



LATIN AMERICA

REGIONAL

APPEAL 2021 - 2023

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OCTOBER
2022
UPDATE



ACTION
AGAINST
HUNGER



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NOTE:

In October 2020, we have launched a “Regional Appeal 2021 - 2023” to respond to the Covid-19 crisis. At the beginning of 2022, while we were in the phase of updating the 2022 goals based on the current situation, the new global crisis due to the war in Ukraine has been generated. We have therefore postponed the update of this document until we have more clarity on the effects of this new crisis in the region.



1. NEEDS AND CHALLENGES



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NEEDS AND CHALLENGES

As the world tries to leave the pandemic behind and while a dramatic new global crisis shakes the international community, Latin America remains mired in an unprecedented crisis, with millions of people once again at risk of being forgotten amidst the succession of global crises and priorities. Poverty and hunger affect more people every year, the region has faced the largest displacements of people ever recorded, there have been high-impact natural disasters and it has been the area of the world hardest hit by the effects of the pandemic. As a result, **the number of people in need of humanitarian assistance has nearly tripled in the last 3 years** (OCHA¹). Now, the new global crisis will be particularly acute for Latin American families.

In Honduras, between June and August of this year it was estimated that 28% of the population was in a situation of acute food insecurity, meaning at a crisis or emergency level (IPC 3 or higher)². In Colombia, 7.3 million people are in need of food assistance and 64% of Venezuelan migrants are food insecure. In Peru, 57% of them³ are food insecure. In Venezuela, 1 in 4 people are in need of humanitarian assistance, while the number of Nicaraguans who have to leave their country is increasing. Guatemala continues to be at the bottom of the list of countries in the region in the fight against child malnutrition, which last year has affected 42.8% of children under the age of 5.⁴

Given this situation, it is essential that the international community maintain its support to the region, reversing the worrying stagnation in the **financial coverage** of the

Humanitarian Response Plans, which currently remains between 10% and 17% (OCHA). As it has already been pointed out in several regional forums, the growing humanitarian needs should be met with a greater commitment of funding, as “we risk a huge backfire of other crises that have become much worse and even more difficult to address” (Filippo Grandi)⁵.

FOOD INSECURITY

In Latin America, **food insecurity continues to increase** after the sharp rise caused by the pandemic in 2020. As indicated in the latest [State of Food Security and Nutrition in the World](#),⁶ “the unequal pattern of economic recovery in 2021 among countries and the unrecovered income losses among those most affected by the pandemic have exacerbated existing inequalities and have worsened the food security situation”.

In Latin America and the Caribbean, hunger⁷ has affected 56.5 million people in 2021, the worst figure recorded in the last 16 years, while **40.6%** of the population suffers moderate or severe food insecurity⁸ (267.7 million people), and severe food insecurity affects **14.2%** of the population (93.5 million people), “which represents an increase of almost 10 million more people in one year and almost 30 million more if compared to 2019.”

In fact, the prevalence of **severe food insecurity** in the region has nearly doubled since FIES data were first collected in 2014.⁶

LATIN AMERICA AND THE CARIBBEAN	NUMBER OF SEVERELY FOOD INSECURE PEOPLE (MILLIONS)						NUMBER OF MODERATELY AND SEVERELY FOOD INSECURE PEOPLE (MILLIONS)					
	2014	2016	2018	2019	2020	2021	2014	2016	2018	2019	2020	2021
	46.5	55.5	60.4	64.0	83.7	93.5	151.7	195.4	201.6	205.2	258.4	267.7

Table 1. Number of people experiencing food insecurity at severe level only, and at moderate or severe level, based on the food insecurity experience scale, 2014-2021

¹ OCHA, [Global Humanitarian Overview 2022](#)

² Global Report on Food Crises (GRFC 2022)

³ Hunger hotspots | FAO-WFP early warnings on acute food insecurity, February to May 2022 Outlook

⁴ <https://sdgs.un.org/events/state-food-security-and-nutrition-world-2021-sofi-33052>

⁵ Filippo Grandi at the European Humanitarian Forum, The New Humanitarian “[Is Ukraine’s aid bonanza coming at the expense of other crises?](#)”

⁶ [State of Food Security and Nutrition in the World 2022 \(SOFI\)](#)

⁷ FAO: Based on the Prevalence of Undernourishment (PoU). Undernourishment means that a person is not able to acquire enough food to meet the daily minimum dietary energy requirements, over a period of one year.

⁸ FAO: Based on the Food Insecurity Experience Scale (FIES). A person is food insecure when he or she lacks regular access to sufficient food, due to lack of availability of food and/or lack of resources to obtain it. Food insecurity can be experienced at different levels of severity.



One more year, it is women who suffer the most from food insecurity. Globally, the gap is more than 4 percentage points (31.9% of women vs. 27.6% of men), but in Latin America this gap is 11.3 percentage points, the widest in the world.⁶

As stated in the same report, “Historically, women tend to be disproportionately affected by health and economic crises in a number of ways, including but not limited to food security and nutrition, health, time burden, and productive and economic dimensions. The COVID-19 pandemic had a disproportionate impact on women’s economic opportunities and access to nutritious foods”.

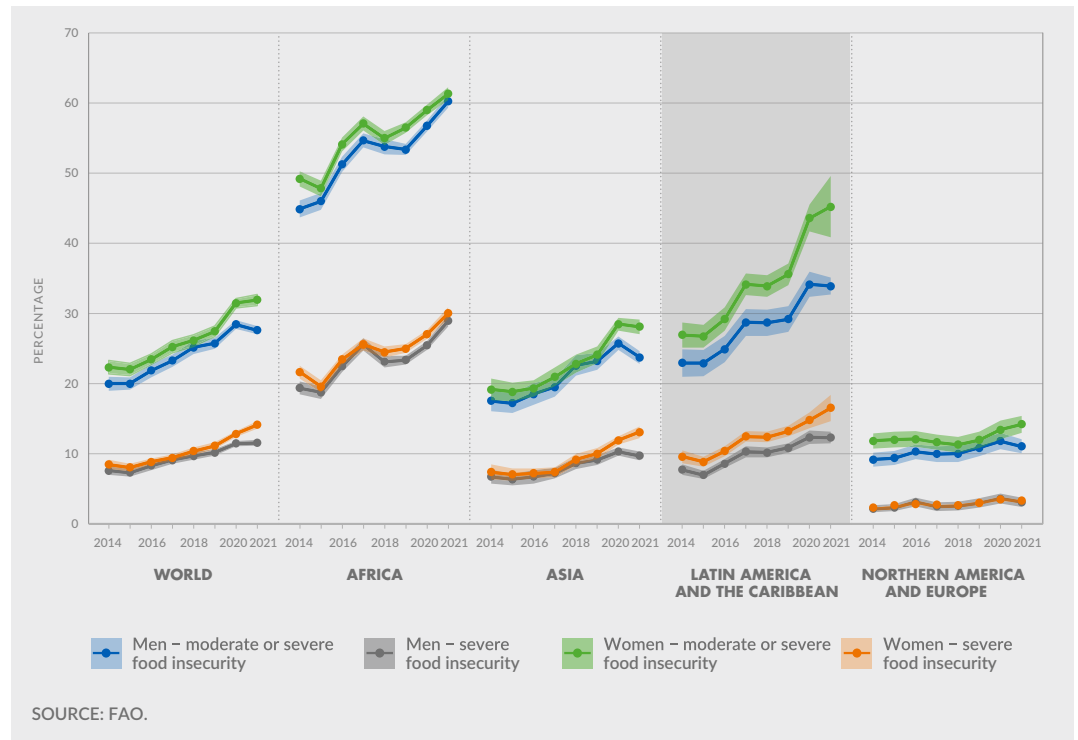


Figure 1. Globally and every region, the prevalence of food insecurity is higher among women than men

POVERTY AND EMPLOYMENT

If the sharp deterioration of food insecurity between 2019 and 2020 can be explained by the multidimensional effect of the pandemic on Latin American systems (health, social and economic), it is also clear that there has been an upward trend for years and that it is part of a broader setback, which has probably contributed to the devastating effects of the pandemic in the region.

