HUMANITARIAN NEEDS OVERVIEW

EL SALVADOR, GUATEMALA & HONDURAS
About this document

This document is consolidated by OCHA on behalf of the Humanitarian Country Teams and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

This document will be updated at the end of 2021.

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fts.org/appeals/2021
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Introduction

El Salvador, Guatemala and Honduras, countries that make up Northern Central America (NCA), share a series of humanitarian needs driven by shared conditions of high poverty, recurrent climatic shocks, chronic violence, limited access to health services and mass population movements from and within their countries, among other factors. The different needs produced by these long-standing conditions have formed a complex web of vulnerabilities that humanitarian action has sought to address with intersectoral approaches for several years.

Despite achievements in providing integrated responses to NCA's multidimensional needs, humanitarian action in these countries was forced to undergo a radical shift in changed in 2020 due to impacts of the COVID-19 pandemic and the most active hurricane season on record. Besides creating their own needs, the pandemic and storms have exacerbated existing NCA crises and increased the number of people in need of humanitarian assistance in the three countries by 60 per cent between the beginning of 2020 and mid-2021.

The impact of these events is evident in several key indicators. After encouraging declines in poverty and extreme poverty rates between 2018 and 2019, especially in El Salvador and Honduras, the Economic Commission for Latin America and the Caribbean (ECLAC) projects that the rates recorded in the three countries at the close of 2020 will exceed those of 2018, creating new risks for hundreds of thousands of additional people. According to 2021, reports from the Integrated Food Security Phase Classification (IPC), the percentage of households in Honduras with food access gaps is 21 per cent compared to 8 per cent prior to the pandemic, while 1 in 5 people in Guatemala are suffering critical food access gaps, gaps that are expected to persist in the coming months.

Consequently, internal and cross-border displacement are showing sharp increases. The Internal Displacement Monitoring Center (IDMC) indicates that Honduras recorded 937,000 new displacements due to disasters in 2020, far exceeding the combined disaster and conflict displacement in countries such as South Sudan, Sudan or Afghanistan. U.S. Customs and Border Protection reports 375,000 apprehensions of NCA nationals at the U.S.-Mexico border between October 2020 and May 2021, which exceeds the total number of apprehensions in all of 2020. The March and April 2021 numbers, in particular, exceeded the counts for these months in 2019.

With similar trends have been recorded regarding livelihoods and access to health, water, sanitation and hygiene, education and protection services, millions of vulnerable people in the NCA, including women, children and adolescents, people on the move, indigenous and Afro-descendant populations, people with disabilities and members of the LGBTIQ+ community, will require a strategic humanitarian response based on a collective understanding of the scope and severity of their needs.
The designations employed and the presentation of the material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Key Figures

**People in poverty/extreme poverty (%)**

![Chart showing percentage of people in poverty or extreme poverty from 2017 to 2020 for El Salvador, Guatemala, and Honduras.]

**Atlantic hurricanes - named storms**

![Chart showing Atlantic hurricanes from 2017 to 2021 for El Salvador, Guatemala, and Honduras.]

**People in IPC Phase 4 2021**

![Chart showing people in IPC Phase 4 from January to December 2021 for El Salvador, Guatemala, and Honduras.]

**Homicides per 100K people**

![Chart showing homicide rates per 100K people from 2017 to 2020 for El Salvador, Guatemala, and Honduras.]

**COVID-19 cases per 1M people**

![Chart showing COVID-19 cases per 1M people from February to June for El Salvador, Guatemala, and Honduras.]

**COVID-19 deaths per 1M of people**

![Chart showing COVID-19 deaths per 1M of people from February to June for El Salvador, Guatemala, and Honduras.]

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**Key figures sources:**
2. US National Oceanic and Atmospheric Administration records (NOAA)
**Needs analysis by country**

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Population</th>
<th>People Affected</th>
<th>People in Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Salvador</td>
<td>6.7M</td>
<td>3.2M (48%)</td>
<td>1.7M (25%)</td>
</tr>
<tr>
<td>Guatemala</td>
<td>17.1M</td>
<td>5.7M (33%)</td>
<td>3.8M (22%)</td>
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<tr>
<td>Honduras</td>
<td>9.4M</td>
<td>4M (43%)</td>
<td>2.8M (30%)</td>
</tr>
<tr>
<td>Total</td>
<td>33.2M</td>
<td>13M (40%)</td>
<td>8.3M (25%)</td>
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**Needs analysis by sector**

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<tr>
<th>Sector</th>
<th>People in need (by country)</th>
<th>El Salvador</th>
<th>Guatemala</th>
<th>Honduras</th>
<th>TOTAL</th>
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<tr>
<td>Food Security</td>
<td>1M 3.4M 3.2M</td>
<td></td>
<td></td>
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<td>7.7M</td>
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<td>WASH</td>
<td>808K 1.1M 2.5M</td>
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<td></td>
<td>4.4M</td>
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<td>Health</td>
<td>998K 930K 2.2M</td>
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<td>4.1M</td>
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<td>Protection</td>
<td>756K 1.7M 942K</td>
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<td>3.4M</td>
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<td>Early Recovery</td>
<td>944K 1.1M 1.1M</td>
<td></td>
<td></td>
<td></td>
<td>3.1M</td>
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<tr>
<td>Nutrition</td>
<td>236K 2.3M 530K</td>
<td></td>
<td></td>
<td></td>
<td>3.0M</td>
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<td>Gender based Violence</td>
<td>605K 660K 637K</td>
<td></td>
<td></td>
<td></td>
<td>1.9M</td>
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<tr>
<td>Education</td>
<td>792K 178K 369K</td>
<td></td>
<td></td>
<td></td>
<td>1.3M</td>
</tr>
<tr>
<td>Child Protection</td>
<td>* 601K 302K</td>
<td></td>
<td></td>
<td></td>
<td>903K</td>
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<tr>
<td>Shelter</td>
<td>23K 254K 298K</td>
<td></td>
<td></td>
<td></td>
<td>567K</td>
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<tr>
<td>CCCM</td>
<td>12K * 95K</td>
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<td></td>
<td>139K</td>
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EL SALVADOR
Drought in the Dry Corridor
439,915 people affected

Food and nutrition insecurity
98,783 families affected

Violence against women
20,913 people affected and 386 femicides

Migrant Caravans
2,906 people affected

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GUATEMALA
Fuego Volcano
1.7M people affected, 851 people rendered homeless, 229 people missing and 201 dead

Drought in the Dry Corridor

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HONDURAS
Post-electoral violence
23 people dead, 1,350 detained

Migrant Caravans
7K migrants and refugees on the move

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EL SALVADOR
Dengue
16,573 people affected

Violence against women
12,642 people affected and 255 femicides

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GUATEMALA
Drought in the Dry Corridor

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HONDURAS
Dengue
113K people sick, 180 deaths

Migrant Caravans
6.1K migrants and refugees on the move

Social unrest
44 people injured, 2 dead

Drought in the Dry Corridor
960K people affected

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EL SALVADOR
Guatemala
Hurricanes Eta/Iota
5.2M people affected

COVID-19
More than 226K cases and 7,000 deaths across all three countries as of 30 October

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EL SALVADOR
Tropical Storm Amanda
31 May
149,840 people affected, 31 dead

Landslide in Nejapa
105 families affected, 10 people dead

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GUATEMALA
Landslides and floods from 1 May to 12 October
1.5M people affected, 5,529 rendered homeless, 21 dead

Food and nutrition insecurity
7.8 M people affected, 3.7 M people classified as IPC Phase 3 or higher

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HONDURAS
Migrant Caravans
4K migrants and refugees on the move

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EL SALVADOR
Guatemala
COVID-19
More than 568K cases and 16,914 deaths across all three countries as of 1 June (2.8% of people fully vaccinated)

Almost 8 million people estimated to be acutely food-insecure in 2021

Increase in migration toward North America
Part 1:
**Impact of the Crisis and Humanitarian Conditions**

DEPARTMENT OF LA PAZ, EL SALVADOR

Delivery of water and hygiene supplies for latrines in Isla la Calzada, as part of the humanitarian response to the emergency caused by Storms Amanda and Cristobal.

**Photo:** Oxfam El Salvador/Alfredo Carías
1.1 Context of the Crisis - Converging crises and an unprecedented increase in needs

In Northern Central America (NCA) – El Salvador, Guatemala and Honduras – the longstanding combination of structural and contextual issues has created a devastating humanitarian impact that is putting the lives, security and access to fundamental rights and services of millions of people at risk. During 2020, the impact of the COVID-19 pandemic and the back-to-back impacts of hurricanes Eta and Iota have only further exacerbated this ongoing multidimensional crisis. As such, these countries urgently require a coordinated response to mitigate the growing number and severity of needs to help save lives.

Today, there are nearly 8.3 million people in need of humanitarian assistance in NCA, a 60 per cent increase from the 5.2 million people identified by the Humanitarian Needs Overview (HNO) released by the United Nations at the beginning of 2020, prior to the onset of the COVID-19 pandemic and hurricanes Eta and Iota. All three countries share a similar profile in terms of their exposure to recurrent climatic shocks; high rates of violence, including femicide, infanticide, sexual and gender-based violence and violence against children; and protection challenges related to these very issues. In addition, they all face similar limitations in access to safe drinking water and critical health services, including sexual and reproductive health; high levels of internal and cross-border displacement; qualitative and quantitative housing deficits and overcrowding; increasing rates of poverty and food insecurity; and lack of access to education and internet services.

The structural and multidimensional nature of the crisis has had a disproportionate impact on women, who face growing poverty, unemployment, displacement and migration, reduced autonomy and the burden of increased care work. It also disproportionately affects children, indigenous peoples, Afro-descendants, LGBTIQ+ people and people with disabilities, among other vulnerable groups. In this context, implementing a response that reduces violence, including gender-based violence (GBV), strengthens the protection and social inclusion of those being left behind, and promotes fundamental rights and durable solutions is both an imperative and a challenge.

The COVID-19 crisis continues to deepen pre-existing vulnerabilities, including gaps in equal access to and availability of health services, including sexual and reproductive health services, creating needs that will continue to worsen over the next 18 months. NCA, particularly in the Dry Corridor, along with Haiti and Venezuela, has had the most significant increase in food insecurity in Latin America and the Caribbean during the pandemic, with a projection that the region will experience the highest relative increase in the world (+269 per cent). The COVID-19 crisis and hurricanes Eta and Iota have worsened existing inequalities in education in the three countries, such as school dropouts, lack of adequate educational resources and low investment in educational infrastructure. Even though El Salvador, Guatemala and Honduras are middle-income countries, all three were included in the 2020 Global Report on Food Crises (GRFC) together with 23 other countries, who met the criteria for populations in need of humanitarian aid due to climate crises, violence, conflict and insecurity. According to data published in the GRFC 2021, 8.1 million people in NCA, Nicaragua and Haiti were in crisis or worse in 2019, as per the Integrated Food Security Phase Classification (IPC).

Additionally, widely implemented COVID-19 movement restrictions had an impact on humanitarian needs
and the implementation of the response plan. These measures made response to the 2020 hurricane season, the most active season on record with 30 named storms, even more complex. Needs and protection challenges in NCA are further driven by the staggering level of control, scope and violence wielded by criminal groups. Despite an overall 30 per cent reduction in homicides between 2019 and 2020, the 1,842 homicides recorded in the first quarter of 2021 have set a pace that could see killings surpass the figures of the previous two years, stoking fears that violence in NCA could again reach levels of years past. GBV, and its consequences on the health and protection of women and girls, remains a significant concern in NCA. In Honduras, one of the most violent countries in the world, a woman, girl and LGBTIQ+ person is murdered every 27 hours; and 86 per cent of the more than 3,400 reports of sexual violence in 2019 were against girls and adolescents aged 0-19. According to ECLAC, Honduras has the highest femicide rate per 100,000 women in Latin America (6.2), followed by El Salvador (3.3) with the second-highest and Guatemala (2.0) with the fourth-highest.

Other crimes and forms of violence also increased during the pandemic. Notably, the easing of COVID-19 restrictions has allowed for extortion and drug trafficking to return to pre-pandemic levels. Of the nearly 5,000 people reported as missing in 2020, El Salvador reported a daily average of 6 missing people. There are already 3,000 reported cases of disappearances during the first quarter of 2021. Although official figures on the forced recruitment or exploitation of children and adolescents remain scarce, analyses indicate that adolescents account for almost 60 per cent of disappearances.

This pervasive violence, coupled with a lack of economic opportunities, inequality and food insecurity, and the effects of recurrent climatic shocks, contributes to internal displacement and migration from the region. More than 549,000 people from El Salvador, Guatemala and Honduras have applied for asylum in countries around the world. Estimates of internally displaced people (IDPs) in El Salvador and Honduras range from 318,500 to 700,000. In Honduras, the impact is most significant on women, who account for 51 per cent of displaced people. In terms of large-scaled mixed migration flows to the United States, NCA countries are countries of both origin and transit. The U.S. Customs and Border Protection (CBP) reported the apprehension of approximately 350,000 migrants at the US-Mexico border in the first quarter of 2021, the highest number since 2001. CBP also reported record numbers of unaccompanied children, with 18,000 arrivals in March alone.

Heightened control measures and COVID-19 restrictions are posing serious challenges in providing adequate protection for people on the move. Together with existing limitations in finding and responding to people in need of protection and/or assistance, exacerbated by a general, lack of information and irregular movements, these challenges are only compounding other pressing humanitarian issues in the region.

Demographic and social context
NCA countries have a total population of 33,260,056 inhabitants, of which 16,246,167 are men (48.9 per cent) and 16,995,888 (51.1 per cent) are women. With 65 per cent of El Salvador, 62 per cent of Guatemala and 64 per cent of Honduras being between 15 and 64 years old, NCA has a relatively young population.

Life expectancy has increased and is higher for women, currently standing at 69 years for men and 78 years for women in El Salvador, 72 years (men) and 78 years (women) in Guatemala and 72 years (men), 77 years (women) in Honduras. The fertility rate for the three countries is 2 for El Salvador, 2.7 for Guatemala and 2.2 for Honduras. Historically, adolescent fertility and birth rates in the region have remained high due to high rates of GBV, child, early and forced marriages and unions - about one in three pregnancies in NCA countries are among adolescents. Women of reproductive age represent about 25 per cent of the population with specific sexual and reproductive health needs. Adolescents, in particular, require special

1 ECLAC
2 http://www.seguridadjusticiaypaz.org.mx/sala-de-prensa/1596-boletin-ranking-de-las-50-ciudades-mas-violentas-del-mundo-2020
attention. Unmet family planning needs increased to 24 per cent in Honduras, 15 per cent in Guatemala and 17 per cent in El Salvador. An estimated 2.3 to 4 per cent of the population in need are pregnant women.

Maternal mortality is still a concern in all three NCA countries, even more so in the aftermath of the COVID-19 pandemic and recent disasters, due to delays in identifying and accessing services, delays that are longer for indigenous populations. Notably, El Salvador and Honduras register 13 and 16 child deaths per 1,000 births, respectively, figures below the global rate of 28. In Guatemala, this figure amounts to 23.

The majority of the NCA lives in urban settings. Proportionally, the urban population in these countries is about three out of four people in El Salvador, six out of ten in Honduras and just over half of Guatemala. In Guatemala and El Salvador, 12 and 15 more women live in urban areas for every 100 men, respectively. Urban families with limited resources often have no choice but to settle for informality in urban-marginal areas, where there is a relative scarcity of urban land and a lack of decent housing.

Housing location in these urban centres often comes to bear on access to jobs, schools, health centres and public services. The frequent exposure to landslides, floods, earthquakes and other geological- and climate-related phenomena, the location and precariousness of settlements and inadequate sanitation and waste management services are threat multipliers that have historically amplified the humanitarian dimensions of virtually any emergencies. This situation is more concerning in rural communities, as access to essential services requires travelling long distances that often incur prohibitive expenses for many families with limited resources.

NCA literacy rates of 89 per cent in El Salvador, 81 per cent in Guatemala and 87 per cent in Honduras for people ages 15 or older are among the lowest rates in Latin America. These rates are even lower for older women - in Guatemala, one in four adult women cannot read or write.

NCA has high levels of inequality driven by gender, racial/ethnic and territorial inequities, which influence gaps in income levels and access to essential services. Women and girls, predominantly in indigenous and/or rural communities, face increased poverty, unemployment, unpaid caregiver workloads and limited access to health services, conditions that have only worsened during the COVID-19 crisis and the impact of the 2020 hurricane season. In Honduras, women own only 12 per cent of the land; in El Salvador, 13 per cent and in Guatemala, 15 per cent. While men tend to receive more land titles, women are often unable to access credit or property due to job instability and informality, the wage gap and/or caregiver roles, in which they spend 4 to 15 per cent more time than men.

Among the diverse indigenous populations in NCA, 44 per cent of people in Guatemala self-identify as indigenous, 7 per cent in Honduras and fewer than 1 per cent in El Salvador. Development indicators for these groups are lower than national averages, resulting in greater vulnerability to the array of risk in NCA and greater difficulty in accessing humanitarian, recovery and development aid. Indigenous women bear the most significant inequalities reflected by virtually every socio-economic indicator. For example, even though nearly half of the population in Guatemala is indigenous, COVID-19 vaccination efforts have concentrated on ladino people, mostly of mixed Maya-Spanish ancestry, and people living in urban areas, a discrepancy is evidence of traditional inequalities influencing the response to the pandemic.

**Economic Context - Endemic Poverty**

Although El Salvador, Guatemala and Honduras are middle-income countries, around 70 per cent of the population works in the informal economy, often working for comparatively low incomes and without social safety nets or the benefits of the region’s limited economic growth in recent years. In fact, real per capita income for the most vulnerable populations has declined. Moreover, 7 out of 10 women in El Salvador and Guatemala are informally employed, a proportion that climbs to 8 out of 10 women in Honduras and shows a severe gender imbalance, especially among domestic workers. For men, the ratio is lower, with 5.7
and 7 out of 10, respectively. Small and medium-sized enterprises (SME) also represent an important sector of the labour market.

As such, many face challenges in accessing social security or receiving subsidies or other financial support, since they do not appear on any payroll. Honduras’ Gender Development Index of 0.611 and Gender Inequality Index of 0.479 indicates a gender gap is 27.8 per cent, according to UNDP. For Guatemala, the Human Development Index is 0.666, and the Gender Inequality Index is 0.481, resulting in a gender gap of 27.5 per cent.

Despite significant progress at the country level, poverty, extreme poverty and inequalities in NCA remain among the highest in the world, resulting in high Gini Coefficients on inequality in income distribution. Nearly half of NCA lives in poverty, with rural communities featuring critical poverty levels that mostly affects indigenous or Afro-descendant populations. Of Guatemala’s rural population, about 8 out of 10 people live in poverty. For Honduras and El Salvador, these rates are 6 out of 10 and nearly 5 out of 10, respectively. This amply evident socio-economic determinism only increases vulnerabilities to the effects of climate change, epidemics or other shocks.

**Social Protection Systems and access to services**

In response to the socio-economic aftermath of the COVID-19 pandemic and the 2020 hurricane season, governments added temporary cash transfers such as the Compensation Voucher in El Salvador, the Family Voucher in Guatemala and the Single Voucher in Honduras, and/or have incorporated new identification, targeting and/or payment mechanisms.

Despite these innovations, progress remains insufficient, and the effects of the pandemic, the increase in poverty and the still significant gaps in coverage continue to affect the value of transfers as a means of social assistance. Some systems limitations include the limited availability of resources to expand coverage, especially in rural areas, low gender mainstreaming, inability to increase transfer values, and the growing, but still limited, adaptive abilities of national systems.

Poverty reduction strategies and efficient public policies for tax collection are cornerstones for building increasingly comprehensive social protection systems. NCA countries have specialised government cabinets for coordinating the social policy sector and bring “minimum” social protection services to 100 per cent of the target population, including priority groups such as children and adolescents, elderly adults, women and people with disabilities. In Guatemala, the General Government Policy 2020-2024, in Honduras the Vida Mejor platform and El Salvador, the Law for Development and Social Protection work as public policy frameworks for social protection.

However, public investments in social coverage have historically been low and insufficient for financing infrastructure or social services. The absence of substantive public investments to foster growth will continue causing migration and undermine efforts in achieving the Sustainable Development Goals (SDGs). These constraints extend to health systems, which tend to concentrate specialised services and doctors in a few urban centres.

Safe water and sanitation services suffer similar shortfalls, even in overcrowded urban areas. In Guatemala, most of the 917,000 people in more than 300 slums require improved access to these services. More than 36.25 per cent of El Salvador receives their water from rural systems, 11.1 per cent of households lack access to running water and use wells and other makeshift sources. This situation burdens women even more, as it increases unpaid work. For example, women in Guatemala’s Dry Corridor reported spending 48-72 hours at the height of the COVID-19 pandemic just to collect two 3-litre jugs of water.

Physical and social conditions play a significant role in the spread or containment of diseases and the ability to protect against their effects or contribute to its mitigation. Overcrowding, especially in informal settlements and crowded urban-marginal areas, makes it impossible to maintain physical distance and confinement. Besides contributing to GBV and the deterioration of mental health and wellbeing, these conditions have also led to other social and health
risks during the COVID-19 pandemic. One example is Lake Amatitlán, near the Guatemalan capital, which has become contaminated with sanitary waste, masks and latex gloves, raising the risk of infection and poisoning.

**Legal framework**

These linked crises are creating more pressure to respond with legal frameworks that protect against human rights violations, forced displacement and migration crises and strengthen international protection systems and systems to protect women, girls, and children (especially unaccompanied) and adolescents.

There are multiple international treaties and commitments recognised in NCA that support the legal frameworks for guaranteeing the protection of women, such as the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women of Belén do Pará and the Convention on the Elimination of All Forms of Discrimination Against Women, the protection of children and adolescents through the Convention on the Rights of the Child, as well as protection against transnational organised crime, human trafficking and smuggling of migrants, among others.

National laws and regional initiatives have made significant efforts to promote safe, orderly and regular migration and strengthen protection for refugees. The Central American Convention on Free Movement (CA-4) signed by El Salvador, Guatemala, Honduras and Nicaragua (1991), for example, allows the transit of people from signatory countries without the need for a passport and with expedited migration procedures. NCA countries are party states to the 1951 Convention relating to the Status of Refugees and its 1967 protocol and have regulations that use the 1951 Convention's refugee definition and the regional definition of the Cartagena Declaration on Refugees (1984). All three countries take part in the Regional Integrated Framework for Protection and Solutions (MIRPS) a process that promotes a comprehensive approach to addressing displacement in Central America and Mexico through cooperation and shared responsibility as set out in the Global Compact on Refugees.

However, the weak legal and institutional frameworks for preventing and responding to forced internal displacement remains a challenge. Despite considerable implementation gaps, El Salvador is the only NCA country with legislation for preventing and protecting against internal displacement. Honduras’ Congress is still considering draft legislation on the prevention of and response to internal displacement.

The disproportionate impact of the COVID-19 pandemic on vulnerable populations such as women, LGBTIQ+ and indigenous people is further underscoring the importance of legal protection and human rights frameworks. Honduras established Decree No. 99 of 2020 to guarantee prevention and care measures and actions for violence against women. NCA has adopted commitments to protect other specific populations such as indigenous peoples or LGBTIQ+ people.

All three countries have advanced legal frameworks for risk management in line with the Sendai Framework for Disaster Risk Reduction. These strides are strengthening emergency prevention, preparedness, response, and recovery with an Integrated Disaster Risk Management (IDRM) approach. Other IDRM initiatives are related to resilience and climate change, such as the Sustainable Agriculture Strategy Adapted to Climate for the Central American Integration System (SICA) region: 2018-2030 (EASAC), which links food and nutrition security with climate change.

The General Directorate of Civil Protection of El Salvador, the National Coordinator for Disaster Reduction (CONRED) of Guatemala and the Permanent Commission for Contingencies of Honduras (COPECO), all belong to their respective National Risk Management Systems, the lead bodies for inter-agency IDRM response. These national structures, in turn, integrate the Coordination Centre for Disaster Prevention in Central America and the Dominican Republic (CEPREDENAC), SICA’s regional intergovernmental secretariat for IDRM. Both CEPREDENAC and the Executive Secretariat of
CONRED have gender equality policies that seek to leave no one behind or further exacerbate damage and pre-existing gender gaps.

Each NCA country has a Humanitarian Country Team (HCT) to oversee international coordination of humanitarian aid through agreed-upon protocols between national authorities and their IDRM partners. These networks include UN agencies, funds and programmes, NGOs, the International Red Cross and Red Crescent Movement, the private sector and other actors collaborating in coordinated disaster preparedness and response activities. International legal frameworks for international humanitarian support to these countries work under an approach based on subsidiarity and complementarity. This approach is reflected in UN Resolution 46/182 and the Humanitarian Principles of Humanity, Impartiality, Neutrality and Independence.

**Environmental context and climate change**

Given its exposure to extreme geological and climate events such as earthquakes, floods, hurricanes and droughts, particularly along the Dry Corridor, NCA is the highest disaster risk zone in Central America. The cause and effect of these recurrent shocks, which have become increasingly intense, can be directly linked with climate change, migration and economic, social, political and environmental factors.

In recent years, more protracted droughts related to the El Niño climate phenomenon and increasingly heavy rains from tropical depressions or storms have had a devastating effect and incurred high damage costs in NCA. In the last six years alone, storms and hurricanes have increased both in quantity and level of destruction. Guatemala and El Salvador also have a history of volcanic eruptions and earthquakes.

