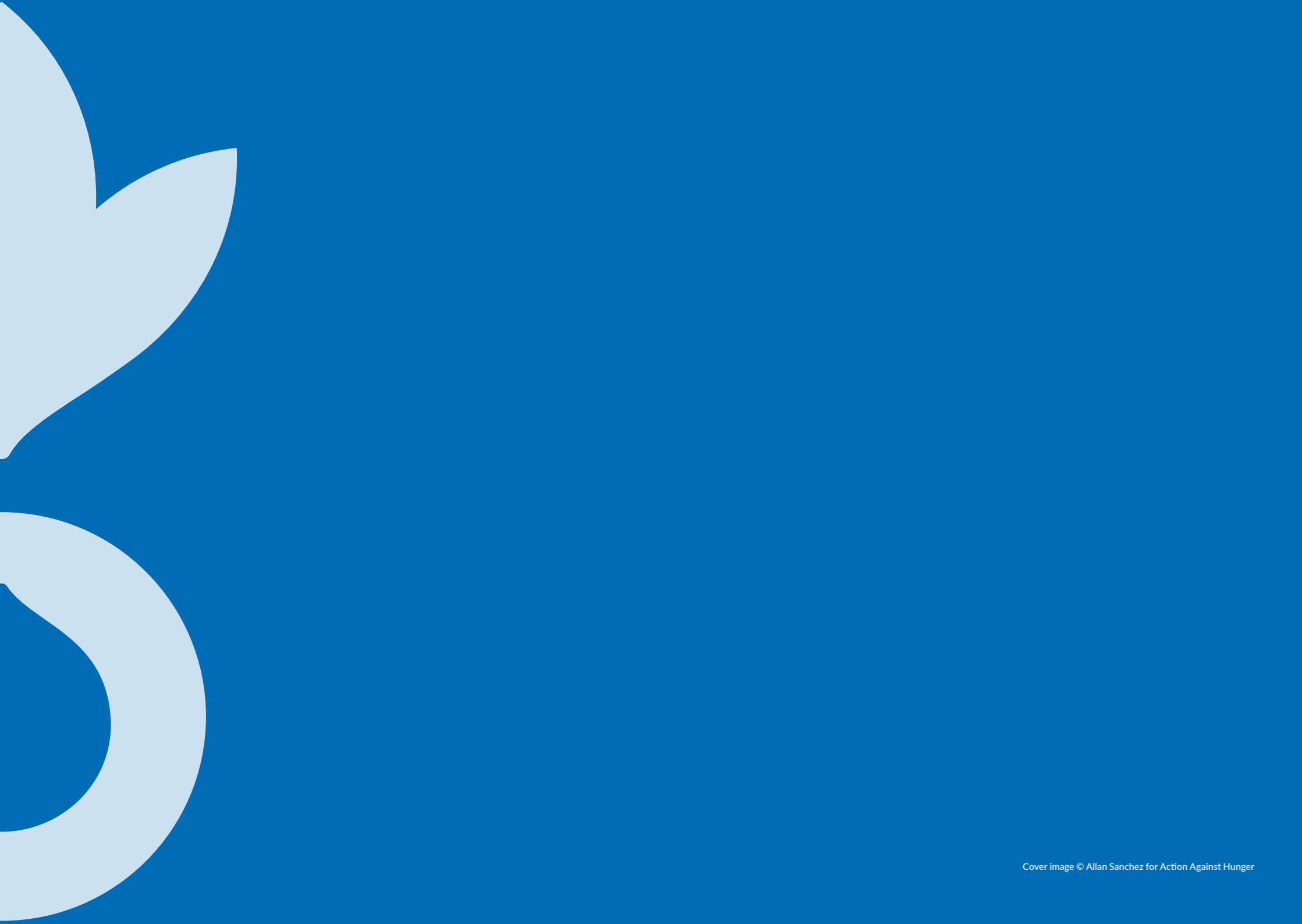




LATIN AMERICA AND THE CARIBBEAN REGIONAL REPORT 2020





Cover image © Allan Sanchez for Action Against Hunger

CONTENTS

KEY STATISTICS	2
INTRODUCTION: LATIN AMERICA AND THE CARIBBEAN	4
REGIONAL HIGHLIGHT: HUMANITARIAN HUB PANAMA	6
CENTRAL AMERICA: GUATEMALA, NICARAGUA AND HONDURAS	8
REGIONAL HIGHLIGHT: USING INFORMATION SYSTEMS TO PREDICT FOOD SECURITY	12
COLOMBIA	15
COUNTRY HIGHLIGHT: INCREASING THE REACH OF CASH TRANSFERS THROUGH USE OF DIGITAL SYSTEMS	17
HAITI	18
COUNTRY HIGHLIGHT: THE FINAL FRONTIER OF CHOLERA ERADICATION IN HAITI	20
PERU	22
COUNTRY HIGHLIGHT: USE OF GEOLOCATION FOR THE DELIVERY OF HUMANITARIAN AID DURING THE PANDEMIC	25
VENEZUELA	27
COUNTRY HIGHLIGHT: WITH THE MENSTRUAL CUP I FEEL FREE	28
CONTACTS	30

IN 2020, ACTION AGAINST HUNGER...



