly fragile due to poor access to basic services and major job losses (33% in Peru and 16,48% in Colombia⁶, 6 percentage points more than in the previous year, due to the effects of the COVID19 on the contraction of the economy).

Particularly alarming is the situation in **Guatemala**, where the return of migrants by deportation, expulsion or voluntarily (nationals and foreigners from third countries) continues, and the numbers of contagion are increasing in departments bordering Mexico, in temporary shelters in Guatemala City and in the Western departments with high rates of return.



From March to June, more than **4,000** people were deported to Guatemala by air, including almost 300 unaccompanied minors, and **4,300** people were deported by land, including **365** unaccompanied minors.”

Another matter of concern is the situation of migrants who are returning to **Venezuela** from various South American countries via Colombia. On the Colombian side, the partial closure of the border crossings means that many people are trapped in the border areas, in a situation of overcrowding, without access to services and facing great security risks when crossing the border through illegal crossings.

The IOM estimates that by the end of 2020, 255,000 Venezuelan migrants will have returned to the country, but it is also estimated that this return is not definitive and that many people will return to other countries as soon as containment measures are reduced and the formal and informal economy is resumed.

The problems that migrants in the region are facing have an immediate effect also in the countries of origin by reducing the volume of remittances, especially due to the loss of employment in the countries that receive most Latin American migrants (United States and Spain). According to ECLAC, **remittance flows** to Latin America and the Caribbean could **contract by 10-15% in 2020**, which will have a major impact on the economies of countries where remittances represent a significant part of GDP (30% in Haiti, and more than 10% in Guatemala and Nicaragua), and especially on the most vulnerable population. Between 80%

⁶ Data from the National Planning Department, August 2020

and 90% of remittances are used to cover basic needs of recipient households (food, health, and housing).

At the economic level, according to ECLAC data, the pandemic "will be the cause of the **greatest economic and social crisis in the region in decades**, with very negative effects on employment, the fight against poverty and the reduction of inequality". In fact, it is estimated that the economy will contract by 5.2%, that the unemployment rate will rise to 11.5% and that the poverty rate will increase by 4.4 percentage points during 2020 (reaching 34.7%), which means an **increase of 28.7 million people in poverty**. Extreme poverty could rise by 2.5 percentage points (to 13.5%), representing an increase of **16 million people**.



Latin America is the region of the world where food insecurity is growing the fastest: from 22.9% in 2014 to 31.7% in 2019 (FAO)

Such a high increase in the population living in poverty in the region is projected in a context where one third of the population was **food insecure** before the pandemic. In fact, according to the latest FAO data, 205 million people in Latin America were moderately and severely food insecure in 2019.

If this trend continues, the number of severely food insecure people will rise from 47.7 million in 2019 to **66.9 million** in 2030, without considering the effects of the COVID-19 crisis.

In **Guatemala**, more than half of the households are having difficulty accessing food, 2.6 million people are in a food crisis situation (IPC phase 3) and 3.2 million are food insecure (IPC phase 2). In **Haiti**, one of the 10 countries globally with the highest levels of food and nutrition insecurity and where 40 percent of the population before the pandemic needed food assistance, if containment measures are prolonged, the 2.9 million people with acute levels of food insecurity (IPC 3) may be pushed to emergency levels, currently affecting 1.7 million people (IPC 4).

In the case of **Colombia**, where more than half of the households (54%) experienced some degree of food insecurity before COVID-19, 87% of smallholder farmers have experienced a severe impact on their capacity to produce food due to increased production costs. In **Peru**, where intermediate and severe insecurity affects a significant part of the rural and indigenous population, poverty is expected to increase to 29.5 percent, with non-poor households belonging to the middle class being the most affected (middle class could be reduced from 40.7 percent to 34.2 percent).

In relation to the impact on livelihoods in a pandemic context, **access to the internet** is a key element, and its limitation is a major disadvantage as for social, employment and educational opportunities. In Peru⁷, for example, only 45.9% of women have access to the internet, a percentage that falls for women between 41 and 59 years of age (33.8%). In relation to ethnicity, the digital divide is greater among the indigenous population: while 21.9% of men access this service, only 13.7% of women do. In the non-indigenous population, 57.4% of men and 52.6% of women have access

Finally, the pandemic and the greatest economic crisis in Latin American countries since records exist will cause tension and even socio-political conflict in many of the countries. In addition to destabilising already precarious dynamics, it will aggravate the **fall in state revenues**, and with it, further reduce social investments, which in turn may deepen **instability** and generate governance problems. Given this complex situation, and these overwhelming data, it is urgent to mobilize to stop the domino effect that this crisis is triggering.

The countries of Latin America have already demonstrated their capacity to significantly reduce poverty and hunger and have responded in an exemplary manner to the increased migration flows of the modern era caused by the situation in Venezuela. This effort must be multidimensional and joint, in order to produce the short and medium-term effects needed to alleviate the suffering of the population.

Civil society, local institutions, and the private sector play a key role both in the immediate assistance to be provided and in supporting and restructuring the productive, health and social protection systems.

On the other hand, due to the economic data that was handled until a few years ago, Latin America has ceased to be a priority for most **international donors**, while the prioritised humanitarian crises have had little financial coverage (the coverage of HRP in Colombia, Haiti, Venezuela and Regional migration in 2019 has been between 30% and 50%). It is important to reverse this trend and act now to save lives and contain hunger.