In fact, poverty continues to increase since 2015 and there has never been such a high number of people in extreme poverty (ECLAC 2021⁹):

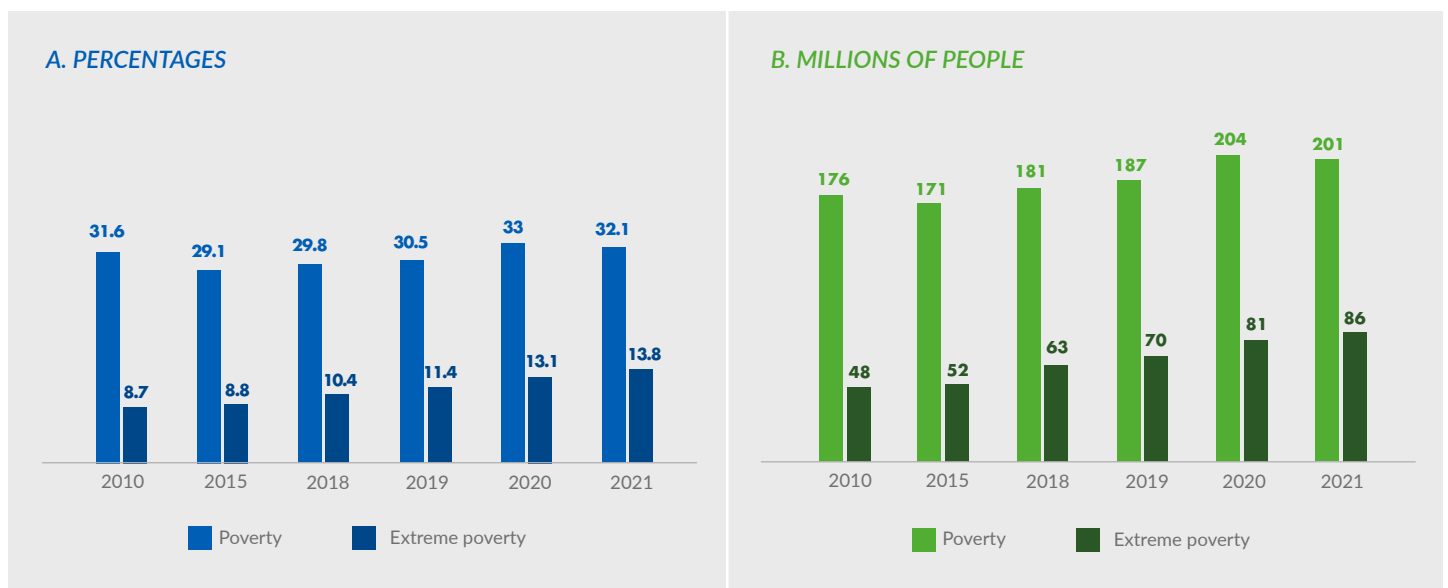


Figure 2. Latin America (18 countries): people living in poverty and extreme poverty (in percentages and millions of people).

⁹ ECLAC, Social Panorama of Latin America, 2021



The new global crisis is generating a sharp slowdown in economic activity and inflation will have an effect on labor markets, driving up unemployment in 2022

“This means that in 2021, an estimated 201 million people did not have sufficient income to cover their basic needs and 86 million of them lacked the resources to buy even a basic food basket.” The largest increases in poverty are registered in **Colombia** and **Peru**, where the fall in labour income in low-income households would have implied a reduction in their income of 22% and 35%, respectively.

ECLAC¹⁰ projections for 2022 again indicate an increase in the prevalence of poverty (which will reach 33%) and extreme poverty (which will reach 14.5% of the population) due to the increase in food prices.

On the other hand, as in the case of food insecurity, it is **women** between the ages of 25 and 59 years old who have higher poverty rates than men of the same age range in all countries of the region. Similarly, **indigenous peoples** have significantly higher poverty rates than the non-indigenous and no-Afro-descendant population.

As ECLAC⁹ points out: “The health crisis in Latin America and the Caribbean is still ongoing nearly two years after the first case of COVID-19 was detected in the region. The prolongation of the

pandemic is correlated with the persistence of the social crisis; and key dimensions for social development and for people’s health in the region, such as poverty and extreme poverty, inequality, unemployment and lack of access to education and care, still show no signs of recovery”.

In terms of employment,⁹ 2020 has seen a historic rise in unemployment, with **women, youth**, and low-income and informal sector workers most affected. The sharp exit of women from the labour market represents an **18-year setback** in their labour force participation levels. On the other hand, the unemployment rate of **young people** in 2020 was twice as high as that of adults and reached 23% on average, equivalent to 7 million people aged 15-24. Finally, the generalized contraction of employment and the exit of people from the labour force had a greater impact on **informal occupations** than on formal ones.

Although ECLAC projected some recovery by 2021, the new global crisis is generating a sharp slowdown in economic activity and inflation will have an effect on labor markets, driving up unemployment in 2022.¹⁰

¹⁰ ECLAC, *Repercussions in Latin America and the Caribbean of the war in Ukraine*, June 2022.

HEALTH

This regression in the region is a consequence, but also a cause of the dramatic effects of the pandemic. As several researchers point out¹¹, “**social inequalities in health** are associated with socio-economic conditions (poverty), labor (unemployment or precarious employment), fragility/vulnerability (due to age or previous conditions), education, gender, ethnicity and migrant status”.

The social inequality that characterizes the region, and the unequal distribution of the social determinants of health have been evident during the pandemic: Latin America has accounted for **28.8%** of all COVID-19 deaths reported in the world, despite the fact that the region’s population is only 8.4% of the world’s population.⁹

In terms of health systems, the pandemic has deepened existing inequalities, and has highlighted the chronically insufficient financing of national health systems, characterized by low public spending; only 56% of health spending comes from public sources, with **Guatemala** being the country with the highest private spending relative to total spending (over 62%).⁹

These weak systems, which have rapidly become overwhelmed during the pandemic, once again hurt women more than men. According to World Health Organization data on the impact of COVID-19 on health services, 64% of Latin American and Caribbean countries reported interruptions in **family planning and contraceptive services** in 2021, while **sexual violence** prevention and response services and **safe abortion and post-abortion care** services also saw massive discontinuations. The consequences¹² could be 1.7 million unintended pregnancies, nearly 800,000 abortions and almost 3,000 maternal deaths if corrective measures are not incorporated.

ENVIRONMENTAL AND CLIMATE CRISIS

In addition to these ever more acute problems facing the region, there is climate vulnerability and environmental fragility. At the end of 2020, hurricanes Eta and Iota (category 4 and 5 respectively) have left more than 8 million people affected in Central America. The most affected country has been **Honduras**, with 4 million people affected and severe damage to the productive sector, which has been added to the fall in economic activity caused by the pandemic.

In **Peru** only during the first two months of 2022, 21 reports of emergencies due to oil spills have been issued, especially concentrated in jungle areas. In general, all countries have a high vulnerability to natural disasters and a low capacity for environmental protection, especially in the most conflictive areas. In fact, according to the Environmental Justice Atlas, four of the ten most violent environmental conflicts in the world are in Latin America (Brazil, Honduras and Guatemala), as well as almost half of the environmental conflicts related to mining and construction.¹³



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¹¹ Report on Inequalities and Covid-19, Multidisciplinary Working Group, Ministry of Science and Innovation, Government of Spain, 2021.

¹² UNFPA, 2020

¹³ The effects of violence on inequality in Latin America and the Caribbean: a research agenda, UNDP 2021



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PEOPLE ON THE MOVE¹⁴

The worsening situation forces more and more people to migrate because they have no other choice. In fact, according to UNHCR¹⁵ estimates, there are more than **18.4 million** forcibly displaced¹⁶ people in the region, due to violence, armed conflicts, socio-economic and climatic crises. In Colombia, almost 39.800 people have been victims of displacement in 2022, while 7 million Colombians live under the influence and/or control of non-state armed groups.¹⁷

In Central America, the number of people on their way north is on the rise. In Honduras, irregular migrants have increased from 17,500 in 2021 to more than 77,000 so far in 2022.¹⁸ Although most of them come from countries in the region (especially Cuba and Venezuela), the variety of countries of origin and consequently the routes that these people have traveled to reach Honduras and continue their journey north is surprising.



Figure 3. Irregular migratory flow by nationality - 2022

These flows of people have scarce visibility and are therefore very little attended to, even though the migratory routes of these territories are the most violent in the world, with Central America and the Caribbean being the sub-regions with the highest number of victims of human trafficking detected globally (girls represent 40% of victims).¹⁹

Regarding population movement in South America, the flow of migrants and/or refugees from Venezuela continues:²⁰ there are already more than 7.1 million Venezuelan migrants and refugees in the world, and almost 6 million of them are in the countries of the region, with Colombia (2.48 million) and Peru (1.49 million) being the main receiving countries. Of the 8.9 million people affected by this crisis,²¹ **8.4 million are estimated to be in need of humanitarian assistance** in 2022.

