Guatemala’s vulnerability to natural- and climate-related disasters coupled with high poverty and gaps in the access to basic services poses a host of challenges that COVID-19 and hurricanes Eta and Iota have worsened. These overlapping crises are exacting a crushing toll on people already facing chronic food and nutritional insecurity. Those most affected are indigenous people, women, children and adolescents, people on the move and people with disabilities.

Some 3.8 million people are in need of humanitarian assistance. This number is an increase of half a million people compared to the 3.3 million people in need assessed for the Humanitarian Needs Overview from early 2020.

The humanitarian community developed the Humanitarian Response Plan 2021 (HRP) to provide critical assistance to 1.68 million people and help restore livelihoods and life-saving services. The HRP will also seek to foster community resilience through collaborative humanitarian development action and linkages.

Through the HRP, the Humanitarian Country Team (HCT) seeks to assist people in areas suffering the greatest impacts and response gaps. The HRP’s multisectoral response is focused on areas affected by Eta and Iota, Dry Corridor communities subject to recurring climate shocks and areas with a high presence of people on the move.

**KEY FACTS & FIGURES**

- **50.1%** of Guatemala’s population live in poverty, with more than 18% living in extreme poverty
- **3.5M** people in Guatemala affected by food insecurity in 2021, up from the 600,000 people reported as recently as 2013
- **1.8M** people in Guatemala required humanitarian assistance following the impacts of hurricanes Eta and Iota
- **2.25M** indigenous people identified as in need of assistance due to greater risks and gaps in access to health and nutrition services
- **4.5M** children and adolescents were affected by COVID-19 school closures, with 30% of students lacking the resources to continue their studies
- **47%** of children under 5 in Guatemala are affected by chronic undernutrition, the highest rate in Latin America and the Caribbean

**STRATEGIC OBJECTIVE 1**

Protect and save the lives of affected people and those most at risk through a multisectoral and needs-based response.

**STRATEGIC OBJECTIVE 2**

Strengthen the resilience of affected people and the linkages between humanitarian and development actions.
FOCUS OF THE RESPONSE

The Humanitarian Country Team (HCT) developed the HRP to respond to most pressing needs in the most affected areas. With all response planning, development and implementation carried out in close coordination with Government authorities, the HRP will provide strategically-integrated assistance on two levels:

1. Direct assistance to households with urgent needs.
2. Recovery and rehabilitation of systems and services.

The HRP consists of 40 projects to be implemented by 19 operational partners from the UN System, national and international NGOs and the International Red Cross and Red Crescent Movement that will provide an equitable and inclusive multisectoral humanitarian response.

The response plan is built on cross-cutting considerations such as intersectionality, accountability to affected people and targeted response, ultimately seeking to protect lives.

PEOPLE TARGETED

<table>
<thead>
<tr>
<th>Group</th>
<th>People in need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant or nursing women &amp; children under 5</td>
<td>3.8M</td>
</tr>
<tr>
<td>Indigenous people</td>
<td>2.25M</td>
</tr>
<tr>
<td>Subsistence farmers, labourers, informal workers</td>
<td>1.7M</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>380K</td>
</tr>
<tr>
<td>Migrants, refugees, displaced people &amp; returnees</td>
<td>242K</td>
</tr>
</tbody>
</table>

KEY RESPONSE PRIORITIES

- **Address critical humanitarian gaps** in existing and ongoing response efforts for affected people.
- **Accountability to Affected People (AAP)** by placing them at the centre of response and ensuring reliable, inclusive and secure feedback mechanisms.
- **Actions that drive recovery, rehabilitation and resilience** of community-level systems and services for health, protection, education, nutrition and governance.
- All partners will implement **Protection Against Sexual Exploitation and Abuse (PSEA)** mechanisms as part of the UN Secretary-General’s Zero Tolerance policy on sexual exploitation and abuse.

**HISTORICAL TRENDS**

**NUMBER OF PEOPLE IN NEED**

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeal/Plan</th>
<th>Funding requested &amp; received (US$) / coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>HRP 2021</td>
<td>$210M -</td>
</tr>
<tr>
<td>2020</td>
<td>Eta/Iota</td>
<td>$38.8M $28.9M 74%</td>
</tr>
<tr>
<td>2020</td>
<td>COVID-19</td>
<td>$26.2M $18.0M 68%</td>
</tr>
</tbody>
</table>

**INCREASE IN THE NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE FROM 2020 TO 2021**

15%

**FINANCIAL REQUIREMENTS (US$)**

- **WOMEN**
  - 57%
- **MEN**
  - 43%

- **55%**
- **45%**
HUMANITARIAN RESPONSE REQUIREMENTS

SECTOR OBJECTIVES

FOOD SECURITY
Re-establish the food security of families in need through cash transfers and/or in-kind food assistance and recover the livelihoods of food-insecure families. Sectoral response will focus on attending to the needs of subsistence farming families and families who rely on the informal economy for livelihoods.

HEALTH & SEXUAL AND REPRODUCTIVE HEALTH
Improve access to quality health services and networks to address priority needs in noncommunicable diseases, women’s health and maternal and newborn health. Health services’ operational capacities will also be strengthened, as will institutional and community health response capacities.

WATER, SANITATION & HYGIENE
Rehabilitate, improve and/or build family- and community-level water systems, as well as systems for schools and health centres. Response will also focus on improving access to adequate water and sanitation infrastructure and services, especially in communities affected by Eta and Iota and in those located in the Dry Corridor.

EARLY RECOVERY
Implement recovery actions for livelihoods and basic services with a Build Back Better approach targeting affected families in priority departments. Re-establish local-level organizational emergency response and sustainable recovery organizations through capacity building to build resilience and strengthen local governance.

EDUCATION
Improve equitable access to education services for children and adolescents, focusing on inclusive learning (either remote or face-to-face) and on re-establishing school infrastructure in areas affected by Eta and Iota. Education response will also focus on psychosocial support and school health and feeding services.

COORDINATION

NUTRITION
Improve access to essential nutrition services, contribute to institutional response and strengthen the capacities of healthcare workers and local actors. Recovery and resilience actions include strengthening family and community capacities in responding to nutritional needs. Sectoral response will focus on the timely identification and treatment of acute undernutrition.

PROTECTION
Together with the Child Protection and Gender-Based Violence subsectors, improve affected peoples’ and communities’ access to rights and strengthen protection frameworks at all levels. Response strategy is based on assistance to high-risk people and households and support for State institutions in improving protection mechanisms.