“
**COMING OUT
OF THIS
CRISIS
IS POSSIBLE
IF WE WORK
TOGETHER**”



⁷ Report of the National Institute of Statistics and Information of 2018

2. OUR PROPOSAL

At Action Against Hunger, we believe that this crisis requires us to respond as quickly as possible to meet the **vital needs** of millions of Latin Americans, while offering an opportunity to work **on structural transformations** in relation to food systems, livelihoods and health care.

TARGET THE ACTION

Due to the magnitude of the crisis, which affects, to a greater or lesser extent, all the citizens of the countries in which we work, we are going to focus our work on those **people who suffer multiple forms of exclusion**, such as children, women, LGBTI people, migrants, indigenous and afrodescendant populations, and informal workers in urban areas. In fact, to overcome this crisis and its immediate, medium, and long-term effects, inequality, and exclusion, which are the structural causes of the rapid deterioration in living conditions caused by the pandemic, must be tackled.

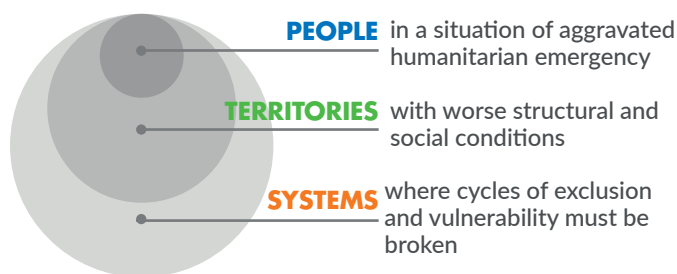
At the programmatic level, our priority is to **curb hunger**, while promoting and supporting deeper changes that seek to close structural gaps. For 40 years, Action Against Hunger has led the development of multisectoral solutions to fight hunger, combining medical treatment for undernutrition, and health and hygiene promotion campaigns with investments in infrastructure to reduce water and sanitation problems, as well as facilitating access to and availability of food through the involvement of families, communities and local governments.

We design comprehensive health, water, sanitation, food and nutrition security projects located in areas facing the highest prevalence of malnutrition and where limited access to food,

livelihoods, safe water, sanitation facilities and poor hygiene practices are known to be underlying causes of poor nutritional status.

MAIN OBJECTIVE

Consequently, **the aim of our interventions during the 2021-2023 period is to cover the most urgent needs and contribute to closing the gaps and structural deficiencies in the social and economic systems of the Latin American countries in which we work.**



To achieve this, we seek changes at the individual, organisational and institutional level by facilitating access to essential goods and services for groups and people suffering from multiple forms of exclusion and by influencing the strengthening of institutions to guarantee the continuity of services in the territories.

To this end, we have structured our interventions into **three complementary areas of work**: People, Territories and Systems, according to their different scopes, and the use of specific methodologies and activities for each one.



POR LA NUTRICIÓN.
POR LA ACCIÓN.
CONTRA EL HAMBRE



WORK WITH PEOPLE

**IN HUMANITARIAN EMERGENCIES
AGGRAVATED BY COVID-19**

Our first focus is people with urgent humanitarian needs, for whom a dignified and healthy life in this period requires **access to essential goods and services** (women, girls and boys, indigenous people, afrodescendants and/or migrants). The group at greatest risk and vulnerability are children under five years, for whom a lack of food, lack of access to services or the risk of recurrent diseases can lead to a state of severe acute **malnutrition**, which threatens both their lives and their future development. On the other hand, **socio-economic exclusion**, worsened by the COVID-19 pandemic, prevents millions of Latin American people from developing their potential, while limiting their dignity and autonomy.

In Action Against Hunger, we design and implement programmes that enable these people to acquire technical skills and personal competences to access the labour market, either as employees or as entrepreneurs. This approach is also adapted to small agricultural producers, whose livelihoods and incomes depend on the management of their plots of land and their ability to integrate advantageously and sustainably into agri-food value chains.

THE CHANGE WE WANT TO PROMOTE: People and population groups traditionally excluded in Latin America and particularly hit by the COVID-19 pandemic, have their most urgent needs met and access to sustainable livelihoods.

RESULTS and ACTIONS: among the actions and methodologies that we promote in this area the following can be highlighted:

1.1 Target population has access to essential goods and services

- **Provision of food assistance**, with emphasis on households with risk groups (children under 5 years with malnutrition or at risk, pregnant and lactating mothers), through the support of school feeding programs, cash deliveries, prepaid vouchers/systems and/or food rations, using technological solutions adapted to different humanitarian contexts to guarantee a timely, efficient and safe management and distribution despite the possible limitations by the COVID-19.
- **Active search, identification and treatment of cases of child acute malnutrition**, as well as cases of chronic malnutrition associated with other health complications, in coordination with public or private programmes for the promotion of mother and child health according to the 1000 Days Window approach.



- Provision of **safe water, basic sanitation and hygiene products** to vulnerable households, while promoting behavioural changes and hygiene practices adapted to different age groups, exposure to risks and culture, as a preventive strategy to mitigate the impacts of the pandemic and fight hunger.
- **Psychosocial assistance** to people at special risk such as migrants, forcibly displaced persons, returnees and victims of gender-based violence, to ensure that the effects of the pandemic do not cause additional harm, and to provide access to the tools to deal with the more complex aspects of their situation (resilience).

