



# LATIN AMERICA

## REGIONAL NEWSLETTER | 2021 - N° 5

**REPORTING PERIOD:** JANUARY 1 – OCTOBER 31, 2021

**DATE:** 20/11/2021

### CENTRAL AMERICA

Mexico continues to deport migrants from Central America to the inhospitable El Ceibo border in northern Guatemala. Between August 22 and November 2, more than 18,700 people arrived at this border point in 515 buses, of which 4,812 were under 18 years of age.

### COLOMBIA

The Humanitarian Needs Overview (HNO) 2022 estimates 7.7 million people with humanitarian needs, an increase of 1 million people from 2021.

# 1. HUMANITARIAN CONTEXT

## CENTRAL AMERICA



## NICARAGUA

The United Nations Committee on Economic, Social and Cultural Rights has expressed its concern about the high rate of poverty that persists in Nicaragua (24.6% of the population will live on an average of \$1.77 per day in 2021, according to the Nicaraguan Foundation for Economic and Social Development). In particular, the most affected areas are rural areas and the Caribbean Coast region inhabited mostly by indigenous peoples and Afro-descendants, as a result of the socio-political and health situation, as well as the devastating effect of hurricanes ETA and IOTA in 2020. Therefore, it recommends that the State adopts the necessary measures to combat poverty, especially extreme poverty, by adopting a national action plan to decrease it.

## HONDURAS

The coronavirus has begun to decrease in Honduras after causing more than 10,300 deaths since March 2020. However, the number of people killed and infected by dengue has increased. So far, six people have died from the disease inoculated by the bite of a mosquito, four of whom were children. In addition, more than 12,500 cases have been confirmed, of which 752 were of the hemorrhagic type. [The coronavirus and hurricanes ETA and IOTA increased poverty to affect 73.6 percent of Honduran households in July 2021, according to the latest Permanent Multipurpose Household Survey published by the Government of Honduras.](#) 70 percent of the population in 2020, according to the Danish Institute for Human Rights.

## GUATEMALA

Mexico continues to deport migrants from Central America to the inhospitable El Ceibo border in northern Guatemala. Between August 22 and November 2, arrived to this point 515 buses with more than 18,700, out of which 4,812 were under 18 years of age. Meanwhile, [the impacts of COVID-19 and the ETA & IOTA storms are resulting in increased food insecurity.](#) According to the Secretariat of Food and National Security (SESAN), from January to October 23, 46 children under 5 have died from acute malnutrition, which is more than twice compared to the same period in 2020, when 22 children died.



## COLOMBIA

According to the World Bank report [‘Towards Building an Equitable Society in Colombia’](#) published in October 2021, the Gini index (method used to measure inequality by income) went from 0.53 in 2019 to 0.54 in 2020. When this figure is compared with the other countries of the Organization for Economic Cooperation and Development (OECD), Colombia tops the list of the most unequal countries. Such increase is due to different factors, among which stands out the impact of the pandemic, as during 2020 3.6 million people entered poverty. Within this classification, [2.8 million people cannot cover their basic food needs. This situation particularly affects women and girls who are at the frontline of poverty and the fight against hunger.](#) Since the beginning of the COVID-19 pandemic, less than 1 in 5 social protection measures implemented by governments included a gender approach, hence the importance of strengthening social protection systems.

Moreover, the humanitarian figures reflect the increased impact of the effects of the conflict on the most vulnerable communities. [According to figures published by OCHA, as of September 2021, more than 60,700 people have been displaced in mass events.](#)



This situation is due to the expansion of non-state armed groups (NSAGs) who, given the limited state presence and the systematic non-compliance with the peace agreements, have taken over new areas and have recruited more people into their ranks (184% increase in registered events compared to 2020). This difficult situation is worsened by the effects of natural disasters. As of September 2021, 3,081 emergencies of this type have been recorded, mostly caused by the rainy season, where 530,800 people have been affected<sup>1</sup>. Considering these figures, at the beginning of November we participated in the definition of the Humanitarian Needs Overview (HNO) 2022, where the country is expected to have 7.7 million people with humanitarian needs for the following year, which represents an increase of 1 million people compared to the figures of 2021.

In the migration scenario, it is estimated that there are more than 1,740,000 people in the country coming from Venezuela according to data from R4V<sup>2</sup>. In order to advance with immunization in the national territory, the Ministry of Health plans to vaccinate 727,112 persons in regular condition and 1,002,425 persons in irregular condition.

Among the main conclusions of the case study we implemented in the migratory route between Norte de Santander and Santander, it is highlighted the importance of ensuring dignified humanitarian transport in order to mitigate protection risks. In addition, special emphasis is placed on strengthening social integration in the cities of destination through projects that support the livelihoods of this population. It should be noted that we are supporting the identification of migratory routes of the population in transit in cross-border areas (Norte de Santander, Nariño, Santander) and we are planning to replicate these studies at the national level in other points with a high influx of people. To date, many neighboring countries have imposed restrictive measures to prevent the passage of migrant caravans on this route, a situation that has generated bottlenecks in areas such as Necoclí where local capacity is insufficient to meet the needs of this population.

## PERU

From the beginning of the pandemic until October 31, Peru registered 2.202.189 positive cases (for 19.107.779 of samples analyzed), registering 200.276 deaths. 56% of the target population have been fully vaccinated (both doses), despite which 3.125 patients hospitalized for COVID-19 still remain at the end of October, out of which 860 are in critical condition inside the Intensive Care Unit (ICU) and breathing with the help of mechanical ventilation. [There is an upward trend in the number of cases that suggests the arrival of the announced third wave of COVID-19 in Peru.](#)



Peru has been the country hardest hit by the pandemic, with the highest mortality rate in the world, with more than 6,070 deaths per million inhabitants. This has been largely due to the high rates of poverty, which in a pandemic increased to 30%, the informal work, which increases from 70 to 80%, the overcrowding of homes and the precarious health system, according to CIES estimates.

Despite this, according to BBVA Research, the Peruvian economy would grow by 12.2% by the end of 2021, although this growth would be affected by continued political instability and the deterioration of confidence. These negative aspects will make next year's growth only 2.3%. The rise in the dollar and the rise in prices of products such as chicken or gas seem to have stabilized, although it is estimated that in 2022 the dollar will rise again, to an exchange rate of between 4.15 and 4.25 in 2022. It is possible to foresee a potential increase in the price of basic necessities, especially those associated with direct importation or inputs for their production, especially affected by variations in foreign exchange.

<sup>1</sup> OCHA, September 2021: <https://bit.ly/3Hlb8LR>

<sup>2</sup> R4V, October 2021: [https://www.r4v.info/sites/default/files/2021-10/2021.10.R4V\\_R%26M\\_Map\\_Eng.pdf](https://www.r4v.info/sites/default/files/2021-10/2021.10.R4V_R%26M_Map_Eng.pdf)



## 2. STUDIES / SURVEYS



### CENTRAL AMERICA

### POST DISTRIBUTION MONITORING SURVEY OF THE ALCANCES PROJECT



23RD SEPTEMBER TO  
14TH OCTOBER 2021

**MAIN OBJECTIVE:** To monitor changes in the project's indicators on Food and Nutrition Security as a result of the delivery of multi-purpose cash transfers.