Urban and rural populations alike are dealing with environmental degradation, erosion and soil salinisation and their effects on health and livelihoods. The impact is greater in rural areas. El Salvador, for example, only has 3 per cent forest cover, which limits ecosystems’ inherent abilities for buffering storm impacts, while also changing disease patterns and increasing the risk of zoonotic diseases.
These diseases can change agricultural yields and sometimes affect human populations, to the extent that 7 per cent of emerging pathogens are zoonotic. While the pandemic has been the most relevant example of this dynamic at the global level, the A1N1 influenza A virus subtype that surfaced in Mexico in 2009 and threatened the region remains highly relevant in NCA.

Several communities have settled on unstable land over multiple tectonic faults, which has commonly caused sinkholes and landslides after rainfall. This has rendered many NCA communities more vulnerable during seismic emergencies.

Displacement of entire communities because of large-scale infrastructure projects and climate change are another environment-related concerns. The structural lack of environmental safeguards and of adequate infrastructure are exposing people to various sources of pollution. In several communities, open-air landfills are often the only waste management system in place, creating a persistent fire risk to the nearby communities. Those who work informally at these landfills do not have adequate equipment. Between a lack of proper design and limited control of on-site personnel, groundwater sources are often exposed to leachate contamination.

The region’s poor air quality, due in part to forest fires, unregulated logging, burning of farm waste and smoke and ash from volcanic eruptions, is also an environmental concern. The risk of lung disease from such threats is even greater when taking the pandemic into account.

Security and protection context – Unchecked chronic violence

With a homicide rate of 25.9 per every 100,000 inhabitants, NCA has more violent deaths than almost anywhere else in the world. This grim distinction results from criminal organizations exercising a widespread reach, control and action that have made cities in these countries among the most violent in the world over the past two decades. Beyond its immediate effects, this criminal violence from groups referred to as maras or pandillas has proven socially disruptive, as it primarily affects adolescents and younger people.

Criminal activity declined for much of 2020 because of the pandemic restrictions. However, information from the end of 2020 and the first quarter of 2021 reveals a rebound in crime and its gender-specific impacts. Guatemala’s Public Prosecutor’s Office reported 452 femicides in 2020, while Honduras reported 296 violent deaths and femicides, suggesting that violence is rebounding and increasing compared to past years.

Poverty, socio-economic inequalities, lack of access to effective justice systems, gender inequality and impunity all contribute to the persistence and severity of insecurity in NCA. The expansion of drug trafficking networks and the growing influence of criminal groups are threatening these countries’ political, economic, and social stability. With criminal operations such as forced recruitment, threats, extortion, confinements, disappearances, forced displacement, human trafficking, rape, torture and murder, the influence of these groups has permeated across virtually every level of society in these countries, undermining the viability of entire sub-regions within NCA.

Gender-based violence

NCA is one of the most violent regions in the world for women. Each of the three countries is among the top five countries with the highest rate of femicides per 100,000 inhabitants in all of Latin America. GBV in these countries is, at its core, structural, and fuelled by social norms based on a patriarchy that leads
by social norms based on a patriarchy that leads to the unequal exercise of power by gender. This dynamic is exacerbated by violence and impunity. Given its chronic nature, violence against women, girls and adolescents tends to escalate during crises common to NCA and encroaches on different social environments such as home, school, work and community.

The discrimination and social exclusion of women and girls in NCA is two-fold, with one based on gender and the other on the intersection of gender with other factors such as age, ethnicity, disabilities, sexual orientation, migration status, and socio-economic status. Additionally, GBV survivors increasingly include female human rights defenders, refugees and migrants, which shows an increasing level of violence against GBV service providers and civil society actors promoting gender empowerment and equality.

The convergence between gender inequality, high poverty and chronic violence is leading to increased vulnerability to GBV, which in turn wears down the coping capacities of people and authorities and, in some cases, increases the risk of being trafficked for sexual and labour exploitation.

Most survivors of sexual violence, primarily at the hands of adult men, are girls and adolescents. Most of these violations are against women of childbearing age, leading to unwanted pregnancy and forced motherhood. This process creates a vicious circle that high poverty makes difficult to break and triggers other forms of violence and more marginalisation and dependencies for girls and adolescents caught in these relentless cycles of violence.

Protection of Children and Adolescents
Rampant insecurity in NCA continues to expose children and adolescents to the effects of criminal, sexual and domestic violence. In Honduras, 4.5 per cent of the victims of the nearly 3,500 homicides reported in 2020 were underage, while Guatemala recorded more than 8,200 crimes committed against children and adolescents, with most cases related to abuse or sexual violence. In El Salvador, violence and poverty are affecting children's access to education. School drop-outs and the temporary closure of schools due to the pandemic or disaster risks have diminished access to protective environments, increasing risks of suffering violence and sexual violence.

Gender inequality
As with most other existing vulnerabilities, the pandemic and 2020 Atlantic hurricane season created deeper gender inequalities in El Salvador, Guatemala and Honduras and disproportionately affected women, girls and members of the LGBTIQ+ community. This divide further underscores the differentiated risks, needs and abilities to cope with emergencies. According to ECLAC, the economic and social effects of the pandemic are worsening existing medium- and long-term gender inequalities and creating a decade-long setback in women's labour participation, especially in sectors such as commerce, manufacturing industries, tourism and domestic work that predominantly employ women. For example, the tourism sector is 76.2 per cent of women in Honduras and 74.8 per cent in El Salvador.

7 https://www.hrw.org/es/report/2020/05/19/deportacion-con-escala/fracaso-de-las-medidas-de-proteccion-que-establece-eli#_ftn139
The Rapid Gender Assessments conducted in Honduras\(^{11}\) and Guatemala\(^{12}\) indicate specific adverse effects on women because of the deteriorating quality of life. Increased poverty, increased unemployment, informal, unpaid caregiver work and their lack of social protections, together with increased migration and displacement, loss of income and livelihoods, increased limitations in accessing services such as health, including sexual and reproductive health, education, water, sanitation and hygiene, and shelter.

**Human Mobility**

NCA countries have, over time, become countries of origin, transit and destination for people on the move.\(^{13}\) The range of vulnerabilities in the sub-region has led to more than half a million refugee and asylum requests from NCA countries at the end of 2020, showcasing just how widespread the overall lack of protection is.

As long as targeted violence, lack of security and economic opportunities in their communities and countries continues to increase, many families have no choice but to leave their homes. In Honduras, violence against women, particularly sexual violence and gender-based killings, are documented causes of forced displacement of women and girls, especially for female heads of households and women human rights defenders subject to a greater risk of political violence. Similarly, LGBTIQ+ people face discrimination and family and community conflict risks because of their sexual orientation and gender identity.\(^{14}\)

The 623,600 people from NCA apprehended crossing the US-Mexico border in 2019 were more than twice the 2018 number and the highest in a decade. While mobility restrictions due to the pandemic reduced mixed migration flows from and through NCA to Mexico and the U.S. southern border, the 2021 number through May already exceeded 2018. U.S. border authorities have even reported record monthly numbers in several consecutive months so far in 2021, a trend corroborated by increasing number of migrant encounters reported by Mexican immigration authorities. This surge comes with a corresponding increase in vulnerabilities among refugees and migrants that require response, including the risk of non-voluntary returns to their countries of origin.

Currently, the presence of increased border controls and security forces and the lack of information are leading to the increased use of irregular routes that do not allow for regular identification and tracking that allow for addressing needs. This use of clandestine crossings also increases protection risks through exposure to organised crime and its trafficking and smuggling networks and increased GBV.

The changing profile of refugees and migrants increasingly includes families, children and adolescents travelling alone. More than 12,000 children (accompanied or unaccompanied) from NCA returned to their home countries from the U.S. and Mexico during 2020. Because of their unaccompanied status, this group faces an extreme risk of sexual violence, human trafficking and recruitment by criminal groups operating along common migration routes.

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\(^{13}\) Half of the more than 30 million international migrants from Latin America and the Caribbean begin in Mexico and NCA countries - ECLAC Comprehensive Development Plan El Salvador-Guatemala-Honduras-México page. 39

1.2
Shocks and their impacts

INFECTION DISEASES WITH EPIDEMIC POTENTIAL AND THE COVID-19 PANDEMIC

All three NCA countries suffered historic dengue outbreaks in 2019 that caused more widespread and lethal impacts than in previous years. That year a 70 per cent increase in cases was recorded in El Salvador, 86 per cent in Guatemala and 92 per cent in Honduras compared to 2018. The outbreak in Honduras was the worst in the country in more than 50 years. These unprecedented increases led to more deaths, with Honduras registering a death toll 59 times higher than that recorded in 2018. These increases were 75 per cent in El Salvador and 200 per cent in Guatemala.

The first cases of COVID-19 in NCA appeared in March 2020, the same month that the World Health Organisation (WHO) issued its global pandemic declaration. The three governments immediately implemented measures such as mobility restrictions and border and airport closures to curb the spread of the SARS-CoV-2 virus and prevent the collapse of health systems.

Despite these measures, all three countries soon faced confirmed community transmissions, resulting in more than 702,700 confirmed cases in NCA as of 21 July 2021, including 84,144 in El Salvador, 334,375...
in Guatemala and 284,187 in Honduras. These figures represent a sub-regional rate of 20,483 cases per 1 million people and 12,973 in El Salvador, 18,664 in Guatemala and 28,692 in Honduras. Women account for just over half of the cumulative cases in El Salvador and Honduras, while in Guatemala, women account for 46 per cent.

The pandemic has claimed a total of nearly 20,000 lives covering all three countries, including 2,519 confirmed deaths in El Salvador (388 deaths per 1 million people), 9,798 in Guatemala (554 per 1 million people) and 7,356 in Honduras (761 per 1 million people), for a collective rate of 582 deaths per 1 million people. The national figures for Guatemala and Honduras rank 1st and 2nd, respectively, among Central American and Caribbean countries.

Since the start of national vaccination campaigns in late February 2021, NCA has administered more than 6.5 million COVID-19 vaccine doses as of 21 July, reaching 4.6 million people with at least one dose - just 13.6 per cent of the NCA population. Of this population, 1.7 million have received full immunisation with both doses, or about 5 per cent of the collective population and 37.1 per cent of the population reached with vaccines, with El Salvador accounting for the bulk of these figures with more than 3.5 million doses administered among 2.4 million people. Guatemala and Honduras have each vaccinated about 1.1 million people.

TROPICAL STORMS AND HURRICANES

The 30 named storms during the 2020 Atlantic hurricane season made it the most active on record, with its seven major hurricanes tying the record set by the 2005 season. The season included multiple milestones related to storm formation or strength relative to previous seasons, with 27 storms setting records for being the earliest named storm ever formed relative to their sequential order.

The atypical intensity and strength of the season, indicative of the real and coming impact of climate change, left devastating aftermaths in each of the three countries that will continue to influence the course of humanitarian affairs for months and years to come. In May 2020, El Salvador and Guatemala faced Tropical Storm Amanda, which formed from the remnants of a Pacific storm that affected more than half a million people between the two countries. Because of the severity of its impact on El Salvador, Amanda is considered the most devastating storm to hit the country since Hurricane Mitch in 1998.

Following their back-to-back formations as Category 3 storms or greater in November 2020 – marking the first time two major storms were formed in the Atlantic basin during November, hurricanes Eta and Iota made landfall in north-eastern Nicaragua as Category 4 hurricanes less than two weeks apart, both following a virtually identical path over northern Honduras and parts of Guatemala. With hurricane-force winds of up to 240 km/h and rainfall of up to 600 mm, these storms left at least 5.3 million people in need of humanitarian aid after causing widespread destruction that continues to exacerbate vulnerabilities in these countries.

IMPACT ON PEOPLE

COVID-19

Beyond the direct health effects of COVID-19, the ensuing confinements, curfews, border closures and/or limits on commercial operation and public space capacities implemented by governments as prevention measures triggered a host of socio-economic impacts. These continue to exacerbate pre-pandemic vulnerabilities in NCA and disproportionately affect the most vulnerable populations such as women, children and LGBTQI+ people and indigenous populations, among other groups.

These impacts include increased unemployment rates and the subsequent reductions or loss of income, which has had a more pronounced effect on the poorest and most vulnerable. Specifically, according to the International Labour Organisation, the Central American region suffered a 33.5 per cent loss in working hours as of September 2020.

15 https://reliefweb.int/sites/reliefweb.int/files/resources/20200616_HNO_CENTROAMERICA%20ADDENDUM.pdf
While remittances to the three countries are reaching record levels in 2021, the sharp drop in this critical source of income in 2020 due to the global slump in wages and employment\textsuperscript{17} reduced livelihoods. Among those most affected by this widespread reduction are single-parent, female-headed households,\textsuperscript{18} for whom remittances may well be their income, as well as farming families, informal workers and agricultural labourers, especially those in the Dry Corridor.\textsuperscript{19} Farming households have had difficulty accessing inputs, reducing their production capacity for self-consumption, trade and increasing their food insecurity.

The socio-economic impacts have been disproportionate for female-headed households, children and adolescents, per Rapid Gender Analyses in Honduras\textsuperscript{20} and Guatemala.\textsuperscript{21} These disparities are reflected in the thousands of women who have left the formal and informal labour markets, and in an increase in unpaid care work, which in Guatemala rose from 7.5 to 11.2 hours per day for women, while rising from 3 to 4.5 hours per day on average for men. Gender inequalities in labour participation are taking place despite social protection measures implemented by the countries.\textsuperscript{22}

The pandemic’s socio-economic impacts further limit displaced people’s options and national authorities’ capacities to address these needs, which will continue to prompt negative coping mechanisms.

**HURRICANE SEASON**

The 2020 hurricane season created specific needs for affected communities across NCA. Honduras and Guatemala account for some 7.3 million people affected, including 3.5 million children; according to the United Nations Children’s Fund (UNICEF), about 140,000 houses affected or destroyed. During the first week of December 2020, some 404,000 people were in shelters. As an indication of the differentiated impact on women, 73 per cent of women interviewed in Honduras for the Rapid Gender Analysis reported moderate or severe damage to their homes in Honduras, while in Guatemala, 81 per cent mentioned varying degrees of damage to their homes.

In the shelters housing storm-affected people, there were multiple reports of sexual violence, physical and psychological aggression and sexual exploitation, especially against girls and adolescents. Women and adolescent girls discontinued contraceptive practices, increasing the number of unwanted pregnancies and associate risks for women's physical and mental health. The comparative lack of access to information, similarly reduced for women and girls, also led the Gender Analysis to identify that, out of every five women interviewed in Guatemala, four had little or no information during or after the impact of hurricanes Eta and Iota. For Honduras, this proportion rose to six out of 10 respondents.

In Guatemala, at least 25 per cent of children in the seven municipalities most affected by Eta and Iota continue to require psychosocial follow-up. The various stressors provoked directly or indirectly by the pandemic have affected people’s mental health, especially that of the community of health professionals who have taken on a greater risk of infection.

**IMPACT ON FOOD SECURITY**

Both Eta and Iota hurricanes damaged or destroyed crops and harvests that form a critical part of the livelihoods of many families already facing economic hardship due to the pandemic. Guatemala lost more than 119,000 hectares of crops, affecting the livelihoods and food security of 267,000 families. In Honduras, where 18 per cent of the population was already food-insecure, suffered the loss of 318,000 hectares.\textsuperscript{23} Despite recording comparatively less

\textsuperscript{17} The World Bank forecasts the largest drop in remittances in recent history. World Bank, April 22, 2020.

\textsuperscript{18} According to the Global Knowledge Partnership on Migration and Development (KNOMAD), in 2019 remittances represented 21% of the GDP in El Salvador, 13.1% in Guatemala, and 22% in Honduras: \url{https:\/\/www.knomad.org/data/remittances}

\textsuperscript{19} El Corredor Seco Centroamericano es una zona de bosque tropical seco en la vertiente pacífica de Centroamérica que va desde la costa pacífica de Chiapas (México) hasta el oeste de Costa Rica y provincias occidentales de Panamá, pero donde los países más vulnerables y expuestos a los eventos climáticos son Guatemala, El Salvador, Honduras y Nicaragua. \url{https:\/\/boletinesredlac.com/wp-content/uploads/2021/03/BOLETIN-REDLAC-13-FINAL-04032021.pdf}

\textsuperscript{20} UN Women and CARE. Rapid Gender Analysis in Honduras. \url{http://care.org.hn/analisis-rapido-de-genero-arg-un-panorama-frente-a-covid_19-eta-iota/}

\textsuperscript{21} UN Women and CARE. Rapid Gender Analysis in Guatemala.

\textsuperscript{22} \url{https:\/\/www.cepal.org/es/comunicados/pandemia-provoca-aumento-niveles-pobreza-sin-precedentes-ultimas-decadas-impacta}

\textsuperscript{23} \url{https:\/\/reliefweb.int/report/world/year-review-2020-regional-office-latin-america-and-caribbean}
damage from Eta and Iota, El Salvador suffered extensive damage from Tropical Storm Amanda, which left 336,300 people food-insecure.\textsuperscript{24}

These effects compounded people's vulnerabilities caused or aggravated by the impact of the pandemic. The most affected-people include those in the Dry Corridor already hit by years of intense droughts in 2014-2015 and 2018. Using IPC classifications as a measure of food insecurity, the percentage of households in Honduras with food access gaps has already increased to 21 per cent compared to the 8 per cent recorded before the pandemic. In Guatemala, the most recent IPC reports indicate some 3.3 million people in IPC Phase 3 (crisis) and some 174,000 in Phase 4 (humanitarian emergency), suggesting that 1 in 5 people in Guatemala have critical food access gaps that will persist for the next few months.\textsuperscript{25}

Agricultural and economic losses have disproportionately harmed women, mainly through total and partial losses for rural women producers and the resulting reduction in income, access to financial services, and physical and socio-economic autonomy, both through the deepening of the care crisis and unpaid work.\textsuperscript{26} The Rapid Gender Analyses in Honduras and Guatemala show that 50 per cent of participating women in Guatemala and 47 per cent in Honduras were food insecure due to lost grains and crops or lack of financial resources, highlighting the gender gaps in food security.

IMPACTS ON LIVELIHOODS

Loss of income and reduced purchasing power, restricted access to markets and rising food prices and transport costs have reduced the availability and access to quality food in the region, both in rural and urban areas.\textsuperscript{28} Consequently, the quality and quantity of diets has changed or even reduced, which has, in some cases, fuelled social protests.\textsuperscript{29} Furthermore, El Salvador's population in poverty increased by 7.6 per cent, Guatemala's by 1.1 per cent and Honduras' by 6.3 per cent, resulting in new rates of about 4, 5 and 6 out of 10 people, respectively, living in poverty. Extreme poverty shows equally worrying increases, with El Salvador's rate rising from 7.4 per cent to 11.9 per cent in 2020, Guatemala's rate rising from 19.8 per cent to 22.7 per cent and Honduras' rate rising from 18.7 per cent to 22.2 per cent.

The differentiated impacts of the pandemic and the hurricane season can also be defined by divisions between urban and rural contexts. Restriction measures have significantly curtailed access to sources of work and food for the urban poor, exposing them to the dangers of eviction and creating protection risks. These risks are particularly relevant for women domestic workers, heads of single-parent households and migrants, among others.

IMPACT ON VULNERABLE POPULATIONS

Restriction measures have undermined protection in NCA, leading to a growth in GBV cases, especially in cases of intimate partner violence and sexual violence against women. In Honduras, between the beginning of 2020 and April 2021, the 911 National Emergency System tallied 151,264 calls associated with intimate partner violence, a 49 per cent increase from 2018.

Despite a decline in criminal activities in all three countries during 2020, criminal activity has since rebounded. Illicit operations continue strengthening their territorial control, again resorting to extortion, drug trafficking, GBV and sexual violence, forced disappearances, assassinations and death threats.\textsuperscript{30}

Mandatory confinements and school closures affected the educational well-being of millions of children and adolescents in NCA,\textsuperscript{31} many of whom also benefited from their participation in the school

\textsuperscript{24} https://reliefweb.int/report/el-salvador/el-salvador-tormenta-tropical-amanecer-en-salvador-aviso-de-desplazamientos-humanitarios
\textsuperscript{25} https://www.sica.int/documentos/informe-del-analisis-de-inseguridad-alimentaria-aguda-de-la-cif-guatemala-mayo-2021-enero-2022_1_127519.html
\textsuperscript{26} http://care.org.gt/index.php/noticias/noticias/99-eta-e-iota-profundizaron-la-violencia-y-desigualdad-de-las-mujeres
\textsuperscript{27} https://www.cefal.org/sites/default/files/publication/files/45602/S2000313_es.pdf
\textsuperscript{28} https://reliefweb.int/sites/reliefweb.int/files/resources/2021_06_03%20El%20Salvador%20Guatemala%20and%20Honduras%20Regional%20Response%20Fact%20Sheet%2020%234.pdf
\textsuperscript{29} Addendum COVID-19
\textsuperscript{30} Humanitarian Needs and Priorities NCA, November 2020.
\textsuperscript{31} https://es.unesco.org/covid19/educationresponse
system and its various services as an essential protection component. According to UNICEF, school closures in NCA affected more than 7 million children, depriving them of education, socialising with peers and school feeding programmes. These deprivations, in turn, raised the risks and fears of family separations, domestic violence, lack of family support, workloads and/or early pregnancies, factors that typically lead to family breakups. The number of teenage pregnancies has exacerbated the already high proportion of pre-pandemic adolescent pregnancies in the 3 countries by about 30 per cent.

According to the Internal Displacement Monitoring Centre (IDMC), the consequences of Eta and Iota drove much of the 1.2 million people displaced by the effects of disasters in Honduras (937,000 new displacements) and Guatemala (339,000). These unprecedented figures placed these countries as two of the four Latin America and Caribbean countries with the most disaster-related displacements in 2020. Moreover, these displacements in Honduras exceed disaster- and conflict-related displacements in South Sudan, Indonesia, Mozambique, Sudan, Afghanistan and Yemen.

Impact on system and services
The various crises in NCA before, during and after the events of 2020 continue to limit the availability, quality and accessibility of essential systems and services. Decreases in commerce and production reduced tax revenue, which were already low in all three countries. Consequently, decreased public investments in social programmes reduced their capacities, weakening social safety nets and/or leading to the discontinuation of socio-economic pandemic assistance programmes. These declines in funding, quality and duration of social programmes have ultimately hindered overall recovery for all three countries.

Health services
Primary health care services were greatly affected by mobility restrictions, existing equipment shortages, increased exposure to COVID-19 and infections among health staff and the closure of facilities, especially in suburban and rural areas. Critical sexual and reproductive health (SRH) and emergency obstetric and neonatal care services were also disrupted.

According to health services surveys for February-March 2021, primary health care services had to contend with human resource gaps, lack of incentives and critical shortages in medication, supplies, personal protective equipment (PPE), case investigation resources, contact tracing and testing, triage, home-based care, call centre management and remote consultations. Hurricanes Eta and Iota left more than 630 health facilities in NCA with infrastructure damage, further reducing system capacity.

The pandemic’s specific burden on health services led to reduced testing for, and control of, other endemic diseases such as dengue fever, among others. National centralisation of test processing for certain pathologies, including SARS-CoV-2, has slowed diagnosis and treatment. The demands of the pandemic have also drawn already limited resources away from response to other infectious diseases. The prioritisation of COVID-19 has caused delays in supply chains for medicines and health supplies and disrupted services for immunisation, maternal and child health, sexual and reproductive health, mental health and psychosocial support and clinical management of rape.

Some 51.7 per cent of women in Honduras and 30 per cent in Guatemala indicated that they must travel about 30 minutes to use the nearest health centre. More than half of all women in Guatemala and Honduras indicated that they do not have access to sexual and reproductive health services, while 58 per cent of women in Honduras do not have access to

hygiene services. Access to mental health services is far lower, with 94 per cent of women in Honduras and 84 per cent in Guatemala indicating that they do not have access to these services.

Water, sanitation and hygiene services
Eta and Iota caused a sharp drop in access to safe water, sanitation and hygiene (WASH) services that have strained providers’ already limited capacities. At the onset of the emergency caused by the storms, families in shelters had no access to adequate WASH services, which elevated the risk of waterborne disease outbreaks, which was already high prior to the pandemic and disproportionately higher for children under the age of five.

The limiting effects of the pandemic and the hurricane season on access to these services has mostly affected women and children. Rapid Gender Analyses in Honduras and Guatemala show that only 35 per cent in Honduras and 31 per cent in Guatemala have access to safe drinking water permanently.

Education services
The education system suffered severely during the pandemic, the hurricane season and their combined effects on existing risks. As COVID-19 spread in NCA, schools at all levels began to close. According to United Nations Educational, Scientific and Cultural Organization (UNESCO), partial or complete school closures in each of the three countries exceeded 54 weeks, a period exceeding an entire year. According to UNICEF, the school system in Honduras remains
under total closure, while schools in El Salvador and Guatemala remain partially closed. Despite the gradual reopening and hybrid face-to-face and remote education modalities in the latter two countries, there is little information available on the quality of these learning models and their impact on the learning and well-being of children and adolescents in these countries.\footnote{Update 24 on Education UNICEF www.unicef.org/lac/media/22981/file}

The use of schools as shelter space for people affected by Eta and Iota in Honduras and Guatemala, led to limiting children’s access to education and jeopardising the right to education. Besides, the prolonged use of schools as shelter space has led to a marked deterioration of these facilities.