DELIVERED
111
PROJECTS



REACHED
1,144,542
PEOPLE



EMPLOYED
591
PEOPLE



CONDUCTED
18
RESEARCH
PROJECTS

52%



592,454
people reached

WATER, SANITATION & HYGIENE



52,444
hygiene kits distributed



141
water points improved



149
latrines built/
rehabilitated

FOOD SECURITY & LIVELIHOODS

21%



235,439
people reached

DISASTER RISK REDUCTION MANAGEMENT

17%



191,042
people reached

NUTRITION & HEALTH

10%



118,143
people reached

MENTAL HEALTH & CARE PRACTICES

1%



7,464
people reached

COVID-19 RESPONSE



distributed
2,250
items of PPE



distributed
42,268
Covid hygiene kits

...IN LATIN AMERICA AND THE CARIBBEAN

LATIN AMERICA AND THE CARIBBEAN

Benedetta Lettera
Head of
Operations
Latin America

2020 has been a particularly difficult year for the countries of Latin America and the Caribbean. The fragile situation already shown by some key indicators (such as the increase in the number of hungry or poor people in 2019) and the major challenges facing the region, such as climate vulnerability and migratory movements, have been dramatically worsened by the Covid-19 pandemic, which has hit the region hard.

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. 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.

Confinement conditions, distrust towards authorities, as well as the lack of resources or concentration of sufficient public resources, have also contributed to creating favourable conditions for the increase in conflict and violence. As in other contexts, women have been the 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 Caribbean).

At the socio-economic level, the massive loss of sources of income has not been compensated by the social protection measures implemented by the governments of the region.

As Latin America is one of the most unequal regions in the world, these consequences of the crisis have been 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.

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, the economic downturn is expected to result in 28.7 million new poor and 16 million people falling into extreme poverty.

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 FAO, 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. 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 this complex situation, our team has mobilised to respond to the most urgent needs generated by the pandemic, the migratory movements, and the natural disasters that have hit the region in the latter part of the year.

Globally, our organisation has already put in place several protocols in March to maintain our operational capacity in the Covid-19 context, protecting our partners and the people involved in our projects. In the region, the partnerships we have built over the years with local public and private institutions, and the trust of our donors, have enabled us to reach a large number of people in need. In Central and South America, our operational volume has tripled by 2020.

For the coming period, considering the challenges facing the region and the structural effects of the pandemic, it is very important to continue to join efforts to alleviate the suffering of the population and to stop the deterioration of the situation.



REGIONAL HIGHLIGHT: HUMANITARIAN HUB PANAMA

Action Against Hunger established a permanent presence in Panama with the Regional Humanitarian Hub in September 2020. This initiative will allow us to participate actively in the general coordination mechanisms of the regional humanitarian architecture, such as the Regional Working Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC), led by OCHA, and the Coordination Platform for Refugees and Migrants from Venezuela (R4V), led by UNHCR and IOM, as well as in the key thematic sectors for our organisation: Food Safety and Livelihoods, Nutrition, Water, Hygiene and Sanitation, and communication.

The objectives of this hub include: a)

coordinating the response, and collaborate with the agencies of the United Nations system and other international NGOs to the different humanitarian crises in the region; b) promoting the priorities and key elements identified by our national and local teams (data, surveys, good practices) in the regional debate; and c) keeping the national teams informed of the most relevant strategies and actions agreed at the regional level, promoting the flow of information.

Furthermore, Action Against Hunger is also part of the LAC Regional Coalition of International NGOs, gathered to agree on joint advocacy strategies towards different key actors, including authorities, UN agencies and/or donors.

This alliance enables the partners to reach common positioning across different coordination and decision making platforms in the region, on the most urgent humanitarian needs (hunger, nutrition, health or hygiene...) and/or on the response that must be implemented in the different humanitarian crises; for example, to establish advocacy synergies with other NGOs present in Venezuela to improve humanitarian access or to make the humanitarian crisis in Central America more visible to donors.

The regional Action Against Hunger team is made up of a Head of Institutional Relations, a Head of Data Management, and a Head of Communication.



CENTRAL AMERICA

GUATEMALA HONDURAS NICARAGUA

At the end of 2020, two top-category hurricanes devastated large areas of Nicaragua, Guatemala and Honduras, leaving 5.3 million people with humanitarian needs. The number of people in need of food assistance in Central America currently exceeds many countries in the Sahel or East Africa. In this precarious scenario, emigration to North America has become the alternative for a growing number of Central Americans. Regardless of the risks of a journey of more than 2,000km, the number of Central American migrants detained on the border between Mexico and the United States increased significantly in the last months of 2020.

