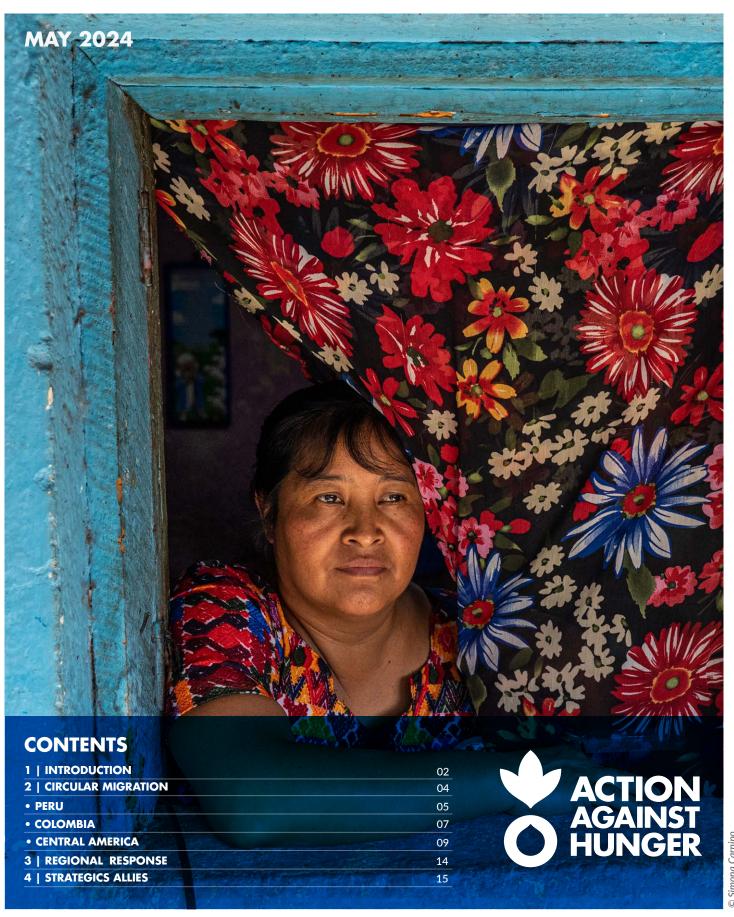
LATIN AMERICA

MIGRANTS - THEMATIC NEWSLETTER





INTRODUCTION



A person is considered an international migrant when he or she resides in a country other than the one in which he or she was born. This is the situation of **281 million people** worldwide, in addition to almost 50 million people who require international protection because they are outside of their country of origin as a result of persecution for reasons of race, religion, nationality, membership of a particular social group or political beliefs. Therefore, refugees are considered migrants. And there are also migrants who, without meeting the specific definition of a refugee established in international law, are also fleeing their places of origin as a result of natural disasters, violence or poverty. Although the media often publish daily news on different aspects of the migration issue, the fact is that the percentage of migrants over the last century has remained stable at around 3.6% of the world's population. More figures: in 2023 only 10% of the people who had been forcibly displaced from their homes were settled in rich countries, 40% settled in a neighboring poor country, while half of these displaced people continued to live in another less insecure region or city, but in their own country. Also in 2023, along the 3,500 km border separating the U.S. and Mexico, more than 2 million people of different nationalities were apprehended while trying to cross northward. Among them were more than 500,000 Central Americans, the largest group in relative terms compared to other nationalities.

A review of history, including our beginnings as a species, shows that migration has been a constant response to multiple social, environmental, and economic problems and challenges. In addition to these factors that historically drive migration from areas of origin, there are also reasons of attraction from the places of destination, such as the existence of a labor market that requires a workforce with varying degrees of qualification, the possibility of accessing better public services such as health, education or public safety, and the existence of a support network of family or friends in the place of destination. Moreover, in our own lives, there are few of us who do not have a family member or loved one who has not migrated or is the result of some kind of migration.

According to the *Gallup World Poll* (GWP), Honduras is the third country in the world where a higher percentage of the population (56%) would like to migrate abroad if they had the opportunity. This survey (which does not include Venezuela) indicates that Honduras is the Latin American society in which migration is most attractive as an alternative to improve living conditions and achieve better future options for families.