This study has been developed under the ALCANCES project, that aims to improve access to food for the most vulnerable households through the delivery of multipurpose cash. In addition to the delivery of cash, the project includes awareness-raising and training activities for beneficiary households on nutrition, household hygiene and food preparation.



The project activities began in May 2021



with funds from USAID's Bureau of Humanitarian Assistance (BHA)

### METHODOLOGY



The project aims to reach 17,250 people, about 3,450 households out of which 9.5% were randomly selected to be submitted to the survey.<sup>3</sup>



85.5%  
WOMEN



14.5%  
MEN

The survey was submitted in



**326 HOUSEHOLDS** randomly selected.



**23 COMMUNITIES** from GUATEMALA. Department: Huehuetenango. Municipalities: Cuilco and San Ildefonso Ixtahuacán.

After the first delivery<sup>4</sup>, the first post-distribution monitoring was carried out to measure:



changes in the FNS indicators monitored by the project



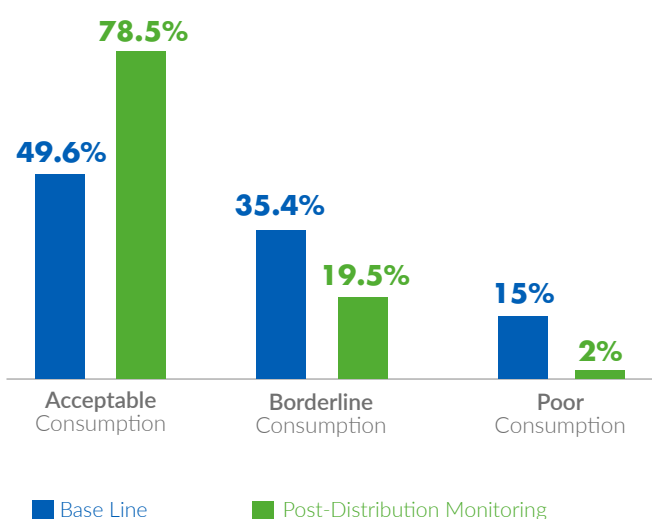
level of satisfaction of the families in relation to the delivery of the assistance and the use made of the funds received from the project.

The survey was administered between 8 and 35 days after the delivery of the first cash transfer.

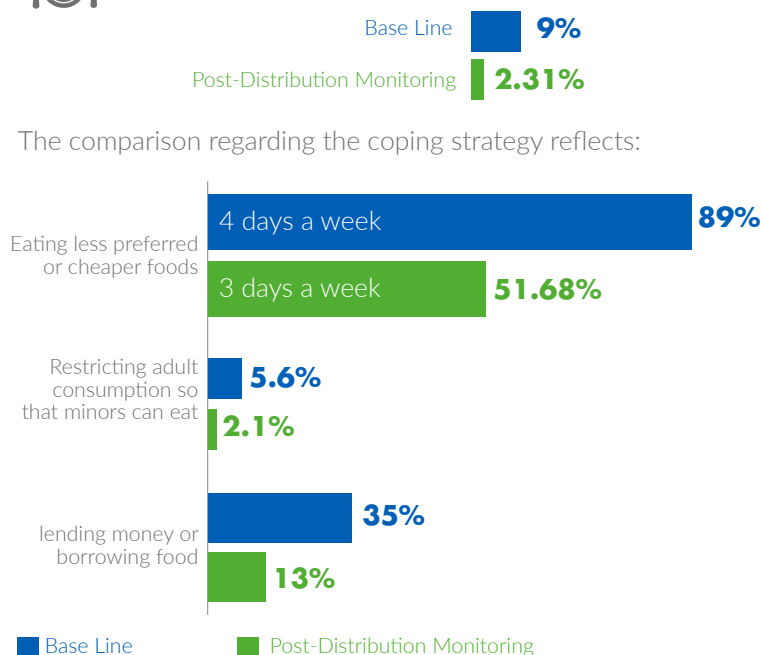
### RESULTS



#### Food Consumption Score of households




#### Mean Reduced Coping strategies Index

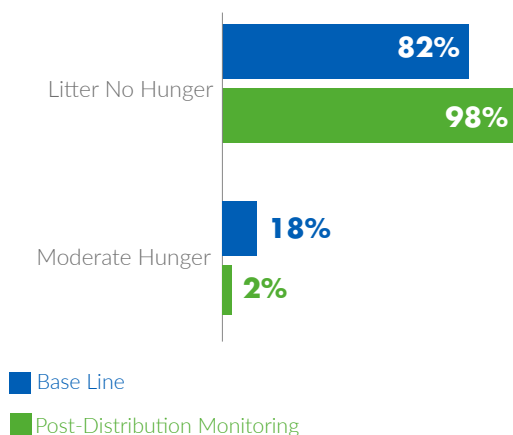


<sup>3</sup> The confidence level is 95% and a margin of error of 5%.

<sup>4</sup> The project started delivering the first cash transfer between July and September 2021

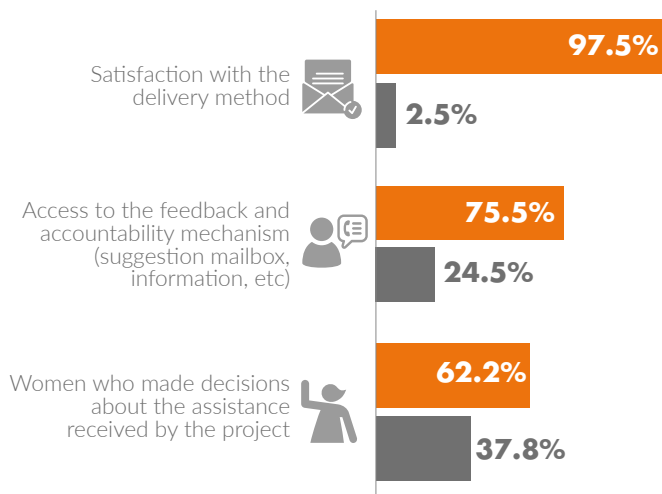


 Percentage of household presenting moderate and severe Household Hunger Scale (HHS) scores



Satisfaction with distribution, decision-making, and access to feedback and accountability mechanisms

■ YES ■ NO



## CONCLUSIONS

The results obtained from the first post-distribution monitoring show positive changes in the values of the food security indicators prioritized by the project, compared to the baseline results:

  
Food  
Consumption Score

  
Reduced Coping  
Strategies Index

  
Household  
Hunger Scale

These results are expected to have a slight variation in the next monitoring once household food access is a little more stable as a result of project support.





## COLOMBIA

STUDY OF TRENDS IN NUTRITIONAL CARE  
FOR THE MIGRANT POPULATION

2019-2020

published in October 2021



The results obtained in this study allow us to:



1. Know the behavior of the population in relation to nutritional indicators for each population group.



2. Identify the population needs in terms of health and nutrition such as access to a timely treatment to these services, follow-up to states of malnutrition by deficit, education on issues of warning signs during pregnancy, prevalent childhood diseases, hygiene, sanitation, breastfeeding, among others.



3. The information and relevant data related to the health and nutrition status of the Venezuelan migrant population in Bogotá and Cundinamarca generated by Action against Hunger in the implementation of this type of projects are a contribution to all actors interested in providing a relevant response to this population.