The Covid-19 pandemic has aggravated the social and humanitarian situation with a related increase in unemployment and extreme poverty of 10% in El Salvador and 5.5% in Honduras. In March 2020, the closure of schools and face-to-face classes left hundreds of thousands of Central American children, whose families do not have internet access, without an alternative to learning. Equally, school breakfast programmes were interrupted.

In Guatemala, the Ministry of Health recorded 28,000 cases of children under the age of five with acute malnutrition, doubling the 2019 figures.



In 2020, Action Against Hunger coordinated the work of a dozen international and local NGOs to provide food assistance to 97,154 people in Guatemala, Nicaragua, Honduras and El Salvador, with the support of the European Commission's Humanitarian Aid Department (ECHO).

In the fight against the pandemic, improving access to safe water and adequate sanitation and hygiene has become a top priority. We distributed Covid-19 hygiene and prevention kits to benefit 35,401 people. Among our WaSH interventions, we carried out a development programme, with the support of Spanish Cooperation in the Department of Sololá (Guatemala), to strengthen the quality and sustainability of hydro-sanitary systems that supply water to about 150,000 inhabitants across a dozen municipalities.

We distributed hygiene and prevention kits to 1,200 returned Guatemalan migrants. Moreover, in response to hurricanes Eta and Iota, our teams provided safe water to more than 5,000 affected people in the first week after the disaster.

With the approval by UNESCO of the first Geopark in Central America, in the Department of Madriz, which is one of the poorest regions of Nicaragua, a dozen microenterprises were launched, linked to the agri-food sector and tourism. These are providing an alternative livelihood strategy for more than 50 families headed by women.



In less than 45 days after the declaration of the pandemic, our teams were trained and equipped to apply strict protocols to minimise the risks of spreading Covid-19. This allowed us to continue reaching communities and families with the help they need in the most difficult moments. The general deterioration of the socio-economic and food situation in Central America prompted us, in partnership with academia, to introduce AI data analysis software to help us make predictions about food insecurity affecting hundreds of municipalities in Central America, and thus prioritise our work in the places with the worst food indicators.





REGIONAL HIGHLIGHT


USING INFORMATION SYSTEMS TO PREDICT FOOD SECURITY

In alliance with GIS4TECH, a spin-off company of the University of Granada Spain, and with the support of the Department of Humanitarian Aid of the European Commission, an information system was launched in 2020 that aims to provide food security predictions for 1,053 municipalities across Guatemala, Honduras, El Salvador and Nicaragua. The predictions are carried out through the use of software and artificial intelligence algorithms that combine information from public organisations, household surveys (carried out on a representative sample of rural communities in the Dry Corridor), and monthly agroclimatic analyses provided by satellite images. The results are periodically updated on an [open-use web platform](#). Ultimately, this system helps to constantly identify the territories in which there is a greater deterioration in food security, and therefore facilitates the prioritisation and targeting of resources from the humanitarian community.

This work is accompanied by a shared training for professionals from a score of Central American civil society organisations and public institutions, all of them related to the field of food security. These trainings are carried out through Action Against Hunger's virtual campus, and in 2020 the specialised training was completed by 50 people, in addition to engaging Central American public universities.

Information management and dissemination is critical to the success of the new system. It includes publication of bulletins with audiovisual information, maps of food concerns, and the promotion of experts from Action Against Hunger in local, national and regional coordination spaces. Products and resources created from this process are shared widely and accompanied by academic articles that support the work and methodology applied in the information system.

SISTEMA DE MONITOREO SAN CA4



Mapas

Datos de encuestas SAN

Espacio de reportes


Selección de variable

- Agroclimáticas
 - NDVI
 - SPI
- SAN predicha
 - Zonas de preocupación
- SAN real
 - Categoría SAN
 - HHS
 - IEA
 - PCA
 - PGA


IR

Financiada por [DG ECHO](#)

Desarrollada por [GIS4TECH](#)



SEGURIDAD ALIMENTARIA Y NUTRICIONAL (SAN)



Localización

All

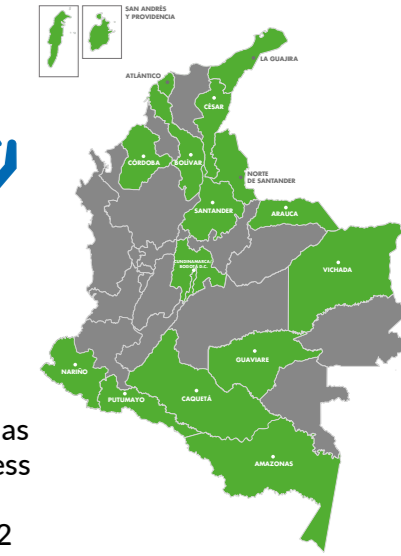
Fecha

All

PAIS	1.Seguridad alimentaria	2.Inseguridad leve	3.Inseguridad moderada	4.Inseguridad severa
EL SALVADOR	54,074	311,116	35,584	5,590
GUATEMALA	103,178	647,080	346,267	39,015
HONDURAS	24,205	311,188	99,376	12,748
NICARAGUA	111,662	378,792	58,130	4,823
Total	261,635	1,697,700	465,972	54,424