This desire is even greater than that expressed in countries subjected to deep crises and armed conflicts such as Afghanistan, Congo, or Nigeria. In the case of Guatemala, 36% of respondents expressed a desire to leave their country permanently, while 11% of Nicaraguans and 20% of Venezuelans have already left their country.

In the case of Latin America, the number of people on the move has increased exponentially in recent years, with estimates ranging between **16 and 20 million people.** The main drivers of migration intentions in Latin America are related to:

- Economic hardship (unemployment, informal employment and very low wages) exacerbated by socio-political crises and extreme weather phenomena;
- Criminality, which is increasingly organized and transpational:
- Corruption and institutional weakness.

In recent years, the region has witnessed a process of erosion of democracy and deterioration in the quality of governance, and only 5 of 22 countries are considered consolidated democracies. On the other hand, in many of the region's countries, extreme events such as droughts and hurricanes have been found to be a major cause of migration, especially among young people. In addition, depressed rural areas with little access to essential services, crop failures and deteriorating livelihoods provide opportunities for transnational crime to establish hubs from which to operate, increasing violence which, in turn, generates more migration, in a spiral that currently characterizes a good number of nations. In few countries in the world is the relationship between climate change, food insecurity, violence and migration as marked as in these countries.

Action Against Hunger in Latin America works in municipalities and communities where regional and international migration is a reality that conditions essential aspects of the lives of their inhabitants. Migration provides many families with extra income through remittances sent by some of their members living in the United States, Colombia, Spain, Panama or Costa Rica. These remittances are used to cover both vital needs and diverse consumption with varying degrees of usefulness. Migration is at the origin of productive investments that facilitate the self-employment of a brother or daughter, investments in the education of young people, or investments in improving the habitability of housing. Migration also leads to the indebtedness of families, the fragmentation of these or the abuse and violation of basic rights during the journey, sometimes extremely dangerous. The stay in destination countries usually represents a significant improvement in the economic income of those who have migrated, as well as access to new opportunities for professional and personal growth. However, abuses, invisibility linked to the condition of "non-citizens", the emergence of tensions with the host communities or even the resurgence of xenophobic attitudes that seemed to have been overcome are also common at destination. Enhancing the positive effects of migration at destination and origin, while mitigating its negative consequences, requires other types of policies and regulations, including those affecting development aid and humanitarian assistance.

With this publication, we want to contribute to the debate on migration flows in the region, providing information on what we see in the territories where we work.



CIRCULAR MIGRATION

Although the vast majority of migratory movements in the region are taking place irregularly, there are a growing number of initiatives and programs that promote regular migration routes, including circular migration programs, which provide people with the possibility of working for a certain period of time in another country. These programs, some wellestablished over the years (as in the case of the United States and Canada) and others more recent (as in the case of Spain), offer a development opportunity for the communities of origin and for the individuals and families who can access them. In the study we have carried out comparing different types of migration in Guatemala, we have found that the situation of households with regular migrants is better than the situation of households with irregular migrants, which have worse poverty and food security data.

Next, the story of one of these households.

 $^{^{1}\ \}underline{\text{https://accioncontraelhambre.org.gt/migracion-circular-2023/}}$





"I decided to go to the United States mostly to help our home and open our own business. I am dedicated to machine sewing and hand embroidery and I want to open my own little shop of clothes. In the future we would also like to open a mechanic shop for my husband," says Glenda Maribel Chiquitó Xicón, 27, who lives with her family in Sumpango, in the department of Sacatepéquez, Guatemala. Glenda traveled to work as a day laborer in South Dakota, United States, for the first time in March 2023, with a work visa that allowed her to work for 3 months. Her husband also travels seasonally to Canada.

"Before traveling, at home we had no washing machine, no refrigerator, no bedroom windows, and no motorcycle, which I have now bought with the money I managed to save. Our plan for the future is to build an additional room for our daughter, since now we only have a room and a kitchen," explains Glenda, who in addition to doing sewing work on demand, does housework, including taking care of her 8-year-old daughter Angeli. Glenda says that she always wanted to travel to the United States to work, but she never wanted to risk doing it with a coyote, "because I have heard many stories of violence which made me very afraid.

He learned about the possibility of working seasonally legally through his father-in-law, who has been doing it for years. "He told me about the existence of this possibility of leaving safely and I decided to take advantage of it". To travel she left her daughter with her grandmother, "I felt sad, but I knew I had the joy of having a visa and then I didn't think about anything, and I went to work. Every night I called my daughter by WhatsApp and that's how I managed to maintain daily contact".