COST-OF-LIVING CRISIS

This is the regional context in which the largest **cost-of-living crisis** of the twenty-first century, as defined by the United Nations,²² is unfolding. This crisis is caused by the **increase in food prices**: +22.8% globally according to FAO,²³ but the Consumer Price Index for food in Latin America had already had the highest increase globally at the end of 2021 (+23.5% compared to December 2020⁶). It is also caused by the increase in the prices of energy (+50%), fertilizers (which double the 2000 - 2020 average) and transport (maritime transport, for example, is three times the pre-pandemic average). This increase in prices generates a vicious cycle and causes inflation and higher interest rates, which in turn erodes the investment capacity of already indebted governments and the purchasing power of households. But in Latin America, both **families and governments have less capacity to cope with this new crisis.**

Poverty, hunger, increasing violence and poor access to public services are causing people to adopt ever more critical coping strategies. It will be the most fragile families who will pay the highest price for this crisis: high energy and food prices disproportionately affect those families who spend most of their income to the purchase of food.²²

On the other hand, governments are also in a worse situation to face this new crisis: ECLAC has revised downwards the economic growth of the region, while governments are facing an increase in public debt, high costs of response and recovery from natural disasters and a reduced capacity to activate social protection programs after the significant investment made during the pandemic.

¹⁴ Migrants, refugees, asylum seekers, displaced persons, returnees, deportees, in transit.

¹⁵ Refugees, asylum-seekers, internally displaced persons and stateless persons: <https://www.unhcr.org/61488f684.pdf>

¹⁶ IOM: Movement of people in which coercion is observed, including threat to life and livelihood, whether natural or man-made.

¹⁷ HRP 2022

¹⁸ <http://inm.gob.hn/estadisticas.html>

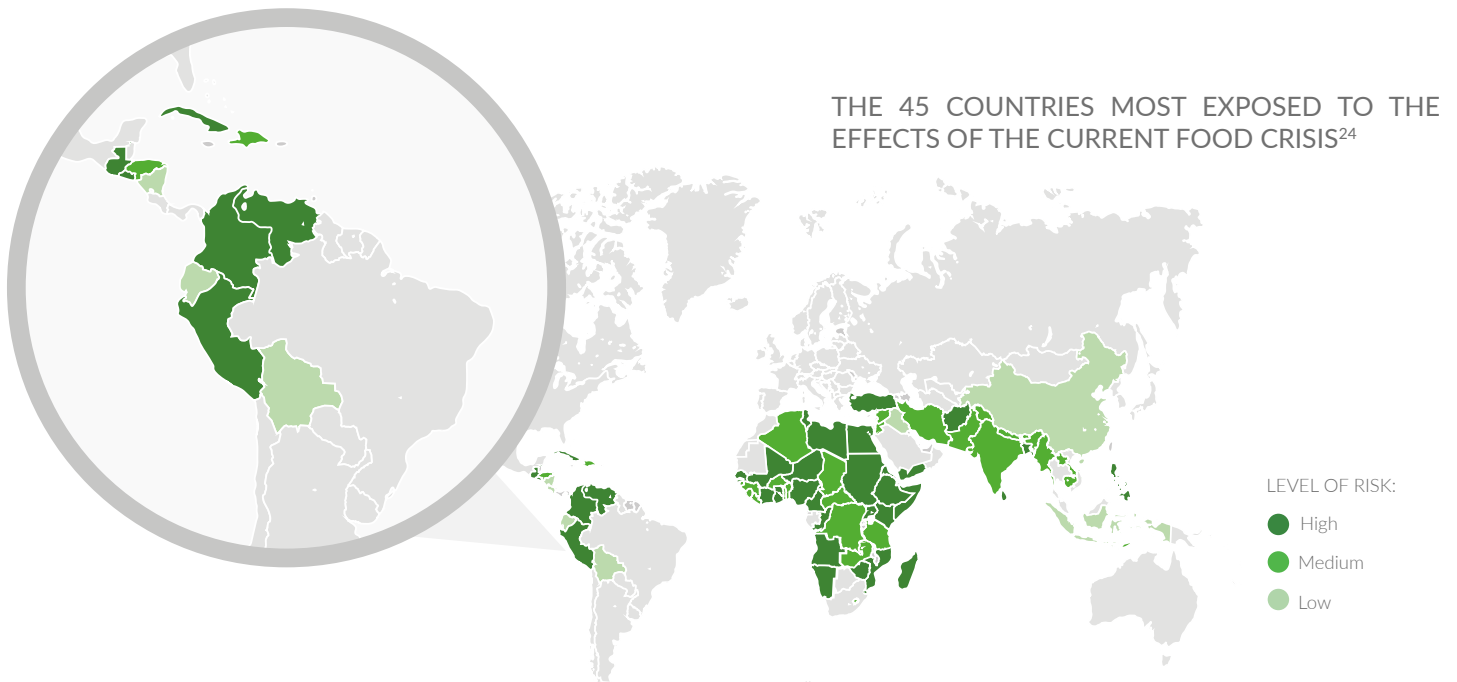
¹⁹ The effects of violence on inequality in Latin America and the Caribbean: a research agenda, UNDP 2021

²⁰ Regional Refugee and Migrants Response Plan (RMRP 2022)

²¹ 6.05 million Venezuelans in destination; 1.87 million pendular and 980,000 Colombian returnees.

²² GLOBAL CRISIS RESPONSE GROUP - GCRG, Brief No.2 "Global impact of the war in Ukraine", 8 June 2022

²³ FAO Food Price Index (FFPI)



THE 45 COUNTRIES MOST EXPOSED TO THE EFFECTS OF THE CURRENT FOOD CRISIS²⁴

LEVEL OF RISK:

- High
- Medium
- Low

The resulting food crisis may last for a long time and may be particularly severe in countries where the resilience of food systems has been weakened after two years of pandemic.

The effects of **rising fertilizers prices** are of particular concern, since Latin America is one of the regions of the world with the lowest self-sufficiency capacity. In fact, 78% of fertilizers used in agriculture are imported, with the Russian Federation being one of the main suppliers, according to ECLAC data. Considering that the price of fertilizers has a significant impact on agricultural costs (from around 20% in the case of rice, potatoes, and sugar cane to 40% in the case of yellow maize and coffee), there will be an immediate effect on the income generation of **small farmers**, but in the medium and long term this situation could lead to the current problem of access to food becoming a problem of availability in some areas.

Therefore, the UN²² Global Crisis Response Group warns that “between 1.6 billion and 1.7 billion people live in countries severely exposed to at least one of the three transmission channels of the crisis, namely, rising food prices, rising energy prices and tightening finances. Of greatest concern, 1.2 billion people live in countries exposed to all three dimensions at

once”. **At least 19 countries in Latin America face this triple affliction.**

In the same vein, the *Boston Consulting Group*²⁴ has published an analysis of the level of exposure of each country, combining risk rating across the following contributing factors: fiscal factors, import reliance, food insecurity, climate and conflict.

Based on this analysis, forty-five countries around the world have been identified as being severely exposed to the impact of the current food crisis. Among them: Guatemala, Venezuela, Colombia and Peru, and to a lesser extent Honduras and Nicaragua.

“Classification as a high-risk country reflects exposure to a variety of potentially harmful factors. Virtually all countries in this classification face severe levels of extreme poverty, compounded by the ongoing economic and social challenges associated with the COVID-19 pandemic. Additional factors include heavy reliance on food imports, high import bills, high inflation, a high debt burden, climate risks, and civil unrest. This perfect storm of factors means not only that this is a near-term crisis, but also that any reprieve over the next couple of years could be unlikely.”²⁴

TAKE ACTION NOW

In view of this situation, we at Action Against Hunger call on the humanitarian community and all actors involved in alleviating the suffering resulting from the crises affecting the region to increase our capacity to meet such pressing needs.

It is important that local actors can express to the maximum their capacity for analysis and action to solve the criticalities of each territory. On the other hand, it is essential that donors, who have been so actively involved in the response to the pandemic and migratory movements, continue to support the region.

Now is the time to redouble our efforts and ensure that no one is left behind.



²⁴ BOSTON CONSULTING GROUP (BCG), *The War in Ukraine and the Rush to Feed the World*, May 2022



2. OUR PROPOSAL - PROGRAMMATIC FRAMEWORK



OUR PROPOSAL PROGRAMMATIC FRAMEWORK

This new crisis requires us to maintain a high capacity for rapid response to the **humanitarian needs** of affected people, while at the same time pushing us to work harder in **changing local dynamics**, so that families and communities are better prepared to face new shocks and the deterioration of the situation.

