

HUMANITARIAN RESPONSE PLAN

EL SALVADOR

HUMANITARIAN
PROGRAMME CYCLE
AUGUST 2021 TO DECEMBER 2022



About This Document

This document was consolidated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of the Humanitarian Country Team and the partners. The Humanitarian Response Plan (HRP) is the presentation of a coordinated and strategic response conceived by humanitarian organizations to meet the acute needs of people affected by the emergency. It is based on the evidence of the needs described in the Humanitarian Needs Overview (HNO) and addresses them.



This document will be updated in late 2021.

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EL SALVADOR

Photo: Save The Children/Martin Sanchez

Foreword

On behalf of the UN Country Team in El Salvador, I wish to reiterate the need for strengthening humanitarian aid in the country in the wake of climate emergencies and the COVID-19 pandemic. We consider that this HRP provides us with an opportunity to scale up our contributions and thus, reach more people and communities in need of humanitarian assistance. We also wish to underscore the importance of humanitarian aid within the context of and its connection with sustainable development.

El Salvador's exposure to climate and anthropogenic threats places it as a high-risk country (6.7) (LAC INFORM Index 2020), as shown in 2020 when the country faced a multiple emergencies between the COVID-19 pandemic, tropical storms Amanda, Cristobal, Laura, Eta and Iota and a landslide in Nejapa Municipality.

The COVID-19 pandemic worsened the country's vulnerabilities, as described in the Humanitarian Needs Overview 2021 (HNO) for Central America. In 2020, extreme poverty increased by 4.3 per cent, affecting 9.8 per cent of the people. The number of people facing food insecurity increased from 620,000 prior to the pandemic to about 1,043,661¹ mostly due to the economic crisis caused by COVID-19, extreme climate events and structural challenges.

El Salvador has also historically dealt with high rates of violence. Although official data indicates that the rate of violent deaths has been declining, 2020 nevertheless saw 19.8 homicides per 100,000 inhabitants.² As for violence against women and girls, El Salvador's rate (3.3) is among the region's highest according to Gender Equality Observatory for Latin America and the Caribbean of the United Nations Economic Commission for Latin America and

the Caribbean (ECLAC). Sixty-three of every 100 women interviewed for the National Survey on Sexual Violence said that they suffered this violence.³ Those who have been forcibly displaced also report crime and violence as the main causes of internal displacement and departures to other countries in search of international protection.

The emergencies of 2020, combined with the country's structural problems, increased the humanitarian needs of groups facing higher risks and vulnerabilities. The HNO indicated that 1.7 million people in El Salvador need some form of humanitarian assistance or protection. The emergencies laid bare gaps and needs related to access to livelihoods and other essential services, such as health, food, nutrition, education, water and basic sanitation.

Given the overall situation, we are presenting this HRP that, with the support of the international community and the coordinated work of all national actors, including the Government, private sector, civilian society, can help save lives, reduce human suffering and promote resilience.

The UN system and the Humanitarian Country Team (HCT), supporting the Government of El Salvador and its National Civil Protection System, reiterates its commitment to implementing the actions in this document to help implement human rights, gender equality and humanitarian principles. In keeping with the 2030 Agenda for Sustainable Development, this plan honours its main motto of "leave no one behind."

Birgit Gerstenberg

UN Resident Coordinator in El Salvador

¹ Second forecast as of August 2021 by the IPC on food safety Phase 3 and beyond

² <https://infosegura.org/2021/06/10/el-salvador-situacion-de-seguridad-ciudadana-en-2020/>

³ DIGESTYC, National Survey on Sexual Violence, 2019

Response Plan Overview

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	PARTNERS
1.7M	912.2K	156.5M	24

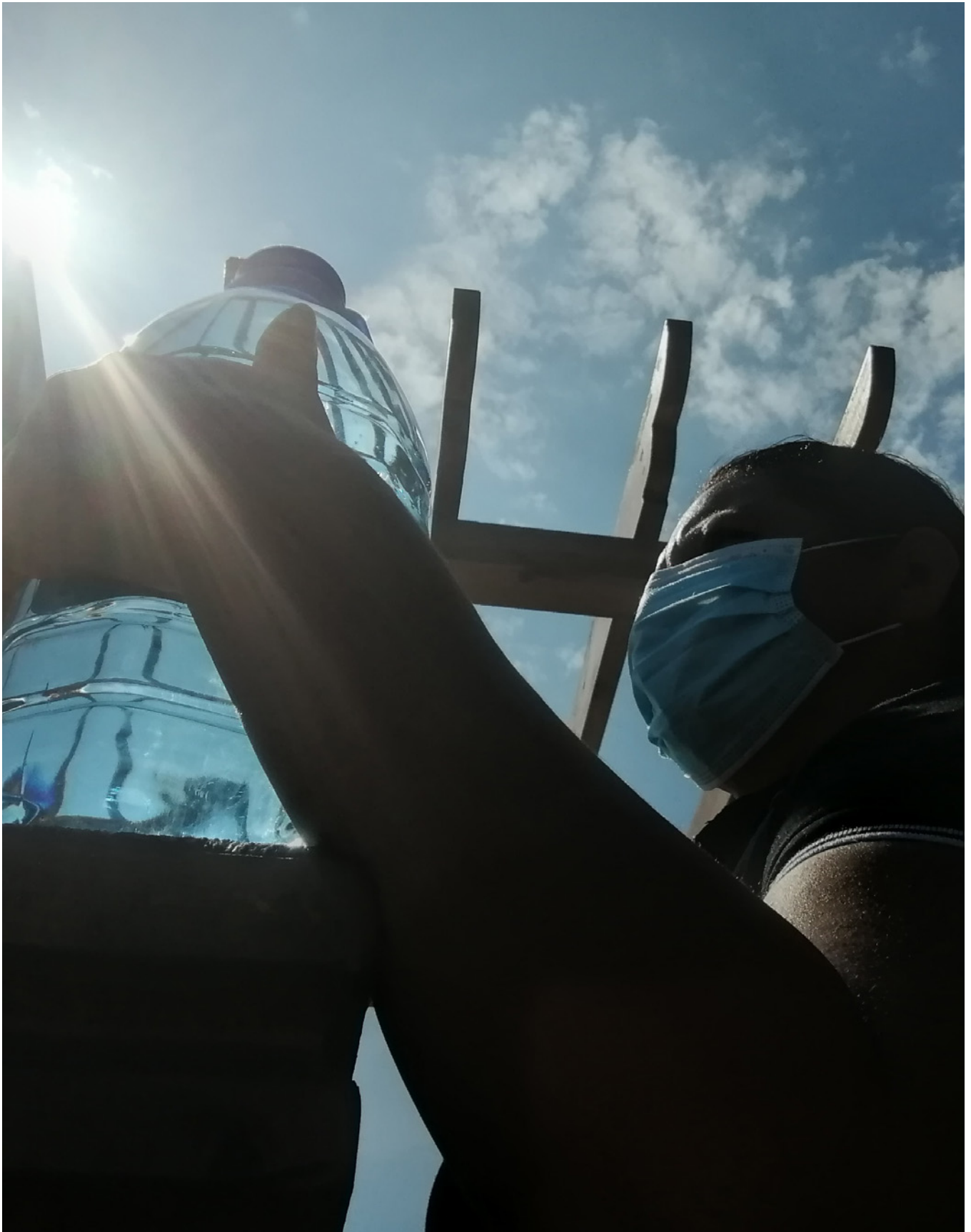
In El Salvador, the combination of structural and circumstantial challenges has created a humanitarian impact that is jeopardizing the lives, security and access to rights and basic services of at least 1.7 million people with urgent humanitarian needs, according to the 2021 HNO. The impact of the COVID-19 pandemic and the effects of tropical storms Amanda and Cristobal have only worsened this multidimensional crisis. While the impact of this crisis is humanitarian in nature, it is also coming to bear on security, basic protection and development, all factors that call for a comprehensive and coordinated response to ease the growing number and severity of needs to help save lives.

This HRP will address the humanitarian needs of a target population of 912,200 people. Its implementation requires US\$156.5 million for action between August 2021 and December 2022.

The interventions in this document seek to ensure that humanitarian aid reaches priority groups through two main strategic objectives, with the first one focusing on saving lives and reducing human suffering through timely food assistance, delivery of supplies to improve crops and farms, provision of water for human consumption and personal hygiene, healthcare, nutrition, as well as medicines and immediate medical controls, including sexual and reproductive health services, as needed. The second objective focuses on

re-establishing living conditions and promoting resilience through the recovery of agricultural livelihoods, protection of vulnerable groups, proper attention in temporary shelters, water services, sanitation and hygiene, as well as education, health and nutrition services. These interventions will be implemented in coordination with diverse Government institutions to ensure humanitarian-development collaboration.

This plan was developed by the HCT under the leadership of the UN Resident Coordinator with technical assistance from the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the leadership of the UN System agencies that coordinate sectors and subsectors. Government actors participated in the plan's development, represented by specialized technical personnel from the Directorate General of Civil Protection (DGPC) and the Salvadoran Agency for International Cooperation (ESCO) through direct linkages with various ministries and other Government institutions that have offered sector-based support.



LA PAZ, EL SALVADOR

Photo: OXFAM

Crisis Context and Impact

Demographic, Social and Economic Context

El Salvador, with 6.6 million inhabitants, is among Latin America's most densely populated countries with 316 inhabitants per square kilometre. The country faces a diverse array of challenges due to high exclusion rates, inadequate urban and infrastructure planning, qualitative and quantitative housing deficits and significant overcrowding. Poverty and food insecurity rates are increasing as purchasing power and livelihoods decrease, which in turn is aggravating problems linked to all types of undernourishment.

At present, there are 1.7 million people with humanitarian needs, a 164 per cent increase from the 643,000 people identified as in need by the HNO in early 2020, before the COVID-19 pandemic and the impacts of tropical storms Amanda and Cristobal multiplied existing vulnerabilities.

The COVID-19 crisis continues to deepen pre-existing vulnerabilities, including gaps in equitable access to and availability of basic, essential services such as safe drinking water, nutrition and health services, including sexual and reproductive health, protection services and other response services for gender-based violence (GBV) survivors, creating a set of needs that will continue to worsen. Existing inequities in education, including dropout rates and lack of adequate education resources such as Internet access low investments in education infrastructure, have also deepened.

The structural and multidimensional nature of this crisis is disproportionately affecting women, who routinely face the feminization of poverty, unemployment, forced displacement, migration, reduction in autonomy and an increase in caregiving work. This is leading to increases in GBV risk against women and

girls, in use of high-risk confrontation mechanisms and of being victims of sexual exploitation and its medical, social and psychological consequences. Children, indigenous people, LGBTIQ+ people and people with disabilities, among other vulnerable groups, have also been directly affected.

Security Context

Crime and other types of violence and insecurity (femicides, infanticides, GBV and violence against children) continue to threaten social development and economic growth. Despite progress in the reduction of homicide rates, high levels of forced internal and cross-border displacements persist. Salvadorans continue to leave the country seeking international protection. Between 2014 and 2018 about 213,000 Salvadorans were deported (102,000 from Mexico and 111,000 from the United States).⁴ In 2020, as a result of movement restrictions related to the COVID-19 pandemic, the number of deportations dropped to 10,840. In 2019, 54,300 Salvadorans requested asylum, increasing the number of global Salvadoran asylum seekers to 136,292 and 41,850 Salvadoran refugees around the world.⁵

Environmental Context

El Salvador is prone to recurring climate shocks such as droughts and tropical storms. According to the 2017 World Risk Index, it is among the 15 most exposed countries due to its geographical location and seismic, geological and climate conditions. Although the country has made efforts in past years to reduce its vulnerability, the country's people and economy remain are still subject to various dimensions of risk. The country also faces high environmental degradation. Forest cover, for example, is only 38 per cent, including areas affected by critical erosion and that are prone to

⁴ Characterization of domestic mobilization caused by violence in El Salvador, Ministry of Justicia and Public Security, 2018

⁵ UNHCR, Global Trends in Forced Displacements in 2019, published in 2020

landslides. Also, 86.6 per cent of El Salvador's surface water is in fair or poor quality, per 2018 information from the Ministry of the Environment and Natural Resources (MARN).

Legal Context

The country has a Civil Protection Law, multisectoral in nature, with a multilevel governance based on linkages between communal, municipal and departmental commissions. Nationally, there is the National Commission for Civil Protection, Prevention and Disaster Mitigation. At the technical level, the law calls for eight sector-based technical commissions to organize national technical work. These commissions are the Shelters Technical Commission, the Technical-Scientific Commission and similar commissions pertaining to security, logistics, infrastructure and basic services, emergency, health and humanitarian assistance services. These commissions organize the work of various Government institutions to ensure a system-wide response to alerts and/or emergencies, with their working linking with HCT sector groups.

MARN, through its Environmental Observatory Directorate General, provides daily monitoring of various natural hazards such as earthquakes, floods, landslides, meteorological and agricultural droughts, high winds and volcanoes, and it shares information and alerts with the Civil Protection System through the Technical-Scientific Commission.

Despite the efforts of various Government institutions within the National Civil Protection System, this system requires a larger investment to close existing gaps to prevent and meet different crises that often overlap.

Given this context, implementing a response that delivers immediate humanitarian aid, strengthens protection, reduces violence, including GBV and promotes social inclusion and the protection of fundamental rights and lasting solutions is as much an imperative as it is a challenge.

Response by Strategic Objective

The HCT, in keeping with its role as an effective coordination and integration structure of the humanitarian community, is tasked with supporting the Government of El Salvador and the National Civil Protection System to respond to the humanitarian crises. As such, the interventions proposed in this plan focus on complementing Government efforts to reduce gaps in the country's humanitarian needs.

To that end, the strategies and actions that define this plan are linked through two strategic objectives. The first seeks to implement actions to protect and save lives, while the second seeks to promote sustained access to essential services and institutional and community resilience.

Strategic Target 1 (SO1): Help protect and save the lives of people with urgent needs through the immediate delivery of humanitarian assistance focused on human rights, protection and differentiated attention based on age, gender, diversity and location.

This target seeks a direct and immediate response to protect, save and grow the physical and mental well-being of people with humanitarian needs. Inter-sectorial actions will reach the target population through cash transfers to secure food, or packages containing food, and supplies to support crops and family farms. Children under five and pregnant and breastfeeding women will receive specialized nutrition attention and immediate treatments and referrals to the health system and to sexual reproductive health assistance, as required. Groups affected by violence, including GBV, and other vulnerable groups, will have access to multisectoral response services based on the needs of the affected that may include case handling, psychosocial and legal support and protection and health support. Through

this objective, partners will also provide supplies for personal hygiene and COVID-19 prevention, water for human consumption, personal hygiene, housing and other needs in water, hygiene and sanitation. This will respond to urgent needs based on the timeframe of the needs' effects, either in the short- or medium-term.

Strategic Objective 2 (SO2): Support sustainable solutions that contribute to the promotion of access to essential services, respect for rights, self-reliance and resilience of affected people and those facing risks, with a focus on protection and differentiated considerations based on age, gender and diversity.

There will be a focus on restoring essential systems and services and strengthening of community and institutional resilience under this objective. This will require close coordination with local governments and other authorities to ensure a connection between humanitarian and development actions. These actions will include supporting community-based organizations and strengthening of local-level emergency preparedness and response capacities. This includes supporting infrastructure rehabilitation, provision of basic safe water supply equipment and supplies, restoring livelihoods and supporting the education system by providing teaching materials and making school infrastructure repairs to strengthen community resilience and facilitate risk adaptation. Complaint registration systems and institutions will be strengthened, as will community strategies for empowering women and preventing GBV at the community level and other specialized services.

STRATEGIC OBJECTIVE		TARGET POPULATION	COST (US\$)
S01	Protect and save lives of affected people with timely humanitarian assistance, including protection and the access to rights according to age, gender, diversity and location	692.5K	\$118.7M
S02	Strengthen the access to sustainable social services and the resilience of vulnerable people in according to age, gender and diversity.	374.5K	\$64M

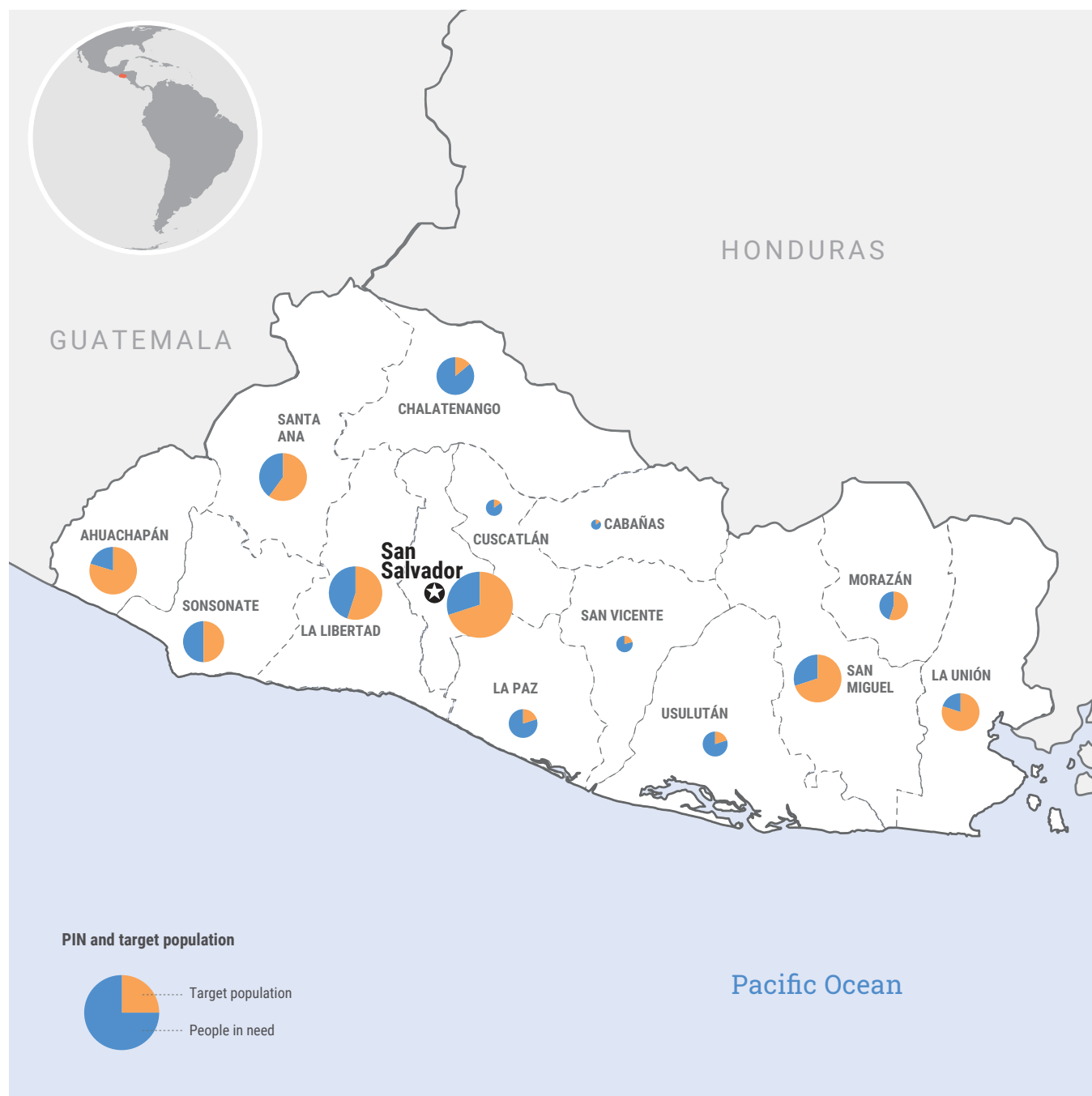
SAN SALVADOR, EL SALVADOR

Photo: WFP/David Fernandez



Planned Response

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
1.7M	912.2K	42.2%	23.7%	4%



HRP Key Figures

Humanitarian Response by Population Groups

POPULATION GROUP	PEOPLE IN NEED	TARGET POPULATION	NEED TARGET
Children under five, adolescents and women who are pregnant or breastfeeding.	731.4K	55.4K	<div><div></div><div></div></div>
Small subsistence producers, day labourers and people in the informal economy, micro and small-size businesses and people facing multidimensional poverty.	1.1M	280K	<div><div></div><div></div></div>
People on the move (internally displaced people, asylum seekers, refugees, migrants and returnees)	12.6K	8.5K	<div><div></div><div></div></div>

Humanitarian Response by Gender

GROUP	PEOPLE IN NEED	TARGET POPULATION	NEED TARGET
Boys	284.5K	110.4K	<div><div></div><div></div></div>
Girls	273.4K	106.1K	<div><div></div><div></div></div>
Men	798.2K	310.6K	<div><div></div><div></div></div>
Women	896.5K	385K	<div><div></div><div></div></div>
Adults older than 65	165.8K	89.3K	<div><div></div><div></div></div>

People with Disabilities

	PEOPLE IN NEED	TARGET POPULATION	NEED TARGET
People with disabilities	118.6K	36.6K	<div><div></div><div></div></div>

Financial Requirements by Sector and Multisector

SECTOR/MULTISECTORIAL	REQUIREMENTS (US\$)	
Food security	\$49.5M	<div></div>
Protection - General	\$35M	<div></div>
Early Recovery	\$27M	<div></div>
Health	\$12M	<div></div>
CCCM	\$7.3M	<div></div>
Education	\$6.5M	<div></div>
Water, Sanitation and Hygiene	\$5.5M	<div></div>
Nutrition	\$5.2M	<div></div>
Protection – Child Protection	\$4.4M	<div></div>
Protection – GBV	\$3.3M	<div></div>
Logistics and Telecommunications	\$574.2K	<div></div>
Coordination	\$166.7K	<div></div>

Historical Trends

In recent years, the HCT has become one of the most high-profile spaces for preparedness and response actions. The increase in climate and anthropogenic shocks alike, which have heightened vulnerabilities and deteriorated living conditions, are the main drivers of the increase in response actions that seek complement Government efforts.

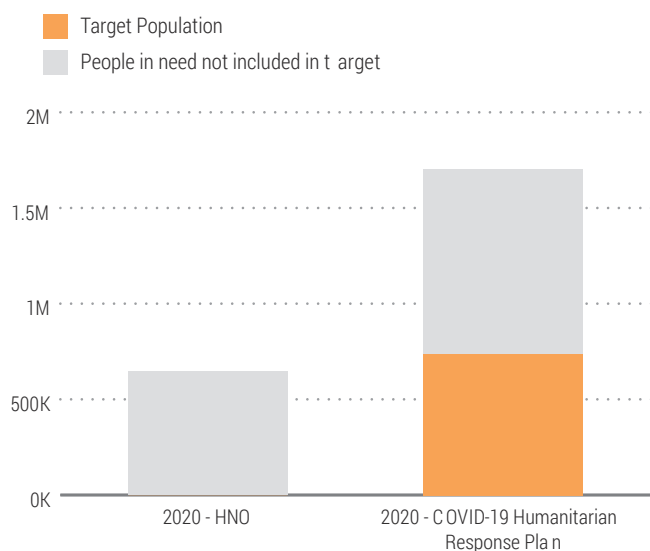
According to records of the past 10 years, the HCT has responded to multiple emergencies, the largest ones being the 12 January storm in 2011 and drought emergencies in 2015, 2018 and 2019. The most recent financial requirements involved the implementation of two UN Central Emergency Response Fund (CERF) rapid response projects, one for \$2 million to respond to severe drought in 2019 and a second one for \$3 million to help people affected by tropical storms Amanda and Cristobal in June 2020.