COLOMBIA



Colombia continues to be immersed in multiple crises related to migration, conflict and structural poverty. The implementation of the peace accords is at risk, and assassinations of social leaders, mainly in rural areas, have increased. In addition, the vulnerability of 1.8 million migrants from Venezuela (50% in an irregular situation) has increased because of pandemic restrictions, and their livelihoods have been affected, especially in border areas and urban contexts.

Our teams have focused their work on attending to urgent humanitarian needs, on Covid-19 prevention activities, and on providing assistance in remote areas of the country where the state presence is insufficient. Added to the previous crises are the consequences of Hurricane Iota, which devastated the archipelago of San Andrés and Providencia, affecting 270,000 people.

The Covid-19 pandemic has aggravated the situation of the most vulnerable families, 8 out of 10 of whom cannot meet their basic needs.

Because of the confinement, many formal and informal jobs were disrupted. It is estimated that the number of unemployed people reached 5 million in Colombia, with a higher impact on the migrant population, for whom the unemployment rate increased by 6 points.

In 2020, we supported 213.157 people across 16 departments, increasing our coverage by 59.4% compared to 2019. Of the total beneficiaries, 54% were women (mainly heads of household) and 46% men.

In the health and nutrition sector, we reached 12,860 people, prioritising medical-nutritional assessments, the delivery of micronutrients and treatment against malnutrition. We worked across the departments Norte Santander and Guajira, where the situation of food insecurity is recurrent and the state presence is insufficient.

Our WaSH teams focused on a Covid-19 prevention strategy, which included the delivery of hygiene and prevention kits

to reinforce the biosecurity of 38,595 people, as well as awareness about hygiene habits to 32,052 people. To reduce the impacts on food access, our FSL teams distributed food to 44,485 people and multi-purpose cash to 38,043.

The pandemic forced a rapid adaptation of our programmes; our digital transformation strategy ensured the continuation of activities, decentralising procedures for the collection of information. In cash-based interventions, digitisation made it possible to reduce contact with beneficiaries, increasing the number of people reached by 345% during the first months of the emergency. These changes in the selection processes made it possible to triple the number of people we supported. In addition, we developed 109 information and advocacy products that we were able to distribute through humanitarian actors and other stakeholders.



© Allan Sanchez for Action Against Hunger

COUNTRY HIGHLIGHT

INCREASING THE REACH OF CASH TRANSFERS THROUGH USE OF DIGITAL SYSTEMS



In 2020, Colombia was the country that received the most refugees and migrants from Venezuela, hosting 1.7 of the 5.5 million people registered in the region, including more than 50% with irregular status. This population faces a number of barriers to access basic goods and services, including protection, which means that their vulnerability to food insecurity and health risks (both physical and mental) is constant throughout their migratory journey.

With the onset of the pandemic in March 2020 formal jobs, and informal jobs on which the majority of the migrant population depend, were significantly affected by restrictions and lockdowns. This resulted in thousands of families facing greater difficulties in accessing food or paying for services and leases.

In this context, the multi-purpose cash transfer programme ADN Dignidad, which is led by Action Against Hunger and carried out in partnership with the Danish Refugee Council and the Norwegian Refugee Council, had to adapt quickly to the realities of the pandemic. ADN Dignidad was adapted through the use of digital technologies, enabling remote operations and allowing for greater efficiency in providing assistance. This resulted in a 345% growth in operation, increasing the number of people served monthly from 3,000 to 13,000 during the first months of the pandemic. In all areas of the programme, safety protocols for disease prevention were put in place.

At the end of 2020, the ADN Dignidad programme benefitted more than 107,000 people.

The teams distributed of multi-purpose cash transfers and Covid-19 prevention kits; special care procedures for people at risk of eviction were implemented, and key nutrition and protection messages were delivered. Through post-distribution monitoring surveys, multiple positive impacts were evidenced. In households, 93% primarily used the money from the transfers on food and accommodation. Additionally, 84% declared that this resulted in positive changes and stability in the dynamics of the household, with no major cases of abuse or violence. This humanitarian aid was central to survival in the arduous migration process.