4. Implement inter-agency articulation actions to maximize the resources to be executed.

## METHODOLOGY



Quantitative, exploratory and descriptive study considering that information obtained specifies the sociodemographic characteristics and nutritional profiles of the population.



2,245 SURVEYS



Bogotá and Cundinamarca

## DEMOGRAPHIC SAMPLE

Between 2019 and 2020, 2,245 children under 5 years of age attended health and nutrition treatments in Bogotá and Cundinamarca.

According to the results of the health and nutrition care provided to children under 5 years of age:

In **2019**a total of 1,532 children were attended (**68.2%**)In **2020**713 children were attended (**46.5%**)

The number of health and nutrition services provided to pregnant women:

2019 **492** attentions2020 **218** attentions

Therefore, this percentage can be explained by the impact of the pandemic and with it the measures restricting the mobility of the Action Against Hunger work team, reducing the number of beneficiary services.

An increase in the prevalence of care for **adolescent pregnant women** was observed<sup>5</sup>:

2019 **8.7%**2020 **11.5%**

The number of health and nutrition care provided to **lactating women**:

2019 **146**2020 **107**

Regarding the geographic distribution of the attentions:

2019



A greater concentration was evidenced in the locality of Teusaquillo for the first year with **28.8%**

2020



The locality with the highest number of visits was Kennedy with **17.9%** of the total number of visits offered in Bogotá, which accounted for 78.5% of the visits. The remaining 21.5% of care was provided in the municipality of Soacha.

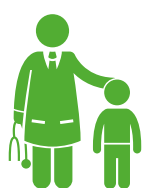
<sup>5</sup> It should be noted that for 2019 there was a limitation in the collection of 3.3% of the information, which may be associated with software error.



## RESULTS

### Children under 5 years of age

- Absence of cases of severe acute malnutrition in 2020 compared to the 7 cases found in 2019
- Decrease of **2.2%** in the prevalence of moderate acute malnutrition.



Rapid hemoglobin tests were carried out on children:

Normal hemoglobin



Mild anemia



Moderate anemia



Nutritional classification obtained from the height-for-age indicator:

In 2019, the risk classification of **stunting** was the most prevalent in the population with **39.4%**

VS

In 2020, the most prevalent classification was **adequate height for age** with **53.9%**

> difference of 16.4% compared to the previous year.

### Pregnant women

Nutritional classification:



Adequate weight for gestational age



Underweight for gestational age



Increase in the prevalence of normal status:



There was a decrease in the prevalence of mild and moderate anemia and no presence of severe anemia in 2020 compared to the data obtained in 2019.

### Breastfeeding Women

Regarding the nutritional classification found, similar behavior is observed for the two years.

classification of **adequate weight** (BMI) was the most common in each period



For excess malnutrition, **overweight** was the second most common classification:



For obesity, the increase was only 0.7% between each period.





## CONCLUSIONS



The nutritional status of children, lactating and pregnant women reflects the chronic and acute effects of malnutrition and hidden hunger.



Among migrant or refugee population, was found a high number of acute malnutrition, stunting in children under 5 years of age. At the same time, pregnant women showed low wweight and all groups presented deficiency in anemia.



These nutritional problems are associated with an increase in morbimortalities, alterations or affectations in the integral development of early childhood, increase in preterm births, intrauterine growth restriction (IUGR) and low birth weight, respectively.

The above clearly shows the possible continuity of the intergenerational cycle of malnutrition for the Venezuelan migrant or refugee population.



The intersectoral approach provided by Action against Hunger is a differential element in our interventions, since it is necessary to evaluate the conditions of access to basic services in order to ensure that the treatments and processes developed are well received by the beneficiaries.



For the specific case of the water, sanitation and hygiene sector, according to the different studies applied at the national level, it is evident that when comparing the cost paid by the migrant population to access water is equal and in some cases higher than the cubic meter paid by the upper strata in Bogota.



This situation shows the need to include in our activities a cross-cutting approach that allows us to work on a problem from different sectors.



Breastfeeding is a lifesaver in times of crisis, but there are many factors that do not allow to comply with the times and the protective factor for the proper growth and development of children.



For this reason, attention should focus on actively protecting and supporting breastfeeding, for example, by establishing safe spaces for mothers and infants, free individualized counseling services and mother-to-mother support systems.

The need for access to information related to health rights is repeatedly identified, providing clarity on the scope of care, especially in relation to prenatal checkups and childbirth, thus relieving tensions or fears of feeling totally unprotected.





## SITUATION OF COMMON POTS IN METROPOLITAN LIMA - ANALYSIS OF CASES IN COMAS AND SAN JUAN DE MIRAFLORES



JULY 2021



**MAIN OBJECTIVE:** Identify and understand the strengths and critical points in the operation of the Common Pots to fight hunger in the context of the pandemic.



Common pots as a community initiative face greater limitations than community kitchens, since community kitchens are recognized as Grassroots Social Organizations made up of people whose main activity is food preparation and social support according to the Law. In the beginning of this year, the Congress passed Law 31126, which recognizes common pots among the organizations that assist vulnerable populations in the midst of the COVID-19 health emergency enabling them to receive public resources, but the law has not yet been fully implemented.



The common pots have been operating mainly with support from the private sector. Some of them have received the assistance of the National School Feeding Program "Qali Warma" in a punctual way.



The common pots are affected by the increase in prices of the products of the basic family basket. This reduces the number of products that can be procured and therefore reduces the impact on vulnerable communities.

## METHODOLOGY



**10** SURVEYS

**20** INTERVIEWS



PARTICIPANT'S  
FEEDBACK

**10** COMMON POTS



Districts of Comas and San Juan de Miraflores  
in Metropolitan Lima.



**1,041** PEOPLE



**404** FAMILIES



**336** MEN



**705** WOMEN



**0.7%**  
pregnant  
women



**4%**  
lactating  
women



**19%**  
children  
under 5



**14%**  
elders  
(+60)



**2%**  
people with  
chronic diseases



**4%**  
people with  
disabilities





## RESULTS



**43 PEOPLE** (4.13%) considered as social cases are served.



No specific food is prepared for children under 5 years of age, pregnant and lactating women.



The common pots are installed in the homes of the beneficiaries and communal premises.



**50%** of common pots do not have solid floors that facilitate cleaning;

the other **50%** have dirt or concrete floors in poor condition.



For the most part, the ceilings of the common pots are not in a good state of conservation, and the space for cooking and food preparation is shared with other environments.



7 out the 10 common pots do not have a facility for the proper disposal of excreta.



The **10 COMMON POTS** do not segregate the waste they generate into organic and inorganic waste.



**90%** of COMMON POTS make an improper disposal of wastewater, only one common pot evacuates wastewater to the public sewer network.



The source of drinking water supply mostly used is through tanker trucks, for whose service they must pay sometimes very high costs



The containers (cylinders) storage capacity of the common pots is between 100 and 400 liters. The polyethylene tanks have a 1100 liters capacity.



**8 COMMON POTS** are not connected to electricity. 2 common pots are connected from neighboring houses.



Some common pots carry out extra sale activities, for the purchase of food.



The average price per capita for the daily purchase of food is **S/ 0.99 SOLES** (0.25 dollars)



**8 COMMON POTS** use gas and woods. Only two use just gas.

The common pots were never visited by the health establishment in their jurisdiction.