"During the three months I was at the ranch, I managed to save enough to also invest in my daughter's education and cover her school needs. In addition, I was able to buy a motorcycle to take her to and from school, which is far away from our home. The truth is that in a short time I earned more than my husband earns in Canada," she recalls.



With her work in Guatemala, she earns a maximum of 500 quetzales per month (approximately US\$65). Her income is supplemented by her husband, who currently has a one-year contract to cut strawberries, raspberries, and blueberries. "For now, he sends us a few quetzales for our consumption needs and the rest he is saving so he can invest it in work on the house when he returns," says Glenda. Glenda returned in March of this year to the United States where she will work for a few months. "We women can work just as well as men, even faster. The employer in the United States recognized that we women did an excellent job and treated us with respect [...] I think it would be important for women to have more opportunities to go to work on a regular basis".

More stories of regular Guatemalan migrants in the publication "THE AMERICAN DREAM AT HOME" %

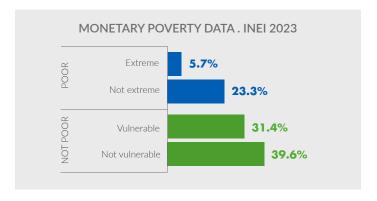


PERU: REACHING A COUNTRY IN CRISIS

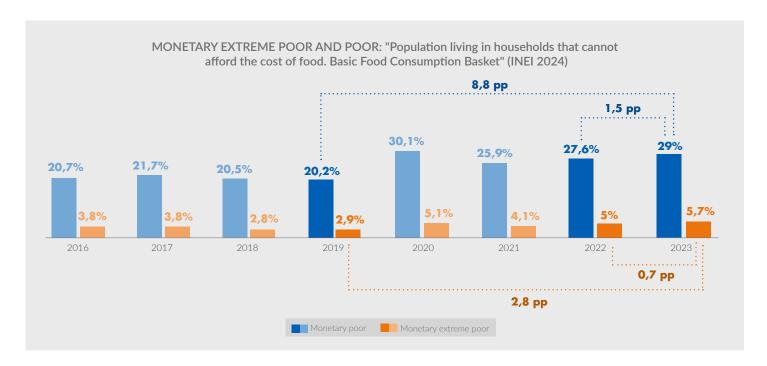
Peru is the second country in the region in terms of volume of Venezuelan migrants (1.53 million) and refugee applications (more than 532 thousand), and important regularization processes have been implemented, including the amnesty of fines, which have allowed thousands of foreign residents to recover their regular migratory status and become part of civil society, thus being able to access health systems, work, pay taxes, start a business or other formal activities.

The Superintendence of Migration reports an overall figure of more than 850 thousand regular foreigners in the country, who have an Alien Registration Card or a Temporary Permanence Permit (CPP). Of these, the majority are Venezuelans (79.9%) followed by Colombians. However, although the regularization of migrants has been facilitated, the more than 532,000 Venezuelan asylum seekers are still waiting for a resolution. Only 6% of Venezuelan asylum seekers in Peru have benefited from the Humanitarian Migration Quality (CMH).

Therefore, despite the various measures implemented, the migrant population in Peru continues to be extremely vulnerable to health risks and emergencies, as well as to the increase in monetary poverty in the country, which in 2023 reached 29% of the population.



Monetary poverty figures have shown a steady growth since 2021, with a variation of 8.8 points between 2019 (pre-pandemic) and 2023. Extreme poverty figures, which already exceed the 5.1 reached in pandemic, show the same growing trend, with a difference of 2.8 points between 2019 and 2023.



The migrant population has similar or lower incomes than the Peruvian population. Forty-one percent of migrants report sending remittances to their families, although during 2023 almost half of them reported having had to reduce the amount of remittances. The same was true for access to sexual and reproductive health services, for example, and it was found that a percentage of the population did not have access because they did not have insurance or because

they needed to spend a large amount of money to get to the health service mentioned (ACF 2023).

The health system in Peru has had to face multiple challenges in the last 4 years, which have affected access to health care for the migrant population.