The most recent joint intervention involved the development of a humanitarian response plan for multiple emergencies in 2020 for \$57.9 million. As of August 2020, this multi-emergency plan received \$17.3 million for 30 per cent coverage.

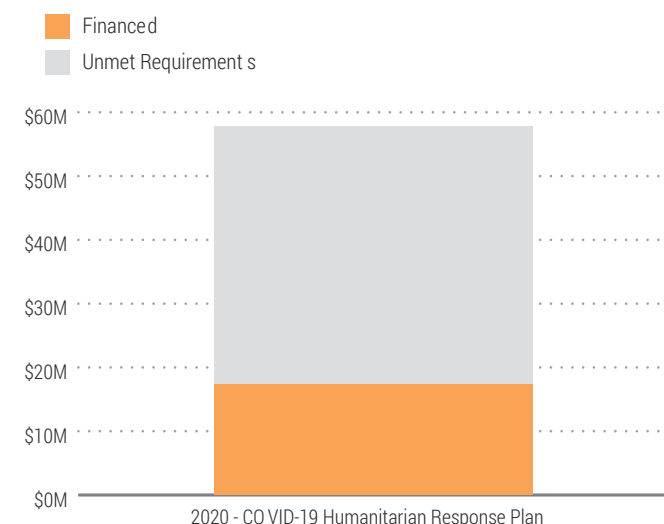
The country implemented a Socioeconomic Response Plan in 2020 for \$118.8 million that received 44 per cent of financing requirements. As of late 2020, this plan had implemented \$50 million.

While resource mobilization remains a challenge, the HCT continues to direct its actions with a focus on prevention, timely response, risk management and support for strengthening community and institutional capacities.

NUMBER OF PEOPLE IN NEED VS TARGET POPULATION



FINANCIAL REQUIREMENTS (US\$)



YEAR	PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	FINANCING RECEIVED	% FINANCED
2020 - HNO	643K	---	---	---	---
2020 - COVID-19 HUMANITARIAN RESPONSE PLAN	1.7M	736.9K	\$57.9M	17.3M	29.9%

Part 1: **Strategic Response Priorities**

SOYAPANGO, EL SALVADOR

Photo: World Vision



The humanitarian response defined in this plan is linked through two strategic objectives, with the first one focusing on protecting and saving lives (SO1) and on immediate actions that alleviate suffering. The second one promotes access to livelihoods and sustainable solutions, with interventions that seek to foster recovery and rehabilitation and resilience-building of community systems and services. Proposed actions will be implemented between August 2021 and December 2022.

Food Security and Nutrition challenges

The challenges created by COVID-19 restriction measures and the impacts of various tropical storms increased the number of households facing severe food insecurity. Sixty-five per cent of households have seen their incomes decline or even reduced to a minimum since the beginning of the pandemic, creating an overall deterioration in food and nutrition security.

According to the last analysis (December 2020) of the Integrated Food Security Phase Classification (IPC), 684,000 people (10 per cent of the analysed population) were facing Crisis levels of food insecurity (IPC Phase 3) or worse in February 2021. By May 2021, the number of people facing Crisis levels or worse grew to 985,000, with projections that this number may grow to 1.04 million between June and August 2021.

The nutrition status of families, especially of children under age 5 and pregnant women, was also affected. Prior to the crisis, the country's nutrition profile indicated a triple burden of malnutrition, that is, the coexistence of malnutrition, hidden hunger and obesity. These groups require priority assistance to reduce the impact of malnutrition during their lives, as well as their children's lives, to prevent perpetuating underdevelopment.

According to the ENECA national survey on chronic non-communicable diseases,⁶ 65.9 per cent of people in El Salvador do not consume enough water, or about 2.5 million Salvadorans. The highest prevalence of low water consumption was among women with 75.3 per cent. This insufficient water consumption, together with the low quality of water for consumption, is affecting Salvadorans' nutrition status and playing a role in chronic disease rates of ailments such as kidney failure.

Basic service access challenges

Ensuring access to basic health services remains a challenge. Although El Salvador has first-level⁷ health coverage, the National Health System is often fragmented and there is insufficient coordination with the private sector. Only 2.5 per cent⁸ of GDP is invested in the health sector, despite WHO recommendations of 6 per cent. The COVID-19 emergency and ensuing restrictions affected the provision of essential health services such as vaccinations, maternal and new-born health, sexual and reproductive health, provision of medicines and response to sexual violence, among others.

As for essential water, sanitation and hygiene (WASH), more than 700,000 people rely on unimproved and unprotected water sources or lack water or sanitation services at home. Diarrhoea is one of the main causes of death among children under age 5 receiving care in the Ministry of Health's network of health facilities⁹. The quality of the available services is also a pressing issue; according to the MARN's report on quality of surface water (2020), 100 per cent of surface water cannot be purified through conventional methods. The inadequate provision of WASH services is also leading to greater social inequalities and inequities, especially among the most vulnerable. Women and girls, who are often in charge of securing water for their families, suffer the most from lack of water and sanitation, especially due to the basic need for these services during menstruation, pregnancy, or breastfeed-

⁶ MINSAL. National Health Institute. National Poll on Non-transmissible Chronic Diseases among El Salvador's adult people. 2015

⁷ First level attention covered with the model of installing Family and Specialized Community Health Equipment, ECOS.

⁸ The World Bank website indicates that it was 7.2 per cent in 2018 <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=SV>

⁹ MINSAL – Reports on frequent causes and main reasons for consultations and mortality within the network of health facilities. 2020.

ding, especially in single parent households. In 13 per cent of all rural households that collect water, women (50 per cent) and girls under age 15 (3 per cent) are tasked with collecting water when sources are outside the household.¹⁰

Inadequate water and sanitation services also affect children's and adolescents' education, as illnesses related to lack of access often lead to reduced school attendance. Additionally, schools, who often have limited access to services as well, are frequently used as temporary emergency shelters, thus interrupting the school year with crisis-affected families staying for extended periods of time.

The COVID-19 crisis also affected education services, directly affecting 1.1 million students. Only 61 per cent of students were able to access remote learning platforms and tools, laying bare the limitations in maintaining educational continuity through online learning. The pandemic has increased school exclusion and students falling behind, and it is leading to higher school dropout rates. Confinement is greatly affecting girls and adolescents, who are at greater risk of GBV due to staying in confinement with their aggressors. This also leads to an increase in the burden of caregiving and domestic work that reduces available learning time. In 2020, school dropout rate among 16-18 year-olds was 38.2 per cent. School closures in the wake of COVID-19 caused a reduction in effective learning from 6.6 to 5.7 years.

Protection challenges

In El Salvador, women are constantly exposed to GBV. The country has one of Latin America's¹¹ highest femicide rates and throughout their lives, about 65 per cent of women have suffered at least one case of GBV.¹² Despite high rates of GBV, only 17 per cent of survivors seek care and assistance services¹³ due to their distrust of service providers, to gaps in response service quality and quantity, to frequent impunity

and to fear of retaliation for seeking help. Regarding impunity, only 444 out of the 4,590 reports of abuses and sexual attacks on children and adolescents (fewer than 10 per cent) led to convictions in 2018.¹⁴

The effects of COVID-19 confinements placed families under greater stress, which, in turn, worsened domestic and sexual violence. During 2020, 2,086 cases of sexual violence were reported, with girls accounting for 9 out of every 10 victims. Adolescent pregnancies surpassed 6,800 cases (PDNA, Post-Disaster Needs Assessment 2020). During 2020, authorities identified 74 femicide victims (70 per cent fewer than in 2019), with 11 of the victims under age 18 (FGR, 2020).

The country recorded some 71,500 internal displacements caused by violence, including GBV. At the community level, the lack of state presence and gangs' social and territorial control hinder internally displaced people's access to basic rights and services. To mitigate protection risks, people affected by violence often limit their movements, placing themselves in greater vulnerability and affecting their sources of income. People who flee their communities leave behind property, belongings, educational experience and employment opportunities. Relocation is sometimes not a lasting solution, as gangs have an extended network throughout the country that allows them to easily locate a displaced family that has established themselves elsewhere. Women, children and adolescents run a higher risk of becoming the targets of organized crime and of facing violence during the entire displacement cycle. This situation creates a cycle that is often difficult to break. In some cases, recurrent internal displacements can lead to people fleeing the country to seek protection abroad.

Refugees and asylum seekers face practical challenges regarding the enjoyment of their rights and local integration, as they have limited access to work opportunities, financing or credit, professional

¹⁰ INS – UNICEF. National Health Survey. 2014

¹¹ CEPAL 2020. <https://oig.cepal.org/es/indicadores/feminicidio>

¹² DIGESTYC, Encuesta Nacional de Violencia contra las Mujeres, 2017

¹³ DIGESTYC 2019 National Survey on Sexual Violence

¹⁴ Office of the Prosecutor General of the Republic (FGR) 2018.

licensing/education and psychosocial support mainly due to existing barriers. These barriers include discrimination in their host communities and limited access to services, non-recognition of their identity documents or documents granting temporary or permanent residence by host populations, institutions and other relevant groups.

In 2020, 12,600 people sought assistance at temporary emergency shelters and immediate access to humanitarian services. There was also an increase in the number of internally displaced people due to tropical storms Amanda and Cristobal and hurricanes Eta and Iota. These people were unable to reintegrate due to home and property loss, which has kept them in vulnerable conditions since 2020 and still in need of shelter, needs that will likely worsen with shocks to come in 2021.

Resilience and recovery challenges

COVID-19 restriction measures reduced economic activity and created a recession. Data provided by the Central Reserve Bank (BCR) indicates a 7.9 per cent drop in GDP in late 2020 compared to 2019, representing a five-year setback in national production. Government tax revenue dropped to 25.8 per cent of the revenue collected in previous periods, affecting the Government's ability to invest in, and sustain, social programs.¹⁵

In terms of formal employment, figures from the Salvadoran Social Security Institute (ISSS) indicate that an estimated 71,000 jobs or more were lost between February and June 2020 due to the COVID-19 crisis. Estimates indicate that more than 70 per cent of employed people work in small- and medium-sized enterprises (SME) and that most SME are part of the informal sector, which has reported greater problems, such as business closures, reduced activity and layoffs, among others.¹⁶

¹⁵ Fusades 2021. Report on economic situation, May 2021.

¹⁶ Report about Salvadoran businesses in the face of the COVID-19 emergency" by Universidad Centroamericana Jose Simeon Canas

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Population Group #1: children under age 5, adolescents, women of childbearing age and pregnant or breastfeeding women.

Vulnerable children and adolescents, especially migrants, refugees, those with disabilities, those belonging to indigenous communities and those facing risk of exclusion,¹⁷ often belong to households that have suffered a reduction in income that has limited their ability to meet basic needs. This, in turn, is increasing the possibilities of exposure to higher risks, such as higher school dropout rates, recruitment by criminal organizations and adoption of negative household coping strategies, such as child labour and its worst manifestations and early unions.

Children under age 5 have very specific nutritional needs, as they are often born with an under-developed immune system that makes them vulnerable to infections such as pneumonia and diarrhoea. In low-income households, children who are not breastfed have a higher probability of dying of pneumonia and diarrhoea than children who are breastfed.¹⁸ Children with micronutrient deficiencies have a higher risk of dying from infectious diseases and of suffering from physical and mental deterioration. Children with acute malnutrition, particularly its more severe forms, have a nine times higher probability of dying than children who do not suffer from malnutrition.¹⁹

Women, especially those of childbearing age, girls and adolescents, people with disabilities, LGBTIQ+ people, heads of single-parent households, GBV survivors, migrants, displaced people, refugees, returnees, rural and indigenous women affected by poverty, malnutrition and climate hazards, are often exposed to environments that elevate their risk of becoming victims of violence.

Population Group #2: Small subsistence farmers, day laborers and informal economy workers, SME and people facing multidimensional and monetary poverty.

Among the most vulnerable peoples are the small subsistence farmers and day laborers, who often work in the informal sector and are underemployed, as they lack any form of social protection and depend completely on circumstances out of their control, such as climate patterns and market prices, among others.

COVID-19 restriction measures on mobility and gathering sizes in public spaces limited access to markets, workplaces and basic services, thus affecting employment and decreasing incomes. While the economy began reopening in August 2020, local economies are still trying to recover. In July 2021, however, the Government implemented new restriction measures again limiting gathering sizes in public spaces due to an increase in COVID-19 cases.

¹⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/20200616_HNO_CENTROAMERICA%20ADDENDUM.pdf

¹⁸ Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J; Maternal and Child Undernutrition Study Group. (2008) Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*, 371:243–60.

¹⁹ Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J; Maternal and Child Undernutrition Study Group. (2008) Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*, 371:243–60.

Tropical storms Amanda and Cristobal and hurricanes Eta and Iota caused losses to basic grains, mainly beans, vegetables and coffee, leading to reduced job offers available to farm workers. The effects have been immediately noticeable on creating income from crop sales and the availability and access to food. Some 57 per cent of households have seen their sources of income decline, either because they are related to informal trade, because of the closure of employment sources or because of a reduction in farm jobs. Reduced income limits access to basic services and food, while also increasing the use of negative coping strategies in households with affected livelihoods.

The loss of income, combined with price variations in the Basic Food Basket (CBA, per its acronym in Spanish), is driving up the number and rates of people facing monetary poverty. This growing rate comes on top of general multidimensional poverty, leading to a group of people in a doubly vulnerable condition of poverty.

Population Group #3: peoples on the move (internally displaced people, asylum seekers, refugees, migrants and returnees).

People on the move face protection and assistance challenges such as trafficking and smuggling, sexual and gender-based violence, extortion, deprivation of liberty and family separation of children and adolescents among others. These risks are especially heightened for those who resort to irregular migration or who lack valid documentation. People on the move in mixed flows or movements have limited access to essential services, aggravating their vulnerabilities and humanitarian needs.

With illegal migrant smuggling networks taking advantage of the increase in migration control measures as implemented by authorities and lack of information, those participating in mixed movements are exposed to renewed protection risks such as abuse, exploitation, extortion, deprivation of liberty and GBV, among others.

Returnees also face a host of challenges, including impossible conditions for returning to their communities of origin due to the persistent risks to life, liberty and safety that prompted them to leave in the first place. El Salvador recorded more than 1,380 returnees between January and April 2021 in El Salvador²⁰, including 415 children (268 boys and 147 girls). Safe spaces and comprehensive and specialized care services for children are urgently required, especially for returnees, displaced people and survivors of violence, in order to reintegrate them to society and create effective complaint filing and case management mechanisms.

Reintegration support for these people is currently limited. Asylum seekers face challenges in accessing efficient legal procedures, documentation and local integration in host communities, where they often suffer stigmatization and discrimination. Criminal violence in enforcing territorial control, combined with a lack of effective prevention and protection mechanisms, continues to create forced displacements in El Salvador. The COVID-19 pandemic exacerbated income inequality and structural weaknesses such as chronic violence. The health crisis, including mental health, will continue to affect the most vulnerable peoples, such as those with disabilities, children and adolescents, the elderly, indigenous people, women, LGBTIQ+ people and displaced people in general.

²⁰ IOM, UN Migrations "El Salvador, official figures on returns: January – April 2021": <https://mic.iom.int/webntmi/descargas/sv/2021/4/SVabr2021mun.pdf>

Population Group #4: people with disabilities.

People with disabilities in vulnerable conditions often depend on others for care, as they have limited mobility or means of getting help. The provision of health services for people with different disabilities is affected in emergencies. People with disabilities face multiple barriers to access essential services and humanitarian aid. Among the people affected by hurricanes Eta and Iota, people with disabilities reported an inability to find safe conditions at temporary shelters and adequate and safe care. During disasters and crises, the discrimination they suffer is often exacerbated and their participation is reduced, leading to inequitable access to information and humanitarian assistance.

SAN SALVADOR, EL SALVADOR

Photo: WFP/Mauricio Martinez



1.2

Strategic Objectives, Specific Objectives and Response Focus

The HCT will focus its response on promoting comprehensive care for people affected by tropical storms Amanda and Cristobal and hurricanes Eta and Iota, COVID-19, displaced people with protection needs, people affected by violence, including GBV, and people on the move, including migrants in transit with international protection needs and returnees.

Response will ensure that humanitarian principles, approaches to protection, inclusion, protection from exploitation and sexual abuse, mitigation of GBV risks, gender equity, accountability to affected peoples and a differentiated and relevant responses are all properly incorporated and implemented.

EL SALVADOR

Photo: World Vision



Strategic Objective (SO1)

Contribute to protecting and saving the lives and dignity of people affected by, and at risk of, the impacts of violence and displacement and the effects of disasters and COVID-19 through a humanitarian response with an intersectoral perspective and a focus on human rights, protection, age, gender, diversity and cultural relevance.

TARGET POPULATION	WOMEN	CHILDREN	WITH DISABILITIES
692.5K	53%	23%	4%

Rationale and intended outcome

Under this objective, immediate response will implement actions aimed at *saving lives and reducing the suffering of affected people*. These activities and services will focus on early risk detection and rapid assistance to people through multisectoral protection response services, provision of food or cash transfers, immediate response to cases of chronic undernutrition and acute undernutrition among children and women. Response will also work to meet needs related to the provision of safe water, to improving sanitation systems and hygiene practices/supplies, to sexual and reproductive health and health, to protection of at-risk women, adolescents and girls, and to basic supplies for the early recovery of the small producers' livelihoods to ensure that they can create food or income for subsistence.

The intended results are focused on contributing to lowering food insecurity forecasts and percentages of gastrointestinal diseases among children, lowering adolescent pregnancies and other parameters to complement actions that the Government of El Salvador is implementing in their role as the primary body responsible for responding to the country's humanitarian needs.

Specific Objectives

- Objective 1.1:** Strengthen and contribute to the timely access of essential and integrated services for food security, protection, health, water, sanitation and hygiene, nutrition, education and shelter for affected people (including migrants, displaced people, refugees, pregnant adolescents, LGTBQ+, people with disabilities, victims and survivors of violence, children and adolescents and the elderly, among others) during emergencies that meet humanitarian response standards through a rights- and age-based approach.
- Objective 1.2:** Contribute to the reduction of protection risks and to respond to violations of rights of people affected by the effects of disasters, violence, including GBV, forced displacement, migration and COVID-19.
- Objective 1.3:** Strengthen institutional capacities to ensure safe mechanisms for identifying, attending to, reporting, referring and handling protection cases that include quality multisectoral services for GBV victims and survivors, at-risk children and adolescents and other affected vulnerable groups.

Strategic Objective 2 (SO2)

Support and strengthen sustainable solutions through the humanitarian-development collaboration to contribute to the promotion of timely access to essential services, respect for rights, self-sufficiency and resilience of affected and at-risk people with a protection approach that accounts for gender, age and diversity.

TARGET POPULATION	WOMEN	CHILDREN	WITH DISABILITIES
374.5K	42%	23%	4%

Rationale and intended outcome

This objective covers the medium- and long-term humanitarian response, focusing on the *strengthening and sustainability of community systems and services that sustain the well-being and quality of life of people and promote community resilience*. As such, interventions will focus on ensuring technical and direct support to the health system (repairs, supply delivery and technical advice), the educational system (provision of supplies, creation of remote systems, among others), the creation of specialized nutrition services and efficient protection services (care and referral of cases) and ensuring inclusion and the process of building communities that are free of violence, including GBV. Response actions seek to strengthen institutional and community capacities to help mitigate, respond and manage emergency responses.

The results sought through this objective are aligned with increasing community resilience capacities through a comprehensive risk prevention and rights approach.

Specific Objectives

Objective 2.1: Protect and strengthen sustainable livelihoods and access to durable solutions for people affected by disasters, sanitary emergencies and violence, or those at risk of violence, including people on the move and displaced people.

Objective 2.2: Prevent and mitigate risks related to people affected by disasters, violence, including GBV, displacement, and COVID-19 through the strengthening of community bonds and infrastructure to promote and demand rights and promote resilience-building.

Objective 2.3: Increase the protection of children (including migrants, displaced children, refugees, pregnant adolescents, LGTBQ+, people with disabilities, victims, and survivors of violence, among others), as well as their families and communities, from violence, exploitation, and abuse, and strengthen the protection and education system and services to contribute to their reintegration, restoration of rights, and to strengthen their resilience, through coordinated response between Government institutions, civil society and/or international cooperation actors.

Objective 2.4: Provide logistical support to help ensure the timely provision of aid to those affected by a national emergency through Government, NGOs, or other institutions.

Objective 2.5: Promote access for people affected by disasters or social emergencies to critical information and awareness of rights, risks, options, and services allowing them to make informed decisions, promote positive social change, and raise concerns that are appropriate to their characteristics and situation, including age, gender and disability. In addition, affected individuals and communities will be consulted and actively involved throughout the humanitarian response cycle.

1.3

Costing Methodology

For the purposes of this component and based on the HRP costing options methodology guide, the HPC project-based costing methodology will be used, given that this costing methodology is based mainly on the sum of the funding requirements of the presented projects and of activities, products, or results developed by categories. This allows all participants to develop the cost structure in categories or groups, thus ensuring that costs that are appropriate and aligned with the activities and results.

Sector leaders reviewed and approved the projects through the formation of review committees, using general selection criteria that considered: humanitarian objectives and principles, centrality of evidence or needs assessments, high prioritization of vulnerable groups and geographical areas concentrating greater needs, a temporary timeframe of implementation according to financial requirements, establishment

of and commitment to a monitoring and evaluation mechanism, the inclusion of a protection risk analysis (including the mitigation of GBV and PSEA) and a self-assessment of the three distinct markers - (a) gender age marker (GAM), (b) resilience labelling and (c) youth/adolescent percentage. Each sector established selection criteria specific to their actions. The UN Resident Coordinator gave final approval to the projects.

Using this methodology yielded a financial requirement of \$156,474,304. Children, adolescents and women were identified as the most vulnerable people and thus, humanitarian actors will prioritize response to them within the framework of the HRP 2021, while also responding to other vulnerable groups.

1.4

Planning Assumptions, Operational Capacity and Access

Planning Assumptions

Response planning has been based on humanitarian needs analyses (HNO 2021). Each sector identified groups and geographical locations prioritized according to severity of needs. Sectors analysed their operational capacities, their financial, material and human resources and humanitarian access conditions and geographical considerations for reaching these areas, among other factors.

Interventions are defined through projects that each partner will develop to ensure that they are specific as possible and that they can serve as key instruments for resource mobilization, as these projects will depend on the funding that donors provide. Northern Central America (Honduras, Guatemala and El Salvador) is expected to potentially receive greater funding from the United States Government through the Bureau of Humanitarian Assistance (BHA), as announced by US Vice-President Kamala Harris in June 2021 and by US officials who have visited the country since.

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Photo: WFP/David Fernandez



Operational Capacities

Each sector has the operational capability needed to implement the humanitarian response proposed according to the target population. The on-the-ground presence of partner NGOs and the collaborative networks they created at the national level have been essential in expanding the capacities and geographic coverage and improving the scope of planned actions.