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 will continue to focus our work on those **people who suffer multiple forms of exclusion**, such as children, women, LGBTI population, people on the move,²⁵ indigenous and Afro-descendant population, informal workers in urban areas, small agricultural producers. In fact, to overcome the succession of these crises and their immediate, medium- and long-term effects, it is necessary to fight against inequality and exclusion, which are the structural causes of the rapid deterioration in the living conditions of families.

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

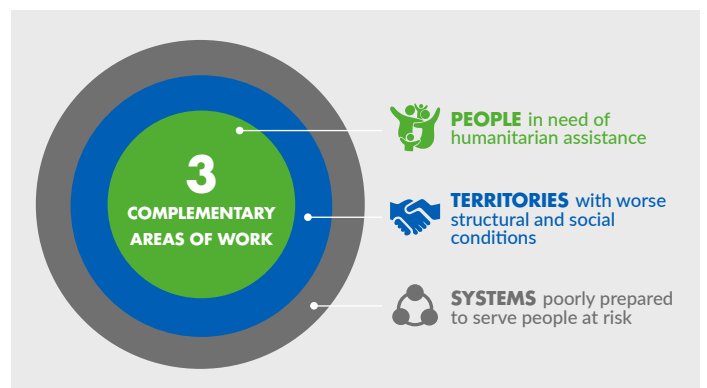
hygiene practices are known to be underlying causes of poor nutritional status.

MAIN OBJECTIVE














Consequently, **the objective of our interventions for the coming period is to meet the most urgent needs and contribute to changing the local dynamics that exacerbate the exclusion of the groups most exposed to the crisis.**

To achieve this, we seek changes at the individual, collective 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.



²⁵ Migrants, refugees, asylum seekers, displaced persons, returnees, deportees, in transit

TARGET POPULATION	Meet the most urgent needs and contribute to changing the local dynamics that exacerbate the exclusion of the groups most exposed to the crisis.	TARGET POPULATION	People who suffer multiple forms of exclusion, such as children, women, LGBTI population, people on the move, indigenous and Afro-descendant population, informal workers in urban areas, small agricultural producers				
SPECIFIC OBJECTIVE	RESULTS	ACTIVITIES	KEY INDICATORS (OUTCOME)				
 <p>PEOPLE People and population groups excluded and particularly affected by the succession of crises, have their most urgent needs met.</p>	 <p>R1.1 People with urgent humanitarian needs have access to food and cash assistance</p>	<p>A1.1.1 Identification of households and groups at risk</p> <p>A1.1.2 Cash transfers</p> <p>A1.1.3 Food delivery</p>	<p># of individuals reporting an improvement in the rCSI score</p> <p># of women reporting improvements in the Minimum Dietary Diversity - Women score (MDD-W)</p> <p># of households reporting improvement in the Household Dietary Diversity Score (HDDS)</p> <p># of people experiencing moderate + severe food insecurity, according to Food Insecurity Experience Scale (FIES)</p> <p># of individuals reporting an improvement in the Food Consumption Score (FCS)</p> <p># of individuals reporting improvements in the Minimum Dietary Diversity - Children score (MDD-C)</p> <p># of HH reporting an improvement in the Household Hunger Scale (HHS)</p> <p># of children U5Y with stunting in the intervention area</p> <p># of children newly admitted into SAM treatment in areas supported</p> <p># and proportion of children discharged as cured from SAM and MAM treatment</p>				
	 <p>R1.2 People in urgent humanitarian need have access to health services and treatment for malnutrition</p>	<p>A1.2.1 Provision of psychosocial support and sexual and reproductive, maternal, neonatal and child health services</p> <p>A1.2.2 Strengthening the technical and operational capacities of the first level of health care</p> <p>A1.2.3 Active search, identification, treatment and follow-up of cases of anemia and malnutrition</p>					
	 <p>R1.3 Highly vulnerable groups are provided with essential inputs for disease prevention</p>	<p>A1.3.1 Provision of supplies to ensure hygiene, menstrual hygiene, prevention of COVID and vector-borne diseases</p> <p>A1.3.2 Provision of emergency water supply (in homes and shelters).</p> <p>A1.3.3 Provision of inputs for water treatment at home and in shelters</p> <p>A1.3.4 Improvement/construction of emergency sanitation systems (latrines)</p> <p>A1.3.5 Provision of shelter equipment</p>					
	 <p>TERRITORIES Territories improve the management of their resources, generate greater opportunities for inclusive socioeconomic development and become more resilient.</p>	 <p>R2.1 The prioritized groups in each territory participate in productive reactivation, employment and entrepreneurship initiatives</p>		<p>A2.1.1 Promoting employment and entrepreneurship in urban and rural settings</p> <p>A2.1.2 Support to small agricultural producers and protection of livelihoods</p> <p>A2.2.3 Promotion of cooperatives and associations, including the creation/strengthening of savings groups</p>	<p># of participants who generated business plans and business models</p> <p># of participants with job placement / in employment</p> <p># of participants who generated their business / self-employed</p> <p># of farmers applying/adopting agroecological practices</p>		
		 <p>R2.2 Local actors have greater capacity to promote access to water, sanitation and hygiene</p>		<p>A2.2.1 Construction, rehabilitation and improvement of water and sanitation points and systems</p> <p>A2.2.2 Hygiene promotion</p> <p>A2.2.3 Creation, technical assistance and support to committees, boards, local roundtables and municipal services</p>			
		 <p>R2.3 Local actors have greater capacity to manage territorial resources and risks (natural disaster risk management and water resource management)</p>		<p>A2.3.1 Promotion of agro-food systems sustainable and resilient</p> <p>A2.3.2 Training on risk assessment methodology and agroecological practices for adaptation to climate variability and change</p> <p>A2.3.3 Promotion of initiatives for the sustainable management of natural resources</p> <p>A2.3.4 Mechanisms for prevention, early warning and response to natural and man-made disasters</p>			
		 <p>R2.4 Behavioral changes and individual and collective learning are promoted as a preventive strategy to mitigate the impacts of the crisis and fight hunger</p>		<p>A2.4.1 Promotion of good maternal and childcare practices and adequate feeding of newborns and children</p> <p>A2.4.2 Promotion of good hygiene practices for the growth of the baby and for the promotion of a healthy community environment</p> <p>A2.4.3 Promotion of home production and consumption of products with high nutritional value</p> <p>A2.4.4 Encouraging the involvement and co-responsibility of local actors</p>			
		 <p>SYSTEMS Local systems have better tools and knowledge to protect the population at risk</p>		 <p>R3.1 The actors involved in humanitarian action have access to the information and analysis that we develop in our projects and that may be relevant for decision making</p>		<p>A3.1.1 Food and nutrition security prediction systems</p> <p>A3.1.2 Production of alerts</p> <p>A3.1.3 Active participation in humanitarian coordination forums</p> <p>A3.1.4 Production and dissemination of information and knowledge products</p>	<p>% of individuals (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner</p> <p># of women-led organizations that Action Against Hunger partners with on campaigns and advocacy initiatives to end hunger</p> <p>REFUGEES AND MIGRANTS: # of individuals with access to services and assistance directly linked to national measures within social protection programme</p> <p># of knowledge products (databases, IT infrastructures, data visualizations, prediction-based modelling, etc.), with the potential to influence sector practice developed</p>
				 <p>R3.2 Local actors have better capacities and support to meet the needs of each territory</p>		<p>A3.2.1 Emergency response training for local actors</p> <p>A3.2.2 Training and support in humanitarian action for local NGO partners</p> <p>A3.2.3 Creation and/or strengthening of community, user and civil society organizations</p>	
 <p>R3.3 Mitigate risks and promote the protection of women and the population on the move</p>			<p>A3.3.1 Active collaboration with services for attention to cases of gender-based violence</p> <p>A3.3.2 Dissemination of prevention campaigns against gender-based violence</p> <p>A3.3.3 Conducting multisectoral gender and protection risk analyses</p> <p>A3.3.4 Supporting the migrant/refugee population in accessing to programs and services</p> <p>A3.3.5 Dissemination of campaigns to promote good coexistence between the refugee/migrant and host population</p>				



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WORKING WITH PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

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 and afrodescendants, people on the move).

The group at greatest risk and more vulnerable are pregnant and lactating women and minors, 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.

The modalities that we are putting in place must ensure the speed and agility of the response, both in emergency situations (natural disasters, population movements, conflict and violence) and in response to the rapid deterioration of the situation in certain groups.