The health emergency due to dengue caused 134,034 cases in epidemiological week (SE) 14-2024, which implies an increase in cases of more than 25% compared to the same period in 2023. In addition, there has been an increase in child anemia and chronic child malnutrition in urban areas, which adds to the growing trend of caloric deficit figures, especially in the capital (where the highest percentage of migrant population resides), where 4 out of 10 people fail to meet their minimum food needs. Furthermore, according to CeoWorld magazine's Health Care Index 2024, which evaluates the quality of health care systems, and factors such as the environment, access to drinking water, sanitation and government capacity, Peru would be ranked 80th out of 110.

This is the scenario for the implementation of the Refugee and Migrant Response Plan (RMRP 2024), which indicates a figure of 1.29 million people in need in the health sector (migrants and hosting communities). Therefore, our team in Peru continues to work to improve access to quality health care and the care and prevention of cases of gender-based violence of the Venezuelan refugee and migrant population, strengthening the capacities of institutions in the territory and civil society organizations to guarantee fundamental rights. In addition, we maintain a solid network of alliances for the promotion of employment and entrepreneurship, which seeks to improve the work environment for the incorporation of the migrant and refugee population.









MARIANELA, AN EXAMPLE OF LEADERSHIP

The Venezuelan migrant population in Peru has the necessary skills to become drivers of change, positioning themselves as transformative agents in their communities, leading the strengthening of these communities and their services. Women like Marianela are being able to transform their life experience into examples of leadership and get their message across to women who wish to follow in their footsteps: "regularize your immigration status, learn about your rights and duties, and constantly acquire new knowledge and tools through the programs offered by various NGOs."

READ THE FULL STORY HERE *



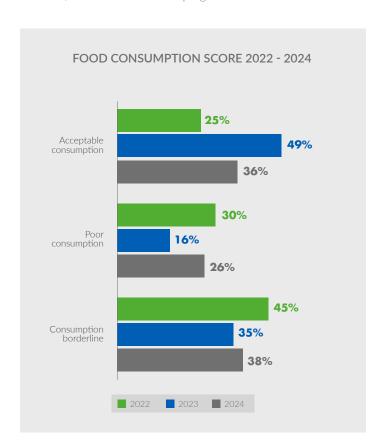
COLOMBIA: ENTRY, TRANSIT AND DESTINATION COUNTRY

Colombia is the main destination country of migrants from Venezuela, with 2.9 million people,² but new regional (and global) migration dynamics have made Colombia also a transit country and an important migration corridor to Central and North America.

For the migrant population seeking to settle in Colombia, the main difficulty is to ensure household income, especially after the deep crisis caused by the pandemic. The growing migratory movement of Venezuelans to the North can also be explained by the lack of stability in the southern countries where they had initially settled.

In the activities of identification of vulnerable households that we carry out in the framework of the ADN Dignity program,³ we see a worrying situation in terms of food consumption. In fact, 50% of the households face problems with the quantity or quality of food consumed, so **they adopt negative coping strategies** such as: changing food selection, modifying quantity/quality and prioritizing food for certain household members. Fifty-nine percent of households frequently use multiple coping strategies.

It is important to mention that 42% of the population of the households served are children and/or adolescents, and 17% include pregnant or lactating women, who have little access to nutrition, health and education programs.





Since 2019, the ADN Dignidad program has assisted the Venezuelan population through monetary transfers for 6 months, also carrying out awareness-raising actions, referrals to the offer of social protection services and guidance on regularization. Since October 2022, we have incorporated complementary activities for socioeconomic integration with three specific routes: entrepreneurship, job orientation and financial inclusion. As a result, 344,000 people have received monetary transfers, 3,358 businesses have been strengthened with seed capital, 1,587 people have improved their employability skills, 1,112 are in savings groups and 235 have been banked.

These types of programs are key to promoting household stability and favoring rootedness, while at the same time it is important to work on the regularization of migrants, which is the main gap faced by this population, including to demand rights and social and cultural integration.

In addition to this important population group that wants to stay in Colombia, as mentioned above, the country is now a key territory for migratory movements to the North, through the constantly growing Darien pass. As of April 2024, 160,000 migrants in irregular transit have been registered in the country.⁴

² Migration Colombia (2024). Report on Venezuelan Migrants in Colombia.

³ https://www.adndignidad.co/

⁴ Observatory on Migration, Migrants and Human Mobility (2024). Irregular Migrants in Transit.