The experience and synergy provided by sector partners working together and complementing planned actions reinforces each sector's operational capacities. In addition, it will be key to continue facilitating coordination and participations spaces with multilevel Government bodies present on the ground, as well as with municipal governments that will integrate and contribute to the implementation of local actions.

Partners by Sector or Sub-sector

SECTOR	NO. OPERATIONAL PARTNERS	NO. IMPLEMENTING PARTNERS
Child Protection	10	12
GBV	10	13
Food Security	7	3
Education	6	0
Camp Coordination & Camp Management (CCCM)	5	6
Health	5	2
Protection	4	10
Water, Sanitation, and Hygiene (WASH)	3	7
Nutrition	3	4
Early Recovery	2	3
Logistics and Telecommunications	1	0
Coordination	1	1

Partners by Type

TYPE	NO. OPERATIONAL PARTNERS
UN Agency	10
International NGO	10
National NGO	4

The operational capability of each sector will be defined by two types of partners:

***Operational Partners*:** Project titleholders who registered projects into the system

***Implementing partners*:** those mentioned in projects who will be considered for implementation.

Access

At the time of this publication, there are no identified access limitations in areas where projects will be implemented. The main challenge pertaining to COVID-19 restrictions in El Salvador are no longer present in 2021. At present, all restrictions have been lifted, creating more access to rural areas. Vaccination drives have progressed relatively unimpeded, which is contributing to curbing the spread of the virus in the country.

The 2021 rainy season nevertheless poses a risk, as floods could affect access and mobility. Some of the targeted areas are in seismically active areas, presenting a latent threat of earthquakes and their collateral effects on roads. Furthermore, social protests may potentially lead to roadblocks. OCHA will provide support through constant monitoring of political and geological conditions.

Violence from criminal organizations looking to exert territorial control is another factor that could limit access to certain areas under their control.

1.5

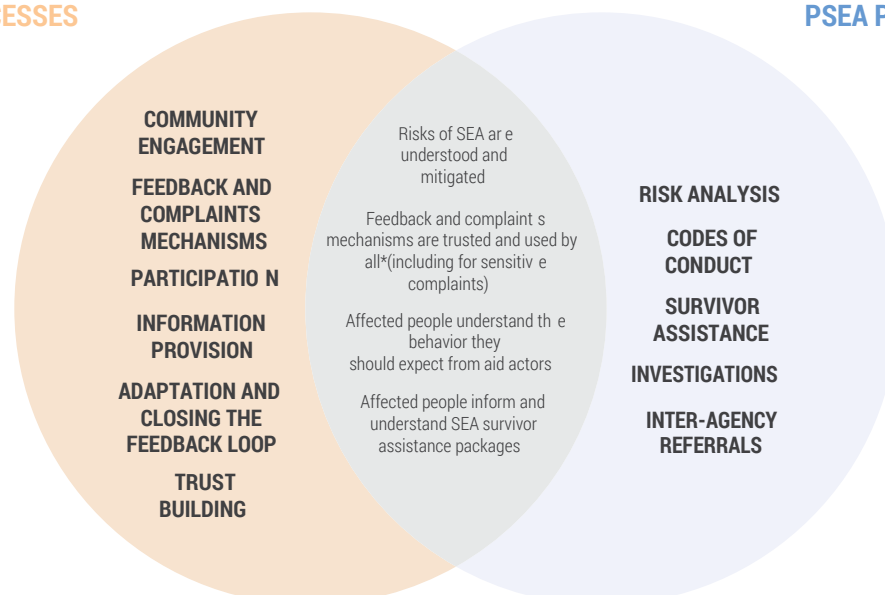
Accountability to Affected Peoples (AAP) and Protection From Sexual Exploitation and Abuse (PSEA)

AAP and PSEA are active responsibilities of Humanitarian Country Teams in all countries and partners that are part of HRPs. Guided by the principle of putting affected people at the centre of the response and by the recommendations of the Inter-Agency Standing Committee (IASC), it is essential to ensure the integration and connection of these two cross-cutting themes as part of the foundation of all humanitarian action.

The two responsibilities complement and reinforce each other. To report sensitive complaints, communities need to know about and have access to community feedback mechanisms with reliable, inclusive and safe channels. These will be used by communities to send sensitive complaints, comments and questions regarding humanitarian assistance, which must be properly managed and ensure closure of the feedback loop.

RESULTS OF COLLABORATION/LINKAGES BETWEEN AAP AND PSEA

AAP PROCESSES



Adapted from diagram created by the IASC Tasks Team on the responsibility toward the AAP and Protection From Sexual Exploitation and Abuse (PSEA)

* The term "all" aims to attract all groups in the community: Women, men, children, youth and the elderly as well as people with disabilities and specific minority groups without distinction

The six minimum commitments of AAP

El Salvador HRP partners affirm their intent to achieve the six minimum commitments for better accountability to affected communities. This collective effort will be prioritized and included as a fixed element in the agenda of periodic HCT meetings for follow-up purposes and will be conducted on an ongoing basis throughout all stages of the humanitarian programme cycle to help identify new trends, demands for information on humanitarian assistance, unmet needs and to ensure that community voices help improve humanitarian action from design to implementation.

1. Strengthen partners' capacities to adopt a comprehensive accountability process that includes communication with communities, community participation and feedback;
2. Ensure that affected communities and peoples have access to information about humanitarian aid and are aware of their rights regarding assistance;
3. Support the participation of affected communities in decisions concerning them at all stages of the humanitarian programme cycle, including women, men, children, adolescents, young people, the elderly, people with disabilities and LGBTIQ+ people;
4. As part of project implementation, establish a community feedback mechanism that includes a diversity of channels that are safe, accessible, inclusive and confidential in line with IASC Standard Operating Procedures to properly receive and refer PSEA suggestions, questions and complaints;
5. Close the community feedback loop by prioritizing the management and referral of sensitive complaints, following up on the suggestions and comments received, providing communities with clear information about the changes that have been implemented based on the opinions and perspectives that were received and considered;
6. Strengthen inter-institutional and inter-agency coordination for the advancement of collective AAP and strengthen coordination between AAP and PSEA to establish efficient and quality feedback and complaint mechanisms that are focused on the different population groups being attended to.

PSEA

In line with the UN Secretary-General's Zero Tolerance standards, policies and strategies against sexual exploitation and abuse (SEA), and within the framework of this Response Plan, all HCT partners will develop actions to prevent, mitigate and respond to SEA as a severe form of GBV through its assistance projects and programs in the affected communities.

Based on the results of the initial 2021 inter-agency mapping and promoting minimum PSEA standards, humanitarian actors will carry out the following minimum actions: 1) identify and mitigate SEA risks by strengthening staff and community capacities; 2) establish or strengthen codes of conduct integrating PSEA; 3) establish community complaint filing mechanisms to report cases or suspicions of SEA, including safe, accessible, inclusive and confidential channels that consider gender, age, ethnicity and disability; 4) hold briefings with communities on community complaint mechanisms to ensure that they are aware of them and know how to use them; (5) provide quality, immediate, inclusive and safe assistance and protection to victims/survivors (including medical, psychosocial and legal assistance and support regarding reintegration, shelter and non-food items); 6) promote the integration of specialized SEA assistance into GBV and Child Protection subsectors referral and 7) implement prompt, safe and survivor-centred investigations.

These actions seek to strengthen the humanitarian community's commitment to PSEA at the national and regional levels, based on the knowledge, experiences and tools developed by humanitarian actors along with women, children, adolescents, men and LGBTIQ+ victims/survivors. These commitments will be fulfilled through the establishment of an action plan and a network of PSEA focal points to provide technical support in developing these activities.

AAP and PSEA Indicators

To measure the collective progress of El Salvador's HRP in its commitments to ensure AAP and PSEA and in accordance with the guidelines required for projects, partners, sectors and the Inter-Sector Coordination Group are urged to promote and integrate the following indicators into response monitoring:

To measure if the response is based on community participation:

INDICATOR 1: Percentage of projects in which key decisions are influenced by affected communities at all key stages of the cycle (evaluation, design, implementation, monitoring, final review). (Reference: Essential Humanitarian Standard Indicator, CHS Alliance)

INDICATOR 2: Percentage of affected people who feel that humanitarian assistance providers consider their views. (Reference: Essential Humanitarian Standard Indicator, CHS Alliance).

To measure if community feedback and complaints (including sensitive ones) are well-received and met:

INDICATOR 3: Percentage of affected people who know how to ask questions, make suggestions or file complaints about humanitarian assistance and to report inappropriate behaviour and abuses by providers (Reference: Essential Humanitarian Standard Indicator, CHS Alliance)

INDICATOR PEAS: Percentage of children and adults who have access to a safe and accessible channel to report sexual exploitation and sexual abuse (Reference: PSEA Global Indicator, Global Humanitarian Response Plan (GHRP))

Member organizations in each sector must, to the extent possible, have policies for accountability, protection and standards of conduct against sexual abuse and sexual exploitation that their teams must comply with, and they must also ensure their enforcement in

the context of an emergency response. Otherwise, they must apply the guidelines established in this plan. This will be the basis for ensuring that people are informed about their rights, including the right to participate in humanitarian assistance. The selection criteria, objectives, rights, roles and responsibilities of each of the humanitarian actors and institutions involved in response interventions should be made known.

There are already good examples underway in El Salvador. The World Food Program (WFP) has a feedback and complaints mechanism called "WFP Listens to You and Responds," which will be made available to the HCT so that the same mechanism can potentially be expanded into an inter-agency and inter-sectorial feedback mechanism, such as a collective contact centre. The mechanism developed by WFP is a two-way communication service offered free of charge to targeted communities where each person can call 800-7009 or write to WhatsApp 7885-8978 to clarify doubts, make suggestions, or present any type of complaint or claim, including sensitive ones. All comments or complaints received are handled under WFP participants' data protection and handling standards. Also, UNHCR and its partners work systematically on PSEA through the identification and reduction of risks, including the risks of sexual exploitation and sexual abuse, in all their forms. Complaint and feedback mechanisms and their implementation both in shelters and at the community level are fundamental in tackling this issue. The HCT and the Inter-sector Coordination Group have an important role in promoting and ensuring that the cross-cutting themes of protection, accountability and humanitarian principles are implemented in all interventions, without exception.



EL SALVADOR

Photo: WFP/Dennis Benitez

1.6

Consolidated Overview on Use of Multi-purpose Cash

Humanitarian organizations in El Salvador participate in a cash working group that was created in 2018 to strengthen cash transfer capacities and provide the HCT with relevant support.

As a result of the COVID-19 pandemic and climate emergencies of 2020, the group, through emergency and development approaches alike, has consolidated and built a concrete structure based on validated references and a workplan for 2021.

The Multisectoral Cash-based Transfer Group of El Salvador (GMTE, per its Spanish acronym) features the participation of 13 organizations, including international NGOs, the Red Cross and UN agencies, under WFP leadership and Save the Children co-leadership.

The GMTE's main objectives are:

- Effective and efficient coordination, harmonization, communication, information exchange and technical discussion of cash-based transfers between member organizations.
- Strengthen capacities of partners implementing cash-based transfers in humanitarian assistance and social protection of civil society organizations, UN agencies, funds and programmes and Salvadoran State institutions.

- Strengthen and mainstream implementation of humanitarian response projects based on cash-based transfers in humanitarian responses and ensure social development and protection in public, private and civil society institutions.
- Establish inclusive communication and education strategy and advocacy among all parties of interest.

Through these objectives, the GMTE will support humanitarian organizations in making decisions on the emergency response when using cash transfer programs under the different transfer mechanisms used in country.

WFP has been the leader in cash transfer processes since 2013, gaining enough experience to support humanitarian actors' cash assistance transfer operations and allowing them to transfer funds to those in need using WFP's established financial systems, platforms and contracts. The WFP serves in an administrative role, managing relationship with existing financial service providers and acts as a coordinating centre to organize distribution of services and presentation of reports.

Parte 2: **Response Monitoring**

EL SALVADOR

Photo: WFP/Mauricio Martinez



2.1

Monitoring Approach

Each sector has defined its own monitoring guidelines and each implementing partner will be responsible for monitoring its projects and reporting to sector leaders with a maximum quarterly frequency, as agreed. Sector leaders will be responsible for monitoring their Sector Plan using previously proposed indicators.

OCHA will support monitoring of both projects and Sector Plans, as they will also coordinate the development and dissemination of information products for the humanitarian community such as newsletters,

infographics and others. At the country level, OCHA will promote use of the 345W activity tracking tool to allow implementing partners to enter their information on a monthly basis. The 345W will be designed according to the structure of implemented projects. At the regional level, and in connection with the global level, OCHA will verify that partners and sector leaders report regularly on the Financial Tracking Service (FTS) platform used to create reports for donors and the humanitarian community.

2.2

Strategic and Specific Objectives: Indicators and Targets

Strategic Objective SO1 Contribute to protecting and saving the lives and dignity of people affected by, and at risk of, the impacts of violence and displacement and the effects of disasters and COVID-19 through a humanitarian response with an intersectoral perspective and a focus on human rights, protection, age, gender, diversity and cultural relevance.	NEEDED 1M	TARGET 692.5K
Specific Objective 1.1 Strengthen and contribute to the timely access of essential and integrated services for food security, protection, health, water, sanitation and hygiene, nutrition, education and shelter for affected people (including migrants, displaced people, refugees, pregnant adolescents, LGTBQ+, people with disabilities, victims and survivors of violence, children and adolescents and the elderly, among others) during emergencies that meet humanitarian response standards through a rights- and age-based approach.	NEEDED 1M	TARGET 430K
Specific Objective 1.2 Contribute to the reduction of protection risks and to respond to violations of rights of people affected by the effects of disasters, violence, including GBV, forced displacement, migration and COVID-19.	NEEDED 759.1K	TARGET 13.5K
Specific Objective 1.3 Strengthen institutional capacities to ensure safe mechanisms for identifying, attending to, reporting, referring and handling protection cases that include quality multisectoral services for GBV victims and survivors, at- risk children and adolescents and other affected vulnerable groups.	NEEDED 759.1K	TARGET 10.8K

Strategic Objective S02 Support and strengthen sustainable solutions through the humanitarian-development collaboration to contribute to the promotion of timely access to essential services, respect for rights, self-sufficiency and resilience of affected and at-risk people with a protection approach that accounts for gender, age and diversity.	NEEDED 944.6K	TARGET 374.5K
Specific Objective 2.1 Protect and strengthen sustainable livelihoods and access to durable solutions for people affected by disasters, sanitary emergencies and violence, or those at risk of violence, including people on the move and displaced people.	NEEDED 944.6K	TARGET 72K
Specific Objective 2.2 Prevent and mitigate risks related to people affected by disasters, violence, including GBV, displacement, and COVID-19 through the strengthening of community bonds and infrastructure to promote and demand rights and promote resilience-building.	NEEDED 270K	TARGET 300K
Specific Objective 2.3 Increase the protection of children (including migrants, displaced children, refugees, pregnant adolescents, LGBTIQ+, people with disabilities, victims, and survivors of violence, among others), as well as their families and communities, from violence, exploitation, and abuse, and strengthen the protection and education system and services to contribute to their reintegration, restoration of rights, and to strengthen their resilience, through coordinated response between Government institutions, civil society and/or international cooperation actors.	NEEDED 116K	TARGET 55K
Specific Objective 2.4 Provide logistical support to help ensure the timely provision of aid to those affected by a national emergency through Government, NGOs, or other institutions.	NEEDED ---	TARGET ---
Specific Objective 2.5 Promote access for people affected by disasters or social emergencies to critical information and awareness of rights, risks, options, and services allowing them to make informed decisions, promote positive social change, and raise concerns that are appropriate to their characteristics and situation, including age, gender and disability. In addition, affected individuals and communities will be consulted and actively involved throughout the humanitarian response cycle.	NEEDED 270K	TARGET 50K

Part 3: Sector Objectives and Response

LA PAZ, EL SALVADOR

Photo: OXFAM



Sector Response Overview

Most of the proposed actions in this plan will be implemented under a coordinated multisectoral approach to ensure complementarity and efficiency of response.

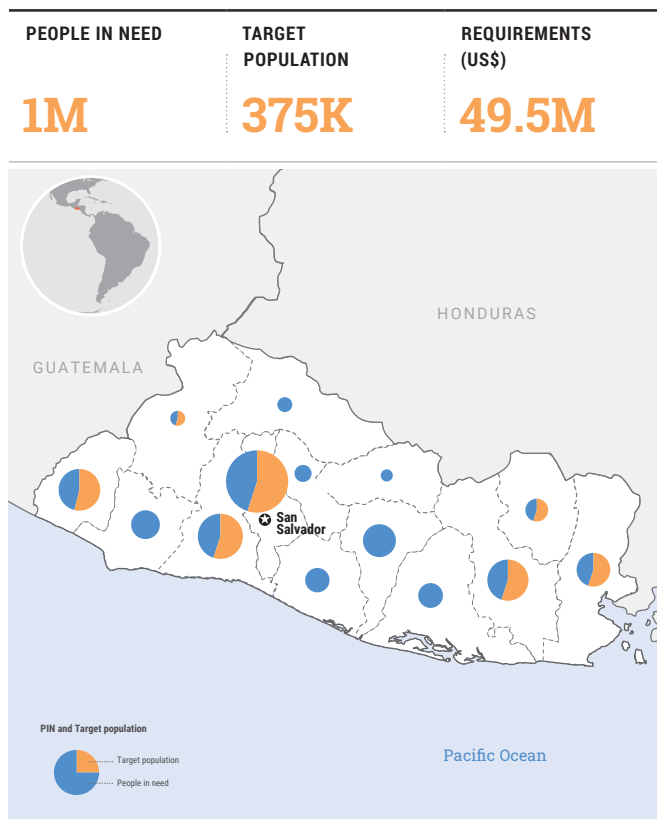
Sectors have defined similar areas and populations that, for the most part, are home to the same targeted families.

SECTOR/MULTI-SECTOR	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NO. OF PROJECTS	PEOPLE IN NEED	TARGET POPULATION	NEED TARGET
Food Security	\$49.5M 	7	7	1M	375K	
Protection	\$35M 	4	5	759K	270K	
Early Recovery	\$27M 	2	5	944.6K	45K	
Health	\$12M 	5	8	998.2K	458K	
CCCM	\$7.3M 	5	5	149.8K*	12.6K	
Education	\$6.5M 	6	1	792K	79.2K	
Water, Sanitation and Hygiene	\$5.5M 	3	3	808K	150.3K	
Nutrition	\$5.2M 	3	3	236K	115K	
Child Protection	\$4.4M 	10	10	116K	55.4K	
Protection – GBV	\$3.3M 	10	10	605K	385.5K	
Logistics and Telecommunications	\$574.2K 	1	1			
Coordination	\$166.7K 	1	1			

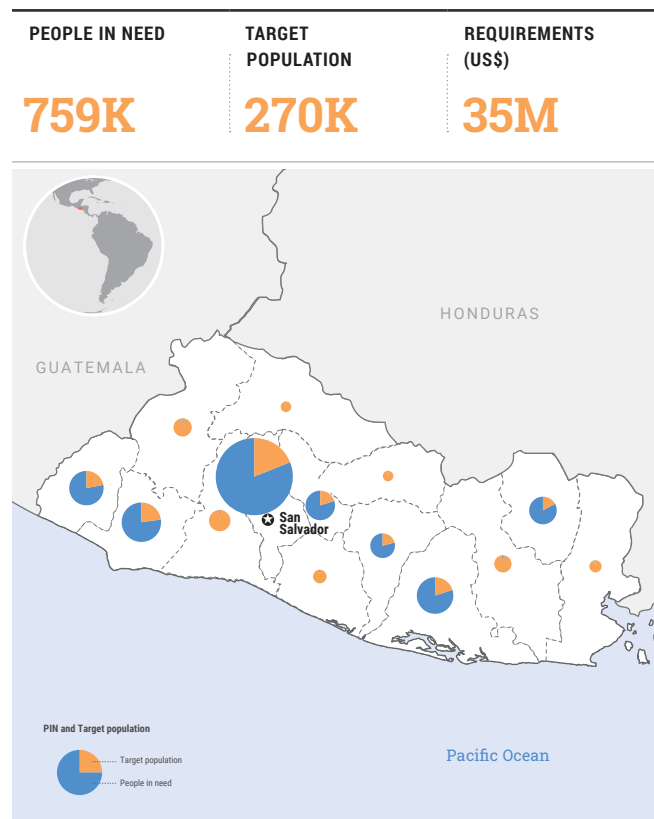
* CCCM People In Need were not taken from the HNO 2021 analysis, as another more updated data source was considered.

* Fifty-six projects were registered in the HPC Project system, but the number of projects per sector amounts to 59 because some multi-sector projects are duplicated.