While pandemic forced Ministries of Education to accelerate remote education initiatives through the internet, television, radio, instant messaging services such as WhatsApp, many rural or remote areas of NCA lack adequate power supply and/or internet services,\footnote{https://elpais.com/planeta-futuro/2021-03-25/el-coronavirus-en-latinoamerica-y-el-caribe-un-ano-sin-pisar-mi-escuela.html} thus incurring high costs for mobile phone data. Such lack of access, coupled with a lack of adequate equipment and materials, has led to widespread school dropout. Estimates in Honduras indicate that almost 55 per cent of enrolled students were unable to continue their studies due to lack of access to remote alternatives. A comparison of the number of children of school age - 3,493,181 - projected for 2021 by the National Institute of Statistics (INE) with the 1,806,486 enrolments recorded by the Ministry of Education for the same year, shows that more than 1.5 million children and adolescents, or almost half of the school population, are now out of the school system.

**Impact on humanitarian access**

COVID-19 mobility restrictions and confinements have limited humanitarian response capacities. These constraints have hampered humanitarian and development activities alike, leading to numerous implementation delays. Additionally, humanitarian operations in areas affected by Eta and Iota faced the three-fold challenge of safeguarding sanitary conditions for deployed staff, ensuring that virtual coordination at all levels maintained the same quality as traditional face-to-face coordination and was able to strength humanitarian response amid constraints to logistics and staffing due to the pandemic.\footnote{Emergency response in a pandemic https://www.facebook.com/1217371704958388/videos/1154534181659591}

While humanitarian operations undertook a collective effort to overcome these challenges, extensive damage to transport infrastructure, road networks and airports and seaports reduced the access required to carry out evacuations and deliver critical aid.\footnote{https://reliefweb.int/sites/reliefweb.int/files/resources/2020-12-23%206W%20After%20%28SPA%29.pdf} Criminal groups’ territorial control over affected areas added another layer of complexity to already limited access conditions and the overall security environment for affected people and humanitarian personnel. In areas where these criminal groups have extended their reach and control, acts of intimidation and threats of violence have affected access to essential humanitarian goods and services.

**Human mobility and displacement crises**

People in NCA countries live in a near-constant state of vulnerability that often leads to internal displacement or migration in search of protection and better opportunities. Their flight tends to be driven by multi-causal factors linked to chronic violence and insecurity, poverty, violence against women and inequality and elevated exposure to disaster and climate change risks, as well as limited institutional response capacities for their needs and protection.

ECLAC estimates that more than half of the 30 million international migrants from Latin America and the Caribbean come from Mexico and NCA countries. The main destination of this migration flow is the United States, thus creating one of the world’s foremost migration corridors.\footnote{ECLAC Comprehensive Development Plan El Salvador-Guatemala-Honduras-México page.}

Given the deterioration of opportunities and proliferation of violence in NCA countries, more and more people are willing to move within their countries.
or take on the risks of attempting to reach the United States’ southern border. \(^{39}\)

In the last ten years, forced displacement from El Salvador, Guatemala and Honduras has increased almost 50-fold, growing from 18,400 people at the end of 2011 to an estimated 867,800 by the end of 2020. \(^{40}\) By the end of 2020, authorities reported some 247,000 IDPs in Honduras (51 per cent women) and at least 71,500 in El Salvador. \(^{41}\) In Guatemala, there an estimated 242,000 internally displaced people. In all three countries, people generally move to territories with equal or greater insecurity, and internal displacement is often the precursor to cross-border movements.

NCA countries continue to be among the leading countries of origin for refugees and asylum seekers in the region. By the end of 2020, 549,251 people from El Salvador, Guatemala, and Honduras had fled their countries of origin to escape violence and persecution. Despite the impact of the pandemic restrictions, citizens of El Salvador, Guatemala and Honduras made 131,221 new applications for refugee protection in 2020. Globally, 12 per cent of all new asylum applications filed in 2020 \(^{42}\) came from these three countries. \(^{43}\)

The number of people arriving in NCA countries seeking protection as refugees has increased in recent years as well. By the end of 2020, the sub-region hosted more than 1,500 refugees and asylum seekers, an increase of 17 per cent from 2019, with the bulk of this population in Guatemala. Trend analyses for the sub-region suggest that some 5,000 people may potentially seek international protection in NCA by the end of 2022. Human transit from and through NCA countries has only grown as authorities roll back pandemic-related movement restrictions. In 2020, more than 117,000 people with protection needs who took part in mixed movements from NCA received assistance in these three countries, with Hondurans in Guatemala accounting for most of these cases. Another 48,000 people with protection needs from these three countries had fled to Mexico by the end of the year. \(^{44}\) Mobility from and through NCA countries has taken on new forms of travel via groups or so-called “caravans” that seek to mitigate the high costs and risks of cross-border movements. Since January 2019, approximately 60,000 people have left Honduras, El Salvador or Guatemala for the United States through caravans. The first caravan of 2021, formed in January, gathered more than 7,500 people, mainly from Honduras and El Salvador. \(^{45}\) Subsequent calls for caravans have yet to rally a significant number of people due to the increased migratory and security controls put in place to deter migration. \(^{46}\)

The increase in irregular arrivals to the United States has led to a rise in involuntary returns, with US border authorities reporting more than 375,000 apprehensions of people from NCA at its southern border between October 2020 and May 2021. The number included nearly 60,000 unaccompanied children and adolescents. \(^{47}\) Similarly, despite mobility restrictions and border closures, 93,147 people were returned to NCA countries between January and December 2020. Involuntary returns and deportations continued during 2020 despite calls by the UN Network on Migration for States to suspend the forced returns of migrants. \(^{48}\) While returnees often arrive at their communities of origin in search of family support and work, municipalities with high returnee populations tend to have high insecurity and social conflict.

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40 The actual number of forcibly displaced people is likely to exceed one million, if one considers those who have left their country but have not yet submitted asylum claims.
42 UNHCR, Refugee Data Finder, available at: https://www.unhcr.org/refugee-statistics/
44 Due to the volatility of conditions in the region, the actual figures could be considerably higher.
45 IOM, NTMI Caravan January 2021
46 https://reliefweb.int/report/honduras/honduras-movimiento-masivo-de-poblaci-n-en-el-norte-de-centro-amrica-flash-update
47 https://www.cbp.gov/newsroom/stats/southwest-border-encounters
Despite serious protection risks that are being further compounded by the pandemic, more than 15,000 children were returned from the United States and Mexico to NCA countries in 2020 and 2021.

**Impact on people and services**

Displacement has had a substantial impact on the physical and mental well-being and protection of displaced people who are often denied their rights and access to essential goods and services such as health, education, food, and housing, among others.

Forced displacement also hinders the possibilities of dignified employment and livelihoods, which can lead to protection risks. The pandemic has further limited employment options for displaced people, especially women and girls, leading them to resort to negative coping mechanisms and survival risks. Those who flee their communities leave behind property, belongings, and education and employment opportunities.

Displacement also results in the loss of family, social, and community support networks, while also creating new challenges in family relocation and resettlement.

Weak institutional prevention and response mechanisms for preventing and responding to internal displacement continues to hamstring efforts to respond, protect and find durable solutions for displaced people. Several host communities are seeing their needs increase due to the arrival of vulnerable populations, as they are often unable to meet their needs. Additionally, host municipalities tend to be among the municipalities with the least amount of economic and social development.

At the community level, the absence of state institutions and the social and territorial control exercised by criminal groups all but denies IDPs from exercising of their rights. An increase in the arrival of refugees and asylum seekers in El Salvador, Guatemala, and Honduras could potentially affect the functioning of asylum and response systems, thereby limiting access to asylum and documentation and impeding the exercise of rights and access to assistance. Under the priorities set by the MIRPS framework, strengthening systems for determining refugee status and mechanisms for refugee and asylum seeker admission, reception and assistance requires a coordinated effort.
PART 1: IMPACT OF THE CRISIS AND HUMANITARIAN CONDITIONS

1.3 Humanitarian conditions and severity of needs

Profiles of vulnerable populations

Some 8.3 million people in NCA need humanitarian aid to survive. Converging crises, pandemic-related shocks and the effects of tropical storms have affected already vulnerable populations, who only have limited access to essential and emergency services and face food insecurity. This is driving many of them to move in search of assistance and protection. These groups suffer a deterioration of their living standards that has an impact on their physical and mental well-being, increasing their reliance on negative coping mechanisms.

Group 1: Women, girls and adolescents in situations of vulnerability

Women, particularly those of reproductive age, children and adolescent girls, women with disabilities, LGBTIQ+ people, single-parent households, survivors of GBV, refugee, migrant, returnee and displaced women, as well as rural, indigenous and Afro-descendant women, have been disproportionately affected by the humanitarian impact of multiple crises.

Women are more exposed to the violence propagated by criminal groups, including GBV. In addition to widespread violence and poverty, food insecurity
and the socio-economic effects of disasters have worsened their living conditions.

Women with lower levels of education have reduced opportunities in the labour market. Overlapping crises have shrunk the labour market and forced these women - mainly rural and migrant women - to rely on negative coping mechanisms such as transactional sex, early and forced marriages and unions, including among children, and sexual abuse and exploitation. Paid domestic workers, many of whom are migrants, indigenous or Afro-descendants, lack access to social security and are left unprotected in situations of protracted unemployment.

Women and girls with disabilities experience GBV at disproportionately higher rates, including domestic violence at twice the rate of other women, and in distinctive ways due to their gender and disability. They may be subject to intersectional discrimination that negatively influences their self-perception and their capacity for self-determination and freedom.

Women living with HIV are exposed to increased risks and vulnerabilities that affect their sexual and reproductive rights, facing multiple forms of violence upon disclosing their diagnosis, including high levels of GBV, discrimination and psychological violence.

Indigenous, Afro-descendant and rural women often live-in poverty and in crisis conditions. They do not own land, have limited access to health services, including for sexual and reproductive health, face restricted economic autonomy and exposure to violence, and exclusion from participation and decision-making spaces. Geographical location, lack of transportation and poverty often limit their access to comprehensive care services and complaint mechanisms.

From a nutritional standpoint, malnourished women are more likely to become ill during pregnancy and have a higher risk of premature birth, miscarriage, stillbirth and even death. They are also more likely to contract infections, experience weakness and have lower productivity. Women with micronutrient deficiencies are at increased risk of dying during childbirth, giving birth to low weight or cognitively impaired children, affecting the health and development of breastfed infants.

The closure of schools leaves girls and adolescents without protection options. Quarantine or confinement places them at risk of abuse, forced pregnancy and sexual violence and limits their access to essential medical, psychological and legal services. Reasons for this include the lack of transportation, restricted opening hours of justice operators and inadequate service coverage in remote areas, especially for indigenous and rural populations, people with disabilities, the LGBTQI+ population as well as women and girls who suffer from chronic illnesses.

The importance and added value of women's participation in decision-making is essential. In Honduras and Guatemala, 92 and 78 per cent, respectively, of women surveyed indicated that they had little or no participation in decision-making processes during emergencies. As such, there is

51 Research on linking violence against women and girls, femicide, HIV and the impact of COVID-19, LLAVES organisation, 2020
52 https://infosegura.org/la-cara-escondida/assets/VCM.pdf
a need to increase efforts to strengthen women's leadership and support women's organizations in emergency preparedness and response.

**Group 2: People on the move (internally displaced people, asylum seekers, refugees, migrants, returnees)**

The persistence of violence and insecurity continues to generate situations of displacement that have a differentiated impact on the most vulnerable groups. Forced displacement has a substantial effect on the well-being and protection of displaced people who face risks to their physical and mental well-being as well as obstacles to exercising their rights and accessing essential goods and services (health, education, food and housing, among others). In addition to the psychological trauma of displacement and being uprooting from their communities and separated from support networks, temporary accommodations are generally inadequate, which may aggravate risk factors for certain vulnerable groups.

People on the move face protection and assistance challenges (trafficking and smuggling, sexual and gender-based violence, extortion, deprivation of liberty, family separation of children and adolescents, among other incidents), particularly those who travel irregularly or lack valid documentation. In a context of mixed flows or movements, the vulnerabilities and humanitarian needs of people on the move have been exacerbated. Increased migration control measures implemented by authorities, a lack of information and exploitation by migrant smuggling networks expose people involved in mixed movements to renewed protection risks (abuse, exploitation, extortion, deprivation of liberty, GBV, among others).

People forced to flee their homes often seek shelter in municipalities or areas neighbouring their communities of origin, moving several times internally in search of safety before fleeing across international borders.  

Refugees and asylum seekers face challenges in accessing efficient legal procedures, documentation and local integration into host communities, suffering from discrimination and stigma. Challenges faced by returnees include the impossibility of returning to their communities of origin and limited reintegration support.

In the context of COVID-19, displaced people have faced additional challenges in protecting themselves from the virus with less access to supplies, sanitation facilities, vaccines or simply decent housing. For IDPs living with HIV or other chronic health conditions (such as diabetes, hypertension, etc.), the lack of access to preventive and diagnostic medicines and supplies has had life-threatening implications.

Many migrants have found themselves in crowded spaces due to border closures. In addition to the increased risk of infection, trafficking and smuggling has increased, especially for women and children.  

People displaced by tropical storms are now living in precarious conditions in shelters with inadequate infrastructure, sanitation and limited access to safe drinking water, all critical to mitigating the risk of infection from COVID-19 and other infectious diseases.

**Group 3: Boys, Girls and Adolescents**

Vulnerable children in households faced with economic constraints (especially refugees, migrants, children with disabilities, indigenous children and children at risk of exclusion) are more likely to dropout of school and may resort to negative coping mechanisms such as working as a daily wage labourer, marry and other harmful activities including joining a criminal gang.

Children under 5 have specific nutritional needs and are born with an underdeveloped immune system that makes them vulnerable to infections such as pneumonia and diarrhoea. In resource-poor settings, young children who are not breastfed are more likely to die from pneumonia and diarrhoea than breastfed

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53 REDLAC, Bulletin No. 9, available at: https://boletinesredlac.com/
55 https://reliefweb.int/sites/reliefweb.int/files/resources/20200616_HNO_CENTROAMERICA%20ADDENDUM.pdf
Children. Children with micronutrient deficiencies are at increased risk of death from infectious diseases and impaired physical and mental development. Young children with acute malnutrition, particularly the severe form, are up to nine times more likely to die than children who are not malnourished.

Between October 2020 and May 2021, 58,993 unaccompanied children from NCA countries arrived at the United States’ southern border. Displaced children and adolescents face additional challenges in access to education and continuing their studies. They also have difficulty accessing social protection. Refugee and migrant children and adolescents most often have limited financial resources, lack access to technology, computers and internet connection, face discrimination and xenophobia and lack proper documentation, all of which further their challenges in accessing education.

**Group 4: Indigenous people and Afro-descendants**

In NCA, indigenous and Afro-descendant people, particularly women and girls, overwhelmingly belong to the poorest and/or most invisible groups in society. The political and socio-economic situation of indigenous people in most respects is much worse than that of their non-indigenous counterparts with similar socio-demographic backgrounds, including age, education, occupation, household characteristics and urban or rural residence.

Rural populations, often primarily indigenous, have the highest rates of poverty and extreme poverty in Guatemala. With the arrival of COVID-19, multiple impacts took place in remote rural areas, where access to health services, often insufficient, is limited.

Limited access to essential services such as education, health and sanitation as well as overcrowding affect the physical well-being of these populations, increasing morbidity and the risk of mortality from epidemics. In addition, communication regarding risks is a challenge in multi-cultural and multi-ethnic regions where several languages are spoken.

Indigenous migrants face multiple forms of discrimination. Their lives and work are made invisible. They often do not access complaint mechanisms out of fear and are extremely vulnerable to violence, exploitation and marginalisation. Indigenous women often face risks of labour and sexual exploitation.

Migration offers an opportunity for indigenous and Afro-descendent people to improve their living conditions and, in many cases, constitutes a survival strategy for these groups. Intersectional discrimination arising from the triple condition of being a woman, migrant and indigenous is most pronounced in areas neglected by States (such as border areas) where migrants are isolated from family and community networks.

**Group 5: People with disabilities**

People with disabilities in vulnerable conditions are often dependent on the care of others, with limited mobility or in need of assistance. In emergency situations, the provision of health services for people with different disabilities is hindered. They encounter multiple barriers in accessing services and humanitarian aid.

During hurricanes Eta and Iota, many people with disabilities reported that they were not able to find safe conditions in temporary shelters or adequate care. Often in disasters and crises, people with disabilities face greater discrimination and are less able to participate in solutions which, in turn, deepens the inequitable access to information and humanitarian aid.

**Group 6: LGBTIQ+ people**

LGBTIQ+ people face a high level of risks that include various forms of violence, including GBV, sexual

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abuse and exploitation, trafficking, extortion, threats and discrimination. They also face limitations in accessing integrated services and a lack of specialised, differentiated and non-discriminatory quality care services that address the response and care through a differentiated and intersectional approach.

Access to justice and reporting of hate crimes continue to be a challenge in the region, which generates an underreporting of violence against LGBTIQ+ people and enormous challenges in collecting accurate statistics. Lesbian and transgender women are particularly affected and account for many violent deaths in Honduras.

2.1 Risk analysis and needs projection

Based on evidence and context analysis, the humanitarian organizations in the HCT identified the most affected vulnerable groups and areas of humanitarian needs and defined the severity of the needs through a differentiated approach.

The humanitarian and internal situation in these countries, determined mainly by the recent impact of COVID-19, coupled with the dynamics of violence, poverty and disasters, produced considerable humanitarian consequences. In the last year, the number of people in humanitarian need in the region has increased significantly from 5.2 million to 8.3 million, per analyses provided for the development of this document.

In the three components of the INFORM risk index (hazards and exposure, vulnerability and lack of coping capacities), Guatemala and Honduras are ranked among the top countries in the region with "high" numbers on the index: 5.7 and 5.4, respectively. El Salvador has slightly improved its situation (4.6, medium). These rankings indicate that these countries more exposed to the threat of natural hazards, and that vulnerable groups and response actors have limited risk reduction and crisis response and recovery capacities.

Many of the vulnerability factors are structural and have been considered in the analysis to determine the severity of humanitarian needs. The needs severity analysis prioritises vulnerable groups and the most affected areas through a quantitative and qualitative approach in consultation with field teams.

ECLAC warns that the GDP in Central America could fall by 2.3 per cent, mainly due to the drop in tourism, which is already being felt in Guatemala and El Salvador. Tourism accounted for 20 per cent of the GDP in 2018 and there has been a significant decrease in tourism from the United States, the region's leading trade partner and the largest source of remittances. Other entities expect the contraction in economic activity to be more significant. The Inter-American Development Bank projects that if the effects of the COVID-19 situation in El Salvador continue or worsens,
Part 2:  
Risk analysis and monitoring of situation and needs

DEPARTMENT OF SAN SALVADOR, EL SALVADOR  
Delivery of hygiene and biosafety kits for people affected by the Nejapa landslide (October 2020)  
Photo: Oxfam El Salvador/Alfredo Carías
the country’s economic contraction could be as much as -3.9 per cent.

In addition to the increase in poverty and extreme poverty by several percentage points, ECLAC predicts that inequality will also increase in all countries of the region. The Gini Coefficient, which measures inequality, could see increases of between 0.5 per cent and 6 percent. The World Food Programme (WFP) had reported that the number of severely food-insecure people in the Dry Corridor could rise from more than 1.6 million to nearly 3 million in 2020 due to the pandemic.

At the beginning of June 2020, the risk of disasters remained significant in the region. There were recent fires and volcanic activity in Guatemala. Tropical storms Amanda and Cristobal which affected all three countries, triggered flooding, landslides and population displacement. Humanitarian actors fear an increase in challenges, such as mobilising aid on the ground, and the complexity of implementing sufficient physical distancing measures in temporary shelters. Furthermore, water from storms and hurricanes can spread sanitary (including infectious biological), domestic and waste debris.

Damage and contamination of water and sanitation sources and systems, stagnant water and sludge as well as critical risks associated with rainy season cycles confirm the persistence of environmental risks in affected areas.

The increase in human mobility from NCA since late 2020 suggests that more people may be returning to El Salvador, Guatemala and Honduras in 2021 and 2022, many of whom will have urgent needs for protection and assistance. The number of people arriving in NCA countries seeking protection as refugees has also increased in recent years. By the end of 2020, more than 1,500 refugees and asylum seekers were hosted in the sub-region, mainly in Guatemala. It is expected that some 5,000 people could seek international protection in these three countries by the end of 2022.

According to the Danish Refugee Council’s (DRC) Foresight projections as on 29 June 2021, the expectation is for displacement to continue to rise in all three countries based on indicators related to the violence, economic and human rights situation. Projected numbers could rise from 213,765 in 2020 to 275,877 in 2023 in El Salvador (226,318 in 2021 to 242,424 in 2022), from 429,070 in 2020 to 578,401 in 2023 in Guatemala (457,090 in 2021 to 448,158 in 2022), and from 543,634 in 2020 to 758,355 in 2023 in Honduras (596,519 in 2021 and 639,063 in 2022).

Food insecurity in the region could worsen due to the adverse effects of climate hazards forecasted for the region. The latest global weather models analysed by the Inter-Agency Standing Committee (IASC) early warning and risk analysis group (including the World Meteorological Organization and the International Research Institute for Climate and Society) indicate a risk of rainfall deficits in Central America for the coming months, with a potentially high impact in the first harvest season (May to September).

Although the risk of rainfall deficit is categorised as moderate, the potential impact on food security is classified as high, especially in the Dry Corridor and in areas with higher levels of migration due to the population’s higher level of vulnerability. Reduced rainfall will affect the water supply required by rural communities and their agricultural production.

UNICEF’s framework on child malnutrition shows the direct and underlying causes affecting the nutritional status of the most vulnerable groups, children under five and lactating and pregnant women. These include the presence of diseases, inadequate diet, unhealthy home environment and inadequate sanitation, household food insecurity and deficient feeding practices for children. All these factors are currently present in Guatemala, Honduras and El Salvador and worsen the prevalence of malnutrition (acute, chronic and micronutrient deficiencies).
Situation and needs monitoring

Indicators have been established by sectors/clusters to monitor the humanitarian situation at the national and regional level. Instruments are in place not only for monitoring the situation but also for responding to needs, identifying remaining gaps and prioritizing assistance as required.

A joint analysis of humanitarian assessments will be carried out by partners in the implementation areas to monitor the evolution of needs among the most vulnerable population groups, the number of people in need, the emergence of new groups and sub-groups requiring humanitarian assistance and any associated risks.

Challenges faced by vulnerable groups

Despite the reduction in the number of homicides, persistent insecurity and violence fuelled by criminal groups continues to represent a serious challenge for NCA countries. People remain exposed to situations of violence and insecurity. Other factors such as poverty and inequality, food insecurity, the adverse effects of the pandemic, disasters and climate change accentuate the challenges of protection and attention to the humanitarian needs of the most vulnerable populations.

At least 3.4 million people have protection needs, which include risks to their lives, safety and well-being, the right to a life free of GBV, the protection of children and adolescents, and the exercise of fundamental rights and access to essential services and goods for a dignified life.

The upsurge in violence and the increased control and reach of criminal groups continue to generate situations of forced displacement within and beyond the borders of the countries of northern Central America. Over the past ten years, displacement from El Salvador, Guatemala and Honduras has increased almost 50-fold, from 18,400 people at the end of 2011 to 867,800 forcibly displaced people by the end of 2020. According to the United Nations High
Commissioner for Refugees (UNHCR), 131,194 people from NCA countries applied for refugee protection in 2020. Increasing the number to refugees and asylum-seekers fleeing violence in El Salvador, Guatemala and Honduras to more than 549,000 people at the end of 2020. Globally, 12 per cent of all new asylum applications filed in 2020 were nationals of these three countries.

Humanitarian needs analysis

People affected by violence and internal displacement face protection challenges concerning their security, enjoyment of rights and access to food security, water and basic sanitation, health, education and livelihoods. Official figures show 318,590 displaced people in El Salvador and Honduras, while no official estimates are available on internal displacement in Guatemala. The number of IDPs could be higher than the studies show due to the persistence of violence and insecurity affecting communities, aggravated by the COVID-19 context and the impact of hurricanes Eta and Iota.

SOUTHEASTERN ZONE, EL SALVADOR
Delivery of food and hygiene kits during the COVID-19 pandemic; Eta and Iota storms in the southeastern zone.
Photo: World Vision El Salvador
Part 3:

**Cluster analysis (NCA region)**

**EL TRIUNFO (CHOLUTECA DEPARTMENT), HONDURAS**
Due to the drought in the Dry Corridor, WFP has launched a pilot seed nursery, field school and agricultural training project for water harvesting, but results will not be seen until the seasonal rains in April.

*Photo: WFP Honduras/Julian Frank*
3.1 Protection

<table>
<thead>
<tr>
<th>PEOPLE IN NEED (PIN) TOTAL</th>
<th>PEOPLE IN NEED EL SALVADOR</th>
<th>PEOPLE IN NEED GUATEMALA</th>
<th>PEOPLE IN NEED HONDURAS</th>
<th>WOMAN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
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</thead>
<tbody>
<tr>
<td>3.4M</td>
<td>756K</td>
<td>1.7M</td>
<td>942K</td>
<td>55%</td>
<td>43%</td>
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</table>

Several challenges exist in the institutional response aside from the need for updated information on the profile and needs of the IDPs. The absence or lack of effective implementation of regulations and policies on the prevention and protection of displaced people continue to represent a key challenge for addressing the protection and humanitarian needs of IDPs.