**60%** of the common pots visited did not receive any training related to food security (food handling, diets, nutrition or others).

## CONCLUSIONS



The rations of prepared meals are not enough to supply the population served, compared to the real need, therefore there is an urgent need for food donation.



The common pots are installed in communal premises and houses of the same beneficiaries and have poor infrastructure.



Another main need is access to basic sanitation services.



Only 10% of common pots have an internal household connection for drinking water.



Some days they stop cooking because there isn't enough food.

# 3. INNOVATION

## CENTRAL AMERICA

### THREE TOOLS FOR FOOD SECURITY DATA COLLECTION

Over the last year, Action Against Hunger has worked on the development of **two manuals and a protocol in order to collect and analyze food security data** in the Central American Dry Corridor. The first manual is dedicated to the sample design of household surveys to inquire about the food situation. The second provides guidelines for the generation of food security and nutrition data. Both materials and the data collection protocol strengthened the capacities of the technical staff of local and international organizations whose work contributes to improve food security in Central American communities.

The ultimate objective is to **facilitate the collection, processing and analysis of reliable and good quality data, while generating evidence that helps to visualize the food situation in rural communities in four countries along the Central American Dry Corridor**. The information provided with the help of surveys based on the same instruments in different countries makes it possible to make comparisons between different territories. This is of great importance to anticipate situations in which the food and nutritional status of populations affected by disasters or crises of different natures may deteriorate.



[YOU CAN FIND OUR PUBLICATIONS HERE](#) ✖

## COLOMBIA

### INTERNAL SERVER

The server for the internal use of the Colombia mission is already working, which will allow the development of **internal applications that will facilitate access to information and some tedious procedures**. Currently, we are working on the development of a tool for the automatic downloading of pdfs of the means of verification collected in kobo, which will facilitate the updating of the technical file.

In addition, this server allows:

- The **storage and backup of information** from the various consortia, such as MIRE, ADN, etc.
- The **publication of systems**, such as those developed for the MIRE consortium, of maps and statistics.



## 4. TESTIMONIALS

### CENTRAL AMERICA



*[...] All the money is invested in food for the kitchen"*



**ROBERTO TOMÁS DÍAZ**  
Huehuetenango, Guatemala

Aniceta Anicacia Tomás cooks food in her home in the village of Las Pilas, Cuilco, located in Huehuetenango, in the Western Highlands of Guatemala. Her father, Roberto Tomás Díaz, has just returned from the Cuilco market, where he bought tomatoes, onions, potatoes, rice, fruit and meat. He was able to purchase these healthy products thanks to the economic transfer received at the bank of 110 quetzales per month (\$15) for each member of his family through the ALCANCES project, implemented by the Bureau of Humanitarian Assistance of the United States Agency for International Development (BHA/USAID) in collaboration with Action Against Hunger to improve food security in the most vulnerable communities. "All the money is invested in food for the kitchen," emphasizes Díaz, who points out that he never buys products that are low in vitamins. A total of 3,408 families in the municipalities of Cuilco and San Ildefonso Ixtahuacán, in the Department of Huehuetenango, are currently receiving these economic transfers.

Action Against Hunger is responsible for selecting families based on their vulnerability. Once the families have been selected, Action Against Hunger health and nutrition promoters, such as Angelica Menchú, give educational talks, mostly to women's groups. Menchú considers that this economic support is being "very beneficial" for the beneficiary families, taking into account that many of them do not have a variety of food".



## COLOMBIA



*[...] We acknowledged the need to activate the legal tutela mechanism to guarantee the rights to life, health, physical integrity and human dignity of the affected person"*



**PROTECTION PROFESSIONAL**  
**Action Against Hunger, Colombia**

In the project called **Psychosocial accompaniment and advice on protection and rights with a gender approach to migrant population from Venezuela**, in Bogotá funded by UNHCR initial psychosocial accompaniment and advice is provided to migrants and refugees from Venezuela on protection and rights, prevention of gender-based violence, sexual and reproductive health and promotion of hygiene and self-care practices. In order to achieve this, one of the strategies is to carry out workshops with the support of community leaders, allies of organizations and/or district institutions.

In one of the individual sessions held at the Community Development Center (CDC), we learned the story of José Perez, who told us that his wife has heart failure because one of her heart valves is damaged and therefore the doctor indicated the immediate and urgent need for cardiovascular surgery due to the high probability of fatality or risk of death. Mr. José also indicates that he went to several institutions and hospitals in search of help, however, he was told in all of them that "they could not do anything" until he presented the special residence permit -PEP- or a document indicating that he was in Colombia regularly to cover the expenses of the surgery and hospitalization.



As he realized that he would not receive an answer that would help his wife, he went to UNHCR, where a professional told him about the alliance they had with Action Against Hunger and who could assist him in one of their workshops quickly and close to his place of residence, which is why he was at the CDC in Bosa. The psychosocial professional provides emotional support and establishes an immediate referral to the protection professional, who takes on the case and performs a comprehensive legal accompaniment.

Once they were part of the project, the **protection professional** acknowledged the need to activate the legal tutela mechanism to guarantee the rights to life, health, physical integrity and human dignity of the affected person. In the case of Mr. José and his wife, they are people in a vulnerable condition because they are migrant population in an irregular situation. He was supported in the drafting and support of the tutela. After this legal action, a judge of the republic ordered to protect the life of Mrs. Audelina and ordered cardiovascular surgery, examinations and surgical coverage in order to safeguard her life. Currently, **Mrs. Audelina successfully came out of the surgery and is recovering at home.**



*[...] In September they started in the Friendly Spaces and were more enthusiastic [...] the oldest, who was more affected by the situation, changed his attitude and felt accompanied by other children his age"*



**NÉLCIDA PIRELA**  
Mother, Friendly Spaces

During the pandemic, all dimensions of the lives of girls, boys and adolescents were affected: their relationship with family, school, relationship with peers, emotional aspects, play or recreation. Action Against Hunger created an online platform that families could access to different educational materials and receive adequate support through WhatsApp. "Through the Friendly Spaces we want to accompany children, who can go through this crisis situation they are experiencing so that their development is not affected," says Luz Duarte, Psychologist for Action Against Hunger.

At the beginning of confinement, fathers and mothers played a fundamental role in caring and protecting their families. Then they had to accompany their sons and daughters through distance education. "The most difficult thing for me was adapting to the virtual modality of school classes. Not for the use of the devices, but for the process of reflection. I had a hard time getting the kids to stay focused. But the Friendly Spaces were different, it was easy to adapt because they were participatory spaces, where people could share at all times despite being virtual. I noticed the changes also in my children behaviour. From March to September with the school classes it was difficult for them to do their homework. In September they started in the Friendly Spaces and were more enthusiastic about learning as they did it in a playful way. And the oldest, who was more affected by the situation, changed his attitude and felt accompanied by other children his age", comments Nélcida Pirela, who crossed the border in June 2019 with her three children: a 6-month-old baby, one 2-year-old who has a kidney failure condition and his eldest son, who was 5 years old when he arrived in Peru.