1.2 People without access to sustainable livelihoods improve their autonomy and increase the amount and stability of their income

- **Personal skills training and technical training** in accordance with the employment and entrepreneurial opportunities identified in the intervention zones, with special attention to the needs of small agricultural producers and informal workers in urban areas.
- **Distribution of equipment, productive inputs, infrastructure and direct subsidies or micro-credits** to help start up sustainable economic activities adapted to the territory, with emphasis on value chain methodologies, socio-economic reactivation plans and the promotion of women's economic autonomy.

1.3 Specialized public and civil society services for the protection of migrant populations and women have improved their coverage and capacity to provide care

- **Active collaboration with gender-based violence services**, making referrals of cases and outreach to established institutional routes, while strengthening the capacity and coverage of these services.
- **Dissemination of services and mechanisms for the regularization of the migrant population**, so that people can access the essential services available.
- **Dissemination of prevention campaigns against gender-based violence**: together with COVID-19 prevention campaigns, promote messages for men's participation and co-responsibility in reproductive work and care.
- **Dissemination of campaigns to promote good coexistence between migrant and host populations**, to mitigate social tension derived from the pandemic and the increase in discrimination, stigmatization, and xenophobia.





**STRENGTHENING THE TERRITORIES
WITH WORSE STRUCTURAL AND SOCIAL
CONDITIONS**

The previous axis of intervention is therefore focused on attending to individual vital needs and contributing to the exercise of human rights; to achieve these purposes, common challenges must be addressed that affect or limit as a whole those people who are in territories with worse structural and social conditions. For this reason, the **second axis of intervention** for Action Against Hunger is directed towards the **communities and territories** where people and households in situations of greater socio-economic exclusion and food and nutritional insecurity are located, and for which public **programmes and social safety** nets adapted to their needs and contexts must operate.

Our field work, our relationship with State institutions and community organizations, the direct contact with families and communities, combined with the use of technologies for the generation and analysis of information (applied statistics, remote sensing, GIS, Big Data), allow us to identify the territories where multiple problems converge; social, economic, environmental, and political.

These areas are repeatedly hit by natural disasters and face an uncertain future as a result of climate change. Some of them are also affected by violence or are areas of passage or refuge for families fleeing violence, insecurity, or extreme poverty, and are isolated, with poor public services and disadvantaged access to markets. Their inhabitants and organisations have little influence on decision-makers, whether at central or decentralised level, and they often remain divided by dynamics of conflict or discrimination. Gender inequality is common in domestic, work and community spaces. In order to face these challenges and put our capacities as an organization to use, we want to carry out the following actions with a territorial approach and scope and in close coordination with local institutions and organizations.

THE CHANGE WE WANT TO PROMOTE: The territories improve the quality and coverage of their public services, generate greater opportunities for inclusive socio-economic development and sustainable and resilient agri-food systems.

RESULTS and ACTIONS:

2.1 Local public institutions develop capacities to improve the coordination, quality and coverage of basic health, nutrition, and social protection services

- Strengthening the **technical and operational capacities of the first level of health care** by providing basic inputs, protective equipment, improving infrastructure, as well as expanding and strengthening capacities in the health centres in greatest demand.
- Maintenance and increase of coverage of **public and community-based support network programmes for health promotion**, with emphasis on prevention, identification and treatment of child undernutrition, as well as maternal, sexual and reproductive health according to the 1000 Days Window approach and with special attention to youth and adolescents.
- Support for the implementation and operation of **public social protection programmes**, for attention focused on the most vulnerable individuals and households in prioritized territories, while **advising potential beneficiaries** of these programmes by facilitating access to the assistance to which they are entitled.

2.2 Employment opportunities and the availability of healthy food increase in territories that design and implement local development and recovery plans in a participatory manner

- Technical assistance in the design and implementation in the field of **territorial programmes for the reactivation of production, employment, entrepreneurship and (re)insertion**, promoted by governments and national and local actors to mitigate the socio-economic impact of the COVID-19 pandemic.
- Promotion of **cooperativism and associationism** as one of the best strategies for rooting the population in their territories and sustainable local economic development, with emphasis on the empowerment and participation of women, and on the provision of technical assistance, inputs and credit for access to markets.
- Promotion of **systems in response to adverse climate impacts and disaster** in response to adverse climate impacts and disaster risk, with the capacity to meet the current and future nutritional needs of the population.
- Support for the **creation and strengthening of SMEs** in the territories as generators of employment/self-employment opportunities for traditionally excluded groups.

2.3 Participatory, sustainable, and efficient management has improved access to safe water and the hydro-sanitary conditions of communities