The upsurge in violence and insecurity accompanies high rates of sexual and gender-based violence. GBV places women and girls among the main high-risk groups of the displaced population, both within and across the borders of NCA. LGBTIQ+ people are another population significantly affected by high rates of violence and hate crimes.

Further exacerbating the situation is the deterioration of income sources due to preventative confinement due to the pandemic, which has exacerbated survival sex, forced prostitution and sexual exploitation. Children and adolescents remain exposed to grave human rights violations, early marriage, trafficking, abuse, exploitation and other forms of violence at the hands of criminal groups.

The control and violence exercised by criminal groups also have an immediate impact on the life of communities and their organizational processes (in women’s, youth and LGBTIQ+ organizations, among others), eroding the social base and generating damage to property affecting community infrastructure. Strengthening the community-based approach that supports grassroots organizations and community structures is key to building resilience and developing community protection mechanisms to buffer violence and prevent forced displacement.

Refugees, migrants and asylum-seekers in search of protection in El Salvador, Guatemala and Honduras, face several protection risks. These include challenges in accessing land, identification and referral at borders, limitations in accessing fair and efficient asylum procedures, delays and difficulties in acquiring documentation and obstacles in the fulfilment of fundamental rights and livelihoods. In line with the priorities agreed to in the MIRPS, strengthening refugee status determination procedures, bolstering reception and admission mechanisms for people in need of protection and expanding solutions continue to be priority actions.63

The countries of NCA are points of origin and/or transit for people on the move. Strengthening identification and care mechanisms, particularly in border areas and along the route, remains a crucial measure to address the protection needs of the most vulnerable and ensure their access to emergency humanitarian assistance.

Mass population movements in so-called caravans are challenging the traditional humanitarian response to mixed migrations flows, a situation aggravated by misinformation and false expectations, smuggling networks, increased state-imposed controls and

63 See https://globalcompactrefugees.org/mirps-en/about-mirps
El Salvador
People in need

Guatemala
People in need
Honduras

People in need

Severity

the increased risks. Information and protection services represent a key challenge that require the strengthening of identification, referral and care mechanisms in all cases.

Since the end of 2020, the increased mobility of people from NCA countries suggests a corresponding surge in the number of returnees. In fact, it is projected that return migration in 2021 and 2022 will reach pre-pandemic levels (more than 255,000 returnees from Mexico and the United States in 2019). Challenges posed by the situation of returnees include people in need of protection responses/alternatives and the need to work with authorities to develop strategies and programmes to support their reintegration into communities of origin or residence.

Projection of needs

The persistence of violence, coupled with poverty, lack of opportunity, food insecurity and the recent impacts of the pandemic and disasters, will continue to trigger new displacements and the erosion of coping and self-protection mechanisms among individuals and communities. Further efforts will be required to prevent and manage risks, mitigate the impact of human rights violations, promote a safe and inclusive protection response and prioritise durable solutions. In this context, a community-based approach will be fundamental for promoting a comprehensive response. GBV continues to affect the lives of women and girls as well as the risks children and adolescents affected by violence and displacement face.

For protection activities to be effective in safeguarding the rights of people in need, the active participation of key international and national agencies and development actors is essential. Effective coordination among these stakeholders is necessary to ensure that protection activities are underpinned by a sound strategy aimed at strengthening the rule of law and local governance. Regional and national Protection

Cluster partners will continue to work to ensure the centrality of protection and support efforts to ensure the full and effective enjoyment of human rights.

**Monitoring**

Monitoring of the humanitarian and protection situation will be performed through the arrangements agreed upon by the regional Protection Cluster, sub-sectors of the Regional Group on Risks, Emergencies and Disasters in Latin America and the Caribbean (REDLAC) and the protection sectors or structures established at the country level.

Monitoring will focus on assistance and protection measures in the face of violence, especially for women, children and adolescents; prevention measures and assistance for IDPs, including the situation of rural and indigenous communities; access to land, fair and efficient asylum processes for refugee applicants, and awareness of the needs and access to protection services for people on the move in a context of mixed migration flows. In addition, prevention and response actions will target GBV survivors and those at risk of GBV, including information dissemination strategies, case management and access to health services and psychosocial care as well as justice and protection measures. Institutional capacity building will be key to ensuring minimum quality standards for all protection programmes.
## Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>1</td>
<td>Percentage of women and girls who have experienced some form of violence in the last 12 months</td>
<td>National Survey on Violence against Women, Government</td>
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<tr>
<td>2</td>
<td>Victims of homicide and injuries due to violence</td>
<td>National Civil Police</td>
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<tr>
<td>3</td>
<td>Percentage of women aged 15-49 with access to essential GBV services.</td>
<td>National Statistical Institute, Census</td>
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</table>
Protection Sub-Groups

3.1.1 Gender-based violence

<table>
<thead>
<tr>
<th>PEOPLE IN NEED (PIN) TOTAL</th>
<th>PEOPLE IN NEED EL SALVADOR</th>
<th>PEOPLE IN NEED GUATEMALA</th>
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<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.9M</td>
<td>605K</td>
<td>637K</td>
<td>660K</td>
<td>57%</td>
<td>40%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Challenges faced by vulnerable groups

The dynamics and growth of GBV are intricately linked with food insecurity, migration, chronic violence, forced displacement and disasters in all three countries. GBV risks have increased as have vulnerabilities arising from the effects of violence, loss of livelihoods and the disruption of social and family structures.

ECLAC reports that the countries in the region with the highest rate of femicides per 100,000 inhabitants are El Salvador (6.8) and Honduras (5.1), followed by Bolivia and Guatemala.

Lack of access to services for prevention and response to GBV exacerbate its effects. In the case of migrant or displaced women and girls, they often do not have access to adequate information on services, do not trust the host community or the country’s justice system.

Indigenous and rural women have limited access to services as they lack access to transportation, resources and telephone service coverage to access services.

Adolescent girls are among the populations most at risk of multiple forms of GBV, including sexual crimes, disappearance, domestic violence and femicide.

The combination of high levels of poverty and food insecurity, extreme levels of violence, migration and displacement erode the coping capacities of populations and families, leading to situations of increased vulnerability and the weakening of coping, mitigation and prevention mechanisms for GBV.

Humanitarian needs analysis (women, girls and adolescents)

The high levels of violence that women, girls and adolescents suffer in NCA countries reveal worrying trends, according to data compiled by governmental bodies.

The National Survey on Sexual Violence against Women in El Salvador\(^\text{65}\) reveals that 63 out of every 100 women have experienced at least one act of sexual violence in their lifetime\(^\text{66}\), while 53.4 per cent of women reported suffering psychological violence and 26.5 per cent physical violence in their lifetime. More than 86,000 reports of violence against women, girls and adolescents were registered in Guatemala in 2020.

In this context, the decrease in requests for security and judicial protection for women and children survivors of violence are concerning, highlighting the difficulty in accessing essential services amid the COVID-19 pandemic. Sexual violence represents the third most reported crime

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66 The Special Comprehensive Law for a Life Free of Violence for Women (LEIV), which establishes that sexual violence is “any conduct that threatens or violates the right of a woman to voluntarily decide upon her sexual life, including not only the sexual act, but all forms of sexual contact or access, genital or non-genital, regardless of whether or not the aggressor has a marital, partner, social, work, affective or family relationship with the woman victim.”
in Honduras,\textsuperscript{67} with more than 5,800 reports of sexual violence registered in 2019 and 2020. Most victims were women between were 19 or younger.\textsuperscript{68}

The presence of organised crime networks linked to drug trafficking is one of the main factors driving increases in GBV, owing not only to the impunity of offenders but also to the criminal activities that undermine women’s security, including those which commodify their bodies, promoting human trafficking and disappearances.\textsuperscript{69}

**GBV and adolescents**

The rate of adolescent pregnancy is an alarming sign of the extent of GBV among this population group. The region registers worrying figures for adolescent pregnancies, including more than 98,068 reported pregnancies among girls and adolescents in El Salvador between 2015 and 2019,\textsuperscript{70} while Honduras records the highest rate of forced or early pregnancies in the region (1 in 4 adolescents between the ages of 15 and 19 have had their first birth or are pregnant).\textsuperscript{71} In Guatemala, available data show that between January and August 2020, 11 pregnancies were registered every day for girls aged 10-14 and 10 pregnancies every hour for adolescent girls aged 15-19.\textsuperscript{72}

In terms of educational inclusion, both as a cause and effect of adolescent pregnancy, school dropout is a factor strongly associated with early motherhood. In some cases, adolescent girls who drop out of school later become pregnant to fulfil a life goal, while in other cases, evidence shows they drop out of school upon becoming pregnant.como una búsqueda de completar un proyecto de vida que ha quedado trunco, mientras en otros casos la evidencia muestra que abandonan los estudios al quedar embarazadas.

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\textsuperscript{67} Social oversight report on the quality of attention services in the institutions for access to justice Intibucá, La Esperanza, Yamaranguila, Gracias and Distrito Central, CEM-H,2020
\textsuperscript{68} Citizen security analysis Honduras, 2020
\textsuperscript{69} https:/ /infosegura.org/la-cara-escondida/assets/VCM.pdf
\textsuperscript{70} SIMMOW, Ministry of Health, 2020
\textsuperscript{71} Annual evaluation 2020, RISS department, Cortés Departmental Region
\textsuperscript{72} Cipomdeni 2020. https://www.ciprodeni.org/tableau/registro-de-embarazos-en-ninas-y-adolescentes-de-10-a-19-anos-de-edad/
Guatemala

People in need

Severity

Honduras

People in need

Severity
Projection of needs

Survivors of GBV need access to essential services to address violence and guarantee other services in protection, health, transportation, water and sanitation and livelihoods. In the aftermath of hurricanes Eta and Iota, essential services for survivors of violence were disrupted, reducing response capacities and limiting effective coordination, the strengthening of support networks and the provision of assistance and relief items to those affected. In most cases, assistance needs of survivors of violence go unmet.

Barriers to accessing GBV services include some underlying issues among different service providers associated with the re-victimisation of survivors, weaknesses in the referral system and the absence of case managers; lack of specialised teams and women providing direct care to survivors as well as their lack of confidence in the justice system. The lack of age-sensitive, safe and confidential services for GBV continues to limit the ability of survivors to receive help, increasing the risks they face. High rates of impunity for GBV, particularly for femicide, transactional sexual violence, early marriage, trafficking and sexual exploitation of women and girls, produce distrust in prevention and response mechanisms.

Women and girls from the Garifuna ethnic group continue to face discrimination. Garifuna communities do not have suitable mechanisms to respond to their needs or adequate services to effectively address GBV. Therefore, victims/survivors of GBV only reach out to Garifuna women’s rights organizations to receive assistance.
Children and adolescents risk exposure to different forms of violence, including from armed groups, sexual violence, and growing in intra-family and institutional violence. All of these have increased due to overcrowding, poverty and routine change (closure of schools as a safe environment) resulting from the pandemic and hurricanes Eta and Iota.

The humanitarian situation that children and adolescents face is becoming increasingly more complex by the day. Criminal groups, such as ‘maras’ or gangs, forcefully recruit children and adolescents to commit crimes, including robbery, theft, rape and murder, both within and outside the most vulnerable municipalities.

These conditions make children and adolescents view migration and displacement as the best or only option without being aware of the risks associated with that journey.

Families who do not have enough resources to move across borders often choose to move internally, which forces them to start their lives over and strain their already limited economic capacities, thus leading children to also search for work and livelihood.

In these contexts, children face violence, family disintegration, exposure to trafficking and smuggling, loss of routine, opportunities for recreation in safe environments, child labour, separation and dropping out of school, death or murder of their parents or relatives, and confinement due to COVID-19. For children, this leads to increased distress, fear of separation from their families, depression linked to limited life chances, increased tensions within the home, lack of emotional support from family and increased physical, emotional or sexual violence.
Humanitarian needs analysis (Children and adolescents in NCA)

Violence and the use of children and adolescents by criminal gangs are on the rise and constitute the main factor forcing families to flee their homes and for children and adolescents to drop out of school. According to official sources in Honduras, 4.5 per cent of reported homicide victims in 2020 were under the age of 18.73

The Study on the Characterisation of Internal Mobility due to Violence highlights that between 2006 and 2016, of the 1.1 percent (approximately 71,500 people) of families residing in El Salvador, at least one of its members was forced to change their place of residence because of acts of violence or to avoid their effects.74

Sexual violence, especially against girls and adolescents, is another persistent problem in the three countries. For example, in 2020, in Guatemala, 9,089 cases of crimes committed against children were recorded - the majority of which were severe cases of abuse (30 per cent) and cases of sexual violence (20 per cent).

As families’ socio-economic situation deteriorated in 2020, there was an increase in child labour, commercial sexual exploitation and street children begging as a means of subsistence.

Many children and adolescents also see migration and forced displacement as the only options for escaping the various manifestations of violence seen in their communities, families and schools. Consequently, many decide to undertake the journey, either with their families or as unaccompanied children, as shown by the 28 per cent increase in cases of unaccompanied children apprehended at the US-Mexico border, mainly originating from NCA.75

Projection of needs

The pandemic has affected child and adolescent protection systems and diminished or interrupted services, thereby limiting their access and reach. In municipalities most affected by insecurity, violence and disasters, the lacklustre response to growing protection needs will continue. Critical services tasked with providing comprehensive and multidimensional response, such as psychosocial support, legal assistance, family identification and reunification, case management, response to GBV and provision of safe spaces, among others will remain affected.

Strengthening protective environments at the family, community, school and inter-institutional levels will address diverse protection needs. Specialised services delivered through child protection systems and civil society organizations, especially through local and municipal protection systems, will provide high-quality, timely, relevant and inclusive services.

Increasing the participation of children and adolescents in discussions on issues that affect their lives will be critical for prioritising protection system strengthening programmes. This includes programme participation aimed at strengthening case management, supporting quality child-friendly spaces, inclusion of safe educational spaces, addressing psychosocial needs under community-based approaches and ensuring age-appropriate participation. These programmes must target the most vulnerable children and adolescents, including unaccompanied and separated children, children with disabilities and indigenous populations.Challenges faced by vulnerable groups

74 For more information visit: https://www.refworld.org.es/pdfid/5ab96d624.pdf
75 Customs and Border Protection Agency (CBP) detention centres in US cities bordering Mexico.
Guatemala

People in need

Severity

Honduras

People in need

Severity
The Child Protection working group in El Salvador was formed at the end of the HNO process and its analysis will be incorporated into the HRP.
3.2

**Nutrition**

### Challenges faced by vulnerable groups

In Guatemala, Honduras and El Salvador, an estimated 3.06 million people need humanitarian assistance in nutrition. This number includes children under the age of 5 and women, especially pregnant and lactating women, who are inherently more vulnerable to malnutrition compared to other population groups due to their greater nutritional needs.

In all the three countries, the population suffers from different forms of malnutrition. Chronic malnutrition (stunting) in children under 5 remains a major public health and development concern in NCA countries (for example, in Guatemala, 46.5 per cent of the population under 5 years is chronically malnourished, ranking it first in the region). Children suffering from stunting are at risk of poor physical and cognitive development. It also has intergenerational consequences and can only be reversed within the first 1,000 days of a child’s life.

Stunting is linked to inadequate infant and young child feeding practices, meaning that infants and young children are not receiving sufficient feeding from women and caregivers during the first two years of life, including suboptimal breastfeeding practices and lack of adequate diets in terms of quality and quantity. This also leads to anaemia in young children and other micronutrient deficiencies (e.g., in Honduras, 60 per cent of children aged 6-8 months are anaemic - ENDESA 2012). Young children who suffer from micronutrient deficiencies are at increased risk of death due to infectious diseases and poor physical and mental development. In the short-term, these same factors, coupled with recurrent infections, cause acute malnutrition.

Severe acute malnutrition increases the risk of under-five mortality by up to nine times, requiring immediate treatment which is often not readily available. Maternal nutrition is another concern, mainly due to high adolescent pregnancy rates, as both the adolescent mother and the unborn foetus compete for essential micronutrients, which are often in short supply. This situation, coupled with insufficient nutrient intake and/or absorption, leads to low-birth weight infants (weighing less than 2,500 g), a condition that increases the risk of mortality during the first year of life. On the other hand, micronutrient deficiencies, particularly anaemia, are prevalent, putting pregnant women at risk of premature births and complications during delivery and postpartum, while threatening the nutritional status of mothers and their babies. At the same time, all three countries report conditions of overweight and obesity among all age groups, including children under age 5.

These are the nutrition problems identified before 2020. Since 2020, Guatemala, Honduras and El Salvador have been hit by different crises: COVID-19, two major tropical storms (Amanda and Cristobal) and two hurricanes (Eta and Iota) as well as persistent migration, all of which have affected the nutritional status of the population. In the current context, the deterioration of the nutritional situation of children under 5, threatening to rapidly increase cases of acute malnutrition, especially in children under 2.
This has exacerbated micronutrient deficiencies, that can be explained by different causes: increasing food insecurity reflected in limited access to nutritious and affordable food (mainly access to sufficient variety of food), unsafe water consumption, restricted access to health and nutrition services to prevent and treat undernutrition, unsanitary conditions, sub-optimal infant and young child feeding practices, poor care practices, economic recession and poverty. On the other hand, low purchasing power exacerbated by COVID-19 has driven families to buy low-cost foods of poor nutritional quality, such as ultra-processed foods.

**Humanitarian needs analysis**

In this situation, to prevent deterioration of nutritional status and malnutrition in children under 5 and women, especially pregnant and lactating women, it is of the utmost importance to ensure access to nutrition interventions through health services to urgently address their nutritional needs. These interventions must be made according to age and physiological conditions (rapid growth, pregnancy or breastfeeding) to prevent new cases of malnutrition (including overweight and obesity or micronutrient deficiencies).

Acute malnutrition must be identified and addressed urgently. Nutritional status in vulnerable children needs to be improved to prevent new cases of malnutrition (including overweight and obesity or micronutrient deficiencies).

However, the lack of updated strategies, guidelines and protocols adapted to the pandemic’s context, which are aimed at addressing the nutritional needs of children under 5 and pregnant and lactating women, create a significant gap for an appropriate and timely nutritional response that aligns with prevention measures for COVID-19. The gap also lies in the lack of trained personnel capable of delivering nutrition interventions adapted to this context.

In addition, the shortage of specialised nutrition supplies, such as anthropometric equipment, jeopardises the timely identification, prevention and treatment of malnutrition. Moreover, data on the nutritional status of the population are scarce or outdated, as most nutritional surveys were conducted before the onset of the pandemic and the impact of hurricanes Eta and Iota, limiting well-targeted programmatic decision-making. Nutritional surveillance and monitoring system capacities vary across all three countries, potentially hindering the timely identification and follow-up on malnutrition cases.

In addition, the level of sectoral coordination in nutrition varies in the three countries, with fewer resources for sectoral coordination and information management available in Honduras and El Salvador, where the Nutrition Sector is integrated into the Food Security Sector.

**Projection of needs**

The nutrition situation in Guatemala, Honduras and El Salvador is expected to be shaped by the interplay between the dynamics of the pandemic, migration flows, the severity of the food insecurity situation and the speed of humanitarian response. Inadequate infant and young child feeding practices, particularly complementary feeding, will worsen due to the ongoing crises, along with maternal anaemia and malnutrition. If nutritional needs are not adequately addressed within the next few months, death and malnutrition will continue to increase in all three countries, with devastating long-term effects and intergenerational consequences.
El Salvador

People in need

Severity

Guatemala

People in need

Severity
Honduras

Monitoring
Monitoring of the humanitarian and nutrition situation will be carried out through the arrangements agreed upon between the regional Nutrition Sector and the nutrition sectors or structures established at the country level. The three monitoring indicators selected will facilitate an efficient follow-up on the evolution of the nutrition situation among the most vulnerable groups, such as children under 5 and pregnant and lactating women. These indicators will also allow for the activation of an early warning system in case of an unexpected increase in the detection of acute malnutrition in children under 5 and/or anaemia in pregnant women.

Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
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<tr>
<td>1</td>
<td>Number of children aged 0-5 months exclusively breastfed</td>
<td>National Nutrition Sectors</td>
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<td>2</td>
<td>Number of children under 5 with moderate and severe acute malnutrition</td>
<td>National Nutrition Sectors</td>
</tr>
<tr>
<td>3</td>
<td>Number of pregnant women (15-49 years of age) with anaemia.</td>
<td>National Nutrition Sectors</td>
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3.3

Food Security

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<th>PEOPLE IN NEED GUATEMALA</th>
<th>PEOPLE IN NEED HONDURAS</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
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<td>7.75M</td>
<td>1.04M</td>
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<td>51%</td>
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</table>

Challenges faced by vulnerable groups

The 2021 Global Food Crisis Report (GFCR) shows that 11.8 million people are acutely food insecure in El Salvador, Guatemala, Haiti, Honduras and Nicaragua. About 65 per cent of the region’s population classified to be under “crisis” or worse (IPC Phase 3 or above) were in the four Central American countries of El Salvador, Guatemala, Honduras and Nicaragua.

Extreme weather events in the second half of 2020 affected more than 8 million people across Central America, affecting areas that were already suffering from food insecurity following several years of drought and the loss of livelihoods and reduced income amid the pandemic, in a context characterized by few job opportunities, low pay and high levels of informal employment.

The economic impact of the pandemic, which exacerbated pre-existing vulnerabilities, triggered a broader economic and labour market crisis.

More than three quarters of households in the Central American Dry Corridor reported a reduction in income between October and December 2020 due to job losses and low earnings generated through informal economic activities.

In 2021, abnormally high levels of acute food insecurity are expected for Guatemala, Honduras and El Salvador.

These factors, combined with the generalized insecurity and violence faced by countries in the region, maintain the vicious cycle of poverty that households find themselves trapped in. For example, in Honduras, in the aftermath of hurricanes Eta and Iota, criminal groups reportedly prevented humanitarian actors from reaching communities in need, extorting money from people as they attempted to return to their homes.76

Both the extreme climatic events of 2020 and the arrival of the pandemic in the region limited transportation needed to access markets, workplaces and essential services and led to increases in food prices and the cost of public transportation. Most importantly, the price of basic foodstuffs has increased, mainly grains, affecting access to food for majority of the population who depend on purchasing these foodstuffs for their subsistence.

Humanitarian needs analysis

In Guatemala, it is expected that in 2021 at least 174,000 people will need emergency food assistance (IPC Phase 4), given that they do not have the minimum income needed to cover their daily food needs. Additionally, at least 3.3 million people (IPC Phase 3) will need complementary food assistance during 2021. It is important to highlight small-scale producers and day labourers among the groups most affected by food insecurity, as they lack access to adequate social protection mechanisms and are exposed to different external risk factors, such as climatic impacts and/or changes in market prices.

76 NRC, December 2020
In Honduras, the IPC published in December 2020 indicates that at least 2.9 million people (31 per cent of the classified population) were in Crisis or worse (IPC Phase 3 or above). By September 2021, it is expected that 3,248,000 people will face acute food insecurity. However, not only the acutely food-insecure population (616,000 people in Phase 4) be targeted, but also the remaining 2,632,000 people in Phase 3 to avoid a large-scale humanitarian crisis in which one in three Hondurans would be in a state of emergency food insecurity by the last quarter of 2021.

The most urgent needs are in immediate food assistance. The structural problems generated by the combined impacts of multiple crises has severely limited the population’s access to food through self-production or access to markets.

In El Salvador, the latest IPC report (December 2020) estimated that between November 2020 and February 2021, 684,000 people (10 per cent of the population) would be in Crisis (IPC Phase 3 and above), and Ahuachapán as the Department with the highest percentage of its population in this situation. According to IPC projections for 2021, between March and May the population in Crisis or worse (IPC Phase 3 and above) would be 985,000 people (15 per cent of the population), with the number of food-insecure people rising between June and August, as an estimated 1.04 million people (16 per cent of the population) are expected to face a food crisis.

Projection of needs
The region faces slow growth prospects for 2021 and 2022, while a return to pre-pandemic levels of economic activity is expected to take several years. Given the severity of the regional economic downturn in 2020 and expected slow recovery, rates of poverty and inequality, and thus food insecurity, are projected to remain high in 2021 and 2022, with little relief for food-insecure households. The food insecurity situation in the three countries has a distinctive impact on women, girls, boys and adolescents, evidenced by reduced availability and access to adequate food which effects their health and well-being.

77 (CSIS, November 2020).

---

**El Salvador**

**People in need**

**Severity**
Guatemala

People in need

Severity

Honduras

People in need

Severity
Recent Rapid Gender Analyses indicate that 50 per cent and 47 per cent of women surveyed in Guatemala and Honduras, respectively, were food insecure as they had lost their grains and harvests or had no money. The report indicates that access to and availability of food is severely limited, given that “only a small percentage, 4 per cent of women and 11 per cent of men, said they had no difficulties in accessing food, meaning that the majority are facing major constraints that will affect female-headed households and households with children under 5, lactating and pregnant women and the elderly in different ways. As such, specific and prioritised actions targeting these groups must be urgently prioritised.”