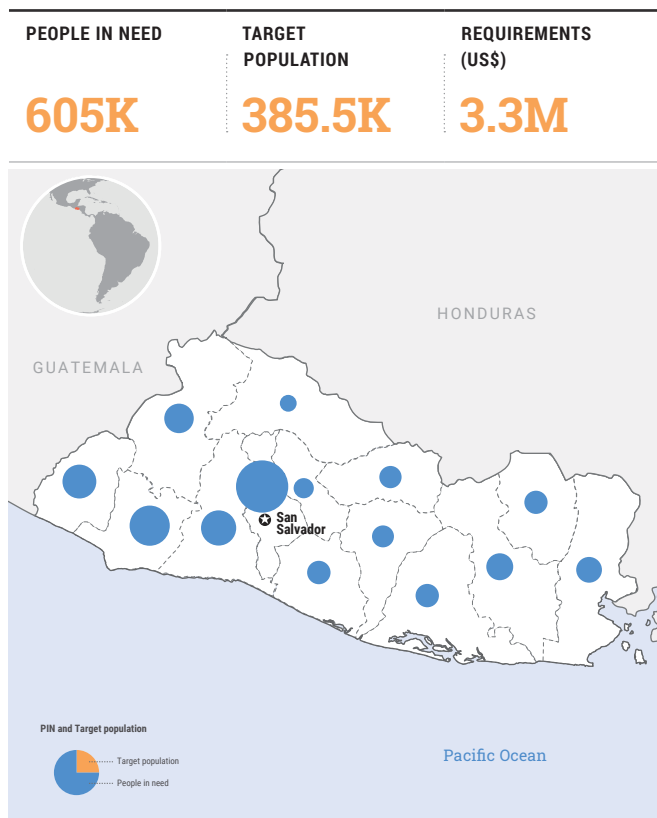
3.1 Food Security



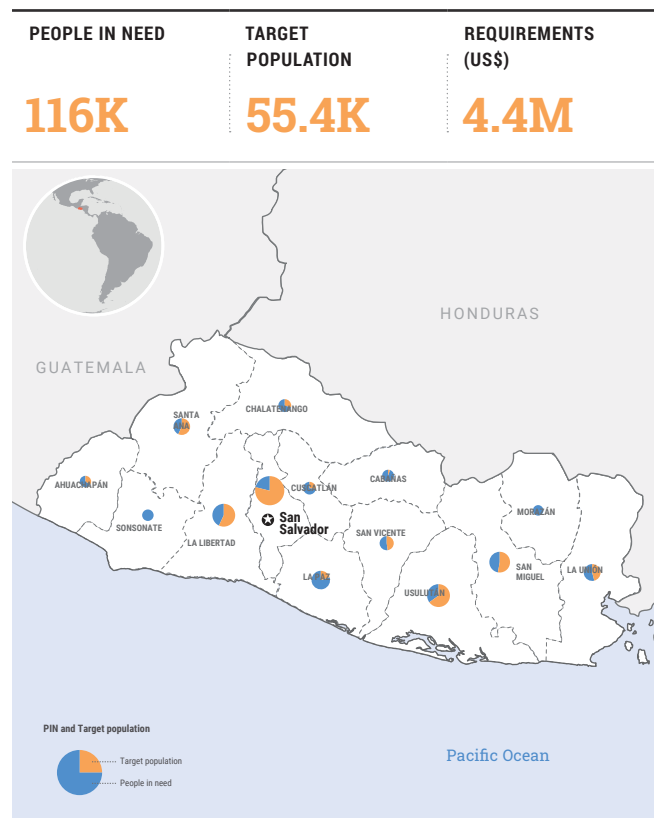
3.2.1 Protection



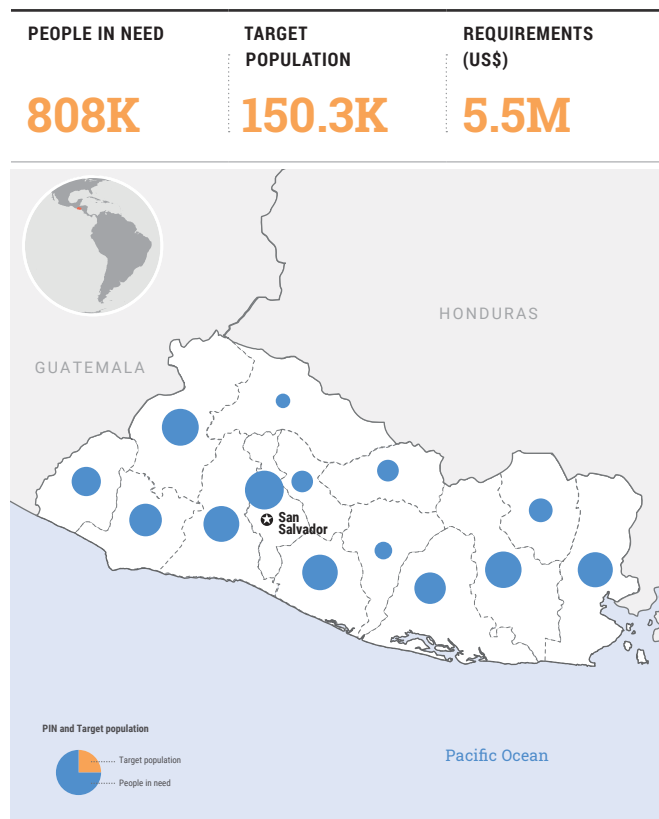
3.2.2 Protection: GBV



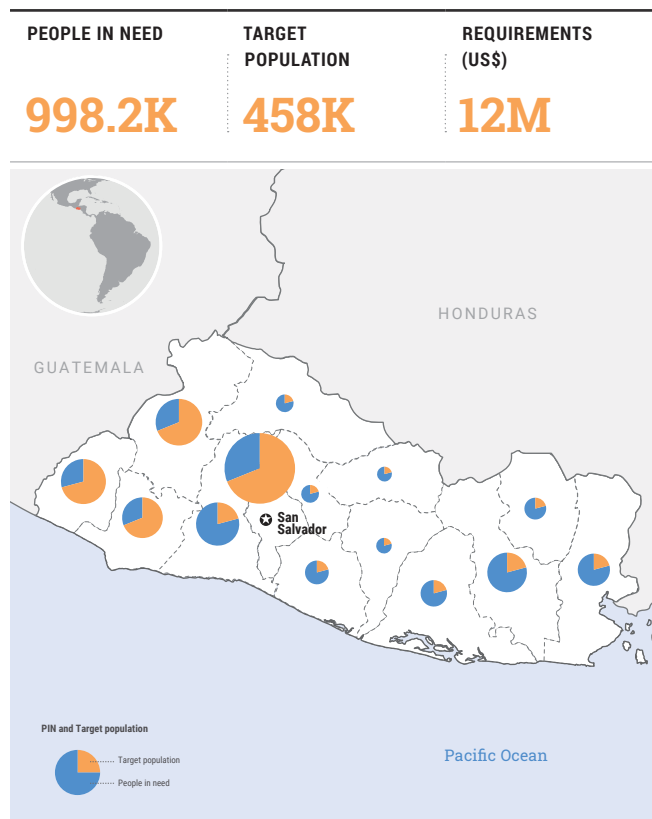
3.2.3 Protection: Child Protection



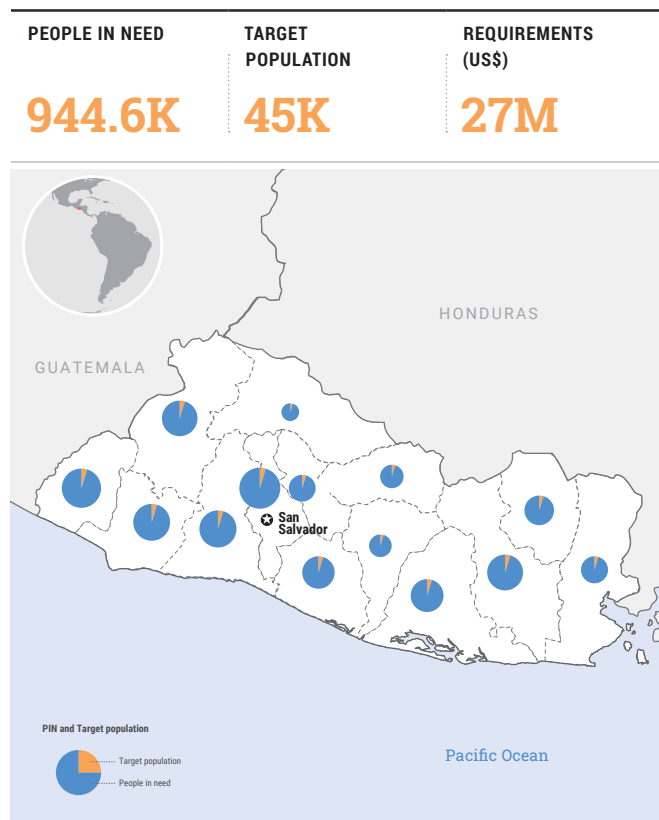
3.3 Water, Sanitation and Hygiene



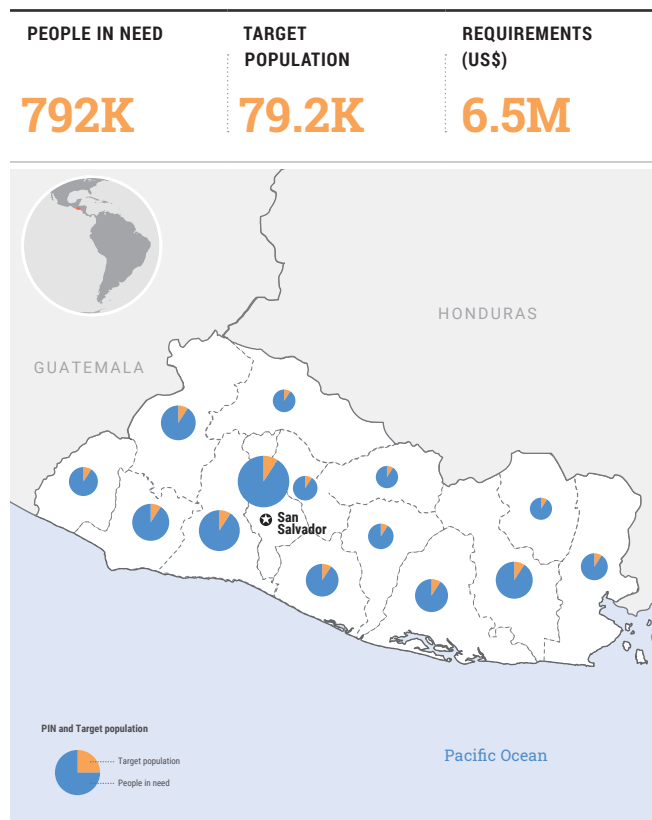
3.4 Health



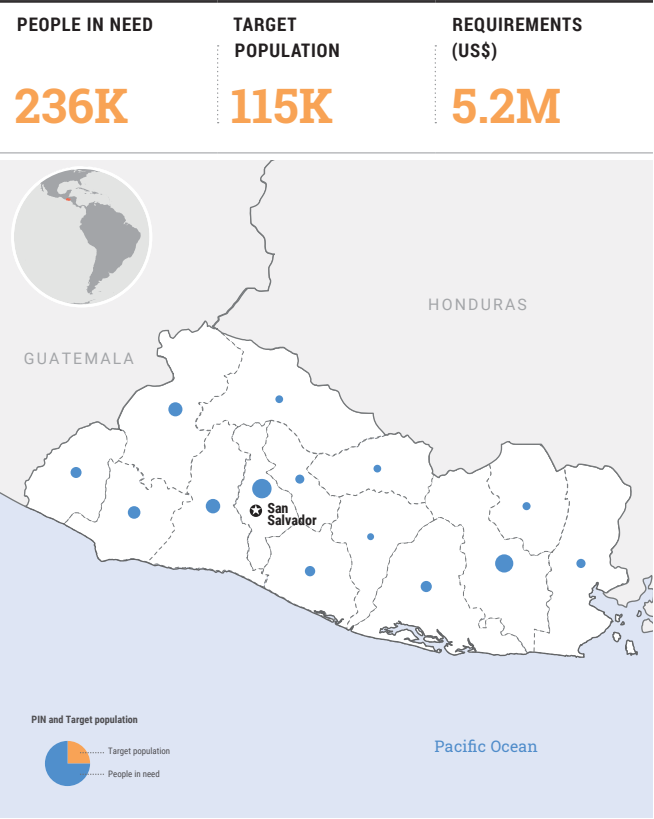
3.5 Early Recovery



3.6 Education



3.7 Nutrition



3.8 CCCM





CANTÓN SAN MARCOS, EL SALVADOR

Photo: OXFAM



3.1 Food Security

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN/ADOLESCENTS	PEOPLE WITH DISABILITIES
1M	375K	135K	127K	22K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
49.5M	7	7		

To improve food security, emergency food assistance will be provided to some 375,000 people across 75,000 households through cash transfers, vouchers and in-kind food, with cash transfers accounting for the largest percentage due to the preferences of those in need and the potential for empowerment regarding decision-making to meet essential needs based on their household priorities. Cash supply has direct economic benefits in local markets and trade, as it injects cash into the local economy, increasing demand and incentivizing local food production. In rural areas, cash transfers stimulate smallholder agricultural production and other livelihoods by allowing people to shop locally. Cash allows people to have access to an expanded food basket and consume adequate and nutritious food that they already know how to prepare according to their needs and preferences.

Cash transfer amounts may vary according to the policies and objectives of the member organizations of the Food Security sector, possibly ranging between \$100 and \$150 per month per household and multipurpose transfer. Transfer periods may be between one and three months, covering 50 to 60 per cent of the needs of the basic food basket for urban and rural families (of 5), respectively. These transfers will be delivered to heads of household each month through local financial

service providers, allowing people who do not have a bank account to receive money without issues. Close coordination with strategic Government partners, such as the Ministry of Government and Local Development, the Directorate General of Civil Protection and the Ministry of Health will be ensured to fully comply with required health protocols.

The geographical scope of emergency assistance will be targeted at households in the departments with the largest population facing food insecurity and other areas deemed appropriate based on updated food security analyses and consultations with the Government of El Salvador.

Humanitarian assistance will also incorporate actions to immediately reactivate livelihoods, given its consideration as the next fundamental step to ensure food availability that contributes to resilience-building. To this end, response will support 235,500 people to develop actions to enable them to quickly rebuild their livelihoods. The inclusion of this component owes to the fact that after the shock of an impact, communities often go through a process of transformation in which programs and plans do not reflect their most urgent priorities. The response to this transformation prioritizes immediate results for the most vulnerable and



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Foto: PMA/Dennis Benitez

promoting opportunities for early productive reintegration. This response will evolve over time toward resilience -building and long-term recovery. People affected by crises often need vital support if their communities, institutions and livelihoods have been weakened or destroyed.

Based on the aforementioned factors, response partners will work so that the families participating in this humanitarian assistance program can begin an immediate reactivation. Activities include restoring natural assets, starting community-level food production through seed distribution, tools and other productive assets and restoring the necessary conditions for the reconstruction of livelihoods, management and risk reduction, among others. Households in urban, peri-urban and rural areas will receive assistance as part of this activity. To achieve rapid integration into these livelihood activities in rural settings, food production activities will be developed at the community level, with activities implemented within target

communities aimed at individual people in need in those communities.

The most affected people are those who depend on agricultural and livestock production activities, given the loss of income caused by COVID-19 pandemic restrictions, as well as those in the informal sector, especially small merchants, who are forced to use crisis or emergency coping strategies such as selling their productive assets to bridge their food gaps.

The people identified as in need are the families of basic grain producing farmers, especially those involved in subsistence production (0.97 Mz on average, DIGESTYC, 2021), who are often affected by disasters and thus highly exposed to food insecurity and the loss of their productive assets. Estimates from the National Survey on Food Security and Agriculture Indicators, El Salvador 2020 (FAO-DIGESTYC) indicate that 36 per cent of people linked to agriculture are in vulnerable conditions, representing 225,891 basic grain producers in need who require strengthening

their means of production. In the short- and medium-term, 39,113 basic grain producers in the departments of Ahuachapán, San Miguel and La Unión (IPC, 2020) require emergency assistance.

Production losses increase small producers' vulnerabilities and exposure to food insecurity, as identified in IPC analyses. These communities are suffering the disastrous effects of climate change impacts such as protracted droughts and destructive tropical depressions and storms, as well as the effects of the COVID-19 pandemic. Preparedness, response and adaptation measures are required to ensure families' survival. Response must complement national efforts to support subsistence farmers' livelihoods. As such, immediate response plans for climate impacts and their disruption on production are urgently required to mitigate food security risks.

Objectives

The food security sector seeks to strengthen timely access to, and availability of, food for people affected by the COVID-19 pandemic and climate impacts through the provision of food, promotion of the immediate restoration of productive assets and resilience-building with an emphasis on vulnerable groups, especially women, children, the elderly and people with disabilities to integrate vulnerable groups in an inclusive manner.

Response activities will provide timely access to safe and healthy food to face through an inclusive and gender-focused approach that guarantees protection and rights in responding to 375,000 affected people in the six priority departments of Ahuachapán, La Libertad, La Unión, Morazán, Santa Ana and San Salvador.

The response is also strategically targeting these six departments to support the recovery and strengthening of the deteriorated livelihoods of 235,000 people affected by disasters and the COVID-19 pandemic, as well as improve their resilience to recover from shocks.

Response

Given the structural challenges created by limited access to food through either self-production or limited market access, the most urgent response activities are focused on immediate food assistance and reactivation of livelihoods for food production.

Estimates from the latest IPC analysis (December 2020) indicate that, between November 2020 and February 2021, 684,000 people (10 per cent of the population) are facing Crisis levels of food insecurity (Phase 3) or worse. Ahuachapán, San Miguel and La Unión are the departments with the largest number of people facing these challenges.

For 2021, according to the initial IPC estimates, there were 985,000 people facing Crisis levels or worse from March to May 2021 (15 per cent of the population), with later estimates indicating this number will increase to 1.04 million (16 per cent) between June and August 2021, or 16 per cent of the population.

The purpose of the interventions is to complement the Government's humanitarian response to help the most vulnerable families whose food and nutrition security has deteriorated due to a prolonged COVID-19 pandemic and the devastating cumulative impact of several climate shocks that affected El Salvador in 2020.

The response of the Food Security sector will target people facing the highest level of food insecurity in several departments across the country, focusing on emergency humanitarian assistance. With the support of the international community, the sector plans to provide humanitarian assistance to 375,000 people through emergency food assistance, early recovery actions and/or livelihood support and create short-term economic opportunities. The strategic purpose of the proposed interventions is to provide immediate emergency assistance and build the socio-economic resilience of vulnerable peoples to avoid the need for ongoing emergency relief and to mitigate irregular migration drivers.

To achieve this, the Food Security sector requires **\$49.5 million** through December 2022.

Cost of the response

Sector response will use HPC project-based costing methodology and consider different aspects linked to an effective and timely response such as resource quality (raw materials, materials, tools and supplies) to implement a cost-effective response for each activity.

Monitoring

Methodological follow-up will be regularly carried out based on indicators' monitoring matrices. WFP continuously monitors food security through telephone interviews (CATI). Sector partners will contribute their experience to align and monitor their project implementation, which will allow for establishing an evolving account of the situation. Sector partners

tools available to document the situation to respond to needs, identify existing gaps and prioritize assistance according to target populations. Partners will regularly consolidate assessment results from target areas to allow for joint analyses of the evolving needs of the most vulnerable, the number of people in need and the emergence of new groups and sub-groups requiring humanitarian assistance and the associated risks.

Objectives, Indicators and Targets

Sector Objective 1 Provide timely access to safe and healthy food to address the crisis in an inclusive manner and with a gender approach and guarantee a protection and rights-based approach for 375,000 affected people in the departments of Ahuachapan, La Libertad, La Union, San Miguel, Morazan, Santa Ana and San Salvador.		NEED 1M	TARGET 375K
Contributes to specific objectives No. 1.1 y No. 2.1		NEED	TARGET
INDICATORS	Indicator 1 Number of people with improved food security through food assistance	1M	375K
	Indicator 2 Number of people who receive training to improve food use and consumption	1M	375K
Objetivo Clúster OC2 Recover and strengthen the livelihood of 235,000 people affected by disasters and the COVID-19 pandemic by improving their resilience to recover in the departments of Ahuachapan, San Miguel and La Union.		NEED 1M	TARGET 235K
Contributes to specific objective No. 2.1		NEED	TARGET
INDICATORS	Indicator 1 Number of people who improve their food security through actions to strengthen their livelihoods	1M	235K
	Indicator 2 Strengthening of capacities on good practices to achieve sustainable production	1M	235K

3.2 Protection



PEOPLE IN NEED - PROTECTION		PEOPLE IN NEED - CHILD PROTECTION		PEOPLE IN NEED - GBV	
759K		116K		605K	
TARGET POPULATION	WOMEN	CHILDREN		PEOPLE WITH DISABILITIES	
710.9K	333.4K	218.6K		32.8K	
SECTOR REQUIREMENTS (US\$)	PARTNERS	PROJECTS			
42.7M	17	23			

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Photo: World Vision



3.2.1 Protection Sector



PEOPLE IN NEED	759K						
TARGET POPULATION	270K	WOMEN	164.7K	CHILDREN	108K	WITH DISABILITIES	16K
REQUIREMENTS (US\$)	35M	PARTNERS	4	PROJECTS	5		

Despite official data indicating a noticeable reduction in the number and rate of homicides in El Salvador since 2019, crime and violence continue to threaten social development and economic growth and continue contributing to forced displacement within El Salvador, as well as outside of the country in search of protection. Deep socioeconomic and gender inequalities, the impact of COVID-19 and the effects of disasters, combined with existing vulnerabilities, are contributing to a increasing protection needs. Estimates indicate there are approximately 759,000 people with protection needs in El Salvador, people affected by different forms of violence, including GBV, internal displacement, the effects of disasters and COVID-19. Of this total, 40 per cent are children and adolescents, while 61 per cent are women. The Protection sector expects to cover the needs of at least 270,000 people until December 2022.

The control and reach of criminal organizations continue to be a determining factor in the forced displacement of people within and from El Salvador. According to the "Characterization of internal mobility due to violence in El Salvador,"²¹ study, 1.1 per cent of families in El Salvador were displaced by violence between 2006 and 2016, or an estimated 71,500 internally displaced people as of 2016.²²

According to the study, most of the displaced are young vulnerable families with an average age of 29.5. Displaced families often include adolescents

and youth who are at higher risk of physical, emotional, social, sexual and gender-based violence, and are often targeted by gangs for forced recruitment.

For women and girls, violence, including GBV, fear of sexual violence, forced unions, human trafficking, sexual exploitation and crimes related to criminal feuding and retaliation are common triggers for displacement. LGBTIQ+ people are subject to discrimination and violence because of their sexual orientation or gender identity, limiting their access to rights and services such as health, education and employment.

Forced displacement has a wide-ranging negative effect on the exercise of rights. At the community level, the lack of state presence and the social and territorial control exerted by gangs hinder internally displaced people's access to rights and services. To mitigate the risks, people affected by violence often limit their movements, which further aggravates their situation and affects their sources of income. Upon fleeing, displaced people leave behind their property, belongings, education and employment opportunities. Displacement also leads to the loss of social, community and family networks and creates new challenges related to resettling a family in a new place.

Despite the COVID-19 restrictions imposed for much of 2020, more than 35,000 people from El Salvador filed new applications for refugee protection across the world, bringing the global number of asylum

²¹ Characterization of internal mobility due to violence in El Salvador, Ministry of Justice and Public Security, 2018

²² For more information, visit the UN website in El Salvador: <https://elsalvador.un.org/es/41979-acnur-llama-proteger-los-desplazados-internos-en-centroamerica-durante-el-covid19>

seekers from El Salvador to 149,537 and the number of Salvadoran refugees worldwide to 45.640.²³ Between 2014-2018, the United States and Mexico deported some 213,000 Salvadorans (102,000 from Mexico and 111,000 from the United States),²⁴ including people facing serious threats or risks to their safety in the host communities.

Objectives

Given this situation mentioned, the Protection sector's objectives are:

1. Strengthen action and capacity of relevant actors and institutions in early identification, prevention and mitigation of protection risks and rights violations and the mainstreaming of protection, age, gender and diversity approaches in humanitarian response.
 2. Promote and/or complement the action of relevant actors and institutions in responding to rights violations and protection risks through humanitarian assistance and the provision of comprehensive and specialized, quality services for people with specific protection needs, particularly women, children and adolescents, people with disabilities, LGBTIQ+ people and Afro-descendant and indigenous peoples.
 3. Strengthen affected peoples' self-sufficiency and resilience through access to rights and services, such as housing, documentation, sexual and reproductive health, education, capacity-building and livelihood opportunities, particularly for women, children and adolescents, people with disabilities, LGBTIQ+ people, members of indigenous peoples and farming communities.
 4. Contribute to resilience-building, self-sufficiency, inclusion and cohesion, access to justice and exercise of rights of affected communities through the strengthening of the social bonds and community infrastructure.
- Support state actors and institutions at different levels to improve protection systems and mechanisms through capacity-building and the establishment/strengthening of legal frameworks and public policies and their corresponding implementation and transformation into protection and assistance programs. This support will emphasize the governance of internally displaced people, mixed migration flows, including for those in need of international protection, strengthening of the asylum system, prevention and response to GBV and protection of children.
 - Improve early identification and confidential and safe referral of people with specific protection needs through strengthening of institutional capacities and key actors - including communities and their protection mechanisms - and expand protection monitoring mechanisms, especially for GBV survivors, children and adolescents, LGBTIQ+ people, indigenous people and people with disabilities.
 - Strengthen case management services and systems and individual and community protection assistance, especially for people affected by, or at risk of, violence, including GBV and child protection cases such as the forced recruitment of children and adolescents.
 - Help people and households at greatest risk through cash and in-kind transfers, within the framework of a comprehensive and coordinated protection response, to meet basic needs, mitigate protection risks and prevent negative survival mechanisms.