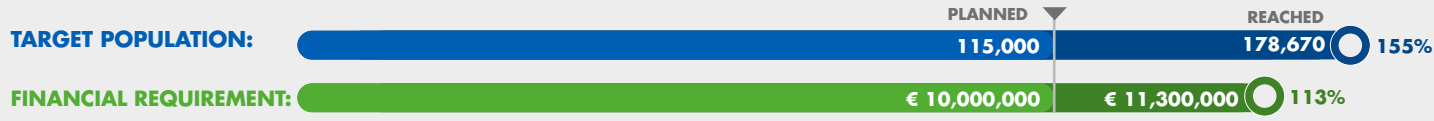
[THE FULL TESTIMONY CAN BE FOUND HERE](#)





# 5. ACHIEVEMENTS BY MISSION

## CENTRAL AMERICA



### WATER, SANITATION AND HYGIENE

- 22,943 People reached through hygiene promotion campaigns
- 24,304 People trained on WASH
- 437 Sanitation facilities rehabilitated/constructed (79,881 people reached)
- 418 Water points rehabilitated/constructed (80,347 people reached)
- 11,822 Hygiene Kits distributed (47,106 people reached)
- 4,512 Water filters, eco-filters and tanks delivered (27,315 people reached)
- 43 Handwashing facilities built/rehabilitated (1,850 people reached)

### FOOD SECURITY AND LIVELIHOODS

- 15,050 People trained in food security and livelihoods strategies
- 17,403 People received food assistance
- 100,505 People received multipurpose cash transfers or vouchers
- 150 People received CASH/Vouchers for productive initiatives and/or fixed expenses
- 984 People received agricultural supplies
- 9,163 People supported with guidance and/or training on employment and/or entrepreneurship

### HEALTH AND NUTRITION

- 25,986 People reached through malnutrition prevention interventions
- 13,639 People provided with Technical advice on nutrition and health
- 11,180 People supported with Psychosocial support consultations
- 47,195 People trained on prevention of COVID-19
- 980 Health workers, promoters and volunteers trained
- 3,129 People screened for malnutrition
- 3,161 People supported with Personal Protective Equipment (PPE) for COVID-19 prevention
- 49,535 People received COVID-19 prevention supplies
- 2,781 Child care kits delivered (3,138 people reached)<sup>6</sup>
- 2,105 Health supplies distributed
- 8 People monitored for malnutrition
- 3,778 People sensitized in Sexual and reproductive health and gender-based violence
- 929 People sensitized on healthy nutrition and good childcare practices

### DISASTER AND RISK MANAGEMENT

- 351 People trained in disaster risk reduction and management
- 1 Community-based organization strengthened
- 241 People reached by the rehabilitation and/or construction of infrastructures for emergency mitigation and response

### INTERVENTION ANALYSIS



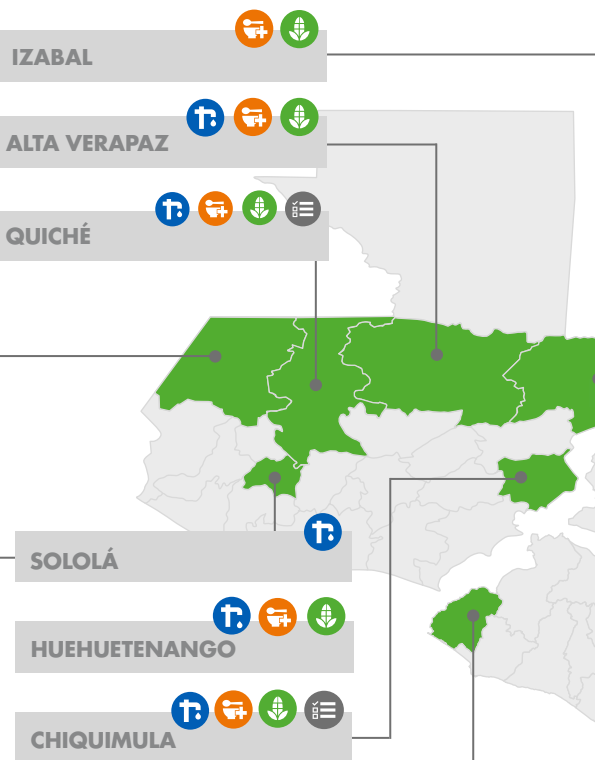
In Central América we keep strengthening local institutions. In Guatemala, Action Against Hunger is participating in the revision to update the Protocol of attention for Acute Malnutrition in children under five, developed by the Ministry of Health. In Honduras, as part of a UNICEF-funded project, we have started cash transfer activities for 1800 family units of returned migrants in order to support their reintegration process, in close coordination with Honduran governmental institutions, the National Social Sector Information Centre (CENISS) and the Directorate of Childhood, Adolescence and Family (DINAF).

<sup>6</sup> Correction note: Following a review of the number of people that received the child care kits, the data has been adjusted from the previous newsletter. However, the increase in Child Care Kits delivered in this activity remains the same.



## ACTION AREAS AND PEOPLE REACHED BY SECTOR

### GUATEMALA



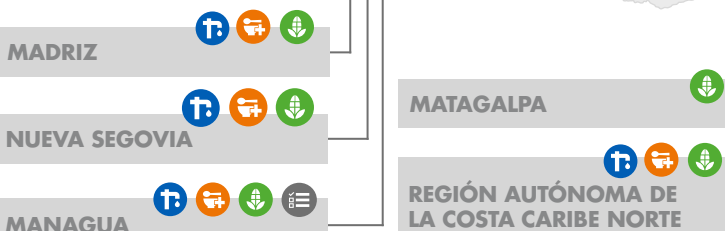
### HONDURAS



### EL SALVADOR



### NICARAGUA



**54.5%**  
ARE WOMEN

**45.5%**  
ARE MEN

**10.3%**  
ARE CHILDREN UNDER 5

**320.7**  
TONS OF FOOD DELIVERED

**2,239,474.36€**  
CASH DELIVERED IN EUROS

**14**  
ACTIONS IN DEPARTMENTS

**24**  
PROJECTS UNDERWAY

**145**  
STAFF MEMBERS

### OTHER RELEVANT INFORMATION



Families in the countries of the Central American region have been affected by their food security's level due to the loss of purchasing power, which has increased during the COVID-19 pandemic, which according to the report presented by FAO<sup>7</sup>, will result in an increase in hunger and poverty. In Guatemala 1.2 million people are in need of emergency food assistance, 570,000 more than at the beginning of 2021. This situation is due to the loss of livelihoods during the pandemic and the storms that hit the region in late 2020. Recovery is very difficult and there is an increase in cases of children with acute malnutrition (20,429 cases in 2021). This situation occurs in other countries in the region, such as Honduras, where it is estimated that there will be 38,000 cases of children with acute malnutrition by the end of 2021, according to UNICEF.