Between 1,000 and 1,500 people have crossed the Darien every day during the first 4 months of the year, representing an increase of 33% compared to the same period in 2023. Migrants are mainly Venezuelan, Haitian, Ecuadorian and Chinese. The flow of Venezuelans increased by 90% compared to the same period in 2023. In contrast, Haitians decreased by 55%. The areas of entry to the country continue to be Nariño (border with Ecuador) and Norte de Santander (border with Venezuela).

Access to the route through the Darién is conditioned by the economic resources available to each family. Purchasing power defines the conditions of security, access to services and continuity of the route. Transit through the Darién costs between 200 and 800 USD/person.⁵ Lack of resources increases exposure to risk factors. During the first quarter of 2024, 28.5% of the people in transit through the Darién were children. In the Las Palmeras camp (strategic entry point to the Darien jungle) our health team has identified that 32% of children under 5 years old were at risk or malnourished (25% for ages 5 to 10 years old).

In fact, in the first quarter of 2024, as part of our humanitarian response to migrants in that territory,⁶ we provided 626 medical and nutritional care to children and pregnant women, and distributed 206 micronutrient supplements for pregnant women, infants and children under 5 years of age.

The main gaps we found are the lack of protective spaces for children in the camps at the entrance to the Darien, access to easily transportable food for the route and the lack of hydration points in strategic locations in the jungle to reduce the consumption of unsafe water and the impact on health.

NORA, "WE ATTEND CHILDREN WITHOUT STRENGTH BECAUSE OF HUNGER AND IT IS VERY DIFFICULT TO SEE THAT"

Nora, a health professional of Action Against Hunger team, gets up every day with a purpose: to work for the health of those who cross the dangerous Darien jungle. Together with her team, she has given multivitamin supplements to more than 500 children from 0 to 10 years old, strengthening them to face the difficult journey through the jungle that awaits them for days.

"We take weight, height, arm and head circumference, and classify the child nutritionally to determine his or her level of risk," explains Nora, who has identified and treated 18 cases at risk of malnutrition.

Her work is not only a medical task, but also an emotional challenge. "I have to fill myself with courage, because it is a very difficult situation for a child, especially in the conditions in which the families find themselves. I have seen children without strength because of hunger and it is very difficult to see that," she confesses.

Working in the Darien has changed Nora's perspective on migration. "It is not easy, they do not have it programmed, they do not know the risks, they go for a dream, for a better life, for their children and their families. For me, this experience has taught me to be thankful every day for my family, my health and my work," she reflects.

Their work is more than a profession, it is a calling to make a difference in the lives of those who need it most.

⁵ ACF: Data based on the analysis for the update of migratory flows in the Darién, 2024. ⁶ Funded by the Swedish International Development Cooperation Agency (SIDA).

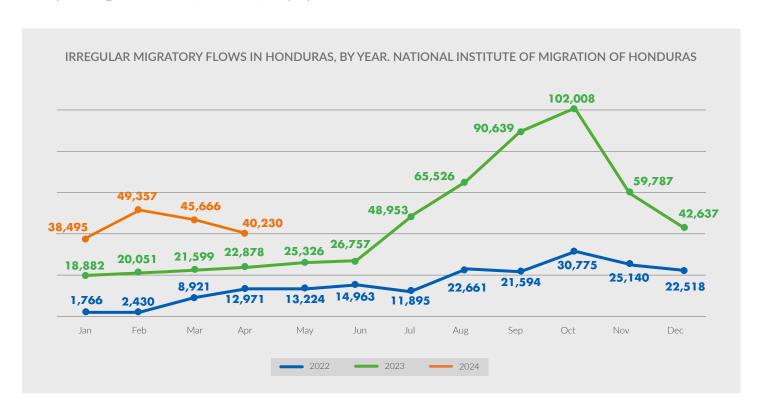


CENTRAL AMERICA: AN UNCERTAIN PATH

Once past the difficult Darien jungle, migrants continue their difficult journey through Central American countries. While there is information and activities to assist this population in both Panama and Costa Rica, this is not the case in Nicaragua. From Nicaragua, people coming from the south and those who have arrived in the country by other routes, pass on to **Honduras**, where the substantial increase of people at border points is evident.