Response will ensure the centrality of protection in all activities through joint work with the HCT and other actors.

Response

Due to the multicausal nature of the protection crisis affecting at-risk people and communities, the Protection sector seeks to:

²³ VSee UNHCR, Refugee Data Finder, <https://www.unhcr.org/refugee-statistics/download/?url=lkygA2>

²⁴ Human rights watch, Annual report 2020

- Strengthen state presence and response in high-risk communities to improve the broader protection services and facilitate affected peoples' access to rights, protection mechanisms, livelihood opportunities and essential services.
- Work with affected people and communities to promote their resilience, autonomy, social cohesion and access to justice from an inclusive and participatory approach, strengthening social bonds through support for community organizing networks and spaces for inclusive citizen participation.
- Support affected peoples' and communities' access to comprehensive and sustainable solutions through access to rights and services, capacity-building opportunities and livelihoods, particularly for women, children, adolescents, people with disabilities and LGBTIQ+ and indigenous people.
- Promote and strengthen AAP mechanisms to guarantee affected peoples' and communities' access to inclusive information and communication channels, as well as their participation in decision-making that affects their lives and access to confidential and effective complaint mechanisms and systems.

Response costing

The costing is based on a system of projects amounting to an estimated at **\$34,966,954** to reach the target population established by the sector and its Areas of Responsibility (AoRs).

Monitoring

The Protection Sector is committed to providing an evidence-based response built around age, gender and diversity considerations, as well as intersectoral protection outcomes and advancing access to lasting solutions. The Protection sector and the AoRs will monitor the indicators described in the monitoring framework and regularly collect information in coordination with the Intersectoral Coordination Group (ICCG). The sector and the AoRs will work with partners to identify opportunities for joint monitoring exercises and multisectoral assessments to better understand the perspectives of affected people and the relevance and efficiency of the protection response. Partners and affected communities will periodically analyse information obtained to adapt the response and ensure that targets set in the planning cycle are achieved and revisions are made, where appropriate.

Objectives, Indicators and Targets

Sector Objective 1 Strengthen the action and capacity of relevant actors and institutions in early identification, prevention and mitigation of protection risks and rights violations and mainstreaming protection and age, gender and diversity approaches in humanitarian response.		NEED 759K	TARGET 270K
Contributes to specific objectives No. 1.1 and No. 1.3		NEED	TARGET
INDICATORS	Number of relevant Government institutions and civil society organizations that receive technical assistance to strengthen their capacities in protection issues.	60 Institutions	12K
	Number of people from public institutions and civil society trained in protection and human rights issues	174K	19K
	Number of governmental agreements, institutional routes and care protocols developed to respond to the needs of displaced persons	15 accords	10 accords
Sector Objective 2 Promote and/or complement the action of relevant actors and institutions in responding to violations of rights and protection risks through humanitarian assistance and the provision of comprehensive and quality specialized services for people with specific protection needs, particularly women, children and adolescents, people with disabilities, LGBTIQ+ people and Afro-descendant and indigenous peoples.		NEED 759K	TARGET 270K
Contributes to specific objectives No. 1.1, 1.2 and 1.3		NEED	TARGET
INDICATORS	Number of people with specific protection needs whose basic needs are met with humanitarian assistance in cash and in-kind and the provision of quality comprehensive specialized services.	270K	13.5K
	Number of active and functioning coordination spaces for case management and humanitarian protection assistance	270K	10.8K

Sector Objective 3

Strengthen self-sufficiency and resilience of affected people through access to rights and services, such as housing, documentation, sexual and reproductive health, education, capacity development and livelihood opportunities, particularly for women, children and adolescents, people with disabilities, LGBTIQ+ people and members of ethnic minorities.

NEED
759K**TARGET**
270K

Contributes to specific objectives No. 2.1 and 2.3

NEED**TARGET****INDICATORS**

Number of people with specific protection needs who have access to entrepreneurship and formal employment programs that allow them to generate a decent and sustainable income.

270K

2K

Number of people with specific protection needs certified in vocational, technical and soft skills training at formal national institutions

270K

2K

Number of people with specific protection needs accessing rights such as documentation, housing and property, education and health including mental, sexual and reproductive health.

270K

27K

Sector Objective 4

Contribute to the promotion of resilience, self-sufficiency, inclusion and cohesion, access to justice and exercise of rights of affected communities through the strengthening of social bonds and community infrastructure.

NEED
759K**TARGET**
270K

Contributes to specific objectives No. 2.2. and 2.5

NEED**TARGET****INDICATORS**

Number of participatory diagnostics, protection monitoring activities and coordination spaces carried out with communities affected by internal displacement.

150 diagnósticos

3K

Number of trained community structures receiving timely, reliable and useful information that will enable them to participate actively and effectively in decision-making on measures that affect them.

270K

50K

Number of peaceful coexistence projects to strengthen community structures and to build social bonds implemented in prioritized communities.

270K

50K



3.2.2 Gender-Based Violence Sub-sector

PEOPLE IN NEED	605K						
TARGET POPULATION	385.5K	WOMEN	250.6K	CHILDREN	88.7K	WITH DISABILITIES	23.1K
REQUIREMENTS (US\$)	3.3M	PARTNERS	10	PROJECTS	10		

Objectives

1. Improve access for women and girls (including those with disabilities) who are survivors and/or at risk of GBV to quality, survivor-centred, safe, timely, confidential and coordinated services.
2. Improve strategies for community resilience through the expansion of proven models of GBV prevention that promote the positive transformation of social norms and ensure that women at risk of and/or survivors of GBV gain access to economic support.

Response

In El Salvador, women on the move, in shelters or living in communities are continually exposed to the risk of GBV, showing how this form of violence has grown due to the various crises, including disasters, the COVID-19 pandemic and chronic violence, that are currently affecting El Salvador.

Response to GBV must not only consider the various conditions in which women and girls affected by these crises are living, it must also consider that El Salvador has one the highest rates of femicide in Latin America.²⁵ This unfortunate distinction lays bare the importance of expanding and improving access to, and the quality of, response services, as well as the dissemination of information about life-saving services for GBV survivors.

The GBV Sub-sector strategy for achieving the two Protection sector objectives and respond to the needs identified through HNO is based on a multisectoral intervention that prioritizes the response to GBV through quality, accessible and survivor-centred services and

includes opening new safe spaces for women and adolescent girls.

The same strategy also covers intervention in GBV prevention and the empowerment of women by working with communities and paying close attention to the GBV risks women, adolescent girls and people of different sexual orientations face.

In terms of providing specialized services (Objective 1), the sub-sector works to ensure that GBV survivors can choose and have access to different services, including case management and psychosocial, judicial, police and temporary accommodation support. Due to the diversity of GBV survivors' needs and situations, essential response services will be provided through three implementation models: static, mobile and remote (call centres).

The implementation model will be determined by analysing the needs and access possibilities of the people at risk of GBV, considering that women on the move, in shelters, or in host communities have different access capacities, resources, freedom of movement and knowledge of the local context. Given El Salvador's high rate of GBV and femicide, having access to different implementation models may well save the lives of GBV survivors.

The GBV sub-sector will implement a coordinated, multisectoral training strategy aimed primarily at state service providers to promote quality and access to a coordinated, multisectoral, survivor-centred response.

²⁵ CEPAL 2020. <https://oig.cepal.org/es/indicadores/feminicidio>

The GBV sub-sector envisions a holistic multilevel intervention to promote resilience, women's empowerment and GBV-free communities (Objective 2).

Part of this intervention will focus on organizing campaigns and activities to raise public awareness about GBV, rights related to Sexual and Reproductive Health and on the dissemination of information on available essential services, focusing on accessibility, confidentiality and safety.

Women's empowerment and community resilience will be addressed through a range of economic, political and social empowerment programmes, in conjunction with humanitarian aid programs, that support women and adolescent girls through the distribution of dignity, hygiene and health safety kits.

As part of the strategy to improve women's living conditions and autonomy, several GBV sub-sector members will distribute cash and vouchers to women who are either at risk or survivors of GBV to reduce risk, respond to the consequences of GBV and facilitate the purchase of basic supplies. Access to cash transfers, vouchers and dignity kits, as well as participation in empowerment activities, not only improves women's dignities and autonomy, but also reduces the risks of resorting to negative coping mechanisms.

The HNO analysis revealed gaps in services and coordinated response action. The sub-sector intends to implement inter-agency diagnostics and information gathering from July 2021 to December 2022 that will help analyse and address the gaps in terms of the availability and quality of GBV response services at the municipal level.

Response costing

Costing is based on a system of projects amounting to **\$3,331,608** to reach the target population.

Monitoring

In 2021, GBV sub-sector partners will continue strengthening monitoring efforts and ensure that GBV response is survivor-focused, appropriate and relevant to the needs of communities and in priority geographic areas. Mid-term evaluations will allow for adjustments to timeframes and locations, as necessary, should there be evidence of risks and changes in the context.

Safety audits and other participatory, confidential and secure tools will be used to monitor GBV dynamics and service access barriers faced by at-risk women and girls and GBV survivors.

The sub-sector will also provide the Protection sector with systematic and timely reports to facilitate analysis of inter-sectoral issues.

The sub-sector will develop indicators and work plan. All monitoring information that the sub-sector collects and creates will be disaggregated by age and gender to enable response tracking for groups most at risk of GBV.

In 2021- 2022, the sub-sector will work to produce service and operational presence mapping specific to GBV response, which will enable monitoring of key interventions and facilitate early identification of gaps.

Objectives, Indicators and Targets

Sector Objective 1		NEED	TARGET
Improve access for women and girls (including those with disabilities) who are survivors and/or at risk of GBV to quality, survivor-centred, safe, timely, confidential and coordinated services.		408K	297.4K
Contributes to specific objectives No. 1.1; 1.2 and 1.3		NEED	TARGET
INDICATORS	Number of humanitarian, health, judicial, law enforcement, protection and Government staff trained in GBV prevention and response, with a survivor-centred approach.	---	1.5K
	Percentage of women and girls (disaggregated by age) who access psychosocial support services and subsequently indicating satisfaction with services.	90%	70%

* The indicators for Objective 1 measure only training and service activities that will benefit part of the target population for Objective 1. The target population for this objective will be reached from the activities measured through the HRP indicators with other activities that do not have an indicator in the Response Plan.

Sector Objective 2		NEED	TARGET
Enhance strategies for community resilience through the expansion of proven GBV prevention models that promote positive transformation of social norms and ensure that women at risk of and/or survivors of GBV have access to socio-economic support.		197K	88.2K
Contributes to specific objectives No. 2.2 and 2.3		NEED	TARGET
INDICATORS	Number of women surveyed who confirmed that they have expanded their protection network and know who to turn to if they need support thanks to response activities.	197K	88.2K

3.2.3 Child Protection Sub-sector



PEOPLE IN NEED	116K						
TARGET POPULATION (CHILDREN AND ADOLESCENTS)	55.4K	WOMEN	---	CHILDREN	55.4K	CHILDREN AND ADOLESCENTS WITH DISABILITIES	554
REQUERIMIENTOS (US\$)	4.4M	PARTNERS	10	PROJECTS	10		

Objective

1. To ensure that children and adolescents affected by, and/or at risk of, violence, abuse, exploitation, migration and displacement have safe and timely access to specialized, comprehensive, coordinated and quality protection services relevant to their age, gender and diversity, contributing to the prevention and care of violence, abuse and exploitation of children.

Response

Children and adolescents in El Salvador suffer high levels of violence in virtually every facet of their lives, be it at home, at school or in their community. The effect of COVID-19 confinements and school closures led to an increased stress for families, which in turn increased domestic and sexual violence. From October 2019 to May 2020, there were 8,272 recorded detentions of unaccompanied Salvadoran migrant children and adolescents, an 80 per cent drop, according to data from the Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA) and the National Childhood and Adolescence Council (CONNA) (2021). In addition, ISNA has only six attention centres for children, adolescents and returned migrant families installed in the departments of San Salvador, Santa Ana, Usulután, San Vicente, San Miguel and Chalatenango, areas with the highest number of deportations, limiting the ability to offer a range of programs aimed at the social reintegration of these families.

As part of the Child Protection response to violence, abuse, exploitation, abandonment and neglect, existing protection systems and services will be strengthened to expand their reach and quality. This includes the strengthening of complaint filing, case management

and referral mechanisms, including friendly and accessible helplines and services provided by members of the National System for the Comprehensive Protection of Children and Adolescents.

These strategies include the creation of child-friendly spaces, promotion of self-protection practices and prevention of all types of violence against children, such as PSEA and other safeguarding measures.

Displaced children, returnees, victims of violence or at risk of violence in humanitarian contexts require comprehensive care that includes psychosocial and legal support, family reunification, humanitarian assistance via cash transfer, food kits, clothing, or shelter, among other types of support. The sub-sector will complement response actions with the strengthening of protective family environments and ensure safe and friendly spaces to provide psychosocial support, ranging from psychological first aid to in-depth or long-term therapy processes, to allow for normal life development and resilience processes. Response actions will provide comprehensive and specialized care services for children and adolescents that lead to their reintegration into society.

Priority will be given to prevention and care activities for child and adolescent victims of sexual violence. Support will be bolstered to ensure access to prevention and care routes and case management for the most vulnerable children and adolescents. These activities will run parallel to local level advocacy to strengthen institutional response to protect children in scenarios of violence and disasters, with an emphasis on working with communities.

In addition, the response will include monitoring and advocacy on the status of protection of children and adolescents, including returned migrant children.

The response will prioritize children and adolescents in vulnerable conditions and with protection needs who are exposed to the dynamics of armed violence, sexual violence, migration, return and displacement, including LGBTIQ+ people, children with disabilities, in predominantly rural areas where children and adolescents may have more vulnerabilities.

Response will be flexible and appropriate to the contexts of COVID-19. Digital media, social media and telephone services will be used when support needs must be provided remotely in lieu of face-to-face care. In addition, to ensure the continuity of protection services, the distribution of Personal Protective Equipment (PPE) may be necessary to protect the health of service personnel, children and adolescents and the people they assist. Response will also promote a home-visit approach for childcare services when appropriate.

Cost of the response

The response uses a project-based cost methodology that, accounting for the resources necessary to provide the aforementioned response, requires a budget of **\$4,449,700** to achieve the planned results.

Monitoring

The sub-sector will conduct regular monitoring and ensure the periodic updating and development of information management tools. Partners will continue to maintain monthly operational monitoring of the protection response at the national and local levels.

New victims of violence, especially children and adolescents in vulnerable conditions, will be recognized and provided with access to assistance and protection measures. The sub-sector will maintain constant communication with the Protection sector and the GBV sub-sector to coordinate efforts and complement actions.

Objectives, Indicators and Targets

Sector Objective 1		NEED	TARGET
Children and adolescents affected by, and/or at risk of, violence, abuse, exploitation, migration and displacement, have safe and timely access to specialized, comprehensive, coordinated and quality protection services, relevant to their age, gender and diversity.		116K	55K
Contributes to specific objectives No. 1.1 and No. 2.3		NEED	TARGET
INDICATORS	Number of children and adolescents receiving individual and specialized mental health care and psychosocial support, with a differentiated focus on age, gender and diversity.	116K	42K
	Number of children and adolescents accessing prevention routes and/or protection services.	116K	1K
	Number of children and adolescents who benefit from protection responses from specific and/or recurrent emergencies, with a differentiated focus on age, gender and diversity.	116K	3.9 K
	Number of children and adolescents migrants, displaced people or those affected by migration and/or violence who have access to educational services, soft skills training and employability.	116K	6K
	Number of children and adolescents participating in safe protection spaces and family protection environments.	116K	1.9 K



3.3

Water, Sanitation and Hygiene

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
808K	150.3K	55K	49.6K	9K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
5.5M	3	3		

Affected groups and their host communities/families have the following urgent needs:

1. Provision of basic WASH services in shelters, both formal and non-formal, and communities.
2. Repair of water systems, cleaning and disinfection of wells and installation of hand pumps and elevated pumps to prevent future flooding.
3. Community empowerment and change of social norms through the promotion of self-construction of latrines - or the proper management of existing ones - to eliminate community faecal contamination.
4. Construction and use of hand washing stations and safe treatment and storage of water at home.
5. Rehabilitation of WASH services at educational and health facilities, including those that have historically unequipped with WASH services.
6. Provision of hygiene kits (in kind, vouchers/cash transfer) adapted to the needs by gender and age or for specific groups such as people with disabilities, internally displaced people, migrants and their host communities.
7. Provision of essential supplies (chlorine, PPE, etc.) to water system operators for water quality treatment and monitoring.
8. Training/promotion of good hygiene practices at home and in educational and health facilities

operating in emergencies within the framework of a risk communication strategy that seeks to establish good hygiene practices and care of health facilities.

The medium-term needs of the most vulnerable and their host communities/families are:

9. Reconstruction of new climate-resilient multi-use water supply systems, drilling of strategic climate-resilient wells with installation of hand pumps for communities lacking water wells suitable for human consumption and training to maintain a sustainable management of this service.
10. Community empowerment and social norm change through the facilitation of a self-built latrine approach or good management of existing ones to eliminate community faecal contamination, construction and use of hand-washing stations and household water treatment and safe storage.
11. Rehabilitation and improvement of climate-resilient WASH services in damaged schools with a high priority placed on handwashing facilities.
12. Training/promotion of good hygiene practices at home, schools and health facilities within the framework of a permanent risk communication strategy.

13. Adequate treatment of solid waste and vector control as determined by current health conditions

Given El Salvador's vulnerabilities and exposure to multiple threats, failing to address the identified needs in a timely and comprehensive manner will only aggravate them further, especially in communities that are likely to again suffer the effects of severe climate impacts such as floods, storms, hurricanes or drought, the effects of public health emergencies such as COVID-19 and dengue, migration and other emergencies.

WASH service providers, affected by low revenues due to COVID-19, are more vulnerable and prone to providing lower quality and continuity of their services, creating local supply crises and related impacts on health, nutrition and dignity.

COVID-19 school closures and the subsequent return to school represents a critical need for child development and underscores the need for quality WASH services.

Schools receiving vulnerable groups urgently require, at minimum, basic hand-washing systems with soap and water.

While the response to the COVID-19 pandemic and the multiple climate events during 2020 have contributed to improving the country's sectoral emergency response capacities, there are still needs regarding strengthening institution-level technical and financial capacities at the national, departmental and local levels.

Most repairs to WASH systems, made after the 2020 storms and hurricanes, have been made on a temporary basis and with limited local means, jeopardizing these systems' resilience and leaving them vulnerable to the effects of the slightest climate event, which would again leave people without essential WASH services.

The need to rehabilitate or rebuild carries with it the need for greater investments in climate-resilient drinking water systems that go beyond simple rehabilitation or service replacement, a factor that is shaping the sector's strategic investment and action plan.

Objectives

1. To assist people affected by emergencies, particularly those who have been displaced, those in temporary shelters, migrants or people living in high-risk areas, to access critical water, sanitation and hygiene services and supplies to prevent waterborne, communicable and vector-borne diseases through multilevel actions in accordance with Sphere and IASC standards and current national regulations through actions coordinated by the WASH Sector.
2. Promote a sustainable WASH humanitarian response that contributes to disaster risk reduction and the strengthening of community resilience, considering key aspects such as age, gender and disability.

Response

Depending on the characteristics of future emergencies, WASH sector response could be implemented at the national level. Response will prioritize areas where there have historically been structural gaps in access to water and sanitation, as well as those that are most affected by climate emergencies due to their level of vulnerability.

In normal circumstances, gaps in water and sanitation services negatively affect health and quality of life. In a disaster, the restoration, temporary provision or strengthening of WASH services becomes more relevant to prevent the transmission of infectious diseases and to reduce inequality in access and coverage of services.

While the country's most recurrent natural hazard emergencies have been due to floods and prolonged droughts, El Salvador can still be affected by all types of natural emergencies. Some of the most vulnerable departments include:

- Departments with lowest rates of access to water: La Union 66.63 per cent, Usulután 74.99 per cent and Cabanas 75.4 per cent.
- Departments with lowest rates of access to sanitation services: Ahuachapán 41.4 per cent, Cuscatlán 41.1 per cent, San Vicente 47.6 per cent and Morazán 48.7 per cent.
- Departments with lowest rates of access to greywater treatment: La Union 6.17 per cent, Ahuachapán 11.10 per cent and La Paz 12.33 per cent.

Data analysis shows that the departments of Ahuachapán, Cabanas, Cuscatlán, Usulután, Morazán and La Union are among the areas with the lowest rates of access to drinking water and sanitation. Areas with the highest degrees of vulnerability include El Salvador's Dry Corridor, coastal areas and human settlements located along the banks of the rivers with larger riverbeds and mountainous areas or areas close to El Salvador's volcanic chain that are prone to recurring landslides.

As such, the WASH sector proposes the following actions:

1. **Development of, or support for, WASH damage and needs assessments**, which includes sectoral assessments (WASH Damage Assessments and Needs Analysis - DANA), WASH support for inter-sectoral assessments, specific community assessments, schools, rural community water board groups and/or others as required.
2. **Ensure access to water for drinking, cooking and hygiene practices for affected people in sufficient quantity and quality in communities, shelters, health facilities and others.** This will call for the provision of bottled water for drinking and cooking; provision of water for domestic use or personal and household hygiene practices; distribution of safe water kits; rehabilitation or improvement of community and municipal water systems; installation or improvement of water infrastructure at schools and health centres; and other related activities.
3. **Ensure or promote access to basic hygiene supplies for affected people, taking gender, age, disability or other relevant context into account,**

including menstrual hygiene needs through in-kind deliveries or other modalities. This includes promoting handwashing as a critical disease prevention measure at schools, health facilities, shelters, communities and other areas affected by emergencies; the installation or improvement of handwashing facilities (fixed and mobile); provision of supplies for hand washing or disinfection; educational sessions on proper hand washing; provision of complementary supplies for hand washing (containers with taps and others); and provision of supplies for the integrated management of solid waste and vectors, among others.

4. **Promote access to improved sanitation facilities to families affected by emergencies** through the rehabilitation of latrines, provision of waste treatment supplies, installation of temporary latrines and community empowerment for the self-construction of toilets - or proper management of existing ones - to eliminate community faecal contamination.
5. **Promote communication actions on risk and behaviour change in WASH for affected peoples** by implementing educational sessions to promote good hygiene practices, hand washing, safe water management, proper human waste management, menstrual hygiene, vector control, solid waste management and others, as well as guidelines on community radio, social networks, printed educational materials and others. This includes updating the WASH sector's risk communication strategy.
6. **Support and assistance to rural and community water systems for the adequate supply of water to communities, shelters, schools and health facilities affected by the emergencies** through the rehabilitation or restoration of services, strengthening of operators' capacities, PPE kits for the use of chemicals and supplies for water treatment and monitoring and building of teams to provide technical advice to community and rural operators, among others.