<sup>7</sup> Food Security under the COVID-19 Pandemic. Food and Agriculture Organization of the United Nations. (FAO). 2020. <https://bit.ly/3CGoBA6>



# COLOMBIA



## WATER, SANITATION AND HYGIENE

- 12,278** People reached through hygiene promotion campaigns
- 2,770** People trained on WASH
  - 13** Sanitation facilities rehabilitated/constructed (1,821 people reached)
  - 72** Water points rehabilitated/constructed (2,482 people reached)<sup>8</sup>
- 9,089** Hygiene Kits distributed (19,682 people reached)
- 3,161** Water filters, eco-filters and tanks delivered (9,723 people reached)
- 3** Handwashing facilities built/rehabilitated (40 people reached)
- 1,200** Shelter Kits delivered (3,290 people reached)

## FOOD SECURITY AND LIVELIHOODS

- 40,901** People received food assistance
- 27,631** People received multipurpose cash transfers or vouchers
  - 390** People received CASH/Vouchers for productive initiatives and/or fixed expenses
  - 504** People received agricultural supplies
- 2,348** People supported with guidance and/or training on employment and/or entrepreneurship

## HEALTH AND NUTRITION

- 8,772** People reached through malnutrition prevention interventions
- 728** People reached by infection, prevention and control actions "WASH FIT/IpC COVID-19 strategy"
- 8,230** People provided with Technical advice on nutrition and health
- 3,801** People receiving assistance to access to public services
- 11,640** People supported with psychosocial support consultations
- 2,159** People assisted in Sexual and reproductive health
  - 933** People supported with outpatient consultations
- 12,332** People screened for malnutrition
  - 600** People supported with personal protective Equipment (ppe) for COVID-19 prevention
  - 516** People received COVID-19 prevention supplies
- 2,011** Health supplies distributed
- 730** Pregnant and breastfeeding women, and children treated for malnutrition
- 651** People monitored for malnutrition
- 9,102** People sensitized in Sexual and reproductive health and gender-based violence
- 18,021** People sensitized on healthy nutrition and good childcare practices

## DISASTER AND RISK MANAGEMENT

- 14,267** People trained in disaster risk reduction and management
- 98** Non-food shelter-related items distributed
- 3,979** People reached by the rehabilitation and/or construction of infrastructures for emergency mitigation and response

## INTERVENTION ANALYSIS

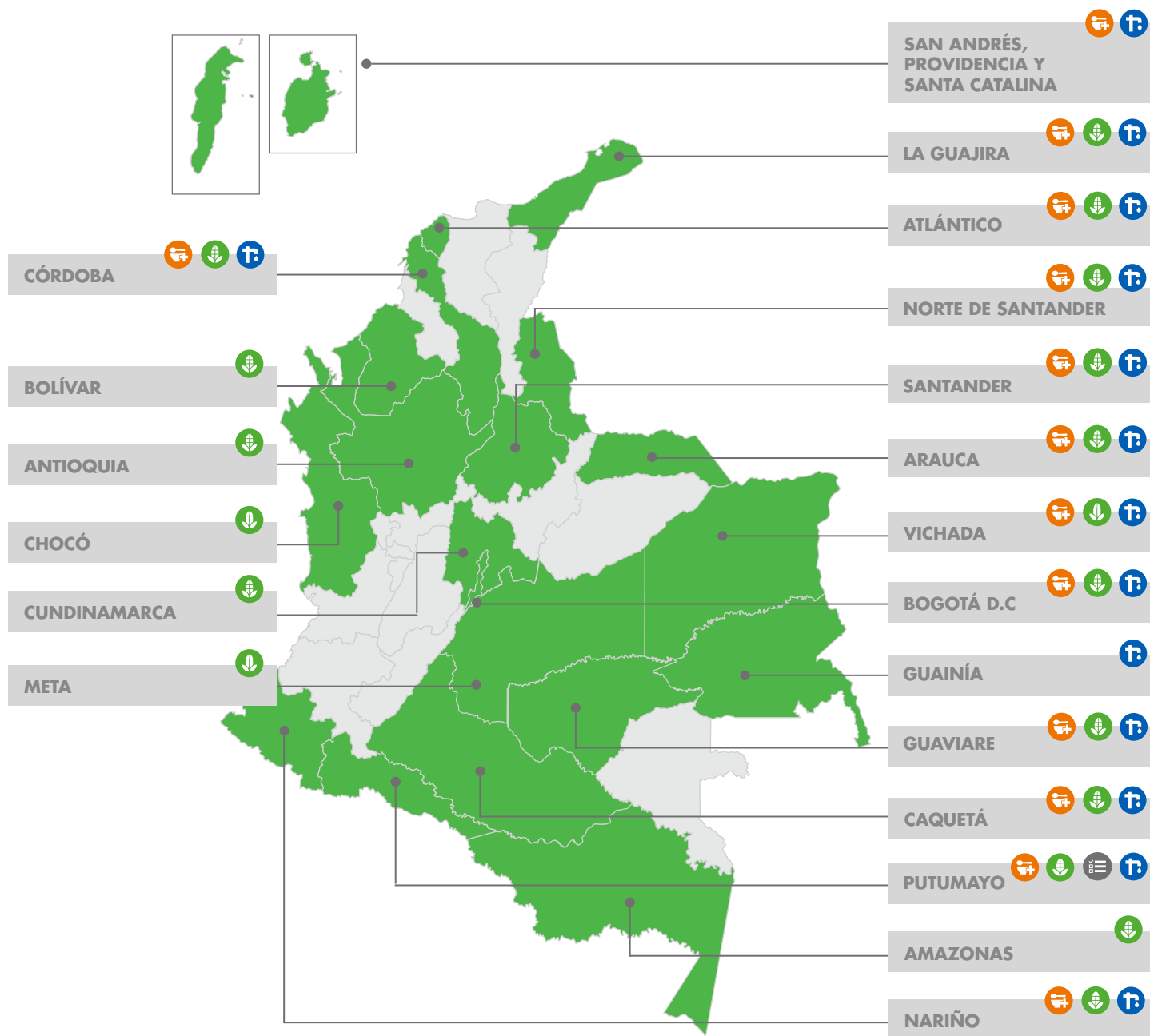


Due to the increase in the number of communities affected by organized armed groups, we continued to provide a timely emergency response through a multisectoral approach to meet the needs of this population. As long as the attention to the Venezuelan refugee and migrant population, we continue to develop actions focused on strengthening and supporting their livelihoods, health and nutrition, psychosocial status and access to hygiene elements. During the second half of 2021, we are opening an office in the department of Amazonas with the objective of strengthening our presence in the Southern Amazon region.

<sup>8</sup> Correction note: Following a review of the number of Water points rehabilitated/constructed, data has been adjusted from the previous newsletter. However, the increase in the number of people reached by this activity remains the same.



## ACTION AREAS AND PEOPLE REACHED BY SECTOR



**58.4%**  
ARE WOMEN

**41.6%**  
SON HOMBRES

**19.1%**  
ARE CHILDREN UNDER 5

**202.1**  
TONS OF FOOD DELIVERED

**4,198,022 €**  
CASH DELIVERED IN EUROS

**20**  
ACTIONS IN DEPARTMENTS

**24**  
PROJECTS UNDERWAY

**316**  
STAFF MEMBERS

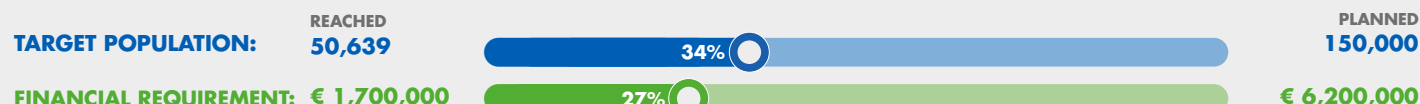
### OTHER RELEVANT INFORMATION



Access to some municipalities in the eastern Orinoco and southern Amazon regions has been limited due to the presence of organized armed groups whose actions make it impossible to provide services. In terms of health, we continue to implement prevention measures and vaccination of the team to avoid contagions during our operations.