In Guatemala, climate forecasts that 2021 will be favourable for basic grain harvests, which will contribute to reducing the number of food-insecure people. Although food insecurity is almost widespread, up until the first harvest cycle, the most vulnerable population will be mainly located in 16 Departments. If climatic conditions are favourable for the second cycle, the number of vulnerable Departments could be reduced to four (Huehuetenango, El Quiché, Alta Verapaz and Chiquimula).

In Honduras, after an early start to the crop season, erratic rains have led to soil moisture deficits in the southern part of the country since late April. A two-week forecast of reduced rainfall could raise concerns about overall crop production in these areas. Planting activities were expected to begin in late May or early June, with lower yields projected due to high fertiliser costs.

In El Salvador, the pandemic coincided with an unprecedented hurricane season. In 2020, the combined effects of tropical storms Amanda and Cristobal led to US$106.7 million-worth damages (35 per cent in the public sector and 65 per cent in the private sector). According to the IPC Acute Food Insecurity Analysis Report between June and August 2021, El Salvador would have 1.04 million food-insecure people (IPC Phase 3 and above).

**Monitoring**

The indicators below have been selected on the grounds that they are the most relevant and therefore, applicable to the context all three countries. Thus, using these indicators, it will be possible to determine the food security situation of any household in the region, and monitor whether the quantity and diversity of food consumed is stable for all members of the household. The analysis is complemented by examining the use of livelihood coping strategies, including the sale of productive assets, which demonstrate whether the household has the necessary income to cover its food needs, or if it uses strategies to compensate for a lack of food. Challenges faced vulnerable groups

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78 UN Women and CARE, 2021, Rapid Gender Analysis in Honduras.

## Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SOURCE</th>
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<tr>
<td>1</td>
<td>Food-related coping strategy</td>
<td>Food Security Assessment, Specific Emergency Response Projects</td>
</tr>
<tr>
<td>2</td>
<td>Level of food consumption</td>
<td>Food Security Assessment, Specific Emergency Response Projects</td>
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<tr>
<td>3</td>
<td>Index of livelihood-related coping strategies</td>
<td>Food Security Assessment, Specific Emergency Response Projects</td>
</tr>
</tbody>
</table>
3.4 Water, Sanitation and Hygiene

### Challenges faced vulnerable groups

Vulnerable people in all three countries face either a reduced, partial or total loss of access to WASH services and products, both at the household and at the institutional level (educational centres, health facilities, markets, etc.). The major challenge is to meet the needs of people that never had access to such services in the first place.

As for WASH services, the loss or severe damage to water networks by storms can force people to either use a more distant improved water sources or closer, but unimproved, water sources, both of which mainly rely on women and girls for water collection. Networks partially affected by Eta and Iota with makeshift repairs that re-establish a minimum service are unsustainable due to the community/municipality’s inability to build back better. Families using flooded wells do not have the equipment to pump out flood sludge, leaving them with contaminated water.

The 2020 hurricane season damaged or destroyed household and institutional sanitation infrastructures, increasing open defecation practices, protection risks for women, girls and adolescents, and the deterioration of their dignity and access to hygiene and menstrual health materials and services. According to the Rapid Gender Analysis, only 35 per cent of women in Honduras and 31 per cent in Guatemala reported having permanent access to safe drinking water. While most of the shelters visited in Honduras have drinking water and sanitation facilities, half of the women interviewed indicated that the amount of available water could not cover their needs or their families’ needs. Moreover, the water they received was the same water used for personal hygiene, cooking and drinking, which posed a serious health risk.\(^79\)

The pandemic and 2020 hurricane season had an impact on households’ purchasing power, making soap unaffordable and affecting access to chlorine in rural areas due to restrictions and market price increases. Several families lost all their goods and belongings when their homes were flooded and/or destroyed. Considering low WASH service coverage in rural areas, deficient hygiene practices and heightened pre-crisis vulnerabilities, these impacts amplify the morbidity and mortality rates of water-borne diseases for all vulnerable populations and their host communities.\(^80\)

These risks are also likely to have a detrimental effect on pregnant women’s health and nutrition, chronic malnutrition, severe acute malnutrition, and may even lead to death in children.\(^81\)

\(^79\) UN Women and CARE, 2021, Rapid Gender Analysis in Honduras.
\(^80\) In Quiche, Guatemala, the poverty rate exceeds 74%, with high rates of malnutrition and lack of economic conditions.
\(^81\) According to annual reports from MINSAL in El Salvador, diarrhoea of suspected infectious origin has been the third leading cause of consultation in children under 5 years of age.
Vulnerable groups’ medium-term challenges lie mostly in their inability to recover from the impact of multiple shocks and susceptible to the next shock by falling progressively into poverty or extreme poverty. These deteriorations may prompt national or international migration with higher WASH and protection risks. Unfortunately, water services have been designed to provide water for human consumption rather than cater to many needs. Optimally designed water services would enable subsistence farmers to grow food in home gardens and create income streams that would prevent poverty and extreme poverty, as well ease the cost burdens of basic home sanitation, essential hygiene product purchases (soap, sanitary towels, etc.), surface disinfection and PPE.

Humanitarian needs analysis
The following measures need to be taken to address the immediate needs of the most vulnerable groups and their communities/host families: 1) Provide essential WASH services in shelters, formal and non-formal alike. 2) Repair water systems, clean and disinfect wells with installation of hand and overhead pumps to prevent future flooding. 3) Empower communities and change of social norms through a self-built toilet approach (or proper management of existing toilets) to eliminate community faecal contamination. Handwashing stations could be constructed and household water treatment and safe storage under the total and sustainable hygiene and sanitation approach, or other methodologies such as the ESCASAL healthy home and school approach. 4) Rehabilitate WASH facilities in schools damaged by storms or used as shelters, with a high priority on handwashing facilities. 5) Train/promote good hygiene practices at home, schools and health facilities as part of an ongoing risk communication strategy. 6) Provide essential supplies such as chlorine and PPE to water system operators. 7) Train and promote good hygiene practices in households, schools and health facilities during health emergencies backed by risk communication strategies on good hygiene practices and care of sanitary facilities.

The following measures will have to be taken to address the medium-term needs of the most vulnerable groups and their communities/host families: 1) Reconstruct new climate-resilient multi-purpose water supply systems, drill strategic climate-resilient wells with installation of hand pumps for communities that do not have safe drinking water wells and training in sustainable service management. 2) Community empowerment and social norm changes through facilitation of a self-build toilet approach or good management of existing toilets to eliminate community faecal contamination, construction and use of handwashing points and household water treatment and safe storage under the total and sustainable hygiene and sanitation approach. 3) Rehabilitate WASH facilities in schools damaged by storms or used as shelters, with a high priority on handwashing facilities. 4) Train/promote good hygiene practices at home, schools and health facilities as part of an ongoing risk communication strategy. 5) Proper solid waste management and vector control of health concerns.

from 2014 to 2019. In LAC, diarrhoea is the third leading cause of death in children under 5 years of age.
82 See definition of improved sanitation facilities in JMP, www.washdata.org, Definition p8. Definition p8. SAHTOSO or SCASAL approach is recommended to ensure the end of faecal contamination at the community level.
83 The ESCASAL methodology is based on the SARAR and PHAST (Participatory Hygiene and Sanitation Transformation) methodologies.
El Salvador

People in need

Severity

Guatemala

People in need

Severity
Honduras

**People in need**

**Severity**

**Projection of needs**

Given the region’s vulnerability and exposure to multiple hazards, failure to respond to identified humanitarian needs in a timely and comprehensive manner will increase these needs in communities vulnerable to the effects of severe climate shocks including floods, storms, hurricanes and drought, of other disasters such as volcanic eruptions, tsunamis, or of public health emergencies (COVID-19, dengue), migration and multiple impacts related to all of these.

WASH service providers affected by low revenues during the COVID-19 pandemic are now even more vulnerable and prone to providing lesser quality services, which may lead to local supply crises and correlated impacts on health, nutrition and dignity.

Child development, and its intrinsic importance to national development and the fight against poverty and extreme poverty, present a number of critical needs amid COVID-19 school closures and the subsequent return to schools. Educational facilities for vulnerable groups must have basic handwashing facilities stocked with soap and water.

While national response to the 2020 hurricane season has contributed to improving national sector-based response capacities, institutions’ technical and financial capacities at national, subnational and local levels still require strengthening.

Most repairs to WASH systems in the aftermath of the 2020 hurricane season were temporary and supported with limited local resources. These makeshift repairs are compromising resilience, as they may become even more easily affected by minor climate events and leave populations without access to WASH services on a more frequent basis.

To build sustainable WASH systems decision-makers must consider increasing investments for climate-resilient drinking water systems.
### Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR – REGIONAL</th>
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</thead>
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<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>Number of people with access to an improved source of water</td>
<td>WASH Emergency National Coordination</td>
</tr>
<tr>
<td>3</td>
<td>Number of people provided with appropriate hygiene services and supplies (messages, products, services) including menstrual hygiene needs through in-kind deliveries, vouchers or cash transfers.</td>
<td>WASH Emergency National Coordination</td>
</tr>
</tbody>
</table>
3.5 Health

Challenges faced by vulnerable groups

The high visibility of the pandemic and other widespread disasters have overshadowed ongoing humanitarian crises in NCA, who over the years have experienced small and medium-scale events of natural and manmade origin. The cumulative influence of these events has resulted in a sub-regional health emergency with multiple impacts on the lives and well-being of the most vulnerable populations.

Some of the most notable events that affected the NCA in 2020 and 2021 were violent crime and insecurity, mass migration, climate-related events including heatwaves, severe droughts and storms with potential impact on the health sector, growing rates of endemic infectious diseases such as dengue, high COVID-19 infection rates and prolonged food insecurity and nutritional crises.

This succession of events has affected the physical health and well-being of at-risk populations and the mental health of medical professionals and communities in general. The growing unmet needs in sexual and reproductive health issues translate into more adolescent pregnancies, higher maternal mortality rates and sexual violence in affected municipalities. The impact of climate events, violence and unstable socio-political conditions has triggered internal migration, that in turn have elevated the risks of infectious diseases while also limiting access to essential health services. The COVID-19 pandemic is deepening inequalities, increasing the Gini inequality index in the region.\footnote{Source: Inequality and social discontent: How to address it through public policy. Economic Report on Central America, Haiti, Mexico, Panama and the Dominican Republic. IDB, 2020. \url{https://publications.iadb.org/publications/spanish/document/Desigualdad-y-descontento-social-Como-abordarlos-desde-la-politica-publica-Informe-economico-sobre-Centroamerica-Haiti-Mexico-Panama-y-Republica-Dominicana.pdf}} Disruption of services is evident in priority health areas such as reproductive, maternal, newborn, child and adolescent health, non-communicable diseases, neglected tropical diseases, communicable diseases; immunisation and services for mental health, neurological and substance use disorders.\footnote{Second round of the national survey on the continuity of essential health services during the COVID-19 pandemic: January-March 2021 (PAHO/WHO).}

Humanitarian needs analysis

The impact of recurrent emergencies in highly vulnerable communities along the Central American Caribbean coast has created an urgent need for humanitarian action during 2021 and beyond. In broad terms, humanitarian action must see to the availability of urgent medical care, adequate WASH conditions, increased epidemiological surveillance and vector control.

The severity of the pandemic has severely drained health sectors’ already scarce resources for strengthening diagnostic capacities, infection prevention and control and case management. In the three NCA countries, there is a marked depletion of essential supplies, medicines, and resources to cope with other endemic diseases, which will likely cause a new public health emergency if not kept under control. The transit of migrants across NCA poses an added challenge in ensuring that health services can expand their capacities to guarantee access to critical services to local and migrant populations.
Essential medical supplies and human resources need to be replenished to address the ongoing strain on the health sector. There is also a need to strengthen epidemiological surveillance capacities, early detection of communicable diseases and laboratory networks.

A comprehensive response will require a special emphasis on maintaining or providing elective medical service for preventive care and essential services for women’s health, pregnant women, children, adolescents, the elderly and people living with chronic conditions. Differentiated, culturally relevant and context-appropriate community prevention and health promotion actions must be scaled up. People living with HIV are especially at risk over the discontinuation of essential services. Low immunisation coverage in children increases the risk of immuno-preventable infectious disease outbreaks in high-risk populations. More recently, the inequitable access to COVID-19 vaccines is contributing to an increase in COVID-19 cases and related deaths.

Overworked and exhausted healthcare professionals are also members of affected communities that are still reeling from the effects of the pandemic and the 2020 hurricane season, which has led to a shortage of healthcare personnel in the NCA. People coping with the consequences of these recurring crises require urgent mental health and psychosocial support (MHPSS). Sexual and reproductive health and GBV response needs have increased during the pandemic. Delayed access to services and referral systems has led to elevated adolescent pregnancy rates, which surpass 30 per cent in all three countries, and high maternal mortality rates. Most maternal deaths could be prevented by reducing risk factors and difficulties in accessing health services.

Bronchopulmonary problems, colds, diarrhoea and stomach infections are common ailments among affected communities, according to a Rapid Gender Analyses in Guatemala and Honduras. In Honduras, skin infections and allergies are the third most common ailment for men and women, with men reporting 20 per cent cases, potentially due to their role in rescue operations or to having been immersed in water longer over the evacuation priority given to women and children.

The health sector must scale up humanitarian action in NCA to prevent outbreaks of endemic diseases, including arboviruses and food and water-borne infections. These actions should include restoring adequate WASH conditions in communities affected by climate events such as Eta and Iota and drought caused by prolonged heatwaves. Affected populations, hospitals and health services additionally require urgent water quality monitoring action.

86 UN Women and CARE, 2021, Rapid Gender Analysis in Honduras.
El Salvador

People in need

Severity

Guatemala

People in need

Severity
Honduras

People in need

Severity

Needs projection

Needs are likely to grow during 2021 and 2022 amid the ongoing pandemic, the threat of the 2021 hurricane season and displacement. These risks can, and likely will, substantially weaken and overburden health sectors, while also leading to further scarcity of essential resources and greater health service access constraints for vulnerable populations. Given that sudden-onset emergencies in NCA tend to be small- to medium-scale, there are concerns that more media-driven emergencies around the world will continue to overshadow the cumulative impact on current humanitarian crises in NCA. Raising the profile of the health sector crisis in NCA will require a concerted joint effort.

Monitoring

The Health Cluster and sector holds regular regional and national sector-based working group meetings. Members undertake inter-agency and inter-institutional field visits to monitor the efficiency and impact of the response and keep information up to date to coordinate actions at regional, national and local levels.

Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR - REGIONAL</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td># of health facilities supported through basic rehabilitation, provision of equipment, essential medications and supplies, and training for health workers</td>
<td>Intervention briefings and reports.</td>
</tr>
<tr>
<td>2</td>
<td># of health brigades mobilised to support immunisation activities in target communities.</td>
<td>Intervention briefings and reports. Immunisation registry.</td>
</tr>
<tr>
<td>3</td>
<td># adolescent and pregnant women of reproductive age receiving obstetric attention, information and emergency obstetric care, delivery, postpartum, and lactation.</td>
<td>Intervention briefings and reports.</td>
</tr>
</tbody>
</table>
3.6 Early Recovery

### Challenges faced by vulnerable groups

Like the rest of Latin America, El Salvador, Guatemala and Honduras were severely affected by the pandemic and the measures implemented to control its spread. Recent studies by the UN, the European Union, and the World Bank in these three countries reveal the severity of the crisis’ human and economic impact, especially on vulnerable groups and the national economies.

The three countries suffered the added impacts of the 2020 hurricane season. The collective impact on basic social infrastructure, together with pre-existing socio-economic inequalities, have in turn led to worsening a situation in the six dimensions of people's lives:

**Living conditions:** Several houses suffered varying degrees of damage, affecting families and driving many to shelters. The closure of health centres left scores of unattended outpatient consultations. School closures and physical damage to schools caused significant dropout among secondary school students. Basic social infrastructure has also been affected, including small bridges and dams, as well as markets.

**Employment and livelihoods:** Average wages of contributing workers dropped drastically over at least six months, with formal private sector job losses pushing more people into poverty and extreme poverty. Productive sectors struggling amid the pandemic such as tourism, industrial fields, commerce and agriculture were again affected by the hurricane season, with farmers being the worst hit.

**Food security:** Food insecurity rose over lack of access and, in some cases, decreased food production. Urban food basket prices rose as well, causing more households to decrease food consumption.

**Nutrition:** The deterioration of overall nutritional status owes to increasing food insecurity, as reflected in limited access to nutritious and affordable food, especially to sufficient food diversity, unsafe water consumption, limited access to health and nutrition services to prevent and treat malnutrition, unsanitary environments, sub-optimal infant and young child feeding practices, inadequate care practices, economic recession and poverty.

**Gender equality:** Overburdened gender roles added to the professional and domestic workloads, as well as household and home learning support tasks. There has been a disproportionate impact on economic activities where women are mainly involved, including informal trade and services, which has contributed to an increase in domestic violence and unplanned pregnancies, especially among children.

**Social inclusion.** Youth unemployment continues to grow. Hospital overcrowding makes access to outpatient consultations difficult, especially for people with disabilities and older adults with chronic illnesses.

**Humanitarian needs analysis**

**Living conditions.** Hurricanes Eta and Iota created differentiated impacts and needs among different population groups, requiring a comprehensive people-centred recovery approach that underlined
an integrated approach for recovery. This approach would cover housing, requirements for the, protection measures for people living in poverty and extreme poverty, livelihood recovery, social protection, gender equity, food and nutrition security, among others. Improving access to water and sanitation as well as education remains a need in some severely affected communities.

**Employment and livelihoods.** Emergent and temporary employment are key to integrating the most affected communities into the recovery process. Such integration is possible by training unskilled labour workers to be able to work in sectors such as housing, small infrastructure, training and capacity-building for new enterprises. Small- and medium-sized enterprises could be strengthened through tools that promote digital commerce. The agriculture sector would benefit from providing planting supplies such as improved seeds resilient to heavier rainfall cycles and the use of nature-based solutions for crop protection.

**Food Security.** The reactivation, recovery or diversification of short-cycle horticultural production through family and community gardens can grow vegetables that can be harvested quickly and create income from the sale of surpluses. Response should include three-way alliances between agricultural producers, families and international organizations to promote a balanced and nutritional diet and training for families and producers.

**Nutrition.** The prevalence of malnutrition can be attributed to the limited access to nutritious and affordable food and sufficient food diversity. Unsafe water consumption, limited access to health and nutrition services to prevent and treat malnutrition, unsanitary environments in some cases, sub-optimal infant and young child feeding practices, inadequate care practices, economic recession and poverty are also contributing factors.

**Gender equality.** To help vulnerable groups it would be important to include men, women, youth, older adults and LGBTQ+ people in employment and livelihood recovery processes and in training to improve growth and betterment opportunities.
El Salvador

People in need

Severity

Guatemala

People in need

Severity
Honduras

Needs projection
Should these identified needs remain unmet, the continued lack of income and limited access to essential services will continue to deteriorate the quality of life of individuals, families and communities.

The likely prospect of heavy rainfall brought about by the 2021 Atlantic hurricane season, which is already underway, threatens to perpetuate the disaster-recovery-disaster cycle. The yearly recurrence of this scenario does not allow time to implement medium- and short-term solutions, let alone solutions focused on building the kind of resilience required for sustainable development.

Indicator

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR - REGIONAL</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Households in damaged dwellings by damage category</td>
<td>Government and HCT</td>
</tr>
<tr>
<td>2</td>
<td>People living in monetary poverty and multidimensional poverty</td>
<td>Government and HCT</td>
</tr>
<tr>
<td>3</td>
<td>% of people in need of livelihood recovery</td>
<td>Government and HCT</td>
</tr>
</tbody>
</table>
### Education

#### Challenges faced by vulnerable groups

The growing exclusion of children in education is one of the main challenges facing all three NCA countries. The digital divide created by limited access to electronic devices and the internet, as well as the lack of resources or educational strategies adapted to different learning needs, has prevented children and adolescents from reaping the benefits of remote and hybrid education models during the total and partial closure of schools. There are more than 1.5 million children and adolescents in Honduras currently excluded from the school system, or about 48 per cent of the school-age population. Only 17 per cent of households in Guatemala have access to internet, equipment and connectivity, while in El Salvador, only 23.35 per cent of households have fixed internet access.

An increasing school dropout rate is a major problem in these countries. With the aforementioned shocks pushing more and more people into poverty, the number of children and adolescents enrolled in the education system continues to dwindle as deteriorating socio-economic conditions inevitably give rise to violence. School dropout tends to disproportionately affect girls, as they often take on several household responsibilities. Just over 6 per cent of students in Honduras did not enrol in school between 2020 and 2021. According to El Salvador’s Ministry of Education, 76,030 children and adolescents dropped out of school for different reasons in 2018.

Fragile school infrastructure and poor community-level emergency preparedness remain a significant challenge across NCA. All three countries report that investments in school infrastructure and the education sector as a whole is, in most cases, insufficient. This chronic underinvestment not only limits the quality and relevance of the education provided, it limits the quality of the educational community’s emergency response.

Inadequate school infrastructure further increases insecurity and pupils’ exposure to danger. More and more children and adolescents, including those with disabilities, refugees and migrants and indigenous children, are being rendered vulnerable. The hurricane season caused an increase in unaccompanied minors migrating from Guatemala, thus jeopardizing the continuity in their education and lives. The glaring absence of frameworks or mechanisms for recognizing, validating and accrediting the results of undocumented child migrants’ and refugees’ formal and informal education continues to limit access to education in host countries.

#### Humanitarian needs analysis

The pandemic and the impact of the hurricane season have had a substantially adverse effect on children’s and adolescents’ access to, and stay in, NCA education systems. In the absence of any meaningful humanitarian support measures, these limitations will have a significant effect on the safe return to schools, the recovery of lost learning and keeping progress in education on track. This domino effect may have devastating consequences for populations seeking to overcome the barriers that prevent breaking the
cycle of poverty and avoid the pressures exerted by the socio-economic factors that drive migration in Central America.

The closure of schools for face-to-face classes over COVID-19 led to the confinement of more than 7 million children and adolescents, 49 per cent of whom are girls or female adolescents. The resulting partial learning stoppages, or even complete stoppages in some cases, affected many of the most vulnerable, including people in poverty, people with disabilities and oft-marginalised ethnic groups. These impacts stem from a number of factors, including the growing digital divide, lack of effective alternatives for those with limited or no digital access and the need to prepare educators in implementing remote teaching methods. The widespread confinements created a serious need for psychosocial care for children and adolescents, their families and educators, as well.

Additionally, school closures limited, or altogether cut off, access in NCA countries to commonly used school nutrition programmes, thus increasing the needs of food-insecure people. The closures also left children and adolescents without safe spaces to prevent varying forms of violence, sexual or gender-based violence. UNICEF indicates that, on average, about 2 per cent of the total population of school-age children and adolescents in NCA may drop out of the education system because of COVID-19.

The 2020 hurricane season deepened needs already created by the pandemic. The storms also directly damaged school infrastructure in NCA countries, which indirectly lessened minimum operating conditions for schools used as shelters and created a need for rehabilitation and adaptation to comply with health safety standards and educational functionality requirements. Estimates out of Guatemala and Honduras, who bore the brunt of the damage from hurricanes Eta and Iota, indicate that the storms affected 2.6 million school-age children and adolescents, or about 38 per cent of the child population, according to analyses of official impact reports and data on people ages 3 to 18 in both countries.

**Needs projection**

To make up for lost learning and offer continuity to new learning with the requisite quality, safety and dignity via a rights-based approach, NCA countries must address the following needs:

- Support safe school returns through multi-sectoral activities, including school infrastructure improvement to allow education services to safely operate. Provide school-based services such as meals, physical and mental health services and protection services. Provide education materials and equipment, develop teachers’ capacities and foster meaningful participation of educational communities and, especially, children and adolescents in the community resilience-building process.

- Strengthen NCA education systems to improve and/or develop programmes to address the most vulnerable populations’ face-to-face or distance education needs through digital means or other alternatives.

- Strengthen inter-sectoral coordination and humanitarian coordination mechanisms in the NCA education clusters to promote social protection of families with school-age children and adolescents and of teachers to safeguard their stays and complete the school years in the formal education system, as well as other informal strategies.

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77,898,223 according to figures from monitoring initiated at a Global level by UNESCO. [https://es.unesco.org/covid19/educationresponse](https://es.unesco.org/covid19/educationresponse)

El Salvador

People in need

Severity

Honduras

People in need

Severity
Monitoring

NCA countries indicate that the identification and monitoring of educational efficiency indicators, including learning evaluations, are critical needs. In El Salvador, one of the strategic commitments will focus on the national Multimodal Education System (SEMES), which aims to transform the education system into a multimodal, diverse, flexible and relevant ecosystem that includes a monitoring, follow-up and evaluation phase.

Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% of children and adolescents who access and remain in pre-basic, elementary and middle school education.</td>
<td>Reports and resources State institutions Ministries of Education and national statistical agencies in countries</td>
</tr>
<tr>
<td>2</td>
<td>% of children and adolescents who do not access education due to non-functional schools.</td>
<td>Reports and resources State institutions Ministries of Education and national statistical agencies in countries</td>
</tr>
<tr>
<td>3</td>
<td>% of children and adolescents who do not attend school.</td>
<td>Reports and resources State institutions Ministries of Education and national statistical agencies in countries</td>
</tr>
<tr>
<td>4</td>
<td>% children in schools without access to an improved potable water source</td>
<td>Reports and resources State institutions Ministries of Education and national statistical agencies in countries</td>
</tr>
<tr>
<td>5</td>
<td>% students who have access to the internet</td>
<td>Reports and resources State institutions Ministries of Education and national statistical agencies in countries</td>
</tr>
</tbody>
</table>

Guatemala: The PiN figure for Education was established with currently available data and its analysis will be incorporated into the HRP.
3.8 Emergency shelter

<table>
<thead>
<tr>
<th>PEOPLE IN NEED (PIN) TOTAL</th>
<th>PEOPLE IN NEED EL SALVADOR</th>
<th>PEOPLE IN NEED GUATEMALA</th>
<th>PEOPLE IN NEED HONDURAS</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>566,6K</td>
<td>23,2K</td>
<td>254,1K</td>
<td>289,2K</td>
<td>49%</td>
<td>42%</td>
<td>--</td>
</tr>
</tbody>
</table>

Challenges faced by vulnerable groups

Displaced people in NCA not only lose access to their homes, they also lose their assets, access to support networks, livelihoods and face new barriers in acquiring new housing upon being forcibly relocated elsewhere.

Honduras’ smaller municipalities, specifically those in and around the Sula Valley, suffered the most significant losses and severe damage to homes following Eta and Iota. These communities are mostly in rural areas or on the outskirts of major cities. Guatemala faces a similar scenario, where many of the most affected families were already facing extreme vulnerabilities.

The affected people were, by and large, already exposed to threats from these shocks, as much of the local construction is often poor or improvised or, in some cases, built in high-risk areas that offer little to no possibilities for mitigation measures, conditions that usually leads to an uncertain tenancy.

Many who lost their homes during the storms are still living in shelters or with host families, including more than 33,500 people in Honduras. Dozens of families have either taken to informal roadside settlements or are living an open sky exposed to the elements. These families face inherent protection and violence risks making them extremely vulnerable.

According to the Rapid Gender Analysis, 73 per cent of the women interviewed in Honduras say their homes suffered moderate or severe damage, while 81 per cent of women in Guatemala say their homes suffered varying degrees of damage. In Honduras, 16 per cent of the women stated they felt at risk if they remained in their damaged homes threatened by the possibility of collapsing, nearby flooding and the destruction of trees or other houses. Meanwhile, 90 per cent of the women in shelters in Honduras stated they had lost their homes completely.89

Several families choose to return to damaged homes due to the lack of medium- and long-term shelter solutions and the protection risks associated with living in shelters. In Honduras, 81,228 people whose houses suffered severe and minor damage returned to their homes and continue to live in them, despite the risks involved. The lack of adequate protection against the elements and the fragile constructions that are ill-equipped to deal with future shocks place these families in a particularly vulnerable situation that carries potential consequences for their health, access to education and employment. Women often take on home repair or adaptation tasks, adding to the burden of domestic tasks taken on regardless of their employment situation outside the home.

Families currently hosting people whose homes were destroyed are exposed to overcrowded conditions and deteriorating living conditions.

Beyond inherent physical vulnerabilities, the lack of stable housing contributes to an increase in GBV, the deterioration of family and social ties, higher rates

89 UN Women and CARE, 2021, Rapid Gender Analysis in Honduras.
of physical and mental illness, particularly among children, women and older people, and reduces financial stability and access to secure employment.

**Humanitarian needs analysis**

- Insufficient access to adequate temporary shelter solutions in the region increases the vulnerability of people on the move.

- Six months after hurricanes Eta and Iota, shelter needs in Honduras require medium- and long-term solutions, as an estimated 88,741 people require emergency shelter support.

- Some 5,000 families need to rebuild their homes and returning to their land is not a viable option as it is in high risk areas. Current needs range from the availability of land to providing new housing to allow people to maintain their livelihoods and live according to minimum standards.

- If a long-term solution is not possible, these families require a secure transitional shelter, where they can cope with future crises, are provided rental solutions, and/or cash transfers for shelter and housing.

- More than 4,000 houses require moderate repairs, safe reconstruction support, technical training and cash transfers. Host families require monetary or other support to cope with the challenges of hosting affected families under the same roof.

**Needs projection**

While the initial response phase included mainly the distribution of non-food items, the medium-term solution will continue to require temporary shelter and the repair of damaged houses. In the longer term, the answer to the housing crisis caused by the hurricanes will require coordination with public institutions to reduce the housing deficit and improve the living conditions of the most vulnerable people.

Coordination with non-governmental and governmental organizations, civil society, the private sector and international agencies will be key to building the link between the recovery and development phases of decent housing.
Honduras

People in need

Severity

Monitoring
Performance reports will be updated through the OCHA-managed 345W platform, as per established indicators. Additionally, coordination working group leadership in Honduras are constantly conducting field visits to affected and operational areas.

Indicators table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentage of households living in damaged dwellings by category of damage</td>
<td>Government</td>
</tr>
<tr>
<td>2</td>
<td>Percentage of households displaced due to community/regional risks</td>
<td>Government</td>
</tr>
</tbody>
</table>

El Salvador and Guatemala: They do not have sectoral working groups on Emergency Shelter, so PiN figures have been established at the regional level taking into account: 1) people displaced by climate change and natural events and people; 2) returnees and people internally displaced by violence (internal relocation programs, PTA program), people in need of international protection and migrants who maintain emergency shelter needs in the region.
3.9

**CCCM**

<table>
<thead>
<tr>
<th>PEOPLE IN NEED (PIN)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>138,7K</strong></td>
<td><strong>30%</strong></td>
<td><strong>43%</strong></td>
<td><strong>2%</strong></td>
</tr>
</tbody>
</table>

In Guatemala, the population with needs related to the sector of CCCM (shelters) has been considered from the perspective of human mobility and their needs are included under the other sectors.

**Challenges faced by vulnerable groups**

Forced displacement can directly influence the ability of affected people to exercise their fundamental rights. The sudden abandonment of their property and their opportunities for education and employment, together with the modification of social and family ties and the latent protection, has led to specific vulnerabilities that substantially affect their day-to-day lives and their stability in various aspects of life. This affected population needs shelter spaces for immediate protection in emergencies.

**Urgent problems**

People internally displaced by the 2020 hurricane season need urgent response. They are either living in poor or damaged shelter, with inadequate sanitation or ventilation, overcrowding and insufficient space for implementing COVID-19 prevention protocols. These issues are driven by insufficient beds, mattresses, fire prevention kits, inadequate protection mechanisms for women, adolescents and girls such as gender-specific bathrooms and showers and proper lighting, lack of security and trained staff for daily shelter management. Taken as a whole, these circumstances often limit access to dignified humanitarian aid for IDPs in shelters. Those who self-evacuated to host families with limited resources, a scenario that has led to family crises, are another IDP group of concern. The closing of shelters without an adequate strategy has led to people taking to informal and makeshift shelters where response bodies have no presence. The absence of referral routes and referrals to specialised services for maternal issues and the clinical management of sexual violence lead to an increase in sexual and reproductive health issues in shelters.

At the time of this publication, 1,824 people in Honduras internally displaced by hurricanes Eta and Iota are still in 35 shelters. According to the recent Rapid Gender Analysis, women in shelters face multiple challenges. Only 13 per cent of the women interviewed had access to safe drinking water in the shelter, while only 9.4 per cent of the women had access to women-only toilets. Half of the women interviewed indicated they do not have enough water to cover their families’ needs.

Although the majority acknowledged having access to a specific personal hygiene space, many consider said space to be unsafe. Most shelters are schools that lack proper shelter infrastructure. Very few of the 19 shelters visited during the Analysis had services for women with disabilities. Those that did associate this with general medical evaluations for pregnant women in shelters. Women in focus groups indicated a lack of specialised services for people with disabilities. More than 65 per cent of people interviewed indicated they did not have access to medication for chronic conditions in shelters.90

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90 UN Women and CARE, 2021, Rapid Gender Analysis in Honduras.
Furthermore, NGOs have identified shelter as one of the highest priority needs for the LGBTIQ+ population, given existing protection gaps, especially in emergencies and for people on the move.

- Most returnees or deportees arriving in vulnerable conditions during the pandemic arrived at shelters converted into quarantine centres and, after completing their isolation, faced difficulties in accessing transportation to their communities of origin or residence due to lack of money to cover their costs during the journey and upon arrival in their communities. Other returnees could not return to their communities due to the high level of violence and insecurity that triggered their flight in the first place.

- Irregular migrants in transit through countries with COVID-19 mobility restriction measures were stranded in border communities, where shelter spaces were hastily facilitated by civil society organizations. These migrants lack access to essential health services, including sexual and reproductive health services. The lack of knowledge of existing services, the limited supply of these services, shortages and/or limited supply of products such as contraceptives, are exposing women and adolescents to vulnerabilities such as unwanted pregnancies, maternal mortality linked to delays in care and the health consequences of sexual violence. An estimated 25 per cent of women migrants have unmet family planning needs, elevating the risk of unwanted pregnancies.

Shelters also lack medicines and trained personnel to care for people with chronic diseases, such as diabetes or hypertension, or for people with HIV-AIDS.

**Medium-term problems**

- In the medium term, IDPs and migrants in need of shelter require contingency plans that cover assessing existing infrastructure for shelter conversion without affecting schools.

- IDPs who require prolonged stays in shelters following the destruction of their homes or their homes’ location in disaster-prone areas. Thirty-seven per cent of the people sheltered in Honduras – just over 1,800 people - require relocation to other shelters or accommodation.

- The absence of aligned protocols for proper shelter management is leading to slow response and coordination challenges between government and humanitarian actors.

- The absence of specific guidelines on sexual and reproductive health in shelters is delaying care for women or adolescents in childbirth and challenging efforts to manage the consequences of sexual violence.

- Host communities with scarce resources and few essential services are susceptible to social tensions and xenophobia.

- Shortage of staff trained in shelter management for shelters who need support in managing the stays of LGBTIQ+ people.

**Humanitarian needs analysis**

Providing shelter spaces that can guarantee vulnerable people’s safety and protection requires mapping, assessing, selecting, and repairing existing infrastructure in disaster-prone areas and areas with people on the move, especially those with IDPs.

**Indicators table**

<table>
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</tr>
</tbody>
</table>
El Salvador

People in need

Severity

Honduras

People in need

Severity
The deteriorating shelters require better ventilation, lighting, sanitation, wheelchair access and basic equipment, especially in makeshift settlements with a large number of IDPs.

Vulnerable people living in disaster-prone areas require access to shelters to cope with future hurricane seasons.

Improving shelter coordination and access for all IDPs and migrants will require continuously updated information based on needs monitoring.

IDPs or migrants wishing to reach their destinations will require non-food items or cash transfers to cover their primary survival needs such as transport, food, toiletries and hygiene.

Strengthening protection measures within shelters will require measures such as gender-segregated, well-lit and safe toilets and showers, among other measures.

Adequate health response in shelters will require improved record keeping through sex and age disaggregated data and information on pregnancies.

Need to maintain more detailed records on the profile of people sheltered by sex, age, including whether they are pregnant, to provide adequate health response in shelters.

There is a need to align context-appropriate guidelines for shelter management, specific sexual and reproductive health response and GBV, and leverage recent disaster experiences to better tailor response. Community-level shelter staff training is required to guarantee the proper use of these shelter management tools, as well.

Medicines for the chronically ill and people living with HIV/AIDS needs to be provided in shelters.

**Needs projection**

- Durable solutions need to be found otherwise, displaced people and families will continue to resort to makeshift settlements.
- Effective monitoring and temporary shelters for displacement will be required, as many are still living in informal housing in disaster-prone areas that must endure recurring and increasingly intense storms and hurricanes.
- Well-managed shelters and effective coordination mechanisms will be needed to respond to mixed migration flows and returns set to continue in coming years.
- Shelter selection and preparation processes must be consolidated and equipped for risk mitigation with trained staff and established linkage and referral processes for essential services.
- Humanitarian organizations must advocate for sexual and reproductive responses such as pregnancy care, safe delivery, contraception, STI/HIV prevention and clinical management services for sexual violence for women and adolescent girls.
- Based on lessons learned from previous emergency responses, distribution mechanisms for medicines for people with chronic diseases, including HIV-AIDS, must be established.

**Monitoring**

An indicator has been defined for people in need of temporary shelter and other complementary humanitarian need. It has been informed by the combination of projections based on people in need among i) people affected by disasters, ii) returnees and deportees, refugees and migrants in transit, and foreigners in need of protection and iii) forcibly evicted people.
Indicators

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<th>INDICATOR - REGIONAL</th>
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Guatemala: During the preliminary analysis for the HNO, it was determined with CONRED that there were no longer relevant needs regarding shelters derived from Eta/Iota. On the other hand, it was agreed that shelter needs for mixed flows of human mobility would be addressed by the Protection Cluster as has been done according to the corresponding Contingency Plan.
Part 4: 
Country needs analysis
4.1 El Salvador

Severity map and people in need

The designations employed and the presentation of the material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
PART 4: COUNTRY NEEDS ANALYSIS

4.1.1 Context

Throughout 2020, El Salvador was exposed to multiple emergencies. First came the pandemic followed by the impact of tropical storms Amanda, Cristobal, Laura, Eta and Iota as well as the massive landslide that hit the municipality of Nejapa de San Salvador.

The combination of these calamities has exacerbated the humanitarian needs of the most vulnerable populations, leading to an increase in food insecurity (from 620,000 food-insecure people before the pandemic to 1,043,661 afterward), high levels of unemployment, drastic deterioration of livelihoods, lack of access to essential services such as health, education, water and basic sanitation and increased levels of violence. While the February 2020 Humanitarian Needs Overview indicated that 642,000 people needed some form of humanitarian assistance or protection in El Salvador, the figure is estimated to rise to 1.7 million people in 2021 - 25 per cent of the Salvadoran population. The new crises have occurred in a context where 30.9 per cent of the country’s 6.7 million inhabitants live in multidimensional poverty, with limited access to a weak health system suffering from low levels of coverage. In 2020, the 9.8 per cent of people lived in extreme poverty, a 4.2 per cent increase compared to 2019.

Although homicide rates have dropped significantly since 2019, violence remains endemic, with some of the highest rates of violence and crime in the world, including a prevalence of violence against women and girls well above the global rate: 63 out of every 100 women interviewed experienced sexual violence.

Crime and violence are the main reasons people continue to be victims of forced internal displacement and act as catalysts for migration to other countries in search of international protection. In 2019, 54,300 Salvadorans applied for asylum, bringing the overall number of asylum seekers from El Salvador to 136,292 and the number of El Salvadoran refugees worldwide to 41,850.91


4.1.2 Impact of crises on people and services and humanitarian needs

Impact on the economy

Implementing restrictive measures to contain COVID-19 greatly reduced economic activity, triggering a recession. According to data from the Central Reserve Bank (BCR), GDP fell by -7.9 per cent by the end of 2020 compared to 2019, which is equivalent to a five-year decline in the level of national production. Tax revenues fell to 25.8 per cent of what had been collected in previous periods, affecting the Government’s ability to invest and sustain social programmes.92

In terms of formal employment, according to figures from the Salvadoran Social Security Institute (ISSS), it is estimated that more than 67,000 jobs were lost between February and June 2020 because of the crisis. It is estimated that more than 70 per cent of employed people work in a micro or small enterprises (MSEs) and that

most MSEs operate in the informal sector, where the most significant impact has been reported, including business closures as well as reductions in economic activity and personnel, etc.  

**Impact on health systems**

Even though El Salvador has first-level health coverage, it faces challenges linked to the fragmentation of the National Health System and insufficient coordination with the private sector. Moreover, only 2.5 per cent of GDP is invested in health, while the WHO recommends 6 per cent. The COVID-19 emergency and the mobility restrictions imposed in the country affected essential health services (vaccinations, maternal and child health care, sexual and reproductive health care, provision of medicines, treatment for sexual violence, among others). In addition, they affected the supply chain for medicines, medical supplies and equipment needed to respond to the pandemic.

The loss of employment and the increase in food costs due to supply chain disruptions directly affected the nutritional status and overall health of people, especially vulnerable groups such as children under five, pregnant women and the elderly.

Early childbearing also poses a major risk to the health of young women and their children. According to MINSAL statistics, maternal deaths due to both direct and indirect causes within the health system increased from 27 in 2019 to 46 in 2020, while the reduction in birth control and vaccination services for children under five amid the pandemic will likely have an impact primary morbidity and mortality indicators.

**Impact on food security and livelihoods**

The COVID-19 restrictions spurred a drop in household income, with a direct and sustained impact mainly on poor households, most of whom are engaged in subsistence activities earning a limited income. The Government and external donors provided humanitarian assistance to prevent severe acute food insecurity and the situation from deteriorating further.

In addition, the effects of tropical storms Amanda, Cristobal, Eta and Iota generated adverse consequences, increasing the number of severely food-insecure households, mainly for those dependent on subsistence agriculture. Sixty-five per cent of households have seen their incomes fall since the onset of the pandemic, with the limited availability of financial and physical resources becoming one of the main risks threatening food and nutrition security.

According to analysis from the latest IPC report (December 2020), between November 2020 and February 2021, 684,000 people (10 per cent of the population) were in Crisis or worse (IPC Phase 3 or above). The most affected department was Ahuachapán, classified as Phase 3. Per IPC projections for 2021, between March and May the population in Crisis or worse (IPC Phase 3 or above) would be 985,000 people (15 per cent of the population). Between June and August 2021, the number of food-insecure people is expected to increase to 1.04 million people (16 per cent of the population).

Food shortages can push women to adopt dangerous coping strategies, such as travelling long distances in search of food, exposing themselves to the risk of rape and other forms of sexual assault, or engaging in transactional sex in exchange for money to buy food, putting themselves at risks of sexual exploitation, violence and/or increased susceptibility to HIV and other STIs.

**Impact on nutrition**

The impact of COVID-19 and tropical storms has negatively affected the nutritional status of families, especially children under five and pregnant women. Before the crisis, the country suffered from a triple burden of malnutrition, which consists of undernutrition, hidden hunger, overweight and obesity. The exacerbating effects of increasingly more protracted emergencies is affecting fetal development with long-term effects (known as “programming”), manifesting as low birth
weight in new-borns and cardiovascular disease, obesity and diabetes in adults. A pregnant woman with anaemia - indicating nutrient deprivation - may also have a low-birth-weight baby, premature delivery and other complications.

During the crises, there has been an increase in low-birth-weight infants, anaemia in pregnant women, anaemic and overweight children under five and a low breastfeeding rate. The needs of these groups must be urgently addressed to reduce the impact of malnutrition in their lives and those of their offspring, thus avoiding the perpetuation of human underdevelopment.

**Impact on protection and rights**

El Salvador reports approximately 71,500 internal displacements caused by violence.

The dynamics of internal displacement and deportations have a negative effect on host communities. Many of these communities see their needs increase with the arrival of vulnerable populations and lack the capacity to cover their needs. In addition, the receiving municipalities are also those which are least economically and socially developed.

Forced displacement has a multidimensional negative affect on the exercise of rights. At the community level, the lack of state presence and gangs' social and territorial control hinder the ability of internally displaced people to access rights. To mitigate risks, people affected by violence often limit their movements, thus falling into more profound vulnerability and affecting their sources of income. Once they flee their community, people leave behind their property, belongings, educational paths and employment opportunities. In addition, displacement results in the loss of social, community and family networks, while creating new challenges related to the establishment of families in a new place.

Relocation is sometimes not a durable solution, as gangs have widespread networks throughout the country and can easily locate a displaced family settled elsewhere. Women, girls, boys and adolescents are at greater risk of being targeted by these criminal groups. This situation creates a cycle of displacement that is often very difficult to break. In some cases, recurrent internal displacement leads to a decision to flee the country in search of protection elsewhere.

Refugees and asylum-seekers face practical challenges concerning access to work opportunities, funding or credit, professional licenses/education and psychosocial support, mainly due to the non-recognition of their identification documents (temporary and permanent residence) by the general population, institutions and other stakeholders.

**Impact on Gender-Based Violence**

Women in El Salvador are constantly exposed to GBV. The country has one of the highest femicide rates in Latin America⁹⁷ and 65 per cent of women have experienced at least one incident of GBV in their lifetime⁹⁸.

The consequences of multiple crises, such as forced displacement and staying shelters, expose women and adolescent girls to an increased risk of GBV, particularly sexual violence. The lack of essential GBV response services for displaced people in host communities and shelters puts survivors' lives at risk and intensifies isolation, stigma and codes of silence, while increasing reliance on negative coping mechanisms.

Despite the high rate of GBV, only 17 per cent of survivors have access to care or seek help.⁹⁹ This is primarily due to mistrust of service providers, gaps in response services both in terms of quality and quantity, the high rate of impunity and fear of reprisals for seeking help. With regard to impunity, it is important to point out that of the 4,590 reports of sexual abuse and assault against children and adolescents in 2018, only 444 (less than 10 per cent) resulted in convictions.”¹⁰⁰

**Impact on children**

The effects of COVID-19 confinement measures placed greater stress on families, resulting in an increase in

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⁹⁸ DIGESTYC, National Survey on Violence against Women, 201
⁹⁹ DIGESTYC 2019 National Survey on Sexual Violence
¹⁰⁰ Attorney General’s Office (FGR) 2018.
both domestic and sexual violence. During 2020, 2,086 cases of sexual violence were reported, 9 out of 10 victims were girls. Teenage pregnancies exceeded 6,800 cases. In 2020, 74 victims of femicide were identified (70 per cent less than in 2019), of which 11 were under 18 years of age.

Forced displacement due to violence and the actions of control, surveillance and intimidation by gangs affect adolescents, either through gender and sexual violence against adolescent women or threats and aggression against young men. Additionally, the demand for psychosocial support has increased considerably among boys and girls, who have lost access to essential social spaces, such as school, triggering states of anxiety and behavioural changes.

The total number of returnees registered between January and April 2021 in El Salvador was 1,381, of which 415 were children (268 boys and 147 girls). It is essential to have safe spaces and comprehensive and specialised care services available for children, especially for returnees, displaced people and victims of violence, with the aim of effectively reintegrating them into society and creating effective complaint and case management mechanisms.

Impact on water, sanitation and hygiene

Inadequate provision of WASH services reinforces social inequalities, particularly among the most vulnerable populations. Women and girls, who are often responsible for ensuring access to water for their families, suffer most from lack of access to water and sanitation, mainly because of the basic need for these services during menstruation, pregnancy or breastfeeding, especially in single-parent households.

In El Salvador, more than 700,000 people rely on unimproved and unprotected water sources or have no access to water or sanitation services in their homes. Diarrhoea is one of the leading causes of mortality among children aged 5 within MINSAL's network of health facilities.

Given the impact of emergencies on water supply sources, the effect on families in shelters is exacerbated due to the diminished quantity and quality of water, limiting handwashing practices, excreta disposal, toilet cleaning, proper hygiene in facilities and for food, all of which are reflected in illnesses or worsening health.

Another challenge for the country is the quality of WASH services. According to MARN's Surface Water Quality Report (2020), 100 per cent of surface water cannot be made potable through conventional methods, making it difficult for it to be a viable source for use by the population during emergencies, further limiting alternative water sources to supply people in need and increasing the stringency of water treatment needed for consumption during emergencies.

Impact on humanitarian access

Restrictions generated widespread access difficulties for the delivery of humanitarian assistance. The rainy season poses a risk for the country in the form of flooding, which limits access to certain areas and affects road infrastructure, causing delays in the delivery of supplies when damages are incurred or when faced with landslides, mudslides or any other type of incident that may cause delays.

The violence generated by the territorial control of gangs, combined with the lack of effective prevention and protection mechanisms managed by authorities, limits access to areas dominated by these groups.

Impact on education

The closure of education facilities has directly affected 1.1 million students. The process of educational continuity implemented through online platforms highlights the limited capacity to adapt to virtual education systems,
access virtual platforms and/or digital devices (61 per cent of students have access). The pandemic has increased student exclusion and falling behind, which in many cases has resulted in dropouts. In 2020, the school dropout rate among 16–18-year-old students was 38.2 per cent. In addition, school closures following the onset of COVID-19 have cut the 6.6 years of effective learning down to 5.7 years.

With the closure of schools, children and adolescents lost a safe space where they would receive their only meal of the day, health check-ups and opportunities to develop their social skills by interacting with their peers and teachers. This is a particularly concerning situation for the most vulnerable children and adolescents, as it negatively impacts students’ mental health, levels of frustration and domestic violence.  

The lack of infrastructure to temporarily house people affected by different emergencies often results in schools being used as temporary shelters, suspending or delaying children’s learning and causing damage to school infrastructure.

Impact on housing and shelter
Back-to-back tropical storms Amanda and Cristobal hit El Salvador hard, bringing intense rain, high winds and flood damage. Some 12,154 people had to be evacuated, seeking refuge in 210 shelters. According to Government sources and international NGOs, 83 houses were completely destroyed, 407 suffered severe damage and 2,060 saw minor damages. In November 2020, the passage of Eta triggered the displacement of 2,264 people who entered collective shelters.