Cost of the response

According to analysis of the response capacities of the WASH sector and the sectoral scope, \$5,535,175 is required to reach the sector's target population.

Monitoring

WASH sector response monitoring will use the following tools:

1. **WASH actions monetization matrix.** This instrument used to record the value of WASH contributions and interventions during emergencies. This matrix supports accountability and will be used monthly. WASH Sector member organizations are responsible for providing information on their response for UNICEF to consolidate.
2. **Situation Report.** Situation reports capture the overall scale of disasters, humanitarian needs, response, emergency funding and gaps. They are key humanitarian products that help coordinate efforts, provide accountability and inform on the country's situation at regional and global levels. They are published on the OCHA-managed ReliefWeb platform. Publishing frequency will depend on the magnitude of the emergency. Each sector member will provide information on their progress for UNICEF to consolidate.
3. **345W matrix.** The 345W activity and presence tracking platform helps register operational actors' presence during an emergency response. It answers the questions of who, what, where, when and to whom the response is provided and allows for a graphic visualization of the contributions of the sector's organizations at the national, regional and global levels. The frequency will be the same as the Situation Report. Each organization is responsible for reporting from its users.
4. **HRP WASH monitoring matrix.** This instrument will be designed according to the indicators defined in the WASH sector's HRP. Monitoring frequency will be twice a month and all sector organizations that are implementing actions related to the HRP will make contributions.

Objectives, Indicators and Targets

Sector Objective 1

Contribute to ensuring that people affected by emergencies, in particular displaced people, people in temporary shelters, migrants or people living in high-risk areas, have access to critical water, sanitation and hygiene services and supplies to prevent waterborne, communicable and vector-borne diseases through multilevel actions in accordance with Sphere and IASC standards and national regulations through actions coordinated by the WASH sector.

NEED
808K

TARGET
150,3K

Contributes to specific objective No. 1.1		NEED	TARGET
INDICATORS	Number of damage and needs assessments developed or supported from the WASH sector.	---	220 Assessments
	Number of people accessing improved water.	737K	50K
	Number of people who received appropriate hygiene services and supplies.	808K	50K
	Number of people with access to improved sanitation (sanitary service).	639K	300k
	Number of people who received risk communication messages or C4D linked to WASH.	808 K	50K

* The values of the people in need are not cumulative. The figure is the result of a calculation that eliminates duplications.

Sector Objective 2

Promote a sustainable WASH humanitarian response that contributes to disaster risk reduction and community resilience-building, taking into account key aspects such as age, gender and disability.

TARGET
132 SAP

Contributes to specific objective No. 2.3		TARGET
INDICATORS	Number of water systems assisted in their operation, maintenance and/or water quality monitoring.	132 SAP

3.4 Health



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
998.2K	458K	250K	20K	5K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
12M	5	8		

Objectives

1. To achieve well-being and the enjoyment of health rights, including sexual and reproductive rights and social inclusion, with a special emphasis on vulnerable people such as children, adolescents, women, pregnant women, people with disabilities, LGBTIQ+ people and people living with HIV.
 2. To help the migrants and/or displaced people gain access to essential and comprehensive health services.
 3. To support the building of institutional capacities to prepare for and respond to emergencies and disasters that affect human health.
 4. To contribute to the national COVID-19 pandemic response aimed at reducing morbidity and mortality, guaranteeing the continuity of essential health services.
- including care during pregnancy and its possible complications, safe childbirth, puerperium, new-born care, childcare, vaccination, adolescent care, family planning, prevention and care of sexual violence and HIV and STIs in the context of the COVID-19 pandemic.
 - Strengthen situation rooms for efficient information management, including analysis on sexual and reproductive health, vaccination and child and adolescent health in the context of emergencies and disasters.
 - Train health personnel on the proper use of epidemiological surveillance tools; application of guidelines for essential health care services during early childhood, maternal care and sexual and reproductive health.
 - Strengthen clinical management of sexual violence, application of the minimum initial services package for SRH (MISP), post-exposure prophylaxis, information management and reporting in emergency situations.
 - Strengthen community capacities for prevention and health promotion and differentiated information that save lives.
 - Design and printing of recreational and educational materials in support of comprehensive health prevention and care, including regular vaccination,

Response

- Health needs assessment/update, including the sexual and reproductive health (SRH) needs of the most affected and vulnerable people and the needs and response capacities of services, including SRH services during emergencies and in communities.
- Strengthen first- and second-level health care services with equipment and supplies to ensure the functionality and provision of health care,

vaccination against COVID-19, SRH and sexual violence in emergency contexts.

- Distribution of PPE, medical supplies and medical equipment to the National Health Service Network and to private health clinics to provide health care.
- Care for people with disabilities through mobility solutions and the provision of medicines and supplies that support health and resilience during emergencies.
- Support the Ministry of Health in assessing the preparedness and response capacities of the hospital and first-level health services network for multi-threat events.
- Support the Ministry of Health's response to the COVID-19 pandemic in immunization pillar 10.

Cost of the response

The cost of the response will require financial support from various sources such as the United Nations, international cooperation agencies and the Government, and requires actions to search for people in need, provide supplies, medicines and PPE and actions to strengthen the response capacities and resilience of the National Health System.

Monitoring

The HCT's Health sector will lead humanitarian health response monitoring with different intervention mapping instruments such as 345W, Situation Reports, or other tools that may be created for this purpose.

Objectives, Indicators and Targets

Sector Objective 1

To achieve wellbeing and the enjoyment of health rights, including sexual and reproductive rights and social inclusion, with a special emphasis on vulnerable people, such as children, adolescents, women, pregnant women, people with disabilities, LGBTIQ+ people and people living with HIV.

Contributes to specific objectives No. 1.1 and No. 1.2		NEED 998K	TARGET 312K
INDICATORS			
	Number of women of reproductive age and adolescents receiving health care and participating in awareness-raising on sexual and reproductive rights.	250K	60K
	Number of preventive care services provided to pregnant women, active FP users and children under 1 in health facilities that provide obstetric and infant care.	998K	250K
	Number of sexual violence cases attended at health facilities.	5K	2K
	Children under 1 y in condition of vulnerability with DPT3 (DPT3 /PENTA3) coverage greater than or equal to 95 per cent.	94K	12K

Sector Objective 2

Help migrants and/or displaced people access comprehensive health services.

NEED
36K**TARGET**
5,5K

Contributes to specific objective No. 2.3

NEED**TARGET****INDICATORS**

Number of organizations that carry out coordinated interventions for health, child health and sexual and reproductive healthcare for migrant and displaced people.

2

Number of women of reproductive age and adolescents benefiting from health, sexual and reproductive health actions, including family planning, STI/HIV prevention and sexual violence under a rights-based, gender-based and culturally relevant approach.

1K

500

Health care for migrant and displaced people in health facilities, training and equipment.

35K

5K

Sector Objective 3

Support capacity-building for preparedness and response to emergencies affecting human health.

NEED
5K**TARGET**
1K

Contributes to specific objective No. 2.5

NEED**TARGET****INDICATORS**

Number of health facilities trained for comprehensive emergency response

743

200

Number of health professionals trained in comprehensive emergency preparedness and response.

5K

1K

Number of hospitals evaluated with the Hospital Safety Index

30

22

Sector Objective 4

Contribute to the national response to the COVID-19 pandemic with the aim of reducing morbidity and mortality, ensuring continuity of essential health services.

NEED
557,5K**TARGET**
139,5K

Contributes to specific objective No. 2.2

NEED**TARGET****INDICATORS**

Healthcare and support staff of the National Health System have PPE and supplies to ensure continuity of health care services.

56K

14K

Number of communicators from the National Health System and media trained in COVID-19 risk communications

1.5K

500

Vulnerable people vaccinated against COVID-19 receiving humanitarian support.

500K

125K



3.5 Early Recovery

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN/ADOLESCENTS	PEOPLE WITH DISABILITIES
944.6K	45K	15K	---	---
REQUIREMENTS (US\$)	PARTNERS	PROYECTOS		
27M	2	5		

The economic recession caused by COVID-19 containment measures created setbacks in the volume chain index of quarterly Gross Domestic Product (GDP) in the second, third and fourth quarters of 2020, leading to a 7.9 per cent drop in GDP in 2020 compared to the previous year. As of the first quarter of 2021, the Central Reserve Bank (BCR, per its Spanish acronym) reported a 3 per cent growth in quarterly GDP. However, the same figures show a heterogeneous recovery among the different economic sectors, which does not allow for the consolidating of a recovery trend (FUSADES, 2021; FUNDE, 2021).

Based on BCR data, there are economic sectors that still reported negative variations at the end of the first quarter, including construction, recreational services, restaurants and hotels, transportation, education and professional services. Other sectors reported more modest recovery rates below 3 per cent year-over-year, including industrial, administrative and support services, public administration and trade. Other sectors appear to have stronger recoveries, with rates above 3 per cent, such as mining, health, communications, real estate services, electricity, agriculture, financial services and water.

While formal employment figures have shown a recovery in the first four months of 2021, they remain insufficient to reach pre-pandemic employment levels. According to data from the Salvadoran Social Security Institute (ISSS), between March and June 2020, El Salvador lost 71,700 jobs, while recovering 53,530 as of April 2021, indicating that there are still 18,240 fewer jobs than the reported losses.

This context of recovery has converged with a period of rising prices, which as of May 2021 reported the highest accumulated variations in the Consumer Price Index (CPI) throughout the year in the transportation sector (7.79 per cent); lodging, water, electricity, gas and other fuels (3.62 per cent); clothing (1.73 per cent); and food and beverages (1.34 per cent) (DIGESTYC, 2021). These positive variations in these CPI items reflect price increases in goods and services, several of them from the CBA, which ultimately affects monetary poverty rates.

It is important to note that in the last three decades, El Salvador has reduced monetary poverty rates, from 49.1 per cent of people between 1991 and 2000, to 36.1 per cent between 2001-2010 and to 31.3 per cent between 2011 and 2019.

However, monetary poverty projections after the COVID-19 pandemic indicate that the previous rate could increase and surpass 50 per cent of the people (with a range between 51.4 per cent and 54 per cent), or about 20 per centage points higher than what was achieved in the last decade, equivalent to an increase of about 1.3 to 1.6 million people facing poverty.

These conditions are contributing to other multidimensional structural needs, as measured through the Multidimensional Poverty Index. In 2019, the rate of multidimensional poverty was reached an estimated 3 out of every 10 households, which means that 2.1 million people and 543,000 households are living in poverty. Rural poverty rates are more than twice that of urban areas, with rates of 46 per cent and 17.5 per cent, respectively.

Among the twenty indicators that measure deprivations in the multidimensional poverty index, there are five that affect more than 7 out of 10 households, including low adult education, lack of access to social security, underemployment and job instability, lack of access to sanitation and overcrowding. Four other deprivations affect 5 out of 10 households, including restrictions due to insecurity, lack of public spaces for recreation and inadequate floor and wall materials at home. This implies that 9 of the 20 multidimensional poverty deprivations affect more than half of all households across the country.

In addition, six deprivations were identified that represent risk factors in the face of the COVID-19 pandemic: access to drinking water and health services, overcrowding, underemployment and access to sanitation and social security. (UNDP, 2020)

Between these immediate and structural needs, the Early Recovery Sector reported that 998,210 people are facing a double poverty conditions, in that they are living in monetary and multidimensional poverty. These people are highly vulnerable to temporary shocks brought about by CBA price variations, in addition to their vulnerabilities to other more structural needs.

These conditions were aggravated by tropical storms Amanda and Cristobal, which compounded COVID-19 restrictions by damaging infrastructure and significantly affecting livelihoods.

Objectives

Based on the identified people in need, the Early Recovery sector seeks to support solutions that contribute to promoting access to essential services, self-sufficiency and resilience of affected and at-risk people, especially those facing double poverty conditions and focused on protecting and strengthening livelihoods in the agriculture, trade and tourism sectors.

Response

The sector's response will focus on:

- Safeguarding productive assets and livelihoods of the agricultural, tourism and cultural sectors in the most economically depressed regions and in those that are most susceptible to climate factors (such as the Dry Corridor in the east) and to monetary and multidimensional poverty, such as Ahuachapan.
-
- Providing technical assistance to economic bodies providing services in the trade and tourism sectors; and assisting them in digitalization initiatives and in adapting to business conditions created by the pandemic.
-
- Improving the identification of people facing double poverty conditions and promoting social protection initiatives to overcome economic shocks and vulnerabilities, as well as conditions and environments conducive to deprivations.

Cost of the response

The Post-disaster needs assessment (PDNA) estimated that damage²⁶ in the analysed sectors²⁷ was \$106.71 million. PDNA recovery needs²⁸ estimates indicate that \$1.2 billion would be needed for interventions to repair and rebuild infrastructure and physical assets with improved measures to better rebuild and reduce the risk of disasters and guarantee future resilience.

²⁶ Damages refer to the cost of repairing or restoring infrastructure and physical assets to their pre-crisis condition.

²⁷ Damage was considered in the social sector (particularly housing); health, infrastructure; and in the productive sector.

²⁸ Costs required for physical reconstruction under improved conditions and for socioeconomic recovery to improve the quality of life of affected people.

In social protection and the agriculture, culture and tourism sectors, the PDNA estimated needs at \$52.8 million. The Early Recovery sector estimates that 50 per cent of those needs, or \$26.4 million, are required December 2022.

In addition to these needs, there is also damage to basic housing infrastructure, which is directly affecting people's well-being. Housing recovery needs were estimated at \$121 million, but are not considered within the response costs, as they involve reconstruction interventions that should be considered in a subsequent stage of interventions with humanitarian and development linkages.

The greatest recovery needs are projected in the social protection sector for people living in poverty, with \$20 million needed to address the negative effects of CBA fluctuations that could increase the number of people living in monetary poverty. As such, \$10 million will be required through December 2022.

In terms of productive assets and livelihoods, the Early Recovery sector identified the cultural, agriculture and tourism sectors for action. In the cultural sector, esti-

mated needs amount to \$13.8 million, including the recovery of tourist parks, cultural events, artists, patron saint festivals, among others. Some \$6.9 million will be needed through December 2022.

In the agriculture sector, the PDNA estimated the cost of recovery from the storms and the effects of the pandemic through the end of September 2020 at \$14.5 million. For this, some \$7.25 million will be required through December 2022.

Tourism is the other relevant sector to safeguard livelihoods, as it contributes about 5.9 per cent of GDP and houses some 300,000 direct and indirect jobs. Within this sector there are an estimated 3,418 enterprises, 55 per cent of which are micro, 23 per cent small, 12 per cent medium-sized and 10 per cent large ones. Recovery needs in the tourism sector were estimated at \$4.58 million, therefore, \$2.25 million will be needed through December 2022.

Objectives, Indicators and Targets

The Sector's response will focus on creating evidence on humanitarian response, disaggregated by gender and geographic area, through monitoring of the following indicators.

Sector Objective 1		NEED	TARGET
Protect and strengthen the livelihoods and access to durable solutions of people affected by emergencies and violence or at risk of violence, including people on the move and displaced people.		944.6K	45K
Contributes to specific objective 2.1		NEED	TARGET
INDICATOR	Number of people supported by durable solutions who receive economic and technical support to safeguard their productive activities (disaggregated by sector: tourism, agriculture and culture)	944.6K	45K

3.6 Education



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN/ADOLESCENTS	PEOPLE WITH DISABILITIES
792K	79,2K	---	69.5K	9.6K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
6.5M	6	1		

El Salvador has made efforts to guarantee quality education for all children and adolescents through its educational policies. Despite progress, these efforts have been insufficient to address challenges such as low coverage, school dropout, grade repetition or over-aged students. Other persistent challenges include inclusion, limited quality and relevance of education and learning, low standardized test results and learning, low teacher preparation, lack of resources for teaching and, in general, low school infrastructure and education investment. These pre-existing conditions in the Salvadoran educational system have been aggravated by the COVID-19 pandemic and the subsequent closure of schools, as well as by other emergency situations.

The most vulnerable groups are: children and adolescents who are out of the education system and those who dropped out; children and adolescents who lack both access to an electronic device and the Internet; those in schools that have four or more conditions of vulnerability to disasters (earthquakes, hurricanes or tropical storms, floods and droughts, among others), which disproportionately affect girls and female adolescents; those with disabilities; and migrant and forcibly displaced children and adolescents.

The most **urgent humanitarian needs** include: 1) upgrading school infrastructure, including water, sanitation and hygiene, to make them functional and safe, with universal designs that include all people 2) reducing the digital gap by expanding connectivity to ensure that children and adolescents, especially those from the poorest families, in rural areas or poor urban zones, have electronic devices that are appropriate for education and are inclusive 3) reproducing and distributing educational materials to vulnerable children and adolescents or those who have disabilities 4) strengthening teaching skills in digital technology, virtual pedagogy, psychosocial care and social-emotional education and levelling of learning and 5) awareness-raising aimed at the educational community for the safe return of children and adolescents to school.

Medium-term humanitarian needs include: 1) transforming the current education system into one with a virtual format, with special emphasis on flexible education modalities that includes creating dynamic content to attract students and strengthen teachers' virtual pedagogy skills. 2) establishing protocols for the care of migrants or internally displaced people, survivors of violence, children and adolescents outside the school system and with disabilities, 3) strengthening and training teachers to assist and guide internally displaced children and adolescents, or children

and adolescents at risk of forced displacement due to forced recruitment by gangs.

If these needs identified are not addressed in a timely and comprehensive manner, they will increase in vulnerable communities that will be constantly affected by new emergencies. The more time children spend out of school, the more susceptible they become to rights violations via violence, forced recruitment, child labour, sexual abuse, early unions, increased adolescent pregnancies, trafficking and irregular migration, among others, placing their return to school further out of reach.

Reinsertion in the educational system is essential for the reintegration of displaced, migrants and violence-affected children. Despite the ongoing COVID-19 emergency, many schools have started partial on-site schooling without the conditions necessary to comply with social distancing, sufficient hygiene or health safety supplies or sufficient access to water and soap to prevent COVID-19.

With school class hours reduced, it is necessary for students to have access to adequate technology and connectivity, or resources to reproduce educational guidelines, to keep up with distance learning. Learning may come to a stop if children lack access to multi-modal platforms with quality educational content through radio, television and internet and if connectivity and technological equipment is not provided to both students and teachers. This process must be accompanied by infrastructure investment in schools with the greatest needs to guarantee access to basic services for students.

Flexible educational modalities must be strengthened to serve more children and adolescents. Teachers' skills must be strengthened to systematically implement psychosocial and social and emotional care at schools and to recover and improve learning, as the loss of learning puts the country's development at risk in every sense.

Absent any meaningful action, these gaps will only grow. According to UNICEF estimates (2020), only 4 out of 10 students graduated from high school prior to the COVID-19 crisis. Truancy could rise from 10.2 per cent (2019) to 13.7 per cent; the longer children are out of school, the more difficult it will be for them to return. Learning and academic achievement gaps will deepen among students. Strengthening the learning assessment system is urgently needed to gather evidence of children's and adolescents' competencies, regardless of their condition.

In many cases, truancy amounts to losing of one of the key safe learning and socialization environments in their development, as well as losing access to health and food services. Many children and adolescents depended on free school meals and all the health control measures provided at school (vaccination and weight control, among others).

Authorities' progress in wresting territorial control from criminal organizations will likely prompt gangs to reorient their actions, which could potentially affect the education system to the extent that criminal groups will seek to strengthen their structures through forced recruitment of children and adolescents, as well as control over new territories, leading to the further deterioration in the physical and mental health of children. If no action is taken, vulnerable groups (child and adolescent returnees and forcibly displaced children and adolescents, violence-affected children and adolescents and those with disabilities or those living in poverty) will be certainly left behind.

Objectives

1. Help ensure that children, adolescents and youth in emergency situations gain access to learning spaces, both formal and non-formal, to guarantee their educational continuity and social and emotional recovery, particularly internally displaced or migrant children, victims and survivors of violence, those in temporary shelters or living in high-risk areas, in coordination with the Education sector and other HCT sectors.

2. Support the rapid reactivation of the educational system as a sustainable response that promotes the reintegration of students and the recovery of their learning, as well as strengthening of the mental health and resilience of the educational community, with emphasis on the most vulnerable children and adolescents.

Response under Sector Objective 1

1. Support the safe reopening of schools and establishment of temporary learning spaces and implement health safety protocols to resume education. Activities include the delivery of health safety and hygiene kits, with consideration for gender, age and disability, and addressing menstrual hygiene needs through in-kind deliveries or other modalities.
2. Provide kits with didactic, pedagogical and recreational materials to schools and temporary learning spaces, promote effective and efficient distribution of printed educational guidelines and support and follow-up on strategy for students in remote areas without access to the Internet or other virtual resources.
3. Achieve quality education by strengthening teachers' skills in self-care, psychosocial care, social and emotional education and provide assistance and guidance for forcibly and internally displaced children and adolescents or those at risk of forced displacement as a result of forced recruitment by gangs.
4. Strengthen distance education and creation of virtual educational content.
5. Provide psychosocial care and social and emotional education and strengthen the human resources of Student Counselling Offices.
6. Use C4D campaign to promote proper health, hygiene and protection practices.

Response under Sector Objective 2

1. Strengthen the Ministry of Education's monitoring, evaluation, accountability and knowledge management system, including the SIGES early warning system to ensure reliable and timely information to support decision-making and accountability and the identification and use of lessons learned.

2. Strengthen the capacities of institutional actors to guarantee the right to education in emergency situations (coordination, emergency education, risk reduction, data management, etc.).

Cost of the response

To reach the target population, the Education sector requires an estimated that **\$6.5 million**.

Monitoring

The following tools will be used to monitor the Education sector's response:

1. The action monetization matrix to record the value of contributions and interventions during emergencies, support accountability and allow for cost-benefit analysis.
2. Situation Reports published on the OCHA-managed ReliefWeb platform, which capture the overall scale of disasters, humanitarian needs, the response provided, emergency funding and gaps to help coordinate efforts, accountability and reporting on the country's situation.
3. 345W activity and presence tracking platform to register the operational presence of actors during an emergency response. The 345W provides information on what, how, where, when and to whom the response is provided and facilitates graphical visualization of sector organization contributions at the national, regional and global levels.
4. HRP Education Indicator Monitoring Matrix, designed using the indicators defined in the Education sector's HRP.

Objectives, Indicators and Targets

Sector Objective 1

Help ensure that children, adolescents and youth in emergency situations gain access to learning spaces, both formal and non-formal, to guarantee their educational continuity and social and emotional recovery, particularly internally displaced or migrant children, victims and survivors of violence, those in temporary shelters or living in high-risk areas, in coordination with the Education sector and other HCT sectors.