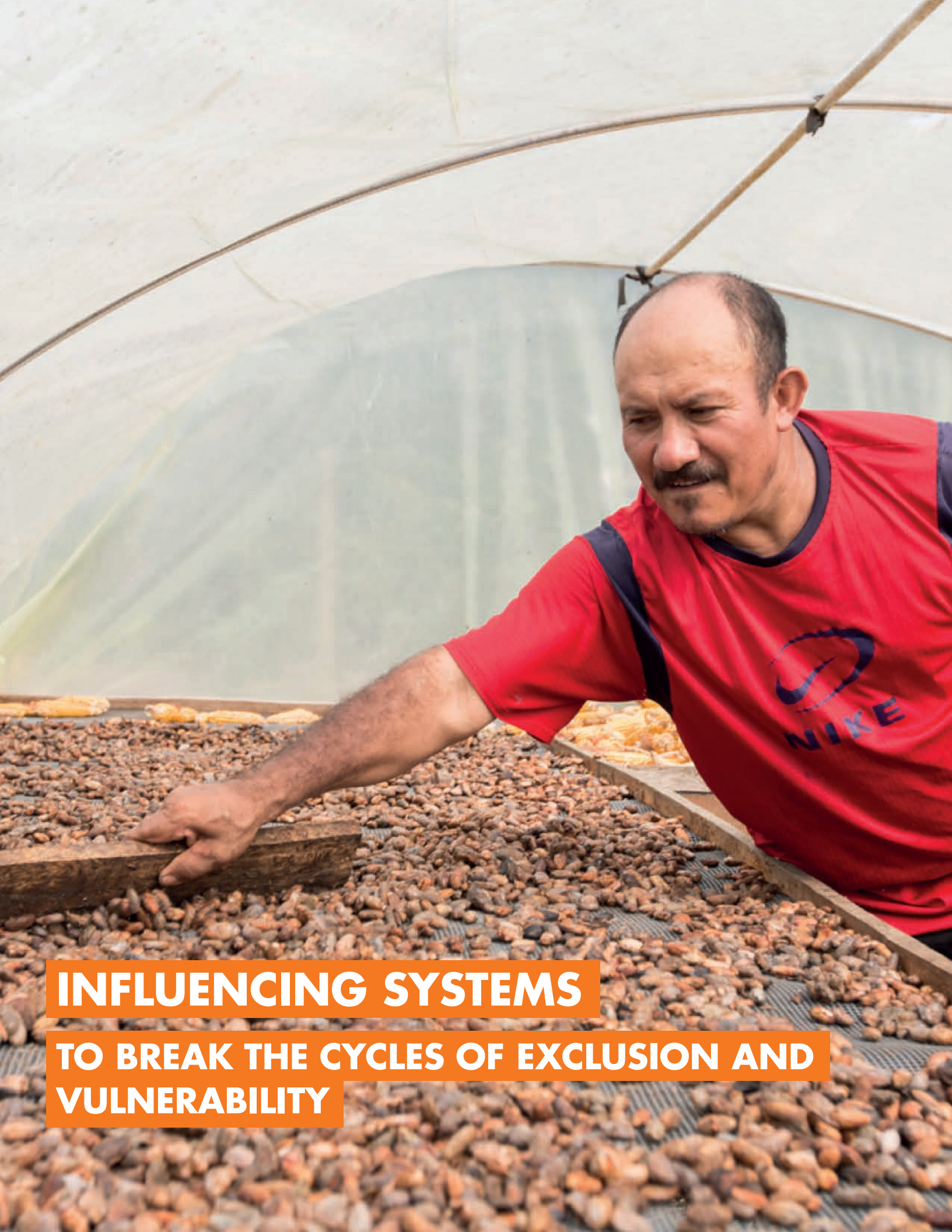
- Technical assistance and support to **local committees and municipal services in charge of water supply and sanitation systems**, for efficient and equitable management aimed at

ensuring the sustainability and resilience of these systems.

- Improvement of local **hydro-sanitary infrastructures**, including those located in areas of collective use: schools, health establishments, markets, etc.

2.4 Local and grassroots organisations have increased their membership and legitimacy, influence local institutions, are present in coordination spaces and promote coexistence in the territories

- **Impact on shared governance** between institutions in charge of public services and entities of the territory (public, private and civil society), in which gender gaps in participation and local decision-making are minimised.
- Creation and/or strengthening of **community or user organizations**, in charge of ensuring common resources and the adequate implementation of different public programs (e.g. food security sentinel sites, associations of parents of students responsible for school breakfasts), as well as support for participatory processes of audit/social monitoring.
- Advice to local administrations and community-based organisations on the adaptation to the COVID-19 context of **response plans to natural disasters**, especially those most recurrent in each territory, in order to avoid potential sources of contagion.
- Promotion of social and economic initiatives that favour **coexistence and integration between local and migrant populations** in host territories.



INFLUENCING SYSTEMS

**TO BREAK THE CYCLES OF EXCLUSION AND
VULNERABILITY**

Finally, our **third axis** of work expands its scope to **contribute to the transformation and/or strengthening of socio-economic and political systems**, by influencing policies and decisions of national and decentralised governments, raising awareness to generate social demand to address hunger, as well as calling on the international humanitarian community to address the current emergencies and development challenges of Latin American countries within the framework of Agenda 2030.

Our work to promote the transformation of systems takes the form of the following actions and methodologies.

THE CHANGE WE WANT TO PROMOTE:

Action Against Hunger and partner organisations provide evidence to governments, Latin American societies, and the international humanitarian community, aimed at transforming socio-economic systems, public policies, and resource allocation.