HAITI


261,597


121,230


63,716


26,845


160
STAFF


OPERATING
SINCE
1985

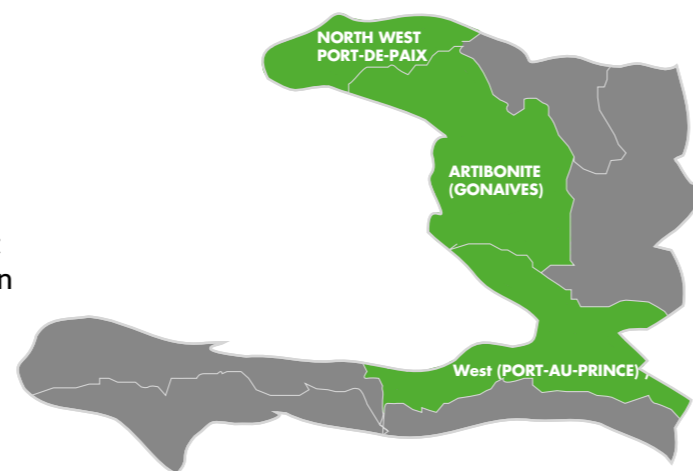

REACHED
473,388
IN 2020

Due to its geographical position, Haiti is highly vulnerable to natural disasters. However, disaster response capacities and prevention are insufficient and compounded by a socio-political crisis that has raged in Haiti since 2018. To date, about 42% of the population is in a situation of acute food insecurity. Moreover, after just barely recovering from 10-year-long cholera epidemics, Haiti's access to drinking water, sanitation and hygiene remains a major concern. The Covid-19 pandemic has strained the already limited health system in terms of services, logistics, human resources and structures. Additionally, government Covid-19 related measures, including the closing of borders, contributed to a notable slowdown in the economy of Haiti, which is highly dependent on imports. Prices have surged and households have experienced significant pressure with many losing their income and livelihoods, in particular women.

Action Against Hunger Haiti continued to implement preventative and curative health and nutrition activities as well as FSL and WaSH interventions. In 2020, the country team screened 53,955 children, referring malnourished children to supported health facilities. A total of 1,320 households received cash transfers, 51 water points have been built or rehabilitated, and a social marketing strategy was developed to increase supply and demand of home water-treatment products. In preparation for natural disasters, the team also built and rehabilitated 62 latrines in nine structures and developed a communal emergency plan for Port-de-Paix.

The Covid-19 pandemic and the subsequent measures taken by the government had a significant impact on the planning and budget of Action Against Hunger Haiti projects.

The country office prioritised the implementation of life-saving activities, which include cash-transfers distribution, installation of handwashing stations and awareness raising. Moreover, Action Against Hunger supported the government's response plan to Covid-19, by working with facility staff on Covid-19 prevention and control activities as well as providing education on Covid-19 prevention in communities.



COUNTRY HIGHLIGHT

THE FINAL FRONTIER OF CHOLERA ERADICATION IN HAITI

Cholera appeared in Haiti for the first time in October 2010, just months after the devastating earthquake. In the early days, there was so much unknown about the deadly, fast-acting illness.

“We were so vulnerable because we were so ignorant,” says Trazillio, who joined Action Against Hunger as a Chemist and Lab Technician that year. He remembers the feeling of fear, everywhere; he remembers visiting a health centre when six people died of cholera in a single day.

One of the primary ways the bacteria-borne illness spreads is through contaminated water, which is why the disease is often seen during humanitarian crises, when sanitation and health systems have broken down. The outbreak exacerbated existing weaknesses in Haiti’s health systems, and this lack of capacity and local expertise to combat a major epidemic led to widespread panic.

Cholera spread rapidly, crippling access to safe drinking water, adequate sanitation, health services, and education. People associated the sickness with their living environments, and, desperate to flee, they moved to different areas and carried the bacteria to other communities.

Between 2010 and 2018, there were more than 800,000 suspected cases and nearly 10,000 identified deaths from cholera in Haiti.

“Many people thought cholera was the result of witchcraft and that they could do nothing to protect themselves,” says Véline Sévère, Head of Action Against Hunger’s WaSH Department in Haiti. “Little by little, they came to understand that this is a ‘real disease’ and that they can protect themselves by adopting better hygiene practices.”

Haitian communities are now better prepared to prevent cases, and to quickly deal with any new outbreaks. Their massive efforts to eliminate the disease, together with the dedication of local authorities, Action Against Hunger, and other partners are working: the last confirmed case of cholera in the country was detected in February 2019. If the country goes three years without a new infection, the epidemic will be considered officially eradicated by the World Health Organization.

“We do not have the same fear, because we are armed with knowledge,” says Trazillio, who is now the cholera project manager.

“I am convinced we can eradicate cholera with the knowledge and tools we have now. When it is all over, it will be a huge accomplishment – a dream becoming real.”

Action Against Hunger has led eradication efforts since the outbreak in 2010 in the regions of North-West and Artibonite, where the outbreak hit hardest. At first, whenever a new case was reported, our teams focused on “mass distribution of supplies”: equipping as many people as possible with the tools needed to prevent the spread of cholera. We distributed hygiene kits with water treatment products, soap, and oral rehydration salts to all households in high-risk communities and held education sessions to encourage handwashing, improve sanitation, and taught people how to treat water at home.