TARGET
79.2K

Contributes to specific objective 1.1

TARGET

INDICATORS	Number of schools that have been set up and temporary learning spaces that have been established.	800
	Number of health safety and hygiene kits delivered.	79.2K
	Number of schools and temporary learning spaces that receive educational and recreational materials.	800
	Number of children and adolescents receiving printed educational materials.	79.2K
	Number of children and adolescents who safely attend schools and temporary learning facilities or who participate through other educational modalities to receive quality education.	79.2K
	Number of teachers trained in key topics for emergency education response.	5K
	Number of children and adolescents, as well as other members of the educational community, who receive psychosocial care and social and emotional education.	National level
	Number of schools where families receive messages.	79.2K

Sector Objective 2

Support the rapid reactivation of the educational system as a sustainable response that promotes the reintegration of students and the recovery of their learning, as well as strengthening of the mental health and resilience of the educational community, with emphasis on the most vulnerable children and adolescents.

TARGET

Contributes to specific objective 1.1

TARGET

INDICATORS	Strengthened Educational Management System (SIGES).	1
	Number of institutional actors with strengthened capacities for emergency situations.	50

3.7 Nutrition



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
236K	115K	10K	105K	2%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
5.2M	3	3		

The Nutrition sector, established in 2021, takes over from a previously active nutrition working group within the Food and Nutrition Security sector. During its operations, the working group concluded that the size and scale of the humanitarian response needs in nutrition required the group to upgrade its status to a sector to better align with the Core Commitments for Children in Humanitarian Action and Sphere standards.

Given the many nutrition needs El Salvador faces, especially among vulnerable people, organizations invested considerable efforts during 2020 in carrying out targeted interventions, interventions that must continue in 2021.

Nutritional statuses are highly sensitive to crises, which is why they constitute effective markers to identify environments that are not favourable for the people's well-being and health. El Salvador has been affected by the COVID-19 emergency, tropical storms Amanda and Cristobal, among other climate events, a landslide in the Nejapa municipality and migration processes that have had a significant impact. Considering that the country's nutritional profile showing a triple malnutrition burden of undernutrition, hidden hunger and obesity prior to the crises of 2020, these conditions will only worsen as critical situations continue and/or accumulate.

Through the 2021 HNO and its estimates of People in Need (PIN), it was possible to identify 16,604 pregnant women and 219,676 children requiring immediate nutritional care. Notable groups of concern include pregnant women with anaemia (29 per cent), new-borns with low birth weight (9.15 per cent), 18.36 per cent of whom have adolescent mothers. Regarding children under 1, fewer than half were exclusively breastfed (46.7 per cent), whole more than half started complementary feeding early (53.3 per cent), exposing them to prevalent infant diseases. In children under five, the most relevant nutritional problems were anaemia (21 per cent), stunting (16.3 per cent), low weight/underweight (5.9 per cent), overweight (6.4 per cent) and acute malnutrition (2.5 per cent).²⁹

²⁹ The data sources are MINSAL/SIMMOW, MINSAL/ENS-MICS and MINSAL/INS-ENECA.

Objectives

Considering these factors, the Nutrition sector have agreed on the following sector objectives:

1. Contribute to protecting against child malnutrition, pregnant and lactating women malnutrition through a coordinated joint response between the Nutrition sector, Government counterparts and other HCT sectors.
2. Guide the humanitarian response through technical assistance provided by the Nutrition sector to the HCT and Government through the development of communication strategies, evidence gathering and technical capacity-building.
3. Prevent and address malnutrition in children, pregnant and breastfeeding women in the context of humanitarian response by strengthening health and nutrition service providers.

Response

Humanitarian response can take place throughout the country, but will prioritize the most affected areas, as identified by indicators such as low birth weight, exclusive breastfeeding, anaemia in pregnant women, excess weight and anaemia in children under 5, which include Ahuachapan, Santa Ana, Sonsonate, La Libertad, Usulután and San Miguel.

The western region, in particular, stands out with the highest per centage of low birth weight, the lowest prevalence of exclusive breastfeeding and the highest prevalence of excess weight in children under five, representing a clear scenario involving the triple burden of malnutrition. San Salvador and La Libertad stand out with the highest percentage of low birth weight and the highest number of children under 5 with anaemia. In the eastern region, Usulután and San Miguel, which are in the Dry Corridor, had the lowest prevalence of breastfeeding and the highest prevalence of excess weight in children under 5.

The sector response will focus on protecting children against malnutrition and pregnant and breastfeeding women through the following actions:

- Intersectoral coordination of the humanitarian nutrition response.
- Strengthening of technical and leadership capacities in Nutrition during humanitarian action.
- Strengthening health and nutrition service providers in the context of a humanitarian response.
- Implement strategies, mechanisms, materials and/or communication campaigns for specific and nutrition-sensitive development.
- Develop food and nutrition education interventions.
- Promote timely and adequate infant and young child feeding.
- Address micronutrient deficiencies in the childhood, pregnancy and breastfeeding stages.
- Prevent and respond to child malnutrition.
- Prevent and respond to excess weight and obesity.
- Build evidence through baselines, nutritional assessments, knowledge, attitudes and practices surveys (KAP), among others.
- Monitor nutrition response in the framework of the humanitarian response.

Cost of the response

The sector estimates that **\$5.2 million** are required to implement the response plan. This budget considers cost-effective actions, the most significant one being protection and promotion of breastfeeding, as a baby who receives breast milk is 6 times more likely to survive, thus reducing mortality risks and preventing malnutrition. The projects have estimated the costs of PPE and compliance with health safety protocols in place due to COVID-19.

Monitoring

The Nutrition sector will monitor response within the Humanitarian Programme Cycle framework, following up on the progress of the sectoral objectives and indicators on a semi-annual and annual basis, including consultations with partners, maintaining corresponding lines of action and integrating the target population within the accountability plan.

The sector will consider varying the frequency of use of these monitoring tools according to how emergencies evolve.

Free real-time information gathering tools will be used to promote technological innovation, transparency and capacity-building.

Some of the main monitoring tools that will be used include Situation Reports, the 345W platform and reports, notes and agreements from sectoral, intersectoral and HCT meetings.

Objectives, Indicators and Targets

Sector Objective 1		NEED	TARGET
Contribute to protecting against child malnutrition, pregnant and lactating women malnutrition through a coordinated joint response between the Nutrition sector, Government counterparts and other HCT sectors.		236K	115K
Contributes to specific objective No. 1.1 and No. 2.3		NEED	TARGET
INDICATORS	Number of active organizations in the Nutrition sector	15	15
	Number of coordinated interventions and/or nutrition projects implemented by sector members and/or other HCT sectors.	3	2
Sector Objective 2		NEED	TARGET
Guide the humanitarian response through technical assistance provided by the Nutrition sector to the HCT and Government through the development of communication strategies, evidence gathering and technical capacity-building.		---	---
Contributes to specific objectives No. 1.1 and No. 2.3		NEED	TARGET
INDICATORS	Number of people reached through technical, technological and leadership capacity-building activities in nutrition aspects of humanitarian action.	200	100
	Number of development communication strategies, mechanisms, materials and/or campaigns implemented that are specific and sensitive to nutrition and prevention of malnutrition.	---	4
	Number of people reached through training on technological innovation in nutrition monitoring and evaluation in humanitarian response.	500	200
	Number of actions to build evidence on nutrition in the context of humanitarian response.	2	1

Sector Objective 3

Prevent and address malnutrition in children, pregnant and breastfeeding women in the context of humanitarian response by strengthening health and nutrition service providers.

NEED
236K

TARGET
115K

Contributes to specific objectives No. 1.1 and No. 2.3

NEED

TARGET

INDICATORS

Number of health and nutrition providers' technical capacities strengthened in nutrition in the context of humanitarian response.

2K

1K

Number of caregivers of children under two reached with actions to promote timely and adequate breastfeeding and complementary feeding.

100K

60K

Number of children and adolescents reached with actions to prevent and/or treat malnutrition and micronutrient deficiencies.

85K

50K

Number of pregnant and breastfeeding women reached with nutritional food education actions, prevention and/or attention to micronutrient deficiencies.

16K

5K

3.8

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
149,8K*	12,6K	4,5K	4,6K	126
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
7,3M	5	5		

* The HRP figure people in need differs from the HNO people due to the updating of information obtained.

In El Salvador, multiple events caused by climate change, social violence and other crises caused by the COVID-19 pandemic and mixed migration flows (internal or cross-border displacement due to violence, caravans, extra-regional migrants in transit and those returning) are damaging or deteriorating homes and communities. The dynamics of human mobility in the country and the Northern Central America as a whole are complex due to the diverse profiles of migrants in need of immediate attention. These factors are driving up the number of people with humanitarian needs in the CCCM sector and in the affected communities. These vulnerable at-risk groups (displaced people, migrants, people with disabilities, among others) are seeing their right to humanitarian assistance and to live in dignity, safety and security affected. Additionally, the limited local capacities of relevant institutions and different sector partners in managing shelters and providing access to humanitarian assistance for displaced people and affected communities increases the vulnerabilities of affected people, exposing them to greater risks and weakening their self-protection and resilience capacities.

Objectives

During 2021, the CCCM sector will seek to expand humanitarian assistance coverage by working jointly with the Shelters Sectoral Technical Commission and

the National Civil Protection System to address gaps, to improve and manage temporary shelter spaces and to implement participation mechanisms and collection of key information through sector partners in the departments or regions identified as high-risk areas. These risks include high levels of displacement due to emergencies, violence, returnees and the resulting humanitarian needs. These areas are mostly on the coast, the central volcanic chain, northern areas prone to floods and landslides, large urban areas of the department capitals of San Salvador, La Libertad, Sonsonate, Santa Ana, San Miguel, Usulután, San Vicente and Zacatecoluca and rural areas of that have high rates of displacement due to violence or migration.

The sector seeks to respond to 12,600 affected people who use temporary shelters or are in affected communities in El Salvador. The sector will prioritize support for two departments that were most affected by storms in 2020, as well as departments with high numbers of people affected by various types of emergencies already prioritized by the National Civil Protection System.

The objective is to provide access to basic services for 12,600 people affected by different types of emergencies, including 1,260 people with vulnerabilities such as people with disabilities, chronic illnesses and GBV survivors, among others.

Sector partners will manage CCCM operations in close collaboration with national and local authorities and humanitarian sectors, ensuring the reduction of gaps and needs in accessing basic services for sheltered people, as well as maintaining up-to-date gender-sensitive information at shelters and affected communities. In 2021 and 2022, partners will prioritize humanitarian assistance with the delivery of NFIs to people in temporary shelters affected by overcrowding, address the urgent need for basic services and basic household items such as mattresses, sheets, towels and kitchen kits, among others, and strengthen the participation and organization mechanisms of communities facing persistent flood threats.

Sector partners will work closely with national authorities, the protection sector and community leaders to identify best practices and more adequate mechanisms to offset the forced or abrupt closures of temporary shelters and improve the return or resettlement processes of displaced people. Partners will work jointly with national and local authorities to implement an effective evidence-based information collection system that can create reliable information products for decision-making and effective emergency management. The sector will work to improve the implementation of complaint and feedback mechanisms with affected people and communities to improve feedback processes between humanitarian actors and affected communities or people. Projects will be developed to upgrade community infrastructure conditions and expand services that can improve coexistence, reduce xenophobia and build building. The CCCM sector will promote durable solutions for sheltered people by supporting and implementing actions on livelihoods and housing solutions and/or dignified resettlement.

For this purpose, CCCM will link with different actors also working on durable solutions and resettlement. CCCM partners will provide valuable data on the prioritization of these actions to those working

towards durable solutions in shelters and communities. Whenever possible, the sector will provide technical assistance in relocation/resettlement processes and coordinate relocation plans with local authorities and the community.

Response

The sector's approach is based on regular interaction with the other sectors to ensure a dignified humanitarian response in shelters, while monitoring services and providing a gap analysis of these services and promoting the participation of local authorities. Sector interventions will include ensuring that people in need have equitable access to humanitarian services, creating inclusive community management structures that include the meaningful participation of people with disabilities, the elderly, women, children, adolescents and people with chronic diseases and maintaining two-way communications that are accessible to all. Sector partners will expand activities to improve and adapt spaces identified to serve as temporary shelters in accordance with minimum Sphere and CCCM humanitarian standards that offer security and a dignified temporary life to sheltered people.

The sector's actions will be complemented through coordination with other sectors such as WASH, Protection, Food Security, Health, Logistics and Early Recovery to provide comprehensive assistance to people targeted.

The improvement of shelter management mechanisms to identify gaps and overlaps in assistance provided in shelters, fostering community participation, identifying GBV cases and their respective referral to state protection institutions and coordinating effectively with other actors in the shelters and the municipalities housing them are all priority actions.

Shelter improvement activities will include training for partners and communities on shelter management processes, rehabilitation and repair of infrastructure, basic equipment to provide ventilation, lighting, water, sanitation, privacy and space to apply physical distancing measures to sheltered people. In addition to ensuring access routes for people with disabilities, NFIs will be replenished for rapid humanitarian response in shelters and affected communities, with coordination

with the WASH, Food Security, Health and other sectors for the provision of other services or types of assistance, such as hygiene kits, food and psychosocial support, among others.

Partners will continue to implement cash-based interventions, such as shelter upgrading activities. Partners will organize trainings for interested parties and national actors on thematic CCCM matters such as temporary shelter management principles, humanitarian coordination and shelter upgrading work in departments or municipalities where such activities bolster the overall humanitarian response.

The sector will prioritize localization efforts, with an emphasis on capacity-building of national actors, including local civil society organizations, in management activities and support for local authorities in shelter closure plans by reducing eviction risks due to sudden shelter closure and will promote actions to achieve durable solutions.

The sector will try to identify national NGOs with male and female staff, experience working in shelters and similar settings and an overall humanitarian organization profile to integrate them to the implementation of CCCM interventions. The CCCM sector will continue to work with the Protection sector and GBV sub-sector to establish referral pathways in shelters and affected communities.

The sector will promote greater community participation in the design and implementation of information collection mechanisms or platforms, with data to be disaggregated by sex, age, disability, vulnerability and needs.

Partners will continue to expand community consultations with an emphasis on ensuring that systems are fully accessible to people with disabilities and members of minority groups of different genders and ages in shelters and affected communities.

The sector will work closely with all sector leaders to ensure that feedback processes regarding sheltered people's complaints are implemented and taken into consideration in the sector's fundraising and targeting.

Finally, the sector and its partners will work closely with the National Civil Protection System and the National Shelter Directorate through the Shelter Sector Technical Commission and other Government actors in the search for, implementation or design of durable solutions for people in shelters due to different emergencies to address their main needs and foster their resilience and empowerment.

Cost of the Response

This sectoral plan requires **\$7.32 million**, according to analysis of partner response capacities and the sectoral scope.

Monitoring

Monitoring will take place in all phases of the project cycle. The availability of complaint and feedback mechanisms on the perception of security, privacy and dignity thanks to the care received is an integral part of the sector's AAP strategy. Sector monitoring will be aligned with the reporting frequency on activity progress within the framework of the Humanitarian Programme Cycle. Monitoring of sector activities will be based on designed indicators.

Objectives, Indicators and Targets

Sector Objective 1 Strengthen safe access to essential non-food items to ensure the health, safety and dignity of people affected by disasters, violence and forced displacement or people on the move.		NEED 149.8K	TARGET 12.6K
Contributes to specific objective No. 1.1		NEED	TARGET
INDICATORS	Number of people accessing non-food items appropriate to their needs in shelters and affected communities.	149.8K	12.6K
	Percentage of people who perceive an improvement in the care of their basic needs (based on people served).	12.6K	6.3K
Sector Objective 2 Improve the infrastructure of the national shelter network to provide immediate, safe and dignified care for people affected by disasters, violence, forced displacement or mobility.		NEED 12.6K	TARGET 8.5K
Contributes to specific objective No. 1.1		NEED	TARGET
INDICATORS	Number of people accessing temporary shelters that meet standards.	12.6K	6K
	Number of people accessing appropriate individual or family temporary housing solutions (family shelters or leasing).	12.6K	2.5K
	Number of adequate and equipped temporary shelters to respond to forcibly displaced people or people on the move.	605	30
Sector Objective 3 Strengthen community self-management mechanisms and access to information for affected people in temporary shelters.		NEED 12.6K	TARGET 6.0K
Contributes to specific objective No. 1.2		NEED	TARGET
INDICATORS	Number of shelters with self-management or community participation mechanisms	12.6K	6K
	Number of people participating in community self-management mechanisms.	12.6K	1,2K
	Number of people who perceive an improvement in their living conditions due to the dissemination of timely information.	12.6K	50 %

Sector Objective 4

Support recovery and access to durable solutions that allow development of household, community and livelihood activities with dignity.

NEED
6K

TARGET
1K

Contributes to specific objective No. 2.1

NEED

TARGET

INDICATORS

Number of people supported in durable solutions of their choice (return, relocation, integration) who receive information and/or participate in workshops on issues related to the temporary shelter sector.

6K

1K

Number of people accessing permanent lodging or housing solutions as part of durable solutions support.

6K

1K

Sector Objective 5

Rehabilitate and improve living spaces or community development spaces that promote resilience and empowerment of affected people.

NEED
12.6K

TARGET
4K

Contributes to specific objective No. 2.2

NEED

TARGET

INDICATORS

Number of people benefiting from the improvement or new construction of community infrastructure in support of durable solutions.

12.6K

4K

Number of communities with rehabilitated or improved spaces for resilience and social coexistence.

100

20

Number and type of community infrastructure rehabilitated in affected communities.

100

20

Sector Objective 6

Strengthen shelter coordination and management mechanisms that allow for immediate attention and participation during response and shelter closure processes.

NEED
12.6K

TARGET
1.5K

Contributes to specific objective No. 2.3

NEED

TARGET

INDICATORS

Number of strengthened or implemented coordination and management mechanisms

605

30

Number of people receiving training in shelter management to improve the provision of services in shelters.

12.6K

1.5K

Number of shelters or communities improving access to basic services following the implementation of appropriate management mechanisms.

605

30

Sector Objective 7

Strengthen intersectoral information gathering tools or platforms that allow for the identification of gaps in humanitarian assistance, groups with specific needs and allow for the timely provision of humanitarian assistance.

NEED
12.6K
TARGET
6K

Contributes to specific objective No. 2.4		NEED	TARGET
INDICATORS	Number of strengthened data collection tools or platforms.	1	1
	Number of drafted and disseminated intersectoral reports.	---	30

Sector Objective 8

Support the implementation of community participation and feedback mechanisms in shelters and communities.

NEED
12.6K
TARGET
6K

Contributes to specific objective No. 2.5		NEED	TARGET
INDICATORS	Number of implemented participation mechanisms.	605	30
	Number of people (women, men and others) who are active in these mechanisms (disaggregated by age).	12.6K	1.5K



3.9 Logistics and Telecommunications

REQUIREMENTS (US\$)	PARTNERS	PROJECTS
574.2K	1	1

Objectives

1. Implement efficient supply chains that provide timely and quality care to the most vulnerable people and take the resources, inter-agency support networks and other key institutions in country into consideration.
2. Guarantee telecommunications services during an emergency for the humanitarian community or vulnerable peoples that takes the emergency's particular contexts into consideration, while working as a team with service providers and other institutions.

Respuestas

Government and non-government institutions in El Salvador actively work to address emergencies in a timely manner. However, due to the country's geography and the challenges posed by mitigation measures, El Salvador's exposure to natural phenomena such as rains, hurricanes, landslides, floods and earthquakes is all but permanent. This context was further exacerbated by the COVID-19 pandemic.

A timely emergency response depends, in part, on the efficiency of the supply chain and the availability of active telecommunications. As such, the sector's response strategy includes everything from prior capacity building in logistics matters to support during an emergency in streamlining processes, as well as capitalizing on lessons learned after the emergency.

The first steps taken with emergency response institutions are critical in ensuring an agile response at the onset of an emergency. To that end, strengthening capacities to improve supply, warehousing and distribution practices is essential. Currently, access to warehouses to store food and other relief products to mitigate damage in the short term is a priority need.

During an emergency, it is vital that response organizations provide a coordinated response to increase the effects of humanitarian assistance. Supporting the Government and the HCT in supply processes, mapping resources, defining routes and supporting supply preparation and delivery is, consequently, of the utmost importance.

The Logistics response must consider that the COVID-19 pandemic requires health security measures across the entire logistics, distribution and support network, which makes the overall response both more expensive and more complex. Appropriate coordination of resources will thus be required for a better response.

The country is structurally equipped in telecommunications, with voice, data and radio services that can cover emergency needs. If there are specific affected areas requiring the sector's services, an initial response could be provided with prior coordination with local providers to cover the needs of affected people or areas.

To this end, sector partners and local suppliers must reach agreements and, if necessary, scale up regional efforts to expedite an emergency response.

Cost of the response
The cost of the sector’s response is estimated at **\$574,200**.

Should emergency supplies fail to arrive in a timely manner to meet identified needs, an emergency’s impact on the most vulnerable is likely to grow. The support provided by logistics and telecommunications in operations has a direct impact on all vulnerable peoples identified via inter-agency work.

Objectives, Indicators and Targets

Sector Objective 1 Implement efficient supply chains that provide timely and quality care to the most vulnerable people and take the resources, inter-agency support networks and other key institutions in country into consideration.	
Contributes to specific objectives No. 1.1 and 2.4	
INDICATORS	Weight of cargo transported or stored for emergency care
	Volume of cargo transported or stored for emergency care
Sector Objective 2 Guarantee telecommunications services during an emergency for the humanitarian community or vulnerable peoples that takes the emergency's particular contexts into consideration, while working as a team with service providers and other institutions.	
Contributes to specific objectives No. 1.1 and 2.4	
INDICATORS	Number of operation areas covered by a telecommunications network
	Number of operation areas covered by data communications services



3.10 Coordination

REQUIREMENTS (US\$)	PARTNERS	PROJECTS
166.7K	1	1

El Salvador is highly prone to different climate shocks, many of which exacerbate pre-existing conditions, as well as manmade crises, with the former evidenced by the multiple emergencies that occurred in 2020 and 2021 due to active hurricane seasons, most notably the impacts of Amanda, Cristobal, Eta and Iota. The country also suffered the impact of the COVID-19 and its collateral effects. As such, having a solid humanitarian coordination system that brings together humanitarian actors to collaborate in risk mitigation, preparedness and timely and effective humanitarian response is essential.

OCHA plays a key role in monitoring humanitarian situations, coordinating response and providing critical analysis to support decision-making. Furthermore, OCHA promotes the coordination and complementarity of emergency response to disasters, COVID-19 and violence and their impact on displaced people, migrants and returnees.

Coordination's essential contribution is ensuring the effective use of material, financial and human resources to reduce duplication and enhance their optimization and complementarity among humanitarian actors and the Government. This is accomplished through established response standards via the implementation of protocols within the HCT, which includes members of the UN system, national and international NGOs, International Red Cross and Red Crescent Movement and the Directorate General of Civil Protection. Information Management will also be a fundamental component of coordination through needs assessments with differentiated approaches to protection, gender and ethnic considerations that help promote an efficient response that prioritizes information exchange and linkages with Government counterparts and humanitarian partners. Coordination also seeks to contribute to the

State's response to people with the greatest needs through an advocacy strategy that highlights humanitarian-development collaboration

Objectives

1. Promote assistance based on humanitarian principles to reach the most vulnerable people, considering their gender, age and diversity and leaving no one behind.
2. Provide a reliable set of gender-responsive tools, products and services to facilitate informed decision making.