RESULTS AND ACTIONS:

3.1 Knowledge, evidence, and validated solutions on how to address the causes and consequences of hunger exacerbated by the COVID-19 pandemic are widely disseminated

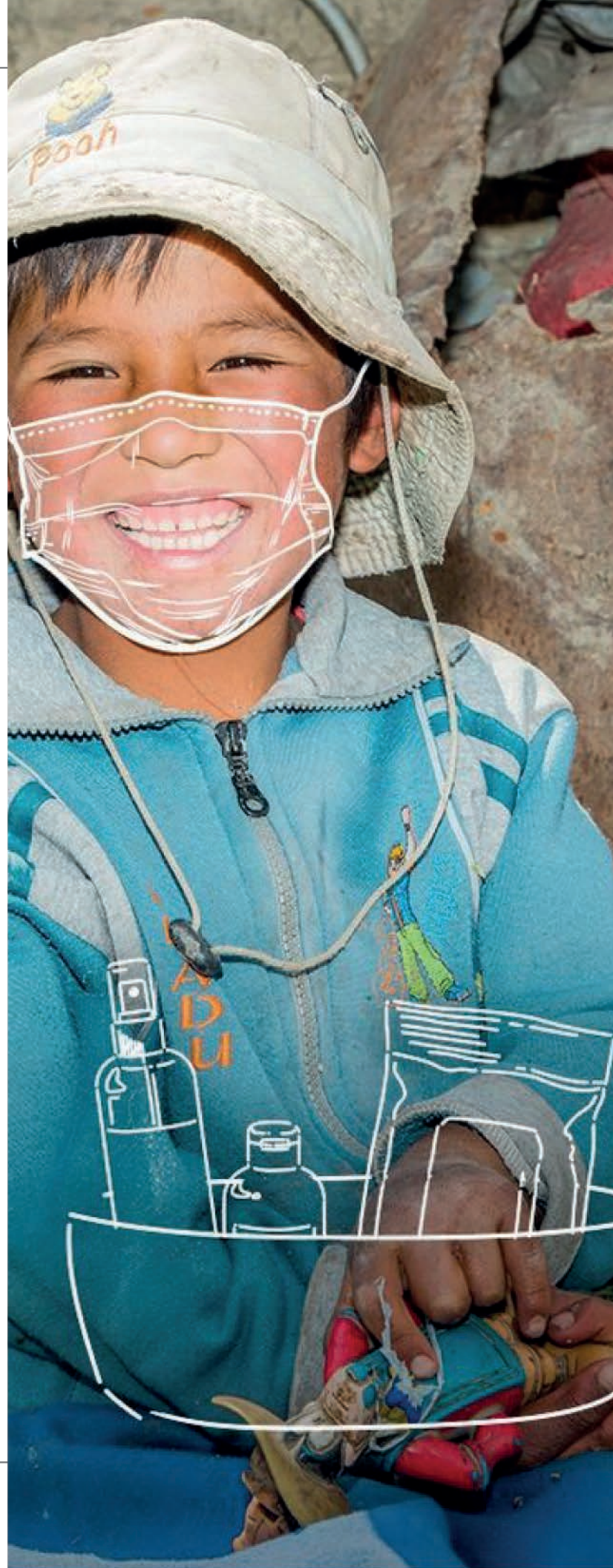
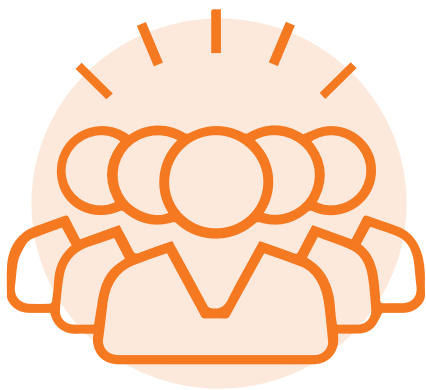
- **Research and evidence generation** in partnership with academia, on what actions and methodologies are most effective and cost-efficient in mitigating the food, socio-economic and health consequences of the COVID-19 pandemic, together with wide dissemination of **findings and lessons learned**.

- **Regional dissemination of good practices** identified in different countries and territories, which have demonstrated their positive contribution to the functioning of **systems capable** of providing quality health, social protection and economic development services, meeting new needs or breaking down barriers to access for the neediest population.
- Carrying out **multi-sectoral gender and intersectionality analyses** to determine with common methodologies among different contexts, what the inequalities, risks and gaps are between men and women, as well as identifying and promoting activities that are better adapted to the specific needs that this crisis generates in women, girls, LGBTIQ people.
- Dissemination and exchange of experiences obtained in their projects and findings of their own research, **in national and international forums and spaces of participation** in which problems of access to social, food, nutritional, migratory or humanitarian services and protection networks in general are addressed.



3.2 Populations and organizations, including those most at risk from hunger and the COVID-19 pandemic, are connected and advocate for the positive transformation of systems and policies

- **Promoting networking and multi-stakeholder partnerships** that bring together public, private, and civil society sectors to address specific issues exacerbated by the pandemic based on common interests for the benefit of the most vulnerable population.
- Development of **digital channels for direct communication** between stakeholders, promoting the direct participation of the target population, fluid coordination between service providers and constructive communication between the actors involved.
- Support for the development **of civil society organisations and their leaderships**, especially those made up of women, migrants, informal workers in urban areas and indigenous people, in order to generate social demand for the exercise and fulfilment of rights, and to have greater support and legitimacy in the relationship with government institutions (duty bearers) from an Action without Harm approach.



3. HOW WE ARE GOING TO DO IT

COMMITTING TO PARTNERSHIPS

At Action Against Hunger we are aware of the need to protect the growing number of people in Latin America who require humanitarian assistance and support to access living conditions of greater autonomy, dignity, and resilience. This requires an enormous effort in which it is vital to bring together a wide range of institutions. For all these reasons, we are an organisation that is willing to serve as a link between different public actors (local and national), academic entities, international bodies, funding agencies, private companies, and the communities themselves.