To this end, and to ensure the effectiveness of the action and our presence in the most difficult humanitarian access areas, we maintain a high level of participation in the humanitarian coordination spaces, we always operate in coordination with the actors of the territory, and we ensure the active participation of the target population of our projects.



SPECIFIC OBJECTIVE 1: People and population groups excluded and particularly affected by the succession of crises, have their most urgent needs met.



The main results and activities that we promote in this axis are:

R1.1 People with urgent humanitarian needs have access to food and cash assistance

- **A1.1.1 Identification of households and groups at risk** (children with malnutrition or at risk, pregnant and lactating mothers, groups/areas with or at risk of food insecurity), through surveys and the use of new technologies.
- **A1.1.2 Cash transfers**, using the best solution according to each context and group.
- **A1.1.3 Food delivery** and support to community kitchens and school feeding programs, always ensuring nutritional balance.

R1.2 People in urgent humanitarian need have access to health services and treatment for malnutrition

- **A1.2.1 Provision of psychosocial support and sexual and reproductive, maternal, neonatal and child health services**, within and outside health structures through health care and/or health promotion campaigns in the communities
- **A1.2.2 Strengthening the technical and operational capacities of the first level of health care** through the provision of basic supplies (including those for Infection Prevention and Control - IPC), equipment, infrastructure improvement and training for health personnel and community actors.

- **A1.2.3 Active search, identification, treatment and follow-up of cases of anemia, acute malnutrition** and at risk, as well as cases of chronic malnutrition associated with other health complications, in coordination with health services, other public programs and local initiatives (including comprehensive care brigades).

R1.3 Highly vulnerable groups are provided with essential inputs for disease prevention

- **A1.3.1** Provision of supplies to ensure hygiene, menstrual hygiene, prevention of COVID-19 and vector-borne diseases, adapted to each group/recipient.
- **A1.3.2** Provision of emergency water supply (in homes and shelters).
- **A1.3.3** Provision of inputs for water treatment at home and in shelters
- **A1.3.4** Improvement/construction of emergency sanitation systems (latrines)
- **A1.3.5** Provision of shelter equipment



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INDICATORS IN INDIVIDUALS

OUTCOME	OUTPUT
# of individuals reporting an improvement in the rCSI score	# of people receiving food assistance
# of women reporting improvements in the Minimum Dietary Diversity - Women score (MDD-W)	Total amount of transfers made (expressed in euro)
# of households reporting improvement in the Household Dietary Diversity Score (HDDS)	# of people receiving CASH transfers
# of people experiencing moderate + severe food insecurity, according to Food Insecurity Experience Scale (FIES)	# of people receiving Non-Food Items (NFI) per sector
# of individuals reporting an improvement in the Food Consumption Score (FCS)	# of people provided with access to reproductive, maternal, newborn and child primary health care services
# of individuals reporting improvements in the Minimum Dietary Diversity - Children score (MDD-C)	# of Therapeutic Feeding Programme (TFP) beneficiaries
# of HH reporting an improvement in the Household Hunger Scale (HHS)	# of people of at-risk group or vulnerable receiving focused Mental Health & Psychosocial Support (MHPSS) care
# of children U5Y with stunting in the intervention area	# of individuals screened for malnutrition
# of children newly admitted into SAM treatment in areas supported	# of Supplementary Feeding Programme (SPF) beneficiaries
# and proportion of children discharged as cured from SAM and MAM treatment	# of relevant health actors trained
	# of latrines, in terms of drop holes (in HH, school, health center, other - including latrines built with CLTS approach)
	# people reached through health prevention awareness activities
	# of people reached by water trucking
	# of health structures supported and regularly monitored
	# of people trained /coached on Water, Sanitation and Hygiene (WASH)



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STRENGTHENING THE TERRITORIES WITH WORSE STRUCTURAL AND SOCIAL CONDITIONS

The previous axis of intervention is therefore focused on meeting 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.

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 transit or reception for families fleeing violence, insecurity, or extreme poverty, and are isolated, with poor public services and disadvantaged access to markets.

To meet these challenges, our action is focused on **improving individual and collective** capacities to cope with crises and shocks, while promoting concertation between actors and initiatives in the territory (Triple Nexus approach) and the valorization of local capacities and opportunities, in line with our [Environment and Climate Policy](#).



SPECIFIC OBJECTIVE 2: Territories improve the management of their resources, generate greater opportunities for inclusive socioeconomic development and become more resilient.



The main results and activities that we promote in this axis are:

R2.1 The prioritized groups in each territory participate in productive reactivation, employment and entrepreneurship initiatives

- **A2.1.1 Promoting employment and entrepreneurship in urban and rural settings:** training in personal skills and technical training in accordance with identified employment and entrepreneurship opportunities (giving priority to initiatives that protect and promote environmental care); technical assistance to programs promoted by governments and local actors; close coordination with the private sector and business network of each territory (corporate volunteering, campaigns and job fairs) and construction of multi-actor platforms to enhance the value chains of the products and businesses generated.
- **A2.1.2 Support to small agricultural producers and protection of livelihoods:** training activities, distribution of equipment, productive inputs, infrastructure and direct subsidies or microcredits to help start up sustainable economic activities adapted to the territory and environmental protection, with emphasis on value chain methodologies and the promotion of women's economic autonomy.
- **A2.1.3 Promotion of cooperatives and associations, including the creation/strengthening of savings groups,** as one of the best strategies for rooting the population in their territories and for sustainable local economic development, with emphasis on the empowerment and participation of women, and the provision of technical assistance, inputs and credit for market access.

R2.2 Local actors have greater capacity to promote access to water, sanitation and hygiene

- **A2.2.1 Construction, rehabilitation and improvement of water and sanitation points and systems,** in structures for collective use, such as schools, health facilities, markets, community kitchens, including the implementation of systems for monitoring the continuity and quality of water.
- **A2.2.2 Hygiene promotion,** with campaigns and training adapted to the characteristics of each territory.
- **A2.2.3 Creation, technical assistance and support to committees, boards, local roundtables and municipal services** in charge of water supply and sanitation systems, for an efficient and equitable management aimed at ensuring the sustainability and resilience of these systems.

R2.3 Local actors have greater capacity to manage territorial resources and risks (natural disaster risk management and water resource management).

- **A2.3.1 Promotion of agro-food systems sustainable and resilient** to adverse climate impacts and disaster risk, with the capacity to meet the current and future nutritional needs of the population.
- **A2.3.2 Training on risk assessment methodology and agroecological practices for adaptation to climate variability and change.**
- **A2.3.3 Promotion of initiatives for the sustainable management of natural resources** (with special focus on water resource management).
- **A2.3.4 Collaboration with local administrations and organizations on mechanisms for prevention, early warning and response to natural and man-made disasters,** especially those most recurrent in each territory.

R2.4 Behavioral changes and individual and collective learning are promoted as a preventive strategy to mitigate the impacts of the crisis and fight hunger.

- **A2.4.1 Promotion of good maternal and childcare practices and adequate feeding** of newborns and children under 2 years of age, promoting local resources and through community mobilization.
- **A2.4.2 Promotion of good hygiene practices for the growth of the baby** during the 1,000 Day Window (Baby WASH approach) and for the promotion of a healthy community environment (SANTOLIC).
- **A2.4.3 Promotion of home production and consumption of products with high nutritional value,** revaluing local foods.
- **A2.4.4 Encouraging the involvement and co-responsibility of local actors:** use of methodologies for co-creation, co-implementation and collaborative approach in monitoring and evaluation of the actions (creation/support of community groups, creation/support of roundtables, etc.).



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INDICATORS IN TERRITORIES

OUTCOME	OUTPUT
# of participants who generated business plans and business models	# of people receiving agro-pastoral support
# of participants with job placement / in employment	# of people receiving Food Security & Livelihoods (FSL) training
# of participants who generated their business / self-employed	# of people receiving other economic support activities
# of farmers applying/adopting agroecological practices	# people using basic drinking water services implemented or rehabilitated by Action Against Hunger (disaggregate by type of recipients - communities or health facilities)
	# of people using basic safely managed sanitation services in the community, including a handwashing facility with soap and water, implemented or rehabilitated
	# of health care facilities with improved water, sanitation, hygiene, waste management and environmental cleaning (WASH) services, where AAH contributed (trained, constructed or rehabilitated) to at least 1 service
	# of handwashing facilities built / rehabilitated
	# of improved water points with reliable source of water
	# of people trained /coached on Water, Sanitation and Hygiene (WASH)
	# of people covered by a functional Early Warning System (EWS)
	# of people receiving Disaster Risk Management (DRM) training



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SUPPORT SYSTEMS POORLY PREPARED TO SERVE PEOPLE AT RISK

The assistance to people and the changes we want to promote in the territories must take place in an environment that has mechanisms and capacities to ensure prevention and prioritize the protection of the population most exposed to risks. Therefore, our third axis of work focuses on **systems**, understood as a set of institutions and actors responsible for attending to and mitigating the risks that may affect the population. In fact, as has been mentioned, this new crisis is taking place in a more impoverished environment and with strongly diminished local response capacities.