Response

- Conduct a review and adjustment of the humanitarian architecture in El Salvador to ensure a more effective response to multiple emergencies. This will include strengthening active sectors and inter-sectorial groups such as the Communications Working Group, the Information Management Working Group and the Cash Transfer Group, which support the effectiveness and non-duplication of efforts.
- Develop a work plan for 2022-2024 with a clear vision on responding to multiple or complex emergencies, based on lessons learned from the humanitarian response implemented in 2020 and 2021.
- Develop a communication and information management system to facilitate timely decision making.
- Strengthen HCT technical staff capacities through specialized technical training on emergency preparedness and response.
- Ensure the updating and/or creation of contingency plans, protocols or guidelines for timely response to emergencies.

- Contribute to the mainstreaming of protection approaches with the support of the Protection sector, as well as promote consultations with, information provision to and equitable and safe participation of diverse gender groups according to age, disability, ethnicity and LGBTIQ+ considerations.
- Promote needs analysis and evaluation and then design, implement, follow up and review Humanitarian Programme Cycle actions. It is important to strengthen the capacity for more reliable, comprehensive and evidence-based situation analyses through improved needs assessments and information management that integrates gender analysis and Sex- and Age- Disaggregated Data.
- Support the Directorate General of Civil Protection in national risk management and contingencies through strategic dialogue, information exchange, promotion of coordination through humanitarian response protocols and the strengthening of its capacities to guarantee an effective response.
- Ensure that all humanitarian actors apply PSEA as a priority in the implementation of projects and programs within the framework of 2021 HRP.

Cost of the response

Cost of the sector's response is estimated at **\$166,667**.

Objectives, Indicators and Targets

Sector Objective 1

Promote assistance based on humanitarian principles to reach the most vulnerable people, considering their gender, age and diversity and leaving no one behind.

Contributes to specific objective No. 1.1

INDICATORS	Number of people assisted in humanitarian emergencies caused by disasters, COVID-19, violence and displacement.
	Number of meetings with the HCT, ICCG, IMG and LCTs for better coordination and linkage processes in the response to humanitarian emergencies.
	Number of bilateral activities and meetings with national Government entities to maintain coordination and complementarity in response actions.

Sector Objective 2

Provide a reliable set of gender-responsive tools, products and services to facilitate informed decision making.

Contributes to specific objective No. 2.4

INDICATORS	Number of organizations reporting their response actions in compliance with HRP 2021.
	Number of needs assessments that support periodic analysis and reporting on the needs and gaps of vulnerable people.
	Number of updated intersectoral instruments such as protocols, plans, guidelines, etc. to ensure an effective response to the most vulnerable people.

Part 4: Annexes

SAN SIMÓN, EL SALVADOR

Photo: OXFAM



4.1

Response Analysis

The proposed response plan is based on needs analysis, which, despite limitations in the comprehensive application of the methodology due to an extremely short processing deadline, was able to produce a solid base of evidence of the needs of affected people. This analysis was complemented by an inter-agency review of vulnerabilities among the general population, especially in the wake of the COVID-19 pandemic and hurricanes Eta and Iota.

The humanitarian response will focus on addressing immediate humanitarian needs. As such, medium- and long-term interventions are included in the HRP, including actions related to rehabilitation, capacity-building and emergency livelihood support to provide immediate humanitarian relief. The development of the HRP's strategic objectives was based on the needs identified in the HNO, namely, meeting basic needs, facilitating access to essential services and enabling affected people to carry on with their lives in safe and dignified conditions. Humanitarian teams later identified and formulated specific objectives to address certain individual elements of the strategic objectives.

Specific needs such food and livelihoods, immediate services, sustainability of services, requirements related to COVID-19 prevention, living conditions and increased protection concerns were duly considered in the formulation of the objectives. Throughout response planning, HRP partners placed an emphasis on communication with, and accountability to, affected people, the centrality of protection and the need to ensure equal access for people with diverse needs and capacities. For each specific objective, the sectors jointly developed response interventions to ensure complementarity, even through use of integrated, layered or sequenced approaches to build collaborations and avoid duplication, while harmonizing the scale and scope of their interventions for a coordinated response.

4.2

Organizations Participating in Strategy Development

Food security

Ayuda en Acción – Action Aid International
 Catholic Relief Services
 DGPC- Directorate General of Civil Protection
 DIGESTYC- Directorate General of Statistics and Census
 EDUCO – Education and Cooperation Foundation
 FAO- UN Food and Agriculture Organization
 Lutheran World Relief
 OXFAM
 Plan International
 WFP- World Food Program
 Save The Children
 UNICEF- UN Children's Fund
 World Vision

Protection

International Committee of the Red Cross
 UN High Commissioner for Refugees
 SOS Children's Villages
 Ayuda en Acción – Action Aid International
 Caritas El Salvador
 COMCAVIS
 TRANS
 CRISTOSAL
 Spanish Red Cross
 ECHO- European Civil Protection and Humanitarian Aid Operations
 EDUCO - Education and Cooperation Foundation
 FLM- Lutheran World Federation
 FESPAD- Foundation of Studies for the Application of Law
 IDHUCA- UCA Human Rights Institutes
 INSAMI – Salvadoran Migrants Institute
 IRC - International Rescue Committee MCDF
 Scalabrini Missionaries
 Doctors Without Borders
 NRC - Norwegian Refugee Council
 OHCHR - Office of the UN High Commissioner for Human Rights
 IOM- International Organization for Migration
 OXFAM
 Plan International
 PNUD- UN Development Program
 RIA- Network for Children and Adolescents in El Salvador
 Save The Children
 Passionist Social Service
 UNFPA- UN Population Fund
 UNICEF- UN Children's Fund
 USCRI- Immigration Legal Services Program
 World Vision

GBV	Scalabrine Missionaries IRC - International Rescue Committee Ayuda en Acción – Action Aid EDUCO - Education and Cooperation Foundation FESPAD- Foundation of Studies for the Application of Law Doctors Without Borders OXFAM Plan International UNICEF- UN Children's Fund UN Women World Vision
Child Protection	ACISAM- Association for Mental Health Training and Research SOS Children's Villages Ayuda en Acción – Action Aid International Committee of the Red Cross COMCAVIS TRANS CRISTOSAL Salvadoran Red Cross EDUCO - Education and Cooperation Foundation FESPAD- Foundation of Studies for the Application of Law IDHUCA- UCA Human Rights Institutes IRC - International Rescue Committee World Doctors Scalabrine Missionaries Plan International RIA- Network for children and adolescents in El Salvador Save The Children USCRI- Immigration Legal Services Program World Vision
Water, Sanitation and Hygiene	ANDA- National Aqueduct and Sewer Association Humanitarian Aid Association, PROVIDA DGPC- Directorate General of Civil Protection FISDL- Social Investment Fund for Local Development Fundación Cordes- Foundation for Cooperation and Communal Development of El Salvador EDUCO - Education and Cooperation Foundation MIGOB- Ministry of de Government and Territorial Development MINSAL- Ministry of Health OXFAM UNICEF- UN Children's Fund World Vision
Health	FUSAL- Salvadoran Foundation for Health and Human Development UNAIDS PAHO/WHO – Pan American Health Organization/World Health Organization Plan International Save The Children UNFPA- UN Population Fund UNICEF- UN Children's Fund

Early Recovery

UN High Commissioner for Refugees
 DIGESTYC- - Directorate General of Statistics and Census
 FAO- UN Food and Agriculture Organization
 FUNDEMAS- Business Foundation for Social Action
 Habitat for Humanity
 MINEC- Ministry of Economy
 OCR- Office of the UN Resident Coordinator
 IOM- International Organization for Migration
 PAHO/WHO – Pan American Health Organization/World Health Organization
 OXFAM
 WFP- UN World Food Program
 PNUD- UN Development Program
 Techo
 UNESCO- UN Educational, Scientific and Cultural Organization
 UNICEF- UN Children's Fund
 UNOPS- UN Office for Project Services

Education during Emergencies

UN High Commissioner for Refugees
 NRC - Norwegian Refugee Council
 EDUCO - Education and Cooperation Foundation
 MINED- Ministry of Education
 IOM- International Organization for Migration
 OXFAM
 Plan International
 Save The Children
 UNICEF- UN Children's Fund
 World Vision

Nutrition

CONASAN- National Food and Nutrition Safety Council
 Office of the First Lady of El Salvador
 EDUCO - Education and Cooperation Foundation
 FAO- UN Food and Agriculture Organization
 Good Neighbors
 MIGOB- Ministry of Government and Territorial Development
 MINSAL- Ministry of Health
 PAHO/WHO – Pan American Health Organization/World Health Organization
 OXFAM
 WFP- UN World Food Program
 Provida Humanitarian Aid Association
 Saint Francis Ministries
 Save The Children
 UNICEF- UN Children's Fund

CCCM













UN High Commissioner for Refugees
 EDUCO - Education and Cooperation Foundation
 GIZ- Deutsche Gesellschaft für Internationale Zusammenarbeit
 Habitat for Humanity
 IRC - International Rescue Committee Doctors Without Borders
 NRC - Norwegian Refugee Council
 IOM- International Organization for Migration
 UN Women
 UN AIDS
 PAHO/WHO – Pan American Health Organization/World Health Organization
 Plan International
 Save The Children Techo
 UNFPA- UN Population Fund
 UNICEF- UN Children's Fund
 USAID- US Agency for International Development
 World Vision

Logistics and Telecommunications	UN High Commissioner for Refugees
	Salvadoran Red Cross
	IOM- International Organization for Migration
	Pan American Health Organization/ World Health Organization
	WFP- UN World Food Program
	DGPC- Directorate General of Civil Protection
	OHCHR - Office of the UN High Commissioner for Human Rights
	UNICEF- UN Children's Fund
	USAID- US Agency for International Development
	World Vision
Coordination	OCHA- UN Office for the Coordination of Humanitarian Affairs

4.3 Planning Figures by Sector and Geographic Area

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
1.7M	912.2K	156.5M

By sector

SECTOR/MULTI-SECTOR	PEOPLE IN NEED	TARGET POPULATION	<div> <div>NEED</div> <div>TARGET</div> </div>	REQUIREMENTS (US\$)
 Food Security	1M	375K	<div><div></div><div></div></div>	\$49.5M
 Protection	759K	270K	<div><div></div><div></div></div>	\$35M
 Early Recovery	944.6K	45K	<div><div></div><div></div></div>	\$27M
 Health	998.2K	458K	<div><div></div><div></div></div>	\$12M
 CCCM	149.8K*	12.6K	<div><div></div><div></div></div>	\$7.3M
 Education	792K	79.2K	<div><div></div><div></div></div>	\$6.5M
 Water, Sanitation and Hygiene	808K	150.3K	<div><div></div><div></div></div>	\$5.5M
 Nutrition	236K	115K	<div><div></div><div></div></div>	\$5.2M
 Child Protection	116K	55.4K	<div><div></div><div></div></div>	\$4.4M
 Protection – GBV	605K	385.5K	<div><div></div><div></div></div>	\$3.3M
 Logistics and Telecommunications				\$574.2K
 Coordination				\$166.7K

* CCCM People In Need was not taken from the HNO 2021 analysis, as partners opted for a more recently updated data source.

4.5

What Could Happen if We Fail to Respond?

Through the actions defined in this plan, the HCT seeks to work until the end of 2021 and throughout 2022 to reduce the gap between the number of people with urgent humanitarian needs and the response actions of the Government of El Salvador. The humanitarian response will focus on actions to protect and save lives through the delivery of food, water, sanitation and hygiene supplies, medicines, supplies for small agriculture and livestock producers. Partners will promote access to livelihoods and durable solutions by focusing on providing nutrition, health, education and protection services for the most vulnerable people.

If we fail to respond, the needs will persist in the following sectors.

Food security

Food security will assuredly become a priority, given the documented needs, particularly for those in vulnerable conditions due to poverty. In 2020, the general population and, in particular, rural areas, were affected by the instability of food flows and especially losses in food production. During the 2020s, people in general and particularly those in rural areas, have been affected by the instability of food flows and by losses in food production and deteriorating livelihoods. These losses, which owe in part to climate change, lead to increased debts that force people to adopt coping strategies to meet their debt obligations that could involve restricting food intake and, eventually, the sale of productive assets.

A lack of response will result in the aggravation of food needs, creating a food security crisis that would start in rural areas and then move into urban areas. This crisis would see a general impact on food prices and poverty, which will assuredly affect health statuses and survival, thus placing people's lives in jeopardy.

As such, affected people require a humanitarian response that guarantees their fundamental human rights with a focus on protection and equality and considers all community members, especially vulnerable groups that need specialized attention and response. Immediate response ensures that their most essential needs will be provided, guaranteeing food security and resilience-building.

Protection

If needs are not addressed over the next 18 months, the number of IDPs and those at risk of internal displacement will likely increase due to persisting trends in insecurity and violence, coupled with ongoing socioeconomic pressures. Additionally, the risks and needs arising from displacement will be exacerbated by potential storm impacts and the hurricane season, which is expected to be just as active as the 2020 season.

Host communities already affected by violence, the COVID-19 pandemic and the impact of climate change will continue to receive vulnerably displaced people who do not have access to a robust protection response system. GBV survivors would have less access - both in terms of quantity and quality - to life-saving services, while the continued absence of these services will only contribute to the normalization of violence.

The number of deportees with protection needs will also increase, as deportations will fully resume once health-related travel restrictions are completely lifted. While protection-sensitive reception mechanisms will continue to exist, the ability of families to reintegrate into their home communities will remain low.

The COVID-19 pandemic could worsen income inequality and structural weaknesses such as chronic violence.

Water, Sanitation and Hygiene

The aforementioned structural and underlying issues will naturally worsen in one way or another, depending on the climate effects during the second half of 2021.

During the hurricane season, there is an increased risk of flooding and landslides that traditionally damage water and sanitation infrastructure and interrupt basic services, while also causing homes to collapse and prompt more displacement to temporary shelters. These hazards also tend to lead to shortages in hygiene and water treatment supplies due to higher market prices and the interruption of supply chains, as well as greater contamination of available water sources and increased rates of waterborne, faecal-oral, vector-borne and respiratory diseases that can increase the mortality rate of children under 5, among others.

Dry spells lead to reduced rainfall and, subsequently, decreases in water source quality and flow that lead to water scarcity. This scarcity affects hydration and nutrition and increases vulnerability to other diseases.

A vast majority of water system operators (including ANDA) have serious structural problems. The service life of their infrastructure and equipment is becoming increasingly shorter and there is no investment plan for their renovation.

Demographic projections indicate a steady increase in people who require suitable drinking water and sanitation services. Environmental degradation of surface water sources is increasing and aquifer reserves are diminishing. There is no integrated water resource management with a focus on basins and pressure on this resource is increasingly higher. The information presented by MARN in its report on the quality of surface water indicates that the current state of water to be made potable by conventional means makes it difficult for use as a viable source for use during an

emergency, which further limits alternative sources of water to supply people in need and to increase the stringency of the treatment of water for consumption during an emergency.³⁰

Health

Failure to provide a comprehensive health response, especially in the context of COVID-19, will create the threat of further health complications, especially among the most vulnerable. If Government actions to increase vaccination coverage are not supported, especially given the global circulation of COVID-19 variants, there could be more people, especially the vulnerable, with health complications and who might need to be taken to Intensive Care Units and increase the burden on the National Health System. It is necessary to ensure that those involved in the first and second levels of care are trained and sensitized to care for vulnerable groups, including LGBTBIQ+ people, people living with HIV and people with disabilities. If there is no coverage of sexual and reproductive health needs, prenatal care and preventive care for pregnant women during emergencies, complications may arise that are not identified in a timely manner, thus increasing morbidity and mortality among mothers and new-borns, as well as other obstetrics-related complications.

It is essential to maintain vaccination coverage of children during emergencies, as vaccination shortfalls increase of morbidity and mortality caused by preventable diseases.

The evaluation of the hospital network in El Salvador is necessary to have improvement plans to meet the standards of Disaster-Safe Hospitals. These evaluations must be carried out every four years, a period that has already lapsed. Additionally, many emergency areas have been modified as part the country's efforts to respond to respiratory emergencies and COVID-19.

³⁰ MARN. Report on Water Quality in the Rivers of El Salvador. 2020

Early Recovery

Failure to effectively protect the livelihoods of the target population will lead to increased vulnerability to economic and environmental shocks, increased poverty and informal employment. The people identified as priority groups have already been significantly affected by the COVID-19 pandemic and by tropical storms, as they have seen their employment opportunities limited and their incomes reduced.

This could lead to an increase in the number of people living in poverty, which has an impact on human development and intergenerational effects, making families that fall into this category more vulnerable. Because of the vulnerability of these groups, employment may become increasingly unstable, as people are willing to accept more informal conditions to subsist. In the long term, this affects family arrangements and future generations, especially in relation to decisions on education, health and development. These conditions also influence irregular migration decisions.

Education

The longer children and adolescents are out of school, the more difficult will be for them to return. The growth in the number of children and adolescents out of school is directly proportional to the number of days they are out of schools that are not fully equipped to serve them and/or they do not have access to connectivity and electronic devices for their education. Students likely to drop out of the education system prior to COVID-19 were already facing vulnerable conditions, a situation that partners have long been responding to. The interruption of their education has increased this vulnerability and exposed them to gang recruitment, child labour, sexual abuse, exploitation, early unions, pregnancies, trafficking, irregular migration and becoming victims of violence, among other dire outcomes. Many girls and female adolescents will never return to school. The ability of children and adolescents to read, write and perform basic mathematics has declined, as have the skills needed to drive the economy, which will continue to decline without response. The COVID-19 crisis is still present in the country and the continued closure of many schools

will soon plunge the country into one of the biggest humanitarian crises in recent memory. Priority must be given to the safe reopening of schools and continuity of quality education.

Nutrition

Failure to meet these needs or respond to nutrition needs will decrease nutritional statuses and contribute to families' susceptibility to prevalent diseases. In the case of children, it will compromise their growth, development and exposure to prevalent childhood diseases. In adolescents, anaemia, among other micronutrient deficiencies, could arise. Growth and development during this stage of life could be stunted, while pregnant women could be exposed to delivering low birthweight babies or premature babies. There may even be an increase in maternal deaths during pregnancy and childbirth. Also, during the breastfeeding period, this could compromise maternal health, which will consequently jeopardize the survival of infants and other children in the families.

In addition, neglecting nutritional needs in families can result in generational deterioration that cannot be recovered at a later stage of life. As such, there is a great need to underscore the nutritional needs highlighted in 2021 planning for 2021, considering the knowledge gained in 2020.

CCCM

Failure to respond to the immediate needs related to displaced people during emergencies in temporary shelters and migrants in reception or transit centres could jeopardize their lives, especially the most vulnerable, such as those with disabilities, women, youth, children, the elderly and people with chronic diseases, among others. Displacement and shelter conditions increase the risks related to protection, security, health care and the need for psychosocial, thus making it imperative to provide access to basic services and minimize these risks to safeguard the life, health and physical wellbeing of these groups. In the context of COVID-19 infections in the country, it is a priority to make infrastructure improvements to ensure physical

distancing, provision of medical care and preventive quarantine areas, improve accessibility for people with disabilities and upgrade facilities to guarantee the dignity, protection and safety of people while they remain in the shelters.

Finally, durable solutions are essential to care for affected people and to ensure that they use support mechanisms at shelters and that they have medium- or long-term solutions to help minimize their vulnerability and strengthen their resilience. Absent these solutions, the probability that their vulnerability will increase is highly likely, jeopardizing the lives and protection of these people. This increased vulnerability is tied human mobility processes in country, likely increasing migratory flows and migrant caravans.

Logistics and Telecommunications

The lack of a logistics and telecommunications response would mean that aid would not reach the people affected during an emergency in a timely manner. This would aggravate affected peoples' situation and lead to even greater vulnerability.

As meeting basic needs in times of emergency is a priority for the entire HCT and as a cross-cutting area, it is important that support be provided based on good intersectoral coordination.



TACUBA, EL SALVADOR

Photo: OXFAM

4.6

How To Contribute

Contribute to the Humanitarian Response Plan

El Salvador's HRP is developed in-country, based on an analysis of response contexts and engagement with national and international humanitarian partners. Direct financial contributions to accredited aid agencies are among the most valuable and effective forms of response in emergency situations.

Contributions through the Central Emergency

Response Fund, CERF), provides rapid start-up funding for life-saving actions at the onset of emergencies and for essential, underfunded humanitarian operations during protracted emergencies.

The CERF, which is administered by OCHA, receives contributions from various donors, mainly governments, but also from private companies, foundations, charities and individuals, which are combined into a single fund. These funds are used for emergencies anywhere in the world.

Registering contributions

OCHA administers Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) for emergencies. Its purpose is to properly credit and provide visibility to donors for their generosity, track the amount of funding and show gaps in humanitarian plans. Report contributions to FTS, either by e-mail to: fts@un.org or through the online contribution report form: fts.unocha.org

4.7

Acronyms

AAP	Accountability to Affected Peoples	IASC	Inter-Agency Standing Committee
AoR	Areas of Responsibility	ICCG	Inter-Sector Coordination Group
BCR	Central Reserve Bank	ILO	International Labour Organization
BHA	Bureau for Humanitarian Assistance	IOM	International Organization for Migration
CCCM	Camp Coordination and Camp Management	ISNA	Salvadoran Institute for the Comprehensive Development of Children and Adolescents
CBA	Basic Food Basket	ISSS	Salvadoran Social Security Institute
CONNA	National Council for Children and Adolescents	LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Transvestites, Intersex, Queer and others
DANA	Damage Assessment and Needs Analysis	MARN	Ministry of Environment and Natural Resources
DGPC	Directorate General of Civil Protection	MINSAL	Ministry of Health
DIGESTYC	Directorate General of Statistics and Census	MYPES	National Commission for Micro and Small Businesses
ENECA	National Survey of Chronic Noncommunicable Diseases in El Salvador's Adults	NGO	Non-Governmental Organization
ESCO	El Salvador's Agency for International Cooperation	NRC	Norwegian Refugee Council
FGR	Attorney General's Office	OCHA	Office for the Coordination of Humanitarian Affairs
GAM	Gender with Age Marker	PAHO/WHO	Pan American Health Organization/ World Health Organization
GBV	Gender-Based Violence	PDNA	Post-Disaster Needs Assessment
GHRP	Global Humanitarian Response Plan	PIN	People in Need
GMTE	Multisectoral Group on Cash-Based Transfers	PPE	Personal Protective Equipment
HIV-AIDS	Human Immunodeficiency Virus – Acquired Immune Deficiency Syndrome	PSEA	Protection Against Sexual Exploitation and Abuse
HCT	Humanitarian Country Team	PWD	People with Disabilities
IPC	Integrated Food Security Phase Classification	REDLAC	Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean
HNO	Humanitarian Needs Overview	RGA	Rapid Gender Analysis
HRP	Humanitarian Response Plan		
HPC	Humanitarian Programme Cycle		

SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuses
SIGES	Salvadoran Information System for Education Management
SRH	Sexual and Reproductive Health
SS	Sub-sector
SO	Strategic Objective
UNDP	United Nations Development Program
UNHCR	UN High Commissioner for Refugees
UNS	United Nations System
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WMO	World Meteorological Organization

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EL SALVADOR