In 2014, together with Haiti’s Ministry of Public Health and Population and UNICEF, we set up a system of surveillance, investigation, and alert in the North-West and Artibonite. Our rapid response teams were tasked with responding to all suspected cases within 48 hours. We established sanitary cordons to investigate suspected cases, distributed hygiene kits, and disinfected spaces and water points.



We also continued education efforts and installed decontamination stations to secure hazardous water sources.

Over the last decade, our teams learned from mistakes and adapted. In 2014, there was a suspected case in Bassin Bleu in the North-West region, but local officials were not immediately involved in the response, and were not systematically sharing case information.

To address this issue, we developed a community relay network and trained several local agents in epidemiologic monitoring. Now, stronger local capacity and skills ensure that alerts are provided and answered within 48 hours, even in remote communities.

Today, Action Against Hunger’s approach to addressing cholera and other water-borne diseases is known as the Sword and Shield Technique, which aims to both stop the potential spread of new outbreaks and to maintain prevention efforts in vulnerable communities.

The sooner we react to suspected cases, the more likely we are to stop the spread of the epidemic. That’s why our rapid response teams aim to respond to alert calls within 24 hours, 80% of time, and within 48 hours, 95% of the time. Additionally, after sanitary cordons are established around the home of a suspected cholera case and twenty of its neighbours, the rapid response teams transform into community engagement teams, who encourage the adoption of better hygiene practices.

One innovative aspect of our programme includes a research project to locally source water treatment products. Right now, many of the products used to prevent water-borne diseases, such as chlorine tablets, are provided for free as part of international aid programmes. To stimulate local markets and guarantee sustainability, our teams are assessing how viable the local market for water treatment products would be by interviewing community members to understand at what price they would be willing to buy these

products, offer the products at a reasonable price, and promote sales.

However, even as progress against cholera has been made, international attention on Haiti and its epidemic has dwindled – and so has the funding needed to maintain prevention work and to address the underlying causes for the outbreak. Additionally, recent political unrest shut down roads and blocked access to communities, limiting the capacity of our rapid response teams to mobilize quickly when suspected cases are reported.

“We can eradicate this scourge in Haiti – but it is not inconceivable to say that the fight against cholera could be stopped in its tracks as we near eradication, due to lack of funding,” says Cédric Piriou, Country Director in Haiti. “With all the progress we have made, it’s as important now as ever to maintain our work to provide safe, affordable, and reliable access to clean water, and to prevent cholera from resurging.”


PERU


23,696


3,128


2,462


17,754


43,171


48
STAFF


OPERATING
SINCE
2007


REACHED
90,211
IN 2020

The Covid-19 pandemic has highlighted the fragility of Peru's health system and led to a health crisis. With approximately 100 ICU beds and 3,000 hospital beds at the beginning of the pandemic, and among the highest number of coronavirus cases in the region (950,000 people infected in 2020), primary care has been paralysed and hospitals overwhelmed. The government management of the health crisis has also resulted in a socio-economic crisis, with massive loss of jobs and increase in the number of Peruvian and migrant families unable to buy food. Monetary poverty increased by 34%, affecting the lives of more than 11.2 million Peruvians.

Political tensions between the State and civil society further destabilised the country. We worked in a context of great complexity in one of the longest and strictest lockdowns in the world. Despite this, we implemented 11 development and humanitarian response projects.

Since the arrival of Covid-19, family income has been reduced on average by 33%, and around 75% of the population surveyed by Action Against Hunger is in a situation of food insecurity. There is an increase in the prevalence of iron deficiency anaemia.

According to a study carried out by the Peruvian National Institute of Statistics in May 2020, 14% of households (equivalent to at least 1 million people in Lima alone) said they had not been able to buy food with protein content, and 9% said the same of food with carbohydrate content. In 73% of households with difficulties in acquiring protein, the cause was lack of finance.

We have focused our efforts on basic needs, working to deliver food, hygiene products and personal protective equipment. We have also developed training for proper nutritional management, anthropometric studies and analysis of the nutritional situation of the population. In the area of WaSH, we have worked with markets, soup kitchens and health centres to ensure their access to water and adequate disinfection systems, as well as to promote good hygiene practices. Our psychologists have intensified support for children through training for parents and educational tools. Cash assistance has been provided for entrepreneurship projects promoted within our employment and entrepreneurship programme, and we have coordinated with State institutions and the International Cooperation system over Covid-19 prevention and vaccination campaigns.



We also worked with the private sector to ensure rapid response during the first phase of the pandemic. We quickly adapted our programmes to remote solutions, which allowed us to increase the impact of our interventions. We also trained our teams in Covid-19 protection, handling of equipment, new protocols and psycho-emotional support.