In addition, we consider it important, when conditions are right, to work in consortia with other NGOs, local and international. In some countries, for example, our operating mode involves the co-creation and implementation of projects with **local partners**. In Peru, the alliance with the **private sector** has been key to providing humanitarian assistance rapidly and efficiently during the first phase of the pandemic (March-September 2020).



In Central America, we lead the Consortium of Humanitarian Organisations which, since 2015 and with ECHO funding, represents an effort by eight European NGOs and their local counterparts to coordinate and work together

to provide humanitarian assistance to the most vulnerable households in the Dry Corridor of Guatemala, and since 2020 also in Nicaragua, Honduras and Salvador.

ADN DIGNIDAD

In Colombia, we participate in the ECHO-funded **MIRE** (Intersectoral Mechanism for Emergency Response) consortium, leading information management, and we lead the **ADN Dignidad** consortium, one of the country's largest cash-based interventions (CBI) in favour of the migrant population in Colombia, funded by USAID.

PROMOTING DIGITAL INNOVATION

The COVID-19 pandemic has brought about accelerated changes in almost all aspects of our lives, and in the humanitarian and development cooperation sector as well, these changes have been substantial, and some of them could become good practices to be maintained and encouraged.



COORDINATION AMONG ACTORS

The spaces for coordination and dialogue have changed, and we are now all aware that we can be much more agile in sharing information, organising meetings, agreeing on actions, and optimising resources. Paradoxically, the reduction in movements has shortened the distance, and we no longer need to spend hours in traffic or take a plane to go to a meeting. Will this change be permanent or is it entirely positive? Probably not, but it opens up coordination options that we could adopt permanently in the sector. From Action Against Hunger, we are going to promote this type of coordination between actors, in line with our environment and climate policy⁸, and with our human resources management policy, which encourages good time management and family reconciliation.

PRE-IDENTIFICATION AND REGISTRATION OF BENEFICIARIES

The phase of identification of target people of our programmes is one of the most resource-intensive phases of project implementation. In fact, in our sector we need to identify one by one our "users", and this implies a significant investment of time and resources.

During the pandemic we have learned that we can speed up this phase of the work, balancing risk, and efficiency. In urban contexts, or with access to stable **means of communication, we can open communication channels so that the potential beneficiaries of our programmes can register by using them**, while verification activities can be done remotely, reaching direct contact with people only at the time of specifying help.

For example, in **Colombia** we have given beneficiaries the opportunity to apply by telephone for some of our projects, and we have also used other measures to reduce time and contact, such as the use of platforms to collect voice notes for informed consent and the review of databases of government bodies and other organisations for the pre-selection of beneficiaries.

In cash transfer projects for migrant populations, the adaptation of the project cycle in the identification phase to reduce contact has made it possible to increase the number of people reached by **345%** compared to the first 6 months of operation. At the country level, the review and change of the processes of relationship with the beneficiaries has allowed us to increase the number of people reached from approximately 30,000 between January and March to more than 90,000 between March and September.

USE OF BIG DATA AND ARTIFICIAL INTELLIGENCE

Another way of identifying needs is by using secondary data and artificial intelligence to determine vulnerability maps and predictive models that allow us to be more efficient and effective. This is what we are doing in Central America, where we have begun regional monitoring of the factors that contribute to food insecurity⁹ and migration, using multiple databases from public institutions, international agencies, and NGOs. This work is accompanied by the monitoring of agro-climatic conditions, supported by satellite remote sensing and the identification of areas of humanitarian concern according to statistical models assisted by artificial intelligence. Once the territories in which to concentrate attention have been located, the selection of families with the greatest humanitarian needs is made,

establishing digital registers which guarantee the protection of people in situations of exclusion, as well as the distribution of personalised assistance by means of e-cards and e-vouchers. Throughout this process, our MEAL teams guarantee real-time monitoring of the assistance cycle, supported by online platforms to whose analysis different stakeholders have access, which also results in a tool for accountability and transparency.



NEW TOOLS AND PLATFORMS TO IMPROVE THE DIRECT RELATIONSHIP WITH THE TARGET POPULATION AND OTHER STAKEHOLDERS

The process of digital transformation, which we have been promoting in Action Against Hunger since 2018, has provided us with new working tools that have been key during the pandemic and which we intend to develop further in the coming period.

In this sense, within the framework of our accountability processes, we will soon implement a management platform for Questions, Complaints and Answers (**Feedback and Complaints Management Platform**) in all missions.

On the other hand, we are working on the development of the same platform so that it allows us to further expand our relationship with the target population, especially with

regard to the digitalization of the pre-selection process, training, accompaniment and remote evaluation activities, as well as incorporating tools such as the geolocation of the beneficiaries, or automated systems for sending surveys and messages. This work scheme allows us to open a communication channel from people in a situation of vulnerability to us, improve monitoring and reporting processes and develop more efficient, relevant and people-centred operational strategies, in accordance with the Core Humanitarian Standard (CHS)¹⁰.