According to the National Migration Institute's report between January 1 through December 31, 2023, 545,043 people entered

irregularly, an increase of 188% compared to 2022. A similar phenomenon is occurring at the southern border of the United States, where Customs and Border Patrol has also reported an increasing number of encounters at the southern border, confirming the increase in last year's migration totals. So far this year, Honduras has recorded 173,748 people crossing the southeastern border irregularly, a figure that is double the number of people entering the country in the same period last year.



Migrant children and women are always the most vulnerable. According to UNICEF estimates for 2024, children account for 1 in 5 of the migrants crossing the Darien jungle and are the fastest growing group along this border.

Although efforts to protect migrant children are increasing, the lack of doctors and medications available to care for children with complex medical conditions (epilepsy, severe burns, asthma, allergies, autism or Down Syndrome) continues to be a critical problem.⁷

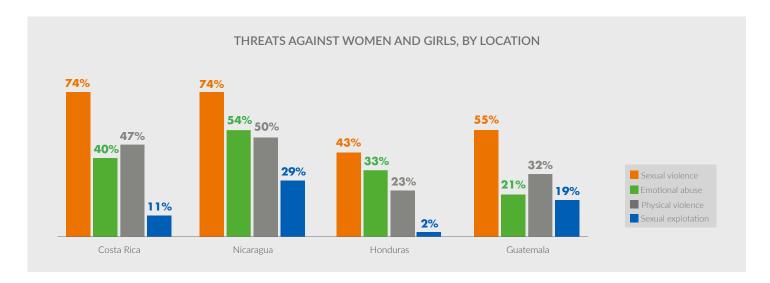
In this context, within the framework of the LIFE-Honduras Consortium, we are able to provide health services on the southeastern border, but needs persist, such as supplies, medicines,

hiring of medical and nursing personnel, in addition to the lack of a specific budget line for health care for migrants by the Ministry of Health (SESAL). The shortage of ambulances due to fuel and spare parts problems hinders emergency care.

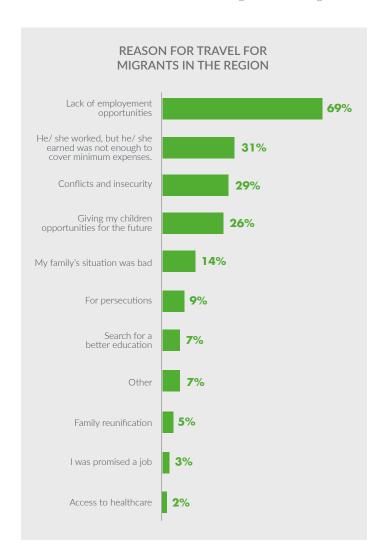
The main challenges in the provision of health care to people in mobility include the supply of medicines not included in the basic package, equipment, availability of personnel, poor facilities, budget shortages and language barriers.

For **women**, the conditions of the journey and the presence of criminal actors of all kinds make the migratory journey:⁸

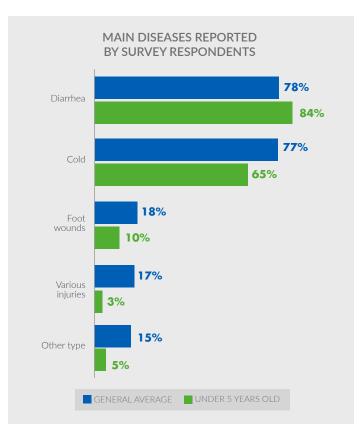




The situation of food insecurity can be a factor driving the migration of rural families to other countries, with risks to their safety, health and human rights (Beveridge; 2019). In addition, the search for income is the main reason for travel for migrants in the region:⁸



As for the health situation, between January and April 2024, we conducted surveys of 609 people in transit in the municipality of Danlí (El Paraíso). Forty percent of those surveyed presented some type of illness in the last week. The percentage increases when asking about children under 5 years of age to 51%. The most recurrent illnesses for adults and children are summarized in the following figure:



In the survey conducted in January 2024, only 44% of the people in transit were willing to remain in the country to receive adequate treatment for their disease.



To address such gaps, work is underway to update the referral form included in the migrant care guide, and an intersectoral committee has been established to organize adequate assistance in municipalities along the migratory route, such as Danlí, Trojes and El Paraíso. However, it is necessary to improve the referral routes for gender-based violence in the El Paraíso health system due to the lack of trained personnel with long-term contracts.