# PERU



## WATER, SANITATION AND HYGIENE



- 4,511** People trained on WASH
- 19** Sanitation facilities rehabilitated/constructed (21,266 people reached)
- 3,560** Hygiene Kits distributed (13,546 people reached)
- 13** Handwashing facilities built/rehabilitated (21,183 people reached)

## FOOD SECURITY AND LIVELIHOODS



- 574** People trained in food security and livelihoods strategies
- 15,570** People received food assistance
- 30** People received multipurpose cash transfers or vouchers
- 103** People received CASH/Vouchers for productive initiatives and/or fixed expenses
- 3,287** People supported with guidance and/or training on employment and/or entrepreneurship

## HEALTH AND NUTRITION



- 26,019** People reached by infection, prevention and control actions "WASH FIT/IpC COVID-19 strategy"
- 970** People receiving assistance to access to public services
- 1** Health supply distributed
- 6,643** People supported with psychosocial support consultations
- 327** People trained on prevention of COVID-19
- 303** Health workers, promoters and volunteers trained
- 231** People screened for anaemia
- 94** People screened for malnutrition
- 391** Child care kits delivered (391 people reached)
- 3,521** People sensitized in Sexual and reproductive health and gender-based violence
- 4,467** People sensitized on healthy nutrition and good childcare practices

## DISASTER AND RISK MANAGEMENT



- 431** People trained in disaster risk reduction and management
- 9** Non-food shelter-related items distributed
- 1,050** People trained in emergency shelters management
- 35** Community-based organizations strengthened
- 5** Refugee/Migrant-based organizations strengthened

## INTERVENTION ANALYSIS

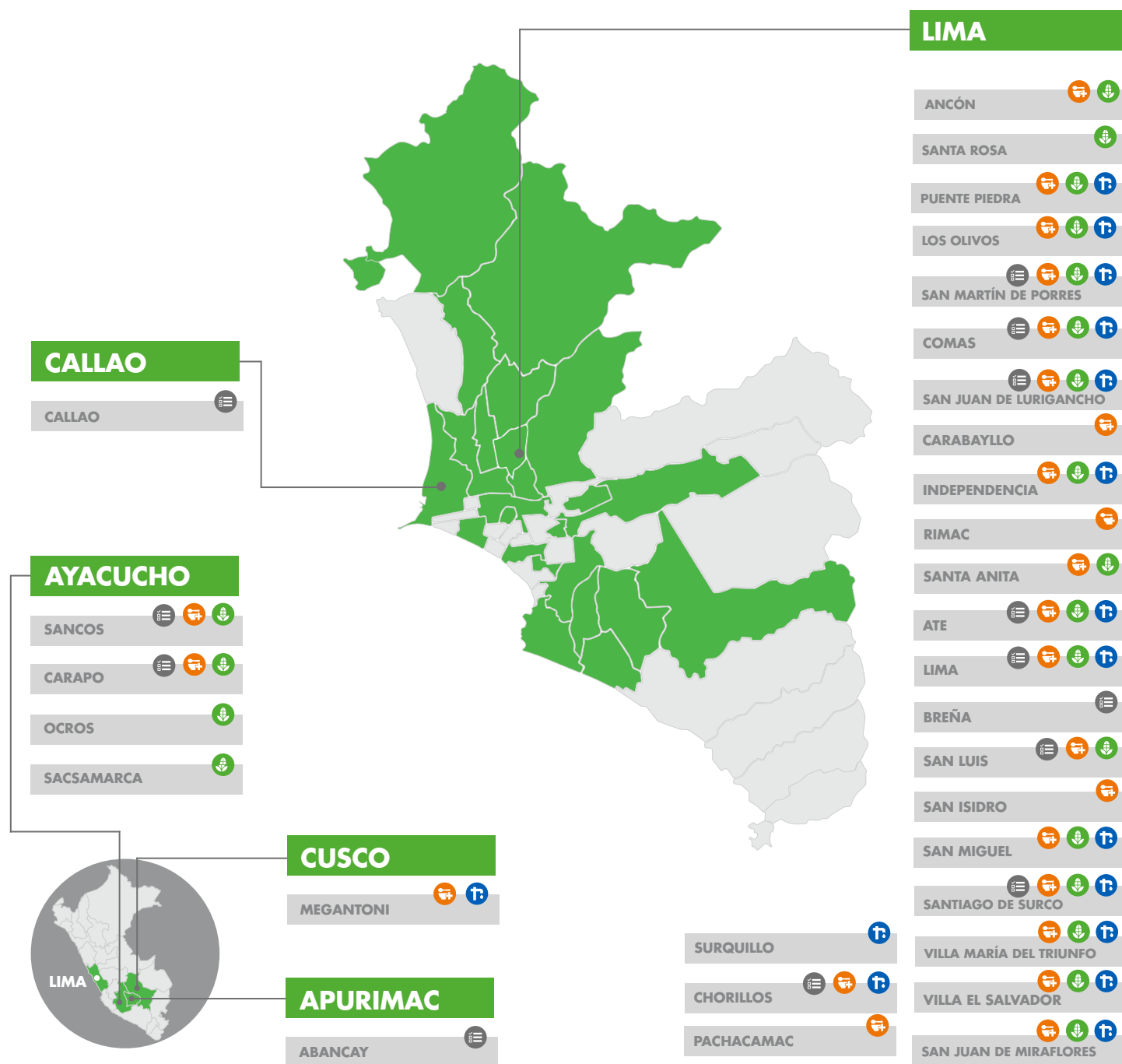


Thanks to the studies carried out, we promoted the mobilization of various governmental institutions, such as: Ministry of Health, Foreign Relations, Migration Units and GTRM Working Groups, with which initiatives are being coordinated to support the most vulnerable population in aspects such as Gender Based Violence, food insecurity, health and migration.

Collaboration with MINSA is allowing an increasingly comprehensive response to the assisted population through common pots, coordinating vaccination interventions (COVID-19, Influenza or others), STD screening, prevention and promotion campaigns and the delivery of food baskets and training to the managers of the common pots.



## ACTION AREAS AND PEOPLE REACHED BY SECTOR



**58.5%**  
ARE WOMEN

**41.5%**  
ARE MEN

**19.2%**  
ARE CHILDREN UNDER 5

**129.8**  
TONS OF FOOD DELIVERED



**36,249 €**  
CASH EN EUROS ENTREGADOS

ACTIONS IN

**31** DISTRICTS  
IN 5 DEPARTMENTS



**08**  
PROJECTS UNDERWAY



**41**  
STAFF MEMBERS

### OTHER RELEVANT INFORMATION



The regulatory context for the fight against food insecurity is not adequate, the initiatives for the declaration of food emergencies are not progressing and political instability makes it difficult to allocate budgets to these response mechanisms.

The population in indigenous rural areas is not receiving the same support or having the same access to aid as the rest of the population, due to difficulties in connectivity, and little access to services.