Other tools that allow us not only to make visible the impact of our actions, but also to improve their quality and increase transparency, are Kobo and CommCare, which we use in Colombia. **Kobo** allows us to monitor and collect means of verification from all our sectors of intervention, while systems such as **CommCare** are used specifically for money transfer projects. The latter system specifically allows us to track every person to whom transfers are made, improving the quality of the service we provide, and also allows us to share databases with other organisations, lowering the risks of duplication. In complex contexts the use of systems such as **KACHE**¹¹ has been key to implement cash delivery programmes, while in several countries and projects we have been able to carry out medical-nutritional follow ups, Post-Distribution as well as Skills and Practices Surveys via telephone.



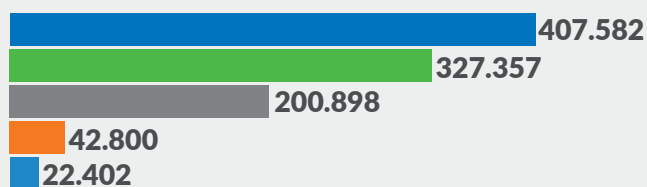
¹⁰ <https://corehumanitarianstandard.org/>

¹¹ https://www.accio*co*trahambre.org/sites/default/files/docume*ts/kache_fi*al_report_wfp_acf_v*mb.pdf

4. FINANCIAL REQUIREMENT FOR 2021

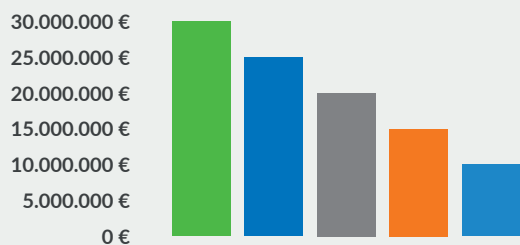
Our work plan is for three years (2021-2023), since the causes of this crisis, in addition to the effects of COVID-19, are structural, and therefore the consequences will also be in the medium term. For the first year, we need **64.2 million** euros to be able to reach **765,654** people, distributed in the following sectors:

TARGET POPULATION PER SECTOR



- Water, Sanitation and Hygiene
- Food Security and Livelihoods
- Health and Nutrition
- Disaster Risk Reduction
- Others

FUNDS REQUIRED PER SECTOR



- Food Security and Livelihoods
- Water, Sanitation and Hygiene
- Health and Nutrition
- Disaster Risk Reduction
- Others





CENTRAL AMERICA

In **Central America** we will concentrate our work on providing food assistance to households located in rural communities in the Dry Corridor. During 2021, we want to bring food or cash transfers to 60,000 people in Guatemala and Nicaragua, as well as coordinating efforts in Honduras and El Salvador, in partnership with a wide range of local and international NGOs. Before being affected by the COVID-19 pandemic, these areas already faced the highest rates of child undernutrition in Latin America, for this reason we will expand our programmes of active search and treatment of severe malnutrition cases affecting children under 5 years, in addition to providing nutritional support to lactating and pregnant mothers. To achieve greater impact and coverage, our effort is coordinated with a dozen international and local NGOs.

In the Department of Sololá (Guatemala), we will strengthen our support to the local health system, municipalities, and communities, which have begun a process of improving their water and sanitation systems, benefiting more than 52,000 people.

Our work in the field of disaster risk management will incorporate the threats arising from the COVID-19 pandemic, and will promote the improvement of the preparedness, mitigation and response capabilities of authorities, public institutions, the private sector and the population in the face of emergencies and crises. Migrants returning to Guatemala through deportation flights from the United States, who upon arrival find an adverse context aggravated by the pandemic, will also find initial support and guidance from Action

Against Hunger and its partner organizations. Together our projects and activities will contribute to improving the lives of **115,000 people**, for which a budget of **10 million euros**

SECTOR	GOAL (PEOPLE)	BUDGET REQUIRED
Water, Sanitation and Hygiene	60,000	€ 7.467.228
Food Security and Livelihoods	8,000	€ 643,902
Health and Nutrition	52,000	€ 1,650,782
Disaster Risk Reduction	3,000	€ 238,088
TOTAL		€10,000,000





COLOMBIA

In **Colombia** we will continue to prioritise our work with migrant, refugee, and displaced populations, as this group of people has seen their needs increase dramatically due to the immediate and secondary effects of the COVID-19. To meet the immediate needs for access to essential goods and services, we will prioritise the use of monetary transfers, in the border entry and exit areas, and in the urban centres of greatest reception such as Bogotá DC and intermediate cities, which have become the main reception centres along the migration routes through the national territory. At the same time, we will expand our entrepreneurship and employability programmes in urban contexts, seeking alliances and support to achieve greater numbers of socio-economic integration of the population most exposed to the effects of COVID-19 (migrants, refugees and ex-combatants) and who have been impacted by the economic consequences of the pandemic.

In relation to maternal and child health, we will also focus on the migrant and refugee population, as well as on the most excluded groups in urban and rural areas, who have limited access to health programmes and have been affected by the monitoring and timely attention due to the specific requirements of the COVID-19. We will then continue to support the local health system for the prevention and treatment of malnutrition in children under 5 years and pregnant and lactating mothers, and to facilitate access to basic health care through extra-mural care, medical health brigades and sexual and reproductive health.

We will maintain our humanitarian response actions in the sectors of water, sanitation and hygiene, food security, protection, towards the most vulnerable people living in rural areas who continue to be affected by the effects of armed violence and/or conflict in their territories, or who remain with high indices of unsatisfied basic needs as indigenous peoples or afrodescendants. Through DRR actions, we will also expand our work from the management of crisis indicators (which allow us flexibility and adjustments in the response by COVID-19, in territories with multiple threats or climatic risks), which allow us to strengthen the capacity of preparation, mitigation and response of communities and institutions, prioritizing the south of the country (Mocoa), Guajira, and Mojana (Sucre).