In relation to the international community, considering the global crisis, we believe that it is essential to contribute to the production of humanitarian information to maintain attention on the region and identify the most urgent needs.

In this sense, we will continue to strengthen our mechanisms of analysis and production of information. In Action Against Hunger, we believe that the data we generate do not belong to us, because they have been produced mainly thanks to public funds and because they would not have been generated without the collaboration of each person who participates in a survey. We therefore believe that it is our duty to make the best possible use of these data, and to transform them into information for decision-making, both at the level of the humanitarian system and for the different local actors who are responsible for managing the territories. For the generation of this information to be cost-efficient, fast and complementary to other initiatives developed at local and global level, we have opted for the use of new technologies and for the active involvement and ownership of as many actors and partners as possible.

On the other hand, we want to contribute to strengthening local response capacities, in line with our **Localization Agenda**.²⁶ Furthermore, considering the gender gap that characterizes hunger in the region, and the violence that affects more and more women and girls, we will focus on collaboration with actors and programs aiming at gender equity and protection, in line with our [Policies on Protection](#) and [Gender Equity](#).



SPECIFIC OBJECTIVE 3: Local systems have better tools and knowledge to protect the population at risk.

²⁶ Focused on local actors understood as public, private, academic and civil society entities.

The main results and activities we promote in this axis are:

R3.1 The actors involved in humanitarian action have access to the information and analysis that we develop in our projects and that may be relevant for decision making

- A3.1.1 Food and nutrition security prediction systems:** In Central and South America we have developed a predictive system ([PREDISAN platform](#))²⁷ that, based on primary and secondary data, generates concern/risk maps using artificial intelligence. The objective is to manage, visualize and monitor existing information produced by the humanitarian system and contribute to the analysis carried out by governments and international organizations within the framework of the Integrated Phase Classification (IPC).²⁸

Priority for the next period: consolidate the systems and involve more actors in their feeding and use.

- A3.1.2 Production of alerts:** promptly informing the humanitarian community and local actors about new crises/deterioration of the situation in specific territories. In the case of Colombia, we will continue to focus on the development of our Information Management Unit, which is currently in charge of the information generation and alert system²⁹ of the MIRE rapid response mechanism.

Priority for the next period: improve our early detection and warning capabilities, in each country and at the regional level.

- A3.1.3 Active participation in humanitarian coordination forums** (HCT, Clusters, Working Group, NGO Forums) to actively contribute to the technical and operational reflection (humanitarian access) of the sector.
- A3.1.4 Production and dissemination of information and knowledge products:** consolidation and dissemination of studies, surveys, research articles, best practices, reports, newsletters, including tools for profile analysis using artificial intelligence (DATAFace system developed in Central America and under study in Colombia).



R3.2 Local actors have better capacities and support to meet the needs of each territory

- A3.2.1 Emergency response training for local actors:** as part of the training offer for our local partners, we will prioritize emergency response training, considering the high vulnerability to disasters in the communities where we work in the region.
- A3.2.2 Training and support in humanitarian action for local NGO partners:** in the places and projects where we work with local NGOs, we will support capacity/risk analysis activities, with a training offer that improves the technical and management capacities of our partners, through training (Training Portal for counterparts³⁰) and close follow-up that promotes knowledge exchange.
- A3.2.3 Creation and/or strengthening of community, user and civil society organizations,** in charge of overseeing common resources and the proper implementation of different public programs (food security sentinel sites, parents' associations responsible for school breakfasts, among others), as well as those organizations made up of women, people on the move, informal workers in urban areas and indigenous and Afro-descendant communities, to strengthen their community monitoring and surveillance capacities, support them in their advocacy work and enhance their leadership.

²⁷ <https://accioncontraelhambre.org.gt/la-tecnologia-al-servicio-de-la-accion-humanitaria-en-centroamerica/>

²⁸ <https://www.ipcinfo.org/>

²⁹ <http://ach.dyndns.info:6080/webMIRE/>

³⁰ [Training portal for partners](#)



R3.3 Mitigate risks and promote the protection of women and the population on the move

- **A3.3.1 Active collaboration with services for attention to cases of gender-based violence**, making case referrals and dissemination to established institutional routes, while strengthening the capacity and coverage of these services.
- **A3.3.2 Dissemination of prevention campaigns against gender-based violence**: together with behaviour change campaigns, promote messages for men's participation and co-responsibility in reproductive work and care, adapted to rural and urban settings.

- **A3.3.3 Conducting multisectoral gender and protection risk analyses** to determine and identify, with common methodologies across different contexts, which are the inequalities, risks and gaps among the most vulnerable groups, in addition to identifying and promoting activities better adapted to the specific needs that this new crisis generates in women, girls, LGBTIQ people and ethnic peoples.
- **A3.3.4 Supporting the migrant/refugee population to regularize their migratory status and to access programs and services** (especially health, education and employment).
- **A3.3.5 Dissemination of campaigns to promote good coexistence between the refugee/migrant and host population**, to mitigate social tension derived from the crisis and the increase in discrimination, stigmatization and xenophobia.

INDICATORS IN SYSTEMS

OUTCOME	OUTPUT
% of individuals (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner	# of positioning papers & reports produced
# of women-led organizations that Action Against Hunger partners with on campaigns and advocacy initiatives to end hunger	# of alert analytic reports produced for decision-making and influencing to prevent hunger
REFUGEES AND MIGRANTS: # of individuals with access to services and assistance directly linked to national measures within social protection programme	# of campaign oriented to sensitize and provoke decision / change
# of knowledge products (databases, IT infrastructures, data visualizations, prediction-based modelling, etc.), with the potential to influence sector practice developed	# of people receiving Gender-based violence (GBV) training
	# of people who had used the our virtual campus portal for partners
	# of people who had done our course to strengthen the emergency response capacities of local organizations
	% of projects with a Gender Analysis
	% of projects that have a risk analysis (protection)
	# of alliance with implementing partners and organizations specialized in gender
	# projects with national/local partnerships
	# of national/local partnerships (across projects)



3. HOW ARE WE GOING TO DO IT



OUR VALUE PROPOSITION

As part of updating our international strategy,³¹ we at Action Against Hunger have reflected on our contribution in the sector based on what our key stakeholders expect from us (defined as the “Value Model”) and what we consider to be the greatest “Drivers of Vulnerability” in relation to hunger:

VALUE MODEL



DRIVERS OF VULNERABILITY



³¹ <https://knowledgeagainsthunger.org/wp-content/uploads/2022/02/Action-Against-Hunger-International-Strategical-Plan-2021-2025.pdf>

Based on this information, we have defined our cross-cutting priorities, which we have consolidated into the following elements:

VALUE PROPOSITION



1. HARD TO REACH POPULATION

We serve the **most vulnerable** and excluded population by reestablishing their basic needs, protecting their resources and providing a space of opportunity to develop.



2. TECHNICAL EXPERTISE

We lead positions and specific **technical solutions** related to hunger, from basic needs, promoting local capacities and transforming systems.



3. PEOPLE CENTRAL

We always put **people central** in our work, by empowering and protecting them, and ensuring their participation in every process.



4. GENDER EQUALITY

We will **promote gender equality** to reduce the impact of hunger on women and will give them a central role in fighting hunger



8. CLIMATE CRISIS

We tackle climate change and environmental degradation incorporating **global and local perspectives** that promote climate change adaptation, environmental protection and the identification and mitigation of environmental risks.



7. NEW TECHNOLOGIES AND INNOVATION

We **innovate and digitalize** new technologies, methodologies, products, services and processes oriented to increase our impact.



6. LOCALIZATION

We recognize, respect, and strengthen independence, leadership, and decision-making by **national actors** in humanitarian action, in order to better address the needs of affected populations.



5. NEXUS

We promote the coordination between **Triple Nexus** actors to reinforce the impact on people's needs, facilitating access to basic needs and respecting humanitarian principles and IHL.