COUNTRY HIGHLIGHT

USE OF GEOLOCATION FOR THE DELIVERY OF HUMANITARIAN AID DURING THE PANDEMIC

Peru has been one of the countries hardest hit by the Covid-19 pandemic, with a severity index of 96 out of 100. The containment measures adopted by the government to stop contagion focused on limiting movement and social interaction. Considering that informal work is one of the main sources of income for the population in Metropolitan Lima, the immediate effect of these measures was that thousands of families abruptly stopped receiving income and moved suddenly into a situation of poverty and food insecurity. In addition, families in need could not travel to the traditional humanitarian aid delivery points (social centres, schools, shelters), many of which were also closed.

It is in this context that Action Against Hunger has established an alliance with GeomaticGreen, a company with extensive experience in geomatics, to develop a geolocation tool to improve the distribution of aid to vulnerable families.

This included especially those located in 'invasion zones', where there is no adequate urbanisation or street registers.

Through the application of GIS software (QGIS), it was possible to generate the data to support logistics decision-making. The tool achieved complex spatial analyses, allowing the country office to evaluate distribution options that could reduce the risks for staff and beneficiaries. Thanks to this alliance, a tool was developed that defined the exact group of beneficiaries to be served in each delivery, taking into account their distance to fixed distribution points. In a context of compulsory social isolation, minimising the displacements of the teams without reducing their capacity for intervention or the impact for beneficiaries was key. In addition, this made it possible to incorporate data from the databases of civil society organisations lacking the capacity to access their own beneficiaries.

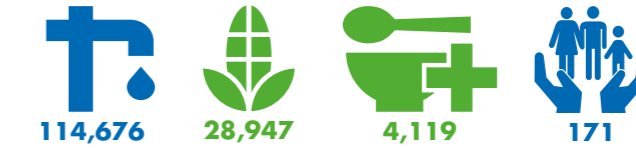
The use of GeomaticGreen provided direct access to those people.

Taking into account that in Metropolitan Lima the street nomenclature system is highly imprecise, planning a distribution of staple food based solely on the postal address could have resulted in greater delay in deliveries and therefore 1) greater risk of contagion for the team in the field 2) risk of assault or 3) mobilising of teams through areas difficult to access, with risk of blockage due to impassable roads. Hence the usefulness of this type of tool, which allows for accurate and realistic logistics planning, with all the necessary security protocols. Thanks to this geolocation system, and effective collaboration with donor companies, Action Against Hunger in Peru was able to quickly and effectively deliver humanitarian aid, while ensuring the safety of its staff and beneficiaries.





VENEZUELA




**POOL OF
 INTERNATIONAL AND
 NATIONAL EXPERTS**


**OPERATING
 SINCE
 2018**


**REACHED
 147,913
 IN 2020**

In 2020, political instability has once again marked the rhythm of life in Venezuela. The degradation of the economy that has continued since 2019 (unemployment, hyperinflation and the deterioration of basic services) increased, with the arrival of Covid-19 leading to more than 7 million people (25% of the population) in urgent need of humanitarian assistance and protection. The country team expanded operations to the state of Amazonas to reach a greater number of people with new actions such as maternal and child health activities.

The Covid-19 pandemic has had an exacerbating effect on an already weakened infrastructure. In the face of growing demand for medical attention and healthcare, hospitals, water distribution systems and the internal supply chains struggled to adapt. Restrictions on the movement of goods and people, and the cost of basic goods and services have increased, and there has been a significant loss of livelihoods, causing a direct impact on food security.

Of families, 32.2% reported total or partial loss of employment and/or sources of income. The most vulnerable people adopted coping strategies that include internal and external displacement in search of better opportunities. Data collected by Action Against Hunger towards the end of 2020, showed that chronic malnutrition has reached a prevalence of 26% within the communities we reach.

Since the outbreak of the pandemic, Action Against Hunger, in partnership with three local NGOs, was able to focus its activities to mitigate the impact of the restrictive measures using an integrated approach, prioritising women and children under the age of five. Action Against Hunger was able to reach more than 20,000 people (a 70% increase year-on-year). Innovative programmes were launched throughout the country, including the distribution of menstrual cups and reusable menstrual towels, necessary to increase access to menstrual hygiene products, often out of reach for most families.



The main objective of programmatic adaptations in light of the pandemic was to continue with direct attention to beneficiaries across Venezuela. While the main points of entry (schools and community centres) were closed, it was possible to switch quickly from a centre-based approach to a household-one. Throughout the year, monthly food and WaSH kits were distributed in six states, while WaSH rehabilitation activities, with a stronger focus on health centres, took place in five. Activities in health facilities were accompanied by the establishment and follow-up of clear infection prevention and control protocols, developed with the centres' own staff.