Host communities in the Southern Border of Honduras are highly vulnerable to food insecurity and face a context of a high number of people on the move. The effects of the La Niña phenomenon may affect the health of migrants and the increase in food prices on

access to food. Efforts have been made to contribute to improving the food security situation in host communities, and to support people in mobility in health, nutrition, protection, and education in emergencies and with Disaster Risk Reduction actions.

However, in the immediate future, it is crucial to address the urgent needs identified which include interventions to strengthen livelihoods and resilience, reduce food consumption gaps, expand food assistance (through cash transfers) and strengthen social protection programs. For host communities, it is required to continue promoting awareness-raising processes to foster inclusion and solidarity with people in mobility.





MARÍA CELESTE, "I WILL NOT CONTINUE, I PREFER TO RETURN TO MY COUNTRY"

María Celeste Gamacava, a 20-year-old Venezuelan woman, emigrated from Venezuela to Colombia at the age of 13. After living in Colombia for 7 years, where she had two children (4 and 2 years old), she decided to undertake a new migration process motivated by her sister, the loss of her parents and economic difficulties.

The new migration process involves crossing the Darien jungle, where Maria Celeste, her sister and brother-in-law had a difficult time. Although they managed to leave the jungle, they faced additional challenges along the way, such as running out of money after their brother-in-law left, leaving them alone, and passing through Panama, Costa Rica and Nicaragua, where they experienced hunger and extreme needs because they had no money.

"It is horrible that one is tired from walking so much in that jungle, there is the river that passes so many times, one's feet hurt. The last day I couldn't take it anymore, I thought 'Oh my God, are we not going to get out of here," recalls María Celeste.

Fear, fatigue and the difficulties faced during the trip discouraged her from continuing her journey to the United States and wanting to return to Colombia with her children. Her sister continued and is now alone in Mexico trying to cross the border, but not without multiple problems.

The return process has been hampered by María Celeste's lack of a passport and the delay in the response from consular authorities. Despite the wait and uncertainty, her main motivation is to be reunited with her children in Colombia and provide them with the care and attention they need. Although she recognizes the economic difficulties in that country, she would rather face them there than risk her children's lives in a new migration.

"I miss my children. They cry for me. They reproach me for not having arrived. I told them I was already back. They tell me that they miss me. I want to be with them. They are studying so they can learn from a very young age," says María Celeste, who has been in Honduras for a month now.





The number of people in transit is also increasing in **Guatemala.** Since August 2023, in Esquipulas (eastern part of the country bordering Honduras), there has been an alarming 198% increase in the flow of displaced persons, according to the IOM, generating greater demands for humanitarian assistance. In January 2024, Action Against Hunger and ChildFund surveyed 296 people in Esquipulas (Chiquimula) and Tecún Umán (San Marcos). The study revealed that **more than 50% of the families traveled with children under 5 years of age.** Needs vary according to location: on the eastern border, food and transportation are paramount, while in the west, lodging is the main concern.

The assessment identified significant protection and health challenges for the migrant population. Travel conditions, exposure to physical and sexual violence, and shortages of food and health services, in addition to water and sanitation problems, threaten the physical and mental health, especially of the most vulnerable groups. Women, girls, LGBTIQ+ people and other groups face severe forms of gender-based violence. More than 70% reported mental health problems, and 16% were sick or injured. On the eastern border, only 26% would seek medical treatment, compared to 82% on the western border. Lack of menstrual hygiene exacerbates health problems and access to urgent medical care is hampered by economic constraints. In Guatemala, lack of referral protocols, medical equipment, medicines and personnel, including psychologists, along with limited information and language barriers, hinder access to health services and protection for migrants.

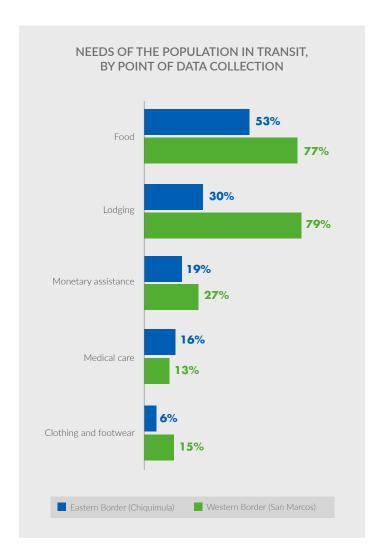
Action Against Hunger and UNICEF, in coordination with the Guatemalan Ministry of Public Health and Social Assistance (MSPAS), have launched a joint project to address the nutritional needs of vulnerable groups, such as children under five years of age, adolescents, women of childbearing age, pregnant and lactating women, as well as the adult population in mobility situations. This project uses mobile nutrition teams and focuses on two strategic points: the Casa del Migrante San José and the bus terminal in Esquipulas, Chiquimula, where the migrant population is concentrated in greater numbers. The objective is to provide timely and adequate nutritional treatment to those in need.