In the case of Latin America, we will pay particular attention to the following elements of the value proposition:



HARD TO REACH POPULATION

Many of the projects we carry out in the region are developed in areas and with groups that are very difficult to access. In the countries where we work, we are confronted with humanitarian access restrictions due to the political context, but also with geographical access problems, since there are areas where we work that are very isolated (and this is almost always where the indigenous population is located). We also try to ensure humanitarian presence in areas where armed actors or criminal gangs operate, as is the case in **Colombia** and **Venezuela**. Finally, there are groups that are difficult to reach, such as people on the move, whom we assist at borders, transit and destination points.

Our priority for the next period is to maintain and expand our capacity to meet the needs of this population, which suffers a high level of exclusion and vulnerability.



GENDER

Considering the situation of exclusion and vulnerability of women in the region, actively promoting gender equality is an intrinsic part of all our activities. To this end, in addition to the activities described above, we will analyze gender gaps and focus especially on the **protection** and **economic empowerment of women**. Furthermore, we will improve and complement our activities by seeking **strategic alliances** with organizations specialized in gender and protection.



NEXUS

The effective connection between humanitarian action, peace and development is particularly relevant to provide durable solutions for people on the move (migrants and refugees, returnees, displaced people). In addition to the activities described above, we want to actively contribute to the reflection on how to secure the Nexus by sharing with the humanitarian community **tested and innovative proposals**. These proposals are especially focused on the **socioeconomic inclusion** of the population on the move and on the analysis of programs that promote **circular migration** (temporary employment programs).



LOCALIZATION

At Action Against Hunger, almost 30% of the funds we have managed in 2021 have been implemented through international and local partners. Consortiums have been the main implementation modality in countries such as Venezuela, Colombia or Guatemala, where between 40% and 70% of the funds have been implemented in alliance with other organizations. For the next period, we will continue to work with our **international partners**, and we will expand our collaboration with **local actors** from a more strategic and systematized perspective. The experience we have developed in Venezuela, where we share vision, program priorities and management commitments with our partners, is an example of how we can promote alliances that have a clear impact on the quality of our operations.



CLIMATE CRISIS

Considering the high climate vulnerability of the countries where we work, and in accordance with our policy, an important axis of our work is focused on risk management and water management, as indicated in the previous chapter. Internally, we want to improve the **evaluation of the environmental impact of our projects**, expanding the use of analysis tools such as NEAT+ and promoting the reduction of the waste we generate, applying specific standards in our offices and in the logistics chain.



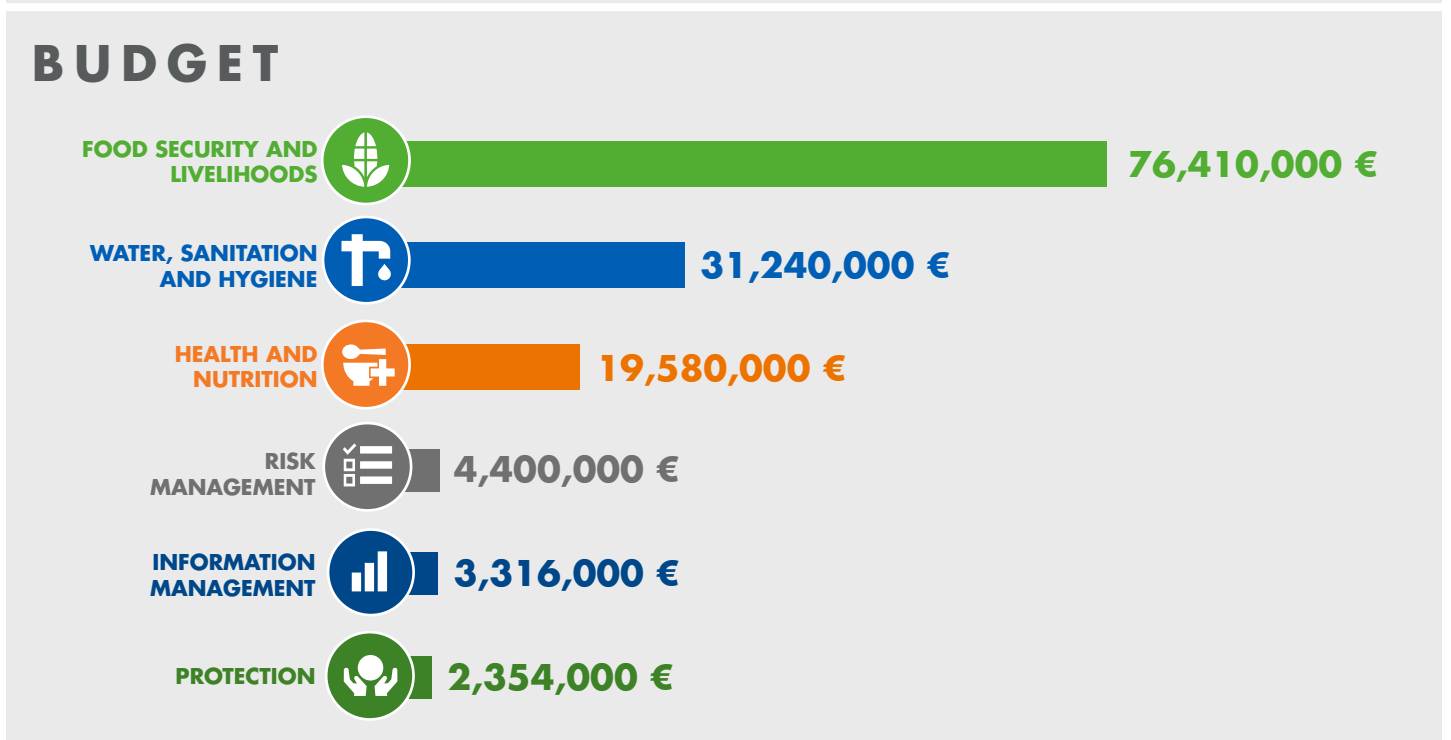
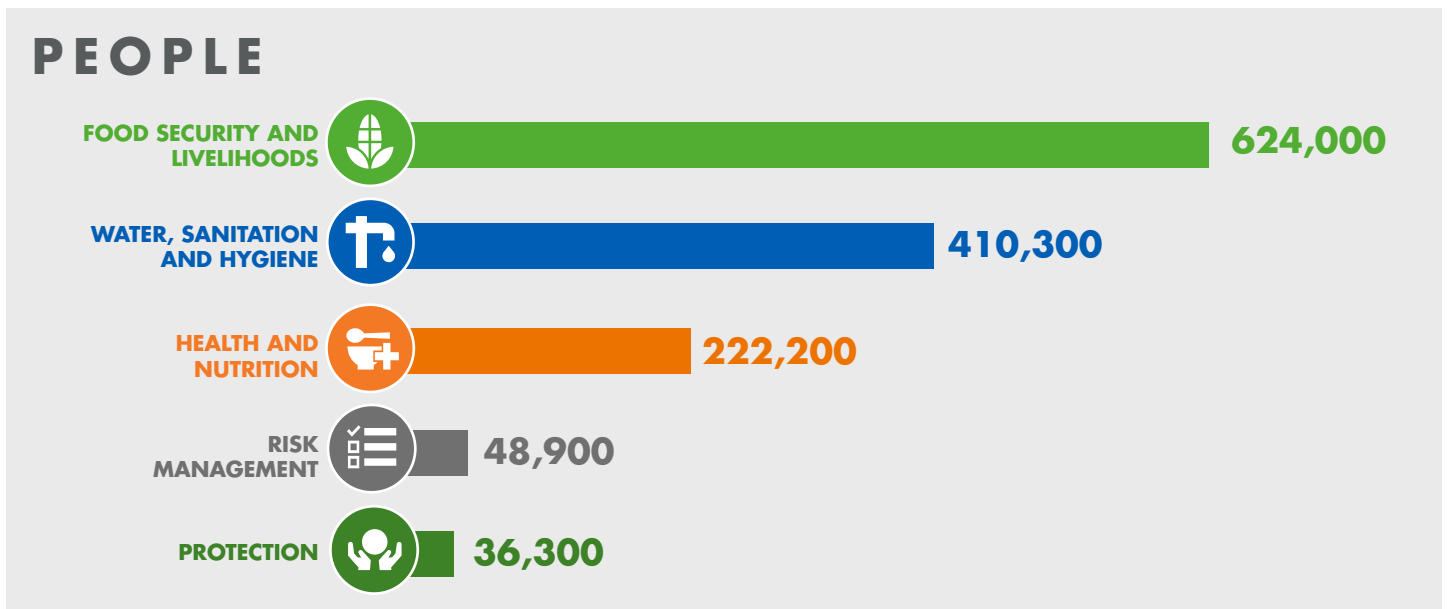
4. FINANCIAL REQUIREMENT 2022 - 2023