## 6. REGIONAL COVERAGE

JANUARY - OCTOBER 2021

### WATER, SANITATION AND HYGIENE



- 56,384** People reached through hygiene promotion campaigns
- 31,659** People trained on WASH
- 487** Sanitation facilities rehabilitated/constructed  
(139,879 people reached)
- 496** Water points rehabilitated/constructed  
(140,109 people reached)
- 32,268** Hygiene Kits distributed (110,115 people reached)
- 7,673** Water filters, eco-filters and tanks delivered (37,038 people reached)
- 59** Handwashing facilities built/rehabilitated  
(23,073 people reached)
- 1,200** Shelter Kits delivered (3,290 people reached)

**330,766**  
PEOPLE  
REACHED

### FOOD SECURITY AND LIVELIHOODS



- 15,679** People trained in food security and livelihoods strategies
- 165,595** People received food assistance
- 128,166** People received multipurpose cash transfers or vouchers
- 643** People received CASH/Vouchers for productive initiatives  
and/or fixed expenses
- 1,488** People received agricultural supplies
- 15,259** People supported with guidance and/or training on employment  
and/or entrepreneurship

**206,445**  
PEOPLE  
REACHED

### DISASTER AND RISK MANAGEMENT



- 15,049** People trained in disaster risk reduction and management
- 107** Non-food shelter-related items distributed
- 1,050** People trained in emergency shelters management
- 36** Community-based organizations strengthened
- 5** Refugee/Migrant-based organizations strengthened
- 4,220** People reached by the rehabilitation and/or construction of  
infrastructures for emergency mitigation and response

**24,072**  
PEOPLE  
REACHED



## 6. REGIONAL COVERAGE

JANUARY - OCTOBER 2021

### HEALTH AND NUTRITION

**51,507** People reached through malnutrition prevention interventions

**26,747** People reached by infection, prevention and control actions  
"WASH FIT/IPC COVID-19 strategy"

**21,869** People provided with Technical advice on nutrition and health

**4,771** People receiving assistance to access to public services

**30,303** People supported with Psychosocial support consultations

**47,850** People trained on prevention of COVID-19

**4,353** Health workers, promoters and volunteers trained

**8,536** People assisted in Sexual and reproductive health

**11,448** People supported with outpatient consultations

**932** People screened for anaemia



**33,813** People screened for malnutrition

**3,768** People supported with Personal Protective Equipment (PPE) for  
COVID-19 prevention

**51,603** People received COVID-19 prevention supplies

**5,611** Child care kits delivered (6,143 people reached)

**4,117** Health supplies distributed

**16,371** Pregnant and breastfeeding women, and children dewormed

**2,390** Pregnant and breastfeeding women, and children treated for malnutrition

**961** People monitored for malnutrition

**23,819** People sensitized in Sexual and reproductive health and  
gender-based violence

**37,075** People sensitized on healthy nutrition and good childcare practices

**274,166**

PEOPLE  
REACHED

**7**  
COUNTRIES

**63**  
PROJECTS  
UNDERWAY

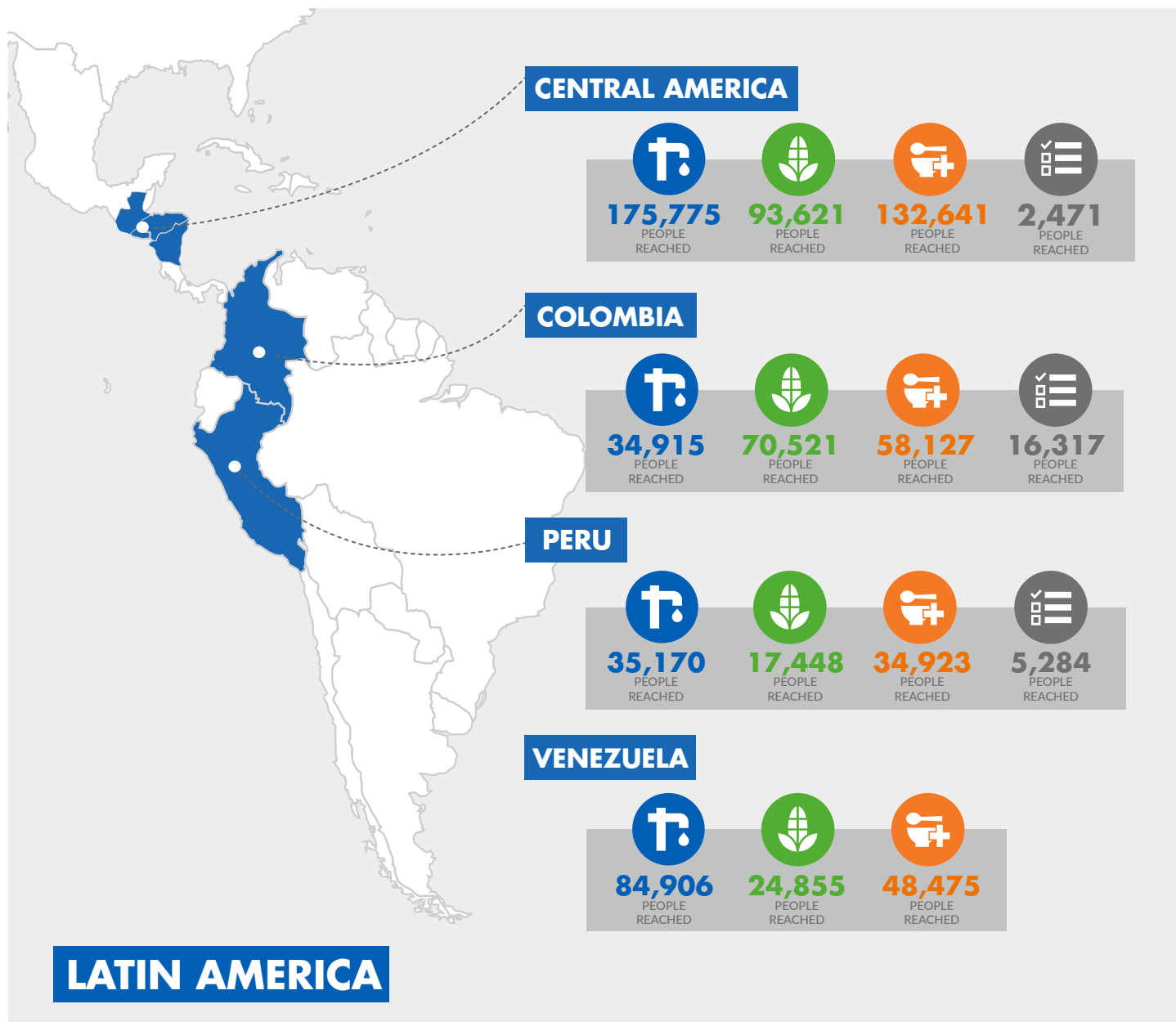
**534**  
STAFF MEMBERS



## 6. REGIONAL COVERAGE

### GEOGRAPHIC COVERAGE

JANUARY - AUGUST 2021



**56.3%**  
ARE  
WOMEN



**43.7%**  
ARE  
MEN



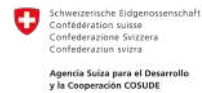
**14.4%**  
ARE CHILDREN  
UNDER 5



**475,940** TOTAL PEOPLE REACHED TO DATE IN 2021

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