During March and April 2024, the Mobile Teams attended 589 children under five years of age and 3,788 adults. During this period, 459 children and 5,155 people over 5 years old were evaluated, providing services such as nutritional assessment, supplementation,

deworming, counseling on healthy eating and delivery of food kits. Nine children with Moderate Acute Malnutrition (MAM) were identified and treated according to Guatemalan protocols with Ready-to-Use Therapeutic Food (RUTF). Only 19% of children under 5 years of age have verification of nutritional care in their migratory route. In the population over 5 years of age, 4.3% are underweight and 40.0% are overweight or obese, showing a double burden of malnutrition. 10.5% of pregnant and lactating women are underweight. As part of the response, technical assistance was provided to strengthen the capacities of the food service at Casa del Migrante San José, addressing gaps, providing equipment and food, establishing menu cycles and training staff.

Host communities in Esquipulas are highly vulnerable to food insecurity and face a high flow of migrants in transit. People on the move could be affected by high food and transportation prices. Efforts are being made to contribute to improving the food security situation in communities in municipalities near Esquipulas, and actions are being carried out to support people in mobility in health and nutrition at this border point.

Therefore, it is recommended to prioritize the areas (communities and municipalities) with the highest number of households that have depleted their basic grain reserves and implement food assistance, protection and livelihood recovery interventions, as well as promote resilience and reduce food consumption gaps. For the population in mobility, it is necessary to implement humanitarian assistance actions, while, for host communities, it is necessary to promote awareness of inclusion and solidarity with people in mobility.







KARLA, MOTIVATED TO CONTINUE SERVING THE PEOPLE ON THE MOVE

Karla María Hernández, 23 years old and originally from Esquipulas, Chiquimula, completed her Bachelor's Degree in Nutrition in 2022. Interested in nutrition brigades since her internship, she found in social networks an opportunity to join a pilot plan in her hometown.

"It really caught my attention because it was in my residence, so I read the proposal and it seemed like a challenge to work with people in mobility, so I applied," she recalls.

After the recruitment process, training and induction, he understood the importance of nutrition in people in mobility, facing challenges such as lack of adequate food and dehydration, especially in children.

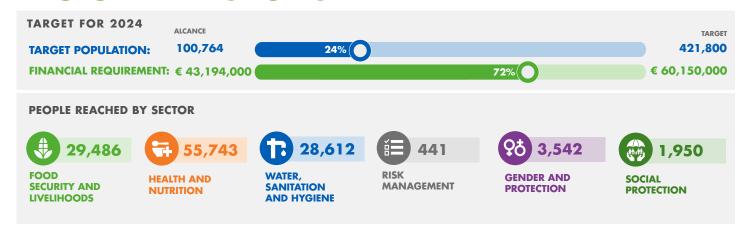
"I realized how important nutrition is especially for these people, since they do not eat properly, they go days without eating, they do not recover their energy expenditure, there is dehydration and secondary problems that lead to weight loss, which especially affects children," explains Karla.

Although exhausting, the work allowed her to make friends, acquire new knowledge and, above all, help those in need. Inspired by these experiences, she decided to continue on this path to continue helping and growing professionally.





REGIONAL RESPONSE



CENTRAL AMERICA



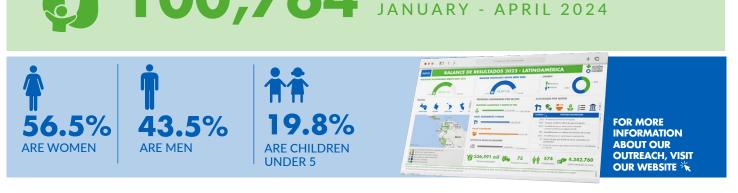
COLOMBIA



PERU











STRATEGICS ALLIES











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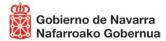






















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