COUNTRY HIGHLIGHT

WITH THE MENSTRUAL CUP I FEEL FREE

Mariana Crespo (not her real name) is a 30-year-old teacher and mother of two, who lives in the former industrial city of Valencia in the State of Carabobo. She participated in a workshop on menstrual hygiene and health organised by CESAP, one of the Action Against Hunger's local partners in Venezuela. Within the framework of our humanitarian response in the country, she was given a menstrual cup, a product still little known in Venezuela. As Mariana said: "With the menstrual cup I feel free, I don't have to worry about changing my sanitary pad every two hours." Another woman who received the menstrual hygiene kit commented: "It exceeded expectations. Women in general do not know many things about menstruation. A different, healthier view of menstruation was shared with us, and this was very well received by the participants."

Certainly, in the context of a humanitarian complex emergency in Venezuela, menstrual hygiene can become a mental, economic and environmental burden that women suffer in isolation.

Menstruating can exclude women from daily life. Action Against Hunger data shows that more than 75% of the women surveyed cannot afford sanitary pads, almost 30% the women consider that the lack of menstrual hygiene products has a very negative impact on their personal, social, and work life, and 30% heard that girls will stop going to school because of a lack of menstrual hygiene products. Yet, menstrual hygiene products are essential products, not only for practical needs regarding health and hygiene but also to enable women's economic and physical autonomy, and therefore their strategic needs.

As a response to such needs' assessment, Action Against Hunger trained 200 community leaders, nurses and teachers to carry out menstrual hygiene sessions and deliver menstrual cups and reusable sanitary pads to 3,600 adolescent and adult women in the states of Miranda, Caracas D.C., Zulia, Guárico, Aragua and Carabobo. Moreover, menstrual hygiene activities were used as a gateway to tackle issues such as mental health, sexual and reproductive health, and the prevention of gender-based violence.

As the Gender and Protection officer of Venezuela's Country Office argues: "The crisis and the Covid-19 pandemic exacerbated existing gender inequalities, altered sociocultural gender roles, weakened women's traditional support networks, destabilised essential public services and increased the vulnerability of women and girls to sexual and gender-based violence." These complex dynamics have serious long-term consequences for women's health and economic wellbeing.

Menstruating with dignity in an emergency context cannot become a privilege. It is a basic need that must be met to improve hygiene for girls and women, as well as to close the existing social, educational and employment gender gap. For these reasons, menstrual hygiene activities contribute to a comprehensive humanitarian response seeking, through a gender lens, to alleviate suffering and save lives among the most vulnerable populations.



CONTACTS

LATIN AMERICA



BENEDETTA LETTERA
HEAD OF OPERATIONS FOR LATIN AMERICA

DANIEL MARTIN SANTOS
HEAD OF INSTITUTIONAL RELATIONS, HUMANITARIAN HUB PANAMA
LATAM@ACCIONCONTRAELEHAMBRE.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG

COLOMBIA



ACTION AGAINST HUNGER COLOMBIA
CARRERA 8 # 69-80 BOGOTA D.C. COLOMBIA
PHONE: +57 (1) 3473735
PQR@CO.ACFSPAIN.ORG
WWW.ACCIONCONTRAELEHAMBRE.CO

PERU



ACTION AGAINST HUNGER PERU
CALLE RIO DE LA PLATA 396, SAN ISIDRO, LIMA – PERÚ
PHONE: +51 1 6282835 | +51 953 660 343
INFO@ACCIONCONTRAELEHAMBREPERU.ORG
WWW.ACCIONCONTRAELEHAMBRE.PE

VENEZUELA



FOR INFORMATION ON VENEZUELA:
LATAM@ACCIONCONTRAELEHAMBRE.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG

HAITI



ACTION AGAINST HUNGER HAITI
18 RUE REIMBOLD. QUARTIER BOURBON. PORT-AU-PRINCE
PHONE: +509 37 01 77 47
GRANTS@ACTIONAGAINSTHUNGER.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG/HAITI

GUATEMALA



ACTION AGAINST HUNGER GUATEMALA
6 AVENIDA "A" 13-63, ZONA 9 OFICINA 301, CIUDAD DE GUATEMALA
PHONE: +502 23671234
INFO-GUATEMALA@CA.ACFSPAIN.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG.GT

HONDURAS



ACTION AGAINST HUNGER HONDURAS
RESIDENCIAL VALLE AZUL, CALLE 2, APARTAMENTO 1, SAN PEDRO SULA, HONDURAS
PHONE: +504 9591-8010
INFO-NICARAGUA@CA.ACFSPAIN.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG.GT

NICARAGUA



ACTION AGAINST HUNGER NICARAGUA
VILLA FONTANA, DEL CLUB TERRAZA 2 C. AL OESTE 1 C. AL SUR Y 20 VRS. AL OESTE,
CASA N°143, MANAGUA
PHONE: +505 2270 0245 / +505 2277 5646
INFO-NICARAGUA@CA.ACFSPAIN.ORG
WWW.ACCIONCONTRAELEHAMBRE.ORG.GT



This report was produced by Action Against Hunger's UK MEAL team in collaboration with the Latin America and Caribbean Regional Desks, and was managed and designed by Kim Winkler.

September 2021