Our goal is therefore to reach **290,654 people** during 2021 through direct actions, and coordination and alliances with key actors, for which we require **33 million** euros, distributed as follows:

SECTOR	GOAL (PEOPLE)	BUDGET REQUIRED
Food Security and Livelihoods	106,969	€ 11,700,000
Water, Sanitation and Hygiene	117,000	€ 12,000,000
Health and Nutrition	57,775	€ 4,016,391
Disaster Risk Reduction	37,800	€ 2,575,308
Information Management	150 Key instances	€ 750,000
Protection	22,252	€ 1,958,301
TOTAL		€ 33,000,000



PERU

In **Peru** we will maintain our focus primarily on the urban context, where the largest volume of vulnerable national population is concentrated and also the Venezuelan refugee and migrant population, and where our organization has institutional relations already established, operational presence in several districts and gaps identified to continue intervening. Interventions in Peru are aimed at strengthening capacities, both individual and institutional: a) from the individual: recovery of livelihoods, promotion of appropriate practices for the containment of the pandemic, health and nutrition protection and prevention of gender violence; b) from the institutional: improvement of the organization and implementation of protocols for the continuity of health activities, social and nutritional programs, labour integration or similar in the context COVID-19, implementation and improvement of WASH systems and disaster risk reduction, biosafety protocols, etc. In addition, the provision of in-kind products (bulk food or hygiene and disinfection products) and cash transfers that ensure coverage of the basic needs of our target population will continue.

Due to the impact that the COVID-19 has had on the rural indigenous population, which had

historical deficiencies in the exercise of the right to health and food security, in the provinces (rural areas) we will focus on developing interventions that allow the implementation of community public health solutions with an intercultural and gender focus in order to overcome these deficiencies, such as the establishment of community committees against COVID-19, reactivation of soup kitchens, community surveillance systems (nutritional, epidemiological, others), etc.

With work that promotes coordination and collaboration between public and private actors we hope to reach **150,000 people**. Our financial requirement is **6.2 million euros**.

SECTOR	GOAL (PEOPLE)	BUDGET REQUIRED
Food Security and Livelihoods	107,220	€ 3,795,906
Water, Sanitation and Hygiene	28,582	€ 1,077,778
Health and Nutrition	87,455	€ 1,176,316
Disaster Risk Reduction	2,000	€ 150,000
TOTAL		€ 6.200,000





LATIN AMERICA

In other countries in the region with high levels of humanitarian need and medium - to long-term response, we will focus food security and livelihoods, nutrition, health, and WASH; and particularly in the prevention of COVID-19.

Our goal is to reach **210,000 people**, and for this we need to be able to count on **15 million** euros, distributed as follows:

SECTOR	GOAL (PEOPLE)	BUDGET REQUIRED
Food Security and Livelihoods	53,168	€ 7,220,200
Health	28,234	€ 2,158,607
Nutrition	19,434	€ 453,881
Water, Sanitation and Hygiene	210,000	€ 5,167,312
TOTAL		€15,000,000

FOR A WORLD WITHOUT HUNGER

For a world in which children and adults have access to nutritious food and safe water
and can obtain them with dignity.



OUR OBJECTIVE

To cover the most urgent needs and contribute to close the gaps and structural deficiencies in the social and economic systems of the Latin American countries in which we work.

PEOPLE

DESIRED CHANGES

The individuals and groups traditionally excluded in Latin America and particularly impacted by the COVID-19 pandemic have their most urgent needs met and have access to sustainable livelihoods.

1.1 Target population has access to essential goods and services.

1.2 People without access to sustainable livelihoods improve their autonomy and increase the amount and stability of their income.

1.3 Specialized public and civil society services for the protection of migrant populations and women have improved their coverage and capacity to provide care.

TERRITORIES

DESIRED CHANGES

The territories improve the quality and coverage of their public services, generate greater opportunities for inclusive socio-economic development and sustainable and resilient agri-food systems.

2.1 Local public institutions develop capacities to improve the coordination, quality and coverage of basic health, nutrition, and social protection services.

2.2 Employment opportunities and the availability of healthy food increase in territories that design and implement local development and recovery plans in a participatory manner.

2.3 Participatory, sustainable, and efficient management has improved access to safe water and the hydro-sanitary conditions of communities.

2.4 Local and grassroots organisations have increased their membership and legitimacy, influence local institutions, are present in coordination spaces and promote coexistence in the territories.

SYSTEMS

DESIRED CHANGES

Action Against Hunger and partner organizations provide evidence to Latin American governments, societies, and the international humanitarian community, aimed at transforming socio-economic systems, public policies and resource allocation.

3.1 Knowledge, evidence, and validated solutions on how to address the causes and consequences of hunger exacerbated by the COVID-19 pandemic are widely disseminated.

3.2 Populations and organizations, including those most at risk from hunger and the COVID-19 pandemic, are connected and advocate for the positive transformation of systems and policies.



“**COMING OF THIS CRISIS IS
POSSIBLE IF WE WORK TOGETHER**”

FOR THE ACTION. AGAINST HUNGER.



BENEDETTA LETTERA

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