Most vulnerable groups
Vulnerable groups include children and adolescents, pregnant and lactating women, LGBTIQ+ population, elderly people, survivors of GBV and other types of violence, people with pre-existing medical conditions, people with disabilities, deportees, those fleeing violence as well as those deprived of liberty in prisons and juvenile detention centres. Additionally, migrants and people on the move, women, young people, including adolescents with disabilities, are vulnerable due to limited access to sexual and reproductive health services.

In El Salvador, children under 5 suffer from different forms of malnutrition: anaemia (21 per cent), acute malnutrition (2.5 per cent), stunting (16.3 per cent), underweight (5.9 per cent), and overweight (6.4 per cent), which exposes them to life-threatening diseases. In children under six months, just under half (46.7 per cent) of children are exclusively breastfed, leaving the other half at increased risk of infections.

Undernourished women are more likely to become ill during pregnancy and have a higher risk of premature birth, miscarriage, stillbirth and even death. They are also more prone to infection, suffer from debilitating weakness and have lower productivity. In El Salvador, 29 per cent of pregnant women are anaemic. The number of low-birth-weight babies, which reflects malnutrition among pregnant women, is 9.15 per cent. This number doubles in newborns born to adolescent mothers (18.36 per cent).

Projected evolution of the situation
The International Labour Organisation (ILO) estimates that the economic crisis associated with the COVID-19 pandemic will affect 1.3 million jobs in El Salvador, equivalent to 46.6 per cent of the workforce. Even though the Government has been implementing social protection measures targeting poor and vulnerable populations since March 2020, there is uncertainty surrounding the availability of fiscal space to continue meeting people’s needs, which will disproportionally affect the most vulnerable.

Worryingly, if poverty, low access to food among households and other conditions of deprivation continue or increase, there will be an increase in low birth weights, premature births and malnutrition in both children and pregnant women, the consequences of which will persist throughout the life cycle, significantly increasing public
expenditure on health and negative affecting national economic performance.

Over the next 12 months, the number of IDPs and people at risk of internal displacement is likely to increase due to growing insecurity and violence, coupled with aggravated socio-economic conditions. Additionally, displacement risks and needs in the next six months may potentially be exacerbated by the impact of the 2021 hurricane season.

Based on the trend analysis for 2016-2019, UNHCR estimates that in 2022 the number of deportations will reach approximately 50,000, of which 10,000 will have protection needs (20 per cent of the total number of people deported).
4.2 Guatemala

Severity map and people in need

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4.2.1 Context

Guatemala is the most populous country in Central America with 17.1 million inhabitants, of which 8.7 million are women (50.8 per cent) and 8.4 million are men (49.2 per cent). An estimated 53 per cent of the population lives in urban or peri-urban areas. 110

Over the last decade, Guatemala has suffered a considerable increase in the recurrence and magnitude of disasters and humanitarian crises. Food insecurity is now a permanent crisis that not only affects vulnerable families in the Dry Corridor, but also impoverished families in the central-western highlands, specifically indigenous families dependent on subsistence farming and day labourers. EFSA and IPC assessments have shown that since 2014 there has been a steady increase in the number of crisis-affected people in need, jumping from 600,000 people in 2013 to 3.5 million in 2021.

Meanwhile, the burden of acute malnutrition, in a country where half of all children are chronically malnourished, has risen sharply from around 13,500 cases per year in 2013 to some 28,000 in 2020. As of 30 May 2021, cases of acute malnutrition had reached 13,930. 111

The migration phenomenon is also generating a humanitarian crisis within country as well as along the Guatemala-Mexico migration corridor and the United States’ southern border. According to US Border Patrol statistics, the number of Guatemalan migrants apprehended annually has increased from 17,338 people in 2007 to 265,129 people in 2019. Within these migration flows, unaccompanied children and adolescents stand out, with 8,567 of them apprehended in 2020, a number that rose to 30,376 in May 2021.

With the onset of COVID-19 pandemic in 2020, the capacity of Guatemala’s hospitals was overwhelmed, starting with the provision of routine emergency services, common illnesses and medical treatment. At the time of writing this HNO, the Ministry of Public Health and Social Assistance (MSPAS) reports 271,703 accumulated COVID-19 cases and 8,455 deaths.

Additionally, in November 2020, tropical storms Eta and Iota affected a large portion of the country. CONRED reported almost 4,000 storm-related incidents, with 2.4 million people affected, of whom 1.8 million people had humanitarian needs. The storms damaged or destroyed 17,259 houses (99,338 people) and community infrastructure (water systems, schools, hammock bridges, artesian wells, etc.), crops and livelihoods, roads and health infrastructure. Large-scale landslides and rockslides claimed the lives of at least 61 people and some 100 were missing. At their peak, the storms forced the displacement of some 300,000 people, who were sheltered in more than 400 "official" shelters, some 1,000 "unofficial" shelters and an unknown number stayed with family and friends.

Impact on food security and livelihoods

110 Census, INE, 2018
111 National Food Security and Nutrition Information System (SIISAN)
4.2.2

Impact of crises on people and services and humanitarian needs

Impact on food security and livelihoods

In Guatemala, the most vulnerable populations are small producers and day labourers. They have no social protection and their livelihoods are dependent upon circumstances beyond their control, such as climate and market prices.

It is currently estimated that 174,000 people need emergency food assistance, as they are unable to satisfy their food needs. An additional 3.3 million people will need supplementary aid over the course of the year.

In Alta Verapaz, Chiquimula, El Progreso, Huehuetenango, Izabal, Jutiapa, Petén, Quiché, Santa Rosa and Zacapa, the housing and productive activities of some 300,000 families were affected by the storms. Damages to basic grains, vegetables and industrial crops were reported due to the intense rains and winds brought by Eta and Iota. In these departments, an estimated 136,761.20 hectares were damaged, with 204,500 families were affected. The estimated economic loss amounted to US$115 million. The most affected crops were maize, beans, plantain, bananas, tomatoes, onions and broccoli, cardamom and coffee.

Losses were also reported in the livestock sector, including in poultry, cattle, pigs, horses, small ruminants and aquaculture. An estimated total of 1,124,076 animals died and 6,922 families were affected.

UN Women and CARE's Rapid Gender Analysis for Eta and Iota shows that women lost livelihoods and physical capital that constituted part of their essential assets for survival and income generation. These storms brought multifaceted impacts for women. Around 75 per cent lost subsistence crops, which constituted their family's medium- and short-term food supply, backyard animals died and 57 per cent lost the food they had on hand when their homes were affected by flooding. About 24.4 per cent of female-headed households were considered to be at risk because they are traditionally single-parent households, which implies the absence of a second income, or a person to share the burden of care in the household, including for children and the elderly. As a result, they often choose to consume less food or take informal loans with high interest rates.

Impact on nutrition

The different crises that have affected Guatemala (migration crisis, the drought in the Dry Corridor, the effects of storms such as Eta and Iota, climate change and the COVID-19 pandemic) have caused the loss of crops, jobs and income, leading to a decline in availability and access to food, forcing families to resort to negative coping strategies, such as cutting back on health and nutrition expenses, and to subsist on a minimal diet consisting mainly of maize, sugar and some herbs, among others. More than 80 per cent of households report relying on less expensive foods, while 50 per cent limit portion size. On the other hand, lack of access to health and nutrition services has limited access to micronutrient supplementation, especially for pregnant and lactating women. It also has limited support for families to implement appropriate infant and young child feeding practices, especially breastfeeding and complementary feeding (for children over six months).

These factors have resulted in reduced dietary intake and increased risk of infections, contributing to acute malnutrition and greater risk of death, particularly among the most nutritionally vulnerable, including children under five (especially those under two) and pregnant and lactating women. This comes on top of the dire situation of chronic malnutrition, which is particularly alarming in Guatemala, with 46.5 per cent of the population under 5
chronically malnourished, the highest percentage across the region.\textsuperscript{112}

In the school-age population, higher percentages of chronic malnutrition are found in indigenous children and those living in rural areas, where chronic malnutrition rates reach 80 per cent (among the Mayan population). Indigenous people are most affected by chronic malnutrition (61 per cent, reaching as high as 78 per cent in some cases) and therefore, more likely to suffer from acute malnutrition due to weak and underdeveloped immune systems resulting from chronic malnutrition.

Acute malnutrition is the result of sudden reductions in food intake or diet quality as well as recurrent infectious diseases. It is often used as an indicator of the severity of a humanitarian crisis. Children with acute malnutrition have severely altered physiologies and metabolisms and face a higher risk of death. Severe acute malnutrition increases the mortality risk in children under 5 by up to nine times.

In 2020, the Health Management Information System (SIGSA) of the Ministry of Public Health and Social Assistance reported 27,913 cases of acute malnutrition in children under five. In 2021, as of Epidemiological Week 20, MSPAS reported 13,387 cumulative cases among children under five, of which 26.4 per cent were cases of severe acute malnutrition while 73.6 per cent were moderate acute malnutrition. Of these cases, 72 per cent were among children under 2, with 9.3 per cent found in children under 6 months, demonstrating the direness of the situation.

Impact on protection and rights

According to data from the International Organisation for Migration (IOM), 151,201 people were returned from Mexico and the United States between 2019 and 2020. Most of these people were from the western departments, with predominately indigenous populations, situated along the country’s poverty belt. In the context of COVID-19, the Disaster Tracking Matrix (DTM) rolled out by IOM among 2,101 returnees\textsuperscript{[1]} shows that 64.1 per cent have migrated for economic reasons, 9.1 per cent for family reunification, 3.3 per cent due to some form of violence and 0.4 per cent for discrimination based on sexual orientation and gender identity. In addition, the survey reports that 5.9 per cent have experienced displacement due to violence, with 3.5 per cent of returnees saying they cannot return to their community of origin because “their lives were in danger”.

Since the end of 2018, a new form of migration to the United States has emerged: the so-called migrant caravans, which have been organised mainly in Honduras, sometimes involving people from El Salvador, Guatemala and other countries.

Poverty, inequality, violence, land and social conflicts, as well as domestic and social violence against women and children are exacerbated in the aftermath of disasters. Despite improvements in specific security indicators, the scope, control and violence exercised by organised crime groups continue to pose severe protection challenges.

Organised crime is one of the main drivers of forced displacement in Guatemala, where the criminal activities are largely linked to the violence generated by drug trafficking and criminal gangs. Forced displacement is a problem that has a negative impact on people’s wellbeing, pushing displaced people to constantly resort to negative coping mechanisms (child labour, begging, survival sex) and other dangerous practices that cause harm to individuals and families. These conditions, in turn, produce a continuous dependence on humanitarian assistance and protection.

In Guatemala, there is a profound gender inequality that is sustained by a patriarchal and conservative culture as well as a fragile system of security and judicial responses that promotes impunity. Exclusion and violence against women, particularly against indigenous and rural women, has been perpetuated as a tool of subordination and control of women’s lives and bodies. During the pandemic, records of femicides showed a downward trend. Still, the number of missing women and alleged suicides increased exponentially, demonstrating the fragility of women’s situation in the face of humanitarian crises.

\textsuperscript{112} ENSMI 2015
In 2020, the Global Gender Gap Index for Guatemala owing to crises stood at 0.666, placing the country 113th out of 153 countries (107th in 2018). This setback means greater gaps in the inequality between men and women in terms of economic and political participation, health, education, and distribution of resources and opportunities amongst them.

Impact on Child and Adolescents

It is estimated that at least 796,000 children and adolescents who have been affected by recurrent climatic shocks and migration have urgent humanitarian needs and require access to specialised child protection services. Eta and Iota hit Guatemala hard, with departments of Alta Verapaz and Izabal most affected. Twenty-five per cent of children in these departments (175,000 people) require psychosocial follow-ups, actions to prevent abandonment, family separation and protection from exploitation and sexual abuse.

Despite the COVID-19 pandemic, the migration of children and adolescents continued unabated in 2020. More than 4,500 unaccompanied children and adolescents were returned from Mexico and the United States in 2020, while more than 2,100 accompanied ones were also returned. In addition, 2020 saw two mass population movements in so-called caravans in January and October, each with more than 4,000 people. Children and adolescents made up approximately 30 per cent of these caravans, requiring psychosocial assistance for the detection and prevention of violence, exploitation and sexual abuse, assistance for follow-up on family reunification processes, medical attention, hygiene and recreation kits, PPE for both staff and children and adolescents in the shelters.

In 2020, there was a notable decrease in the number of reports of crimes against children, requests for administrative and judicial protection, as well as reports of missing children. In some cases, it was as high as 50 per cent. However, it is important to note that the decline in reports demonstrates the difficulty in accessing protection services amid the pandemic rather than an actual decrease in violence against children and adolescents.

Impact on Gender-Based Violence

In Guatemala, GBV is an alarming phenomenon, especially among the most vulnerable groups (women, indigenous people, migrants and people with disabilities). Women asylum-seekers and refugees are exposed to the most common forms of GBV, fleeing their countries to escape widespread and systematic violence at the hands of armed criminal groups, gang persecution, sexual violence perpetrated by gangs and domestic violence. GBV also disproportionately affects LGBTIQ+ people.

In the face of the loss of goods, services and housing, women are most affected, exposing them to more significant risks of GBV. This was highlighted by the Eta and Iota Rapid Gender Analysis, where 27 per cent of women interviewed consider that violence against women had worsened considerably after these storms, while 34 per cent said it had worsened somewhat. According to the report, the most common types of violence affecting women were: economic abuse (19 per cent), psychological violence (13 per cent), physical violence (12 per cent), sexual harassment (5 per cent), sexual assault (3 per cent) and rape (1 per cent).

Women at risk and survivors of GBV lack sufficient information about their rights, how to access appropriate reporting routes or what protection mechanisms exist. Due to the loss of their homes, girls and adolescents staying with relatives or neighbours are exposed to greater risks of GBV.

One of the main barriers to accessing GBV services is their concentration in the capital city and some departmental capitals, with no coverage in more rural areas. In addition, existing services do not respond to the socio-cultural,
linguistic and differentiated needs and conditions by age group and among the LGBTIQ+ population. This exclusion limits access to information and reporting routes and referral and response to GBV cases, exacerbating re-victimisation, mental health risks and harmful practices against girls, adolescents and women and resulting in unwanted or forced pregnancies, unions or marriages.

Impact on health and sexual and reproductive health
In the aftermath of Eta and Iota, damage assessments and needs analysis found 237 affected health centres (45 per cent with minor damage, 43 per cent with significant damage and 12 per cent completely destroyed), most of which provide primary health services. Additionally, assessments found that 1,195,536 affected people had difficulties accessing health services in the most affected departments, 50.35 per cent (602,239) of whom were women, most of them (55.85 per cent or 336,326) of Mayan, poor, illiterate and monolingual.

These crises diminished access to sexual and reproductive health in affected departments. There has been a 58 per cent decrease in family planning services, first prenatal consultations (14 per cent) and institutional deliveries (10.8 per cent). In the most affected departments, there was an increase in teenage pregnancies (61 per cent) and more than 50 per cent of maternal deaths across the country were registered in these departments (184 out of 336).

Impact on education
COVID-19 and Eta and Iota affected 429 educational establishments and left more than 2,192,939 children and adolescents in need of humanitarian assistance to stay in school. This assistance will include the provision of educational materials and expanding the reach of educational services through alternative learning modalities that will facilitate the educational reintegration of those who dropped out since 2020. In most cases, these students come from the poorest segments of society and will require assistance to reduce school failure, falling behind or dropping out.

During 2020, remote education from home was promoted through the use of distance learning materials. However, studies show that only 17 per cent of households have adequate internet access and a suitable device for remote learning, highlighting the inequality in access to education amid the pandemic.

Impact on Water, Sanitation and Hygiene (WASH)
According to ECLAC’s assessments for Eta and Iota, some 41 municipalities suffered damage to their water supply systems. Damage to water infrastructure affected 75 per cent of these systems to varying degrees. In the Department of Quiché, the municipalities of the north were most affected, including the Ixil area, where three indigenous groups, the K’iche, Ixil and Uspanteco, makeup the majority of the population. Izabal, being the department closest to the Atlantic, was directly hit by Eta and Iota, affecting critical WASH infrastructure. In Izabal, the mestizo, Q’eqchi’ and Garífuna populations were severely affected, as significant flooding affected large swaths of land, household and community wells and collapsed drinking water systems. For populations in the Dry Corridor, access to water remains precarious. In the Department of Jutiapa, for instance, there are more than 25,000 people who do not have access to water services, of whom 41 per cent are children and adolescents and 52 per cent are women.

Impact on humanitarian access
Satellite imagery of flooding in southern Petén, Alta Verapaz and Quiché provided by UNITAR/UNOSAT, showed that some 380 square kilometres of territory were flooded. Data from WorldPop was used to estimated that some 24,000 people were potentially exposed to or living near these flooded areas. In Izabal, some 150 square kilometres were flooded and about 8,600 people were exposed to flooding. The municipalities with the largest surface area flooded were Puerto Barrios (114 km2), Morales (24 km2), Livingston (6 km2) and El Estor (4 km2).

Field visits by OCHA staff identified at least 10 communities in the municipalities of San Pedro Carchá, Chisec and Cobán that were flooded entirely for more than 100 days with water reaching between 5 and 20
metres. The most affected areas were Sesajal - Chibut and Campur in San Pedro Carchá. The latter was widely reported in national and international media. These communities lost all their infrastructure, institutions and community assets.

This massive flooding prevented humanitarian assistance from reaching these communities, for which an air bridge had to be set up from the municipal capitals. Although the water level has receded considerably, the network of local roads and highways have been destroyed.

**Most vulnerable groups**

The impacts of the crises of food insecurity, Eta and Iota and human mobility have a common denominator: they affect low-income, predominantly indigenous families without access to formal health and education systems. Virtually all sectors highlight the acute and differentiated needs of women, adolescents and girls, especially women victims of violence, female heads of households, abused and pregnant adolescents, and migrant and malnourished girls. The negative spiral of food insecurity and acute malnutrition have caused deaths in children under 5, maternal and infant deaths. It perpetuates physical and mental underdevelopment, mainly for subsistence, subsistence and day labourer farming families. There is a need for a comprehensive and coordinated response, including food assistance, recovery of productive capacities, women empowerment, health care, sexual and reproductive health, and improvement of water, sanitation and hygiene conditions. Among the population in human mobility, the needs of refugee, migrant, and asylum seeker, returnee women, girls and adolescents, women mothers and LGBTIQ+ community members stand out, as they suffer violations of their rights and sexual abuse. The number of unaccompanied migrant children has increased exponentially in recent years and requires specific protection actions.

**Projected evolution of the situation**

The humanitarian situation is expected to continue to worsen with lack of employment and access to food, lack of coverage by government social protection programmes, seasonal hunger, crop failures, lack of seeds and, the absence of mass vaccination in rural areas and mid-sized intermediate cities. Despite the burden and restrictions in the face of the pandemic, there has been no strategy to address the demand for health care for the population and the gap remains in reaching the most remote places and vulnerable groups (women, children and indigenous peoples).

Gender-based violence, violence against women, sexual violence and other harmful practices continue to rise in recent months, with an upturn in pregnancies among girls and adolescents. Protection needs in the face of violence will evolve as the population faces other disasters or social conflict situations.

Climate forecasts indicate that favourable conditions for staple grain harvests may reduce food insecurity. However, urban and peri-urban populations that lost employment, income from the informal economy or their small businesses may need external support to recover. Acute malnutrition cases indicate a slight increase compared to the same period in 2020 and could end the year with close to 30,000 cases nationwide.

Migrants apprehended in the US and returnees, including unaccompanied children, are expected to continue to rise.
4.3 Honduras

Severity map and people in need

The designations employed and the presentation of the material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
PART 4: COUNTRY NEEDS ANALYSIS

4.3.1 Context

Honduras faces increasing overlapping multidimensional risks, in a context of extreme fragility, exacerbated by COVID-19 pandemic and tropical storms Eta and Iota, aggravating high levels of poverty, gender inequality, low institutional capacity and structural violence. The country faces growing inequality, with 49 per cent of the population in poverty and 20 per cent of children stunted, amid increasing food and nutrition insecurity and high levels of gender discrimination, gender-based violence and increased protection risks including recruitment, homicide and femicide.

The loss of employment, especially for women and youth, because of COVID-19 and storms Eta and Iota has increased care work, child labour, sexual exploitation and linkages with gangs and illegal activities as negative coping mechanisms that become necessary to sustain families. Thousands of women have dropped out of the labour market, leaving them without livelihoods and income generation, which has affected their survival also due to losses related to food, non-food items and work tools. Activities performed by women associated with the agriculture and domestic work have been severely affected, primarily through the loss of physical working capital.

In 2020, Honduras had the third-highest homicide rate in Latin America, behind Jamaica and Venezuela, with a rate of 64/100,000 for young men. Official sources show that, 4.5 per cent of homicide victims reported in 2020 were children and adolescents. Honduras also has the highest femicide rate in the region (ECLAC).

Latest figures have shown an increase in the movement of people, reaching similar trends to those from before the pandemic. The main reasons for forced displacement are the economic situation and lack of essential services, violence, forms of control and violation of rights, especially those perpetrated by criminal gangs and drug trafficking networks, and finally, climatic and environmental factors. Women and children face protection risks along the migration route and in destination countries, such as human trafficking and gender-based violence.

Violence, sexual violence and femicide, as well as widespread poverty, food insecurity, climatic shocks, including tropical storms Eta and Iota, and the economic effects of COVID-19, have driven thousands, including women and girls, to attempt to flee to Mexico and the United States; including extra-continental and intra-regional migrants stranded in the south and transiting the country along the same route.

116 Rapid gender analysis in Honduras. An overview in the face of COVID-19 and Eta / Iota care.org.hn
117 Police Online Statistical System SEPOL, Homicide Behaviour in Honduras 2020
118 https://oig.cepal.org/es/indicadores/feminicidio
4.3.2
Impact of crises on people and services and humanitarian needs

Impact on health and sexual and reproductive health (SRH)
The public health system is overburdened, with limited capacity to manage health needs, dengue emergencies and the COVID-19 pandemic, showing high morbidity, mortality and case-fatality rates, high COVID-19 hospital bed occupancy, and low vaccination coverage. Maternal mortality increased due to the higher number of early and unwanted adolescent pregnancies.

Approximately 250,000 people affected by tropical storms Eta and Iota, have limited or no access to health services due to varying degrees of damage to the health infrastructure. At least 10 hospitals and 404 primary health care facilities were damaged or lost due to the rains and floods. As of 2021, more than 27 health facilities remain disabled. In the recent Rapid Gender Analysis, 58 per cent of women surveyed said they had no access to SRH services, while 94 per cent mentioned they had no access to mental health services.119

Control measures on freedom of movement and territorial freedom imposed by gangs during the COVID-19 restrictions and Eta and Iota affected people’s access to services, including health services. Rape care and clinical management services for survivors of sexual violence were suspended and continue to face barriers.

The percentage of teenage pregnancies increased from 25 to 30 per cent. Many preventable maternal deaths in areas affected by tropical storms were due to delays in emergency obstetric care and services. Forty per cent of maternal mortality occurred in indigenous populations. In addition, 51.7 per cent of the women surveyed faced difficulties accessing health services, as they had to travel 30 minutes to get to a health facility.120 The unmet need for family planning has increased from 15 to 23 per cent, exposing many women, adolescents and girls to early and unwanted pregnancies.

Impact on food security
In 2020 at least 2.9 million people (31 per cent of the classified population; 51 per cent female, 49 per cent male) were in food crisis or worse (IPC Phase 3 or worse). For households that could not engage in agriculture or harvest crops, the lean season began in early January to February 2021 instead of March to May. In the Dry Corridor, rural households are expected to be the most affected by food insecurity due to loss of income, assets and crops due to the 2019 drought and 2020 hurricane season (FEWS NET, December 2020).

An average of 72 per cent of the working poor depend on the informal sector, with most living in urban areas (WFP/ILO study, July 2020). This study reveals that about 2.1 million informal workers lost their income during the pandemic, while 67 per cent of the respondents were on work stoppage. All of the departments in the country face a combination of global acute malnutrition, chronic and micronutrient deficiencies in children under age five and pregnant and lactating women, and inadequate infant and young child feeding practices. People in need of support has reached a very concerning level, as never seen before in the last decade.

Impact on nutrition
Data and estimates from SESAL, IPC and ENDESAS reveal that the nutritional situation of children under age five and pregnant and lactating women is deteriorating significantly. In the Rapid Gender Analysis, 47 per cent of the participating women are food insecure due to loss of crops or income, thus significantly reducing their availability and access to adequate food.121

119 UN Women and CARE. Rapid Gender Analysis in Honduras, 2021
120 UN Women and CARE. Rapid Gender Analysis in Honduras, 2021
121 UN Women and CARE. Rapid Gender Analysis in Honduras, 2021
The 2020 evaluation of maternal and child health carried out by the Cortés health region shows that the performance indicators of the AIN-C strategy (Comprehensive Child Care, which includes nutrition activities) have been in constant decline since 2014 (start date), reaching its lowest level after the storms. Furthermore, SESAL does not currently have a protocol for managing acute malnutrition cases in children under age five at the community level during COVID-19.

Several of the most severe departments in terms of malnutrition are those that were affected by tropical storms and are facing from COVID-19, migration and violence, leaving little doubt about the severity of the situation and the need to implement emergency nutrition programmes.

**Impact on water, sanitation and hygiene services**

The lack of climate resilience and national water security plans limits access to safe water, sanitation and hygiene, especially in terms of menstrual health and hygiene, for women and girls. Only 35 per cent of women participating in the Rapid Gender Analysis mentioned they had regular access to safe water and 58 per cent lack access to hygiene services. In shelters, 50 per cent of women noted that the amount of water is not sufficient to meet all their needs and families.  