FINANCIAL REQUIREMENT 2022 - 2023



Considering the priorities, we have defined in each country, for the period 2022 - 2023 we need **137.3 million euros** to reach **1,042,300 people** in the following sectors:





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CENTRAL AMERICA

TARGET

 **280,000** PEOPLE

 **26.4** MILLION EUROS

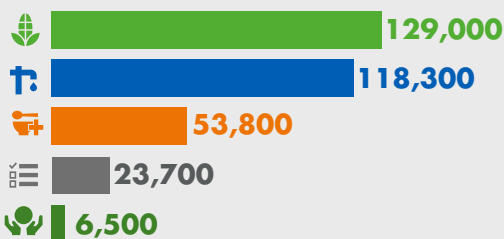
Central American countries are facing a complex socioeconomic and political crisis exacerbated by the consequences of the COVID-19 pandemic and the Eta and Iota storms, thus aggravating a pre-existing reality characterized by high levels of poverty, weak institutions, and structural violence. The coexistence of all these factors pushes the population to migrate, often facing enormous protection risks. Therefore, from the Central America mission we will promote the work with **migrant population, returnees, or people at risk of displacement**, as well as the mitigation of the causes of migration, or in search for lasting solutions. Consolidating a line of work of humanitarian assistance to migrants, returnees and/or deportees also includes **protection** assistance and promoting their inclusion within existing **social protection** networks in each country.

Concurrently, we will persist on our efforts to reduce

food insecurity and alleviate hunger in the **Dry Corridor**, prioritizing the implementation of **cash transfer** programs in an intersectoral manner, while continuing to fight **malnutrition**, whose figures keep rising dramatically, especially in Guatemala. Our historical interventions in the nutrition sector will be aligned with the **water security** of the most vulnerable populations and will be expanded through the incorporation of the **health** component, accompanying processes that promote adequate health care.

Furthermore, due to the increasing recurrence of extreme weather events, we will work to strengthen our capacity to **respond to emergencies** caused by natural disasters from a triple nexus approach. Together, our projects and activities will contribute to improving the lives of **280,000 people**, for which a budget of **26.4 million euros** is required, distributed as follows.

PEOPLE



BUDGET





TARGET

 **463,400 PEOPLE**

 **72.6 MILLION EUROS**

In Colombia, we prioritize our work with **migrants, refugees and displaced/confined populations due to armed violence**. In many cases, this population presents double or triple affectation since they are in high-risk places more prone to affectations due to the climatic vulnerability of those areas.

We will prioritize actions linked to emergency humanitarian assistance with a **focus on protection and access to basic services**. We will expand our work in **health both in rural and urban contexts**. To meet the immediate needs of access to essential goods and services, we will prioritize the use of **cash transfers**.

We also want to increase actions focused on **Nexus and development**, especially for our **entrepreneurship and employability** programs in urban and rural contexts (in priority areas for peacebuilding), **with a localization approach**, strengthening local capacities (institutional and community-based) for lasting solutions.

We will continue working in institutional alliances, and with local actors to guarantee the sustainability of our actions, as well as with international partners, joining collective efforts to achieve greater territorial coverage and assistance for the most vulnerable population.

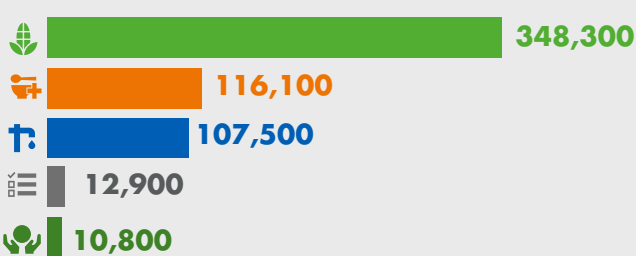
We will strengthen our **Information Management Unit (UGI)**, for its acronym in Spanish) for the production of knowledge,

and have greater analysis and mapping to: i) learn in depth the different profiles of the people we serve (boys, girls, women, men) with a differential approach to their specific needs and vulnerabilities, which allow us to adequately direct our responses more accurately; ii) a better understanding of the contexts where we work and the threats and risks to which people who require attention are exposed; iii) build trends and predictions of the humanitarian situation of the country in the short and medium term

Furthermore, we will work on the **capitalization/systematization of evidence** in our historical sectors of intervention: Health, Water, Sanitation and Hygiene, Food Security, Socioeconomic Inclusion, including the cross-cutting topics of gender, protection and environment, compiling the best work methodologies and impacts, which allows scaling-up and/or expanding best practices in new contexts and territories in Colombia.

Our strategy includes maintaining a territorial presence in 4 regions of the country: Caribbean, East-Orinoquia, Central and South - Amazonia (15 departments), where we have managed to accumulate knowledge, experience and institutional and community recognition, as well as increasing our presence in other territories with high vulnerabilities through alliances with partners. Our goal is to reach **463,400 people** by the end of 2023, for which we require **72.6 million euros**, distributed as follows:

PEOPLE



BUDGET





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TARGET

 **118,300** PEOPLE

 **11** MILLION EUROS

In Peru, we continue to strengthen our humanitarian response to the crisis generated by COVID-19, together with the migratory movement of the **Venezuelan population**, which continues to be observed both at the border and in the main cities of the country. We are strengthening the **Nexus** approach to this response, working to promote **employment, entrepreneurship** and strengthening **livelihoods** in both rural and urban areas.

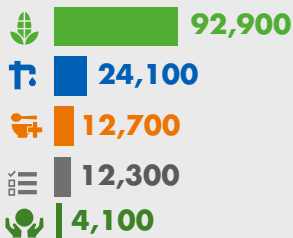
Even if we continue our work on rural areas, we are mainly focalized on the urban context, where most of the vulnerable people (local and migrant) are concentrated, and where our organization has already established strong institutional relationships, an operational presence in several districts and where we have identified gaps for further intervention.

We hope, through our networking and thanks to the alliances established with the State and local partners, to be able to respond to the needs identified through a differential analysis of existing data. This analysis indicate the re-emergence of acute malnutrition, the need of a differential attention to anemia and chronic malnutrition among different vulnerable

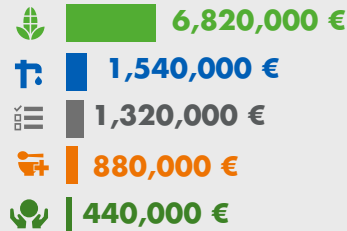
groups, an increased demand for economic independence as a tool to fight against **gender-based violence**, the need for real social and economic inclusion of vulnerable populations, especially migrants and refugees, the recovery of livelihoods or the need to strengthen government **social protection**, health and nutrition programs, among others. In addition, we will continue with the provision of in-kind products (bulk food or hygiene and disinfection products) and cash transfers that ensure the coverage of the basic needs of our target population.

Our strategy includes extending our geographical coverage to La Libertad, Loreto and/or Arequipa regions, where we will incorporate our community work model, already successfully implemented in other regions, whether in the field of health, livelihoods or basic needs. This strategy implies the strengthening of our intercultural focus, especially when working with indigenous people and refugees and migrants. Thanks to partnerships with Peruvian state institutions, private sector and civil society, we expect to support **118.300 people** by the end of 2023, for which we are presenting a financial requirement of **11 million euros**.

PEOPLE



BUDGET



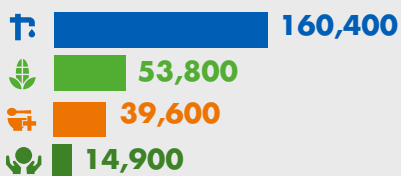


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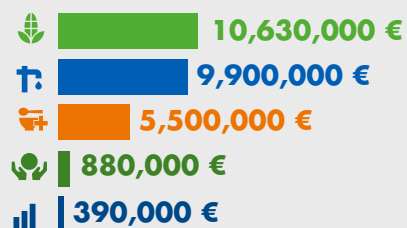
LATIN AMERICA

In other countries in the region with high levels of humanitarian need and medium- to long-term response, our target is to reach **180,600** people, and for this we need to be able to count on **27.3 million**, distributed as follows:

PEOPLE



BUDGET





**NOW IS THE TIME TO REDOUBLE OUR EFFORTS
AND ENSURE THAT NO ONE IS LEFT BEHIND.**

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BENEDETTA LETTERA

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LATIN AMERICA
REGIONAL APPEAL
2021 - 2023

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