The impact of Eta and Iota left a severe drop in access to water, sanitation and hygiene (WASH) services and there is a limited capacity of providers to restore these services quickly.

**Impact on protection and rights**

Honduras is in a complex humanitarian crisis with a particularly severe differentiated impact on women, children, LGBTIQ+ people and other risk groups such as traders, transportation workers, leaders and educators. Forced displacement and its triggers underpin the protection crisis, with a more significant impact due to COVID-19 and Eta and Iota. A recent characterisation study indicates that the effect is more significant on women (51 per cent of displaced people) for reasons such as sexual violence and femicide.

Mixed movements also generate shocks and impacts on causes, movement, reception, and different forms of return, all with a profound impact on the overall protection crisis in the country. COVID-19 and storms Eta and Iota, further affected movement dynamics and responses, including the state’s inability to respond and protect.

**Impact on Children and Adolescents**

Statistics from INE show that children and adolescents (38 per cent of the total population of Honduras) are one of the most vulnerable populations affected by emergencies, violence and crime, especially those living in municipalities with limited or non-existent access to and availability of services of protection and justice.

The ongoing closure of schools has removed a protective environment for children in the face of family violence and other forms of violence at the community level, with a greater impact on girls and adolescents. Of the 122 violent deaths of women registered by the observatory of the Women’s Rights Centre - Honduras (CDM), as of 31 May 2021, approximately 25 per cent were school-aged girls, which is in addition to the increase in early pregnancy and greater risk of dropping out of school.

Six months after Eta and Iota, children, adolescents and adults are still showing high levels of post-traumatic stress, distress, depression, anxiety, and suicidal thoughts.

One of the consequences of the loss of livelihoods and increased violence is the decision to migrate in search of new opportunities. Children and adolescents are
particularly vulnerable to abuses and violations during the migration, and unaccompanied children and adolescents are at extreme risk of gender-based violence and human trafficking in its various forms and recruitment by organised crime groups with a presence along the routes. Between January and May 2021, the Directorate of Childhood, Adolescence and Family has reported 3,112 returning children and adolescents (3,500 were reported in 2020), of whom 2,149 were unaccompanied.

Gender impacts
Both COVID-19 and storms Eta and Iota have deepened the pre-existing gender inequality in Honduras. Among the adverse and worrying effects highlighted by the Rapid Gender Analysis are the feminisation of poverty, unemployment and migration, and the decreasing quality of life and well-being of women, girls and LGBTQI+ people. The loss of income and livelihoods is affecting women's economic autonomy, coupled with an increase in unpaid care work, food insecurity and loss of employment, especially for those in the informal sector and domestic workers, consisting of more than 116,714 women (87 per cent) and girls (12.4 per cent; 14,527 girls ages 12-18) representing 87 per cent of the people carrying out this type work.  

The suspension or deterioration of services in health, sexual and reproductive health, education, justice and protection represents another layer of hardship with limited access to water, sanitation and hygiene, shelter and housing faced by women and girls. An increase in gender-based violence and femicides present severe consequences on their health and wellbeing and are reasons that force them to move. In addition to having lost their homes, livelihoods and family members, women in shelters may face an increase in gender-based violence, overburdened care work and limited access to services. The risks of lack of protection of rights faced by refugee and migrant women and girls along the migration route and in destination countries have also increased. Girls, adolescents, and young women face increased sexual violence, physical violence and forced recruitment that often leads them to drop out of school. For women and girls with disabilities and living with HIV, barriers to access services and lack of protection are more significant. Violence and discrimination have also increased against LGBTQI+ people in Honduras.

Impact on GBV
Honduras has one of the highest rates of violence against women, girls and LGBTQI+ people, with an average of one woman murdered every 27 hours. The departments of Francisco Morazán, Cortés and Olancho have the highest percentage of femicides.  

Reports from the Public Prosecutor reveal that rape is the third most reported crime and is the main sexual crime reported by women.  

The risk of gender-based violence increased during COVID-19 and even more with the impact of the storms. National isolation measures led to an alarming increase in reports of domestic violence in intimate partners. Between 2020 and April 2021, the 911 National Emergency System recorded a 49 per cent increase in calls of violence between intimate partners. The state response particularly in access to protection measures and justice was reduced. There are also barriers to access physical and sexual health services, shelters safe and dignified livelihoods.

Impact on education
The education cluster was most affected by the pandemic. The suspension of classes has limited access to complementary services such as school meals, psychosocial support and health services. Students lack economic resources to access the internet (only 42 per cent of the population) and therefore are unable to continue their education through digital platforms, radio or television. The suspension of classes has interrupted the educational and formative processes of children and adolescents. The already low educational inclusion rate, due to economic inequalities was further exacerbated by the impact of tropical storms and COVID-19 and 41.3 per cent of children and adolescents do not have access to

124 UN Women and CARE. Rapid Gender Analysis in Honduras, 2021
126 Social oversight report on the quality of attention services in the institutions for access to justice Intibucá, La Esperanza, Yamaranguila, Gracias and Distrito Central, CEM-H, 2020.
education. Girls and adolescents no longer have school as a protective space and increasingly at risk of early pregnancy, gender-based violence, and dropping-out.

**Impact on people in emergency shelters and early recovery due to Tropical Storms Eta and Iota**

Almost 10,000 families have lost their homes and are living in precarious conditions in small tents, rented houses or with relatives. Of the 1,824 people still living in shelters or collective centres, 925 (75 per cent) are women and children. Most women. These families who have lost their homes live in the smaller municipalities, rural areas and peripheral areas of large cities. They face high economic and social vulnerability, as their livelihoods were trade and agriculture before Eta and Iota.

In addition to being more exposed to GBV, women and girls take on a greater burden of care work in shelters. A recent needs assessment conducted by the Humanitarian Network in Honduras identified that women and girls are responsible for cleaning, cooking, childcare and fetching water in shelters. They also identified the lack of safe, private and gender-differentiated showers and personal hygiene areas, and adequate lighting as key aspects for improving shelter security. The main concern identified by women was a safe return home and lack of security, especially from GBV. In the face of very high levels of structural vulnerability and weak coping mechanisms, adverse impacts tend to increase poverty and inequality gaps, especially for women and children. According to the UNAH, poverty in Honduras has increased from 59.3 per cent in 2019 to 70 per cent in 2020. Despite financial mobilisation efforts by international cooperation and government, it remains a challenge to address the humanitarian and recovery needs. Weak coordination among government agencies makes coverage inefficient and in some cases generates further needs.

**Most vulnerable populations**

People who worked in construction, transportation and textiles are now living in conditions of extreme poverty in urban areas and engaged in non-formal (non-agricultural) employment are those with the greatest needs. These people do not earn an income and have spent any limited savings. These people, as well as drought-affected subsistence farmers have a high risk of catching COVID-19.

Women, especially pregnant and lactating women, children, indigenous people, the elderly and people with disabilities, are among the most food and nutrition insecure populations with a scarcity of food availability and access, inadequate feeding practices for young children and the prevalence of infectious diseases, especially in shelters and emergency accommodation.

Health workers, pregnant women, returning migrants, displaced women, informal vendors, women deprived of liberty, rural women, children and adolescents, as well as older adults (over 60), people with chronic diseases, people living with HIV or other immunodeficiency syndromes, LGBTQ+ people, and indigenous and Afro-descendant peoples are especially vulnerable to COVID-19 as they often find it challenging to access quality health facilities, goods and services. Displaced migrants in transit, returnees, community leaders and human rights defenders also require differentiated assistance.

**Projected evolution of the situation**

Honduras faces several challenges to improve the health situation, most pressing is managing the COVID-19 vaccines to reduce the high morbidity and mortality rates. Continued cases of COVID-19 on access routes to services could worsen prevalent and chronic non-communicable diseases and sexual and reproductive health complications, increasing the burden of care for women and girls.

From July to September 2021, the country’s overall food insecurity is expected to remain in Crisis (IPC Phase 3). The unprecedented economic crisis caused by the loss of livelihoods due to the pandemic and tropical storms has led to an increase the feminisation of household poverty and child poverty, an increase in violence, gender-based violence and illicit activities, as well as an increase in migratory movements and/or displacement. The needs arising from displacement due to violence continue to increase.
Political polarisation in the run-up to the elections may lead to greater instability, episodes of violence and an increase in serious human rights violations, given the widespread impunity. These factors will further drive internal displacement and mixed migration flows, as people search for effective and long-term solutions to their needs. Indicators tell us that 2021 could be a year of increased deportations, including deportations of children and adolescents. The Consular and Migration Observatory of Honduras reveals a 6.6 per cent increase in deportations to Honduras in the first 5 months of 2021 compared to 2020.

Cases of gender inequality and GBV will continue to rise as women, girls, boys and LGBTIQ+ people face unemployment, extreme poverty, migration and various forms of violence. In rural areas, indigenous and Garifuna communities, the gap in access to gender-differentiated, gender-sensitive and intersectional services will continue to deepen.

Shelter needs will evolve and be conditioned by the scope of the humanitarian response and the funding available to agencies and NGOs operating in the most affected communities.

The predicted above average 2021 Hurricane Season could further deteriorate the conditions of the vulnerability of women, men, boys, girls and LGBTIQ+ people who are still dealing with the ravages of Eta and Iota.
SAN SALVADOR, EL SALVADOR
Landslides caused by storm Amanda and heavy rains severely damaged houses on the outskirts of San Salvador.

Photo: WFP El Salvador/David Fernández
## 5.1 Data source

**El Salvador (28 indicators from 8 clusters and 1 Area of Responsibility)**

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>INDICATOR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>Population in sites with adequate management services</td>
<td>Displacement Tracking Matrix, 2020</td>
</tr>
<tr>
<td>CCCM</td>
<td>Population in sites with inclusive and representative management structures.</td>
<td>Displacement Tracking Matrix, 2020</td>
</tr>
<tr>
<td>CCCM</td>
<td>Population with access to essential services.</td>
<td>Displacement Tracking Matrix, 2020</td>
</tr>
<tr>
<td>Education</td>
<td>% of children and youth who have dropped out of the education system.</td>
<td>Ministry of Education, 2020</td>
</tr>
<tr>
<td>Education</td>
<td>% students who do not have access to the internet</td>
<td>Ministry of Education, 2021</td>
</tr>
<tr>
<td>Education</td>
<td>% of children and youth studying in educational centres with 4 or more conditions of vulnerability to disasters.</td>
<td>Ministry of Education, 2020</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Exclusive breastfeeding for infants aged 0-5 months.</td>
<td>Ministry of Health/ INS</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Prevalence of anaemia Hb &lt;11g/dl in children 6-59 months old</td>
<td>Ministry of Health/ INS /SIMMOW</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Prevalence of anaemia Hb &lt;11g/dl in pregnant women</td>
<td>Ministry of Health/ INS /SIMMOW</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Prevalence of overweight based on weight-for-height Z-score (WHZ)&gt;2 among children aged 0-59 months</td>
<td>Ministry of Health/ INS</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Prevalence of overweight based on weight-for-height Z-score (WHZ)&gt;2 among children aged 0-59 months</td>
<td>Ministry of Health/ INS /SIMMOW</td>
</tr>
<tr>
<td>Protection</td>
<td>% of women and girls who have experienced some form of violence in the last 12 months</td>
<td>National Survey on Violence against Women, DYGESTIC</td>
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<tr>
<td>Protection</td>
<td>Victims of homicide and injuries due to general violence</td>
<td>National Civil Police</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>Households in damaged dwellings by damage category</td>
<td>HCT,2019</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>People living in monetary poverty and multidimensional poverty</td>
<td>HCT,2019</td>
</tr>
<tr>
<td>Health</td>
<td>DPT3 coverage (DPT3 / PENTA3) in &lt; 1 year</td>
<td>Ministry of Health, 2020</td>
</tr>
<tr>
<td>Health</td>
<td>Incidence of COVID-19</td>
<td>Ministry of Health, 2020</td>
</tr>
<tr>
<td>Health</td>
<td>Number of sexual violence cases seen in health facilities</td>
<td>Ministry of Health, 2020</td>
</tr>
<tr>
<td>Health</td>
<td>% of preventive care services for pregnant women, active FP users, and children under 1 year of age in health facilities that provide obstetric and childcare.</td>
<td>Ministry of Health, 2020</td>
</tr>
<tr>
<td>Health</td>
<td>Number of SIBASI in a position to respond to a health emergency (epidemics, disasters, etc.)</td>
<td>Ministry of Health, 2020</td>
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<tr>
<td>Food Security</td>
<td>IPC</td>
<td>IPC</td>
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<tr>
<td>Food Security</td>
<td>Food Production Losses</td>
<td>IPC/National Food Security and Agriculture Indicators Survey (NFSNAI) 2020</td>
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PART 5: ANNEXES

<table>
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<tr>
<th>CLUSTER</th>
<th>INDICATOR</th>
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<tbody>
<tr>
<td>GBV</td>
<td>% of pregnant girls and adolescents</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>WASH</td>
<td>% of people with access to improved water</td>
<td>EHPM, 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>% of people with access to improved sanitation (sanitary service).</td>
<td>EHPM, 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>% of households with access to wastewater treatment.</td>
<td>EHPM, 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>% of people with waste management services available.</td>
<td>EHPM, 2019</td>
</tr>
<tr>
<td>WASH</td>
<td>Number of students attending schools without access to water.</td>
<td>Ministry of Education, 2020</td>
</tr>
</tbody>
</table>

Guatemala (19 indicators of 5 sectors)

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>INDICATOR</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>% of vulnerable population (children &lt;5 years old, pregnant and lactating women, elderly) in municipalities of the Dry Corridor (based on acute malnutrition rate)</td>
<td>Projections from Population Census, INE</td>
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<tr>
<td>Nutrition</td>
<td>% of returnees from the United States and Mexico</td>
<td>OIM 2021</td>
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<tr>
<td>Nutrition</td>
<td>% of unaccompanied migrant children in relation to the total population.</td>
<td>OIM, 2021</td>
</tr>
<tr>
<td>Nutrition</td>
<td>% of girls and adolescent mothers aged 10-19 years</td>
<td>Reproductive Health Observatory, 2021</td>
</tr>
<tr>
<td>Nutrition</td>
<td>% of pregnant girls and adolescents aged 10-19 years</td>
<td>Reproductive Health Observatory, 2021</td>
</tr>
<tr>
<td>Nutrition</td>
<td>% of children &lt;5 years old with acute malnutrition</td>
<td>Ministry of Public Health and Social Assistance, 2021</td>
</tr>
<tr>
<td>Protection/GBV</td>
<td>% of women aged 20-39 who had their first child before their 19th birthday</td>
<td>INE, 2021, Census, 2018</td>
</tr>
<tr>
<td>Protection</td>
<td>% of victims of protection incidents in people under 18</td>
<td>Office of the Public Prosecutor</td>
</tr>
<tr>
<td>Protection</td>
<td>% of complaints not filed by people under 18</td>
<td>Office of the Public Prosecutor</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>% of population according to overall housing damage</td>
<td>CONRED, 2021</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>% of people in need of agricultural livelihood recovery</td>
<td>Ministry of Agriculture, Farming and Food, 2020</td>
</tr>
<tr>
<td>Health</td>
<td>% of population with limited access to services due to damage to health infrastructure</td>
<td>Ministry of Public Health and Social Assistance, 2021</td>
</tr>
<tr>
<td>CLUSTER</td>
<td>INDICATOR</td>
<td>SOURCE</td>
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<tr>
<td>Health</td>
<td># of rehabilitated health facilities with at least 5% improvement in safety, capacity and access to care</td>
<td>Ministry of Public Health and Social Assistance, 2021</td>
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<tr>
<td>Health</td>
<td># of health facilities with trained staff and resources, including supplies, essential equipment and procedures for the care of adolescents, fertile women, pregnant women, safe delivery, children's health, gender-based violence, sexual violence and STI and HIV</td>
<td>Ministry of Public Health and Social Assistance, 2021</td>
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<tr>
<td>Health</td>
<td># of departmental and municipal health area directorates that have crises rooms and coordination tools and can manage information and make decisions in a timely manner in the context of health emergencies and disasters</td>
<td>Ministry of Public Health and Social Assistance, 2021</td>
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<tr>
<td>WASH</td>
<td>Households by main source of potable water</td>
<td>INE, 2021, Census 2018</td>
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<tr>
<td>WASH</td>
<td>Number of people with improved sanitation</td>
<td>INE, 2021, Census 2018</td>
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**Honduras (30 indicators from 8 clusters and 3 Areas of Responsibility)**

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>INDICATOR</th>
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<tbody>
<tr>
<td>Emergency Shelter</td>
<td>Percentage of households displaced due to community/regional hazards</td>
<td>SEDIS</td>
</tr>
<tr>
<td>Emergency Shelter</td>
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<tr>
<td>CCCM</td>
<td>Percentage of population with access to functioning grievance and feedback mechanisms</td>
<td>COPECO Evaluations. May 2021. DTM Dec.2020</td>
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<tr>
<td>CCCM</td>
<td>Percentage of population with access to essential services within walking distance</td>
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<tr>
<td>CCCM</td>
<td>Percentage of population in physically and socially adequate sites</td>
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<tr>
<td>Education</td>
<td>Number of non-functioning schools due to Eta and Iota tropical storms.</td>
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<td>Education</td>
<td>Percentage of children not attending school due to crises (by sex and school level)</td>
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<tr>
<td>Nutrition</td>
<td>Exclusive breastfeeding for infants 0-5 months</td>
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<tr>
<td>Nutrition</td>
<td>Prevalence of global acute malnutrition (GAM) based on weight-for-height Z-score (WHZ)&lt;-2 and/or bilateral oedema among children</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Nutrition</td>
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<td>CLUSTER</td>
<td>INDICATOR</td>
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<tr>
<td>Nutrition</td>
<td>Prevalence of stunting based on height-for-age Z-score (HAZ) &lt;-2 among children aged 0-59 months old</td>
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<tr>
<td>Nutrition</td>
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<tr>
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<td>WASH</td>
<td>Population without access to an improved water source</td>
<td>INFORM</td>
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<tr>
<td>WASH</td>
<td>Population in municipalities with water networks damaged by a disaster</td>
<td>Prioritisation matrix</td>
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5.2 Methodology for calculating the PIN

The Humanitarian Needs Overview (HNO) 2021 required a calculation of the inter-sectorial number of people in need (PIN) performed through the Joint Inter-Sectoral Analysis Framework (JIAF). A new global methodology that analyses events or shocks that affect humanitarian conditions in the population from three pillars: i. Living Standards, ii. Shock Coping Mechanisms and iii. Physical and Mental Well-Being. Using the analytical framework, a selection of “Drivers”, or triggers determine the humanitarian needs in the country that require assistance (effects of human mobility, effects of disasters, effects of COVID-19), defining indicators for each as to determine the impact of vulnerable groups. According to severity levels from 1 to 5, a population burden was assigned where 1 are minimum acceptable standards and satisfying basic needs and 5 corresponds to the total collapse of living standards for each cluster.

El Salvador

The population group analysis considered people's location and vulnerabilities to the impacts of COVID-19, violence and disaster events on people's well-being, based on 28 indicators in the 14 departments.

The methodology was in coordinated with sector leaders and the Information Management Working Group (IMWG), to analyse and identify needs, indicators and official data available at the departmental level.

The indicators and severity levels established though the JIAF methodology were determined by the experience and technical knowledge in each sector, analysing possible adjustments according to the country context or type of available information. Information was obtained through consultations and requests for updated information from government institutions.

Guatemala

In Guatemala, the information analysis took place at the inter-sectoral and sectoral levels. The Intersectoral Group identified the crises with the most significant impact on humanitarian conditions of the population, at the municipal level. The priorities areas are: seven departments affected by Hurricanes Eta and Iota and eight departments affected by drought and food insecurity in the Dry Corridor. Four departments fall within both crises, which totals 11 departments (out of the 22). The human mobility crisis, which does not cover a specific area, was also prioritised.

Each sector undertook a humanitarian situation analysis, indicator selection, severity scales and data collection. Each sector applied its own methodologies and tools to determine the PIN number of people in need. OCHA led an analysis of sectoral results in a cross-sectoral approach using JIAF’s global methodology to obtain the country IN. Data that was not disaggregated at the municipal level was not considered in the overall analysis although is presented in the sectoral analysis.

Honduras

The Information Management Working Group (IMWG) collected and processed information by analysing an average of three indicators per Cluster or Area of Responsibility. However, significant challenges arose due to the lack of available data or its relevance over time, especially information on humanitarian needs at the community level for chronic droughts, extreme violence, and migration.
5.3 Information gaps and limitations

The new methodology used for the HNO, focusing on the magnitude and severity of needs of the most affected population groups, constituted a challenge in terms of indicators, data sources and guidelines, especially due to reduced timeframe that did not allow sectors to become familiar with the new tool and analysis.

**El Salvador**

The lack of access to data sources posed a challenge in general. Much of the data was not available at the municipal level, so the calculations were done at the departmental level. No information was available on access, quality or state of infrastructure for handwashing and access to basic hygiene supplies. This information is critical for preventing diseases in vulnerable populations, such as diarrhoea or COVID-19, in households, schools and health establishments and created a challenge in estimating this need in communities.

**Guatemala**

The most critical constraint in the HNO process was the short timeframe (29 days), which required a reliance on secondary information (studies, surveys, population censuses, information platforms, databases, 345W, etc) and to a lesser extent, seasonal sectoral analyses by specific clusters (the IPC, the update of the Health EDAN; the UNDP and CONRED Human Impact study and the Rapid Gender Analysis). There was insufficient time to organise any consultation process at the community level.

Not all databases or secondary information was available at the municipal level. Some sectors had to use indicators from years prior to 2020. Population projections from the 2018 census were only available at the municipal level. Georeferenced databases of population centres are not yet available.

The lack of standard tools to facilitate the use of indicators, severity and PIN from the JIAF methodology resulted in sectors determining the PIN before analysing and identifying indicators as evidence of the situation they were describing. OCHA facilitated analytical working sessions with each sector to consolidate the results, the methodology and the PIN. A few sectors were able to identify indicators based on in-depth assessments (surveys).

Further training and guidance on the JIAF methodology for sectors should contribute to a better understanding of the process and the importance of selecting appropriate indicators for sector analysis.

Some indicators could not be disaggregated at the municipal level and were not incorporated into the JIAF analysis and do not contribute to the calculation of the overall PIN. They are, however, included in the sectoral analysis.

**Honduras**

While multiple assessments were carried out for the response to Hurricanes Eta and Iota, the lack of standardisation in the data collection made it incompatible with the requirements of the JIAF methodology.

It is important to note that the country has an IPC analysis, which was updated in December 2020. However, it only covers departmental levels (administrative level 1), which makes it challenging to calculate humanitarian food security needs at community levels and prioritize geographic areas with humanitarian impact.
The HCT/ICCG/IMWG should conduct joint household level multi-sectoral assessments with specific indicators to fill these data gaps in the next HNO update and during the HRP implementation process. Multi-sectoral assessments will identify the most critical geographic areas with humanitarian need, avoiding scattered prioritisation.
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>RGA</td>
<td>Rapid Gender Analysis</td>
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<tr>
<td>CRB</td>
<td>Central Reserve Bank</td>
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<tr>
<td>IDB</td>
<td>Inter-American Development Bank</td>
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<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
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<tr>
<td>IPC</td>
<td>Integrated Phase Classification of Food Security</td>
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<tr>
<td>CONRED</td>
<td>National Coordination for Disaster Reduction</td>
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<td>DTM</td>
<td>Displacement Tracking Matrix</td>
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<td>DRC</td>
<td>Danish Refugee Council</td>
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<td>DANA</td>
<td>Damage and Needs Assessment</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>IMWG</td>
<td>Information Management Working Group</td>
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<td>HNO</td>
<td>Humanitarian Needs Overview</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>ICCG</td>
<td>Inter-Cluster Coordination Group</td>
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<td>IRI</td>
<td>International Research Institute for Climate and Society</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>JIAF</td>
<td>Joint Intersectoral Analysis Framework</td>
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<tr>
<td>LGBTIQ+</td>
<td>Lesbian, Gay, Bisexual, Trans, Transvestite, Intersex, Queer and other identities</td>
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<tr>
<td>MHPSS</td>
<td>Mental health and psychosocial support</td>
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<tr>
<td>MIRPS</td>
<td>Regional Integrated Framework for Protection and Solutions</td>
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<tr>
<td>MSE</td>
<td>Medium and Small Enterprises</td>
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<tr>
<td>NCA</td>
<td>Northern Central America</td>
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<tr>
<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>ILO</td>
<td>International Labour Organisation</td>
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<tr>
<td>WMO</td>
<td>World Meteorological Organization</td>
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<td>PAHO/WHO</td>
<td>Pan American Health Organization/World Health Organization</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>PIN</td>
<td>People in Need</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>REDLAC</td>
<td>Regional Group on Risks, Emergencies and Disasters in Latin America and the Caribbean</td>
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<td>Humanitarian Network in Honduras</td>
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<td>National Autonomous University of Honduras</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>HIV-AIDS</td>
<td>Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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HUMANITARIAN NEEDS OVERVIEW
EL SALVADOR, GUATEMALA & HONDURAS