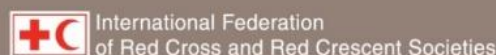


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Revised Emergency appeal

Central America: Hurricane Eta & Iota



Appeal n° MDR43007

Glide n°:

[TC-2020-000218-NIC](#)

[TC-2020-000220-HND](#)

[TC-2020-000222-GTM](#)

To be assisted: **20,500 families**
(102,500 people)

DREF allocated: **1,000,000 Swiss francs (CHF)** (reimbursed to the Fund)

22 million Swiss francs IFRC funding requirements

Federation-wide response funding requirements: **62 million Swiss francs**

Appeal launched: **8 November 2020**

Revision n° 1; issued: **21 December 2020**

Appeal ends: **31 May 2022**

Timeframe: **18 months**

The Revised Emergency Appeal reflects the Federation-wide funding requirement of 62 million Swiss Francs, which comprises all support and funding to be channelled to the Honduran, Nicaraguan and Guatemalan Red Cross Societies to deliver assistance and support early recovery of the people affected by Hurricanes Eta and Iota. The Federation-wide approach is detailed further below.

Specifically this Emergency Appeal seeks **22 million Swiss francs** to enable the IFRC to support the **Honduran, Nicaraguan and Guatemalan Red Cross** to deliver assistance and support early recovery of the people affected by the Hurricanes Eta and Iota **for 18 months**, with a focus on the following areas and strategies for implementation: **Shelter; Livelihood and basic needs; Health (including Mental Health and Psychosocial Support); Water, sanitation and hygiene; Protection, Gender and Inclusion; Disaster Risk Reduction; Migration and following Strategies for Implementation Strengthening the National Society, Ensuring effective international disaster management, Influencing others as leading strategic partner, and Ensuring a strong IFRC.**



COVID-19 prevention, and WASH are at the center of the Guatemalan Red Cross. Guatemalan Red Cross volunteers guarantee that people sheltered have access to hygiene articles and clean water. Source: GRC

For more details on the funding coverage of the Emergency Appeal, check the [Donor Response¹](#).

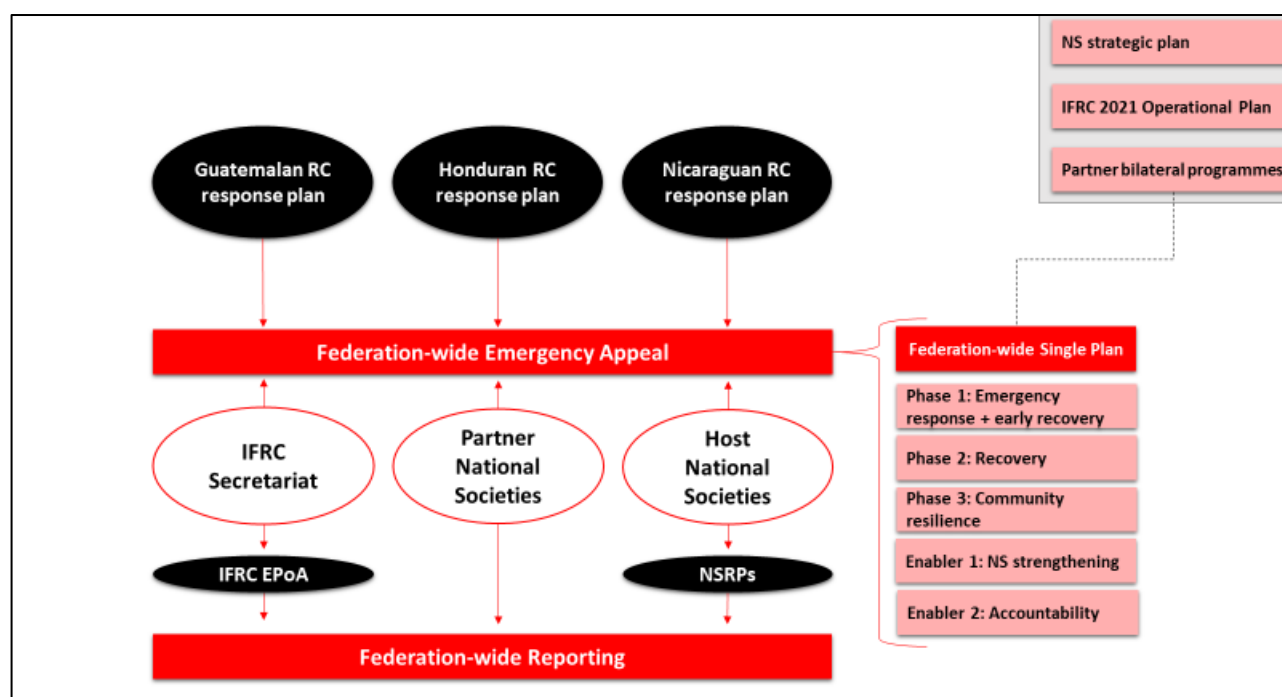
Federation-wide, a total of **6.5 million Swiss francs in cash, 251K Swiss francs in in-kind goods** and **4.7 million Swiss francs** in services (ERUs, personnel and rapid response personnel) have been received from: Austrian, British, Canadian, Hong Kong branch of the Red Cross Society of China, Finnish, French, German, Italian, Japanese, Norwegian, Spanish, Swedish and Swiss Red Cross Societies, through the EA or bilateral contributions.

In addition to the funds received above, the Guatemalan Red Cross reports having raised in-country **1.2 million Swiss francs** in cash and **307K Swiss francs** worth of in-kind goods. The Honduran Red Cross has raised in-

¹ The donor response is constantly being updated to reflect all funding received to date. Information might vary.

country **2.1 million Swiss francs in cash** and **277K Swiss francs** worth of in-kind goods. Nicaraguan Red Cross will provide their information for the next operations update.

This revised appeal is part of a **Federation-wide approach** framework (see diagram below) which outlines the response structure from all Federation members contributing to this response. As part of the framework, a Federation-wide Single Plan and related reporting mechanism is being developed at the regional level based on the National Societies' response plans and in consultation with all Federation members contributing to the response. This Plan will ensure linkages between all response activities (including bilateral activities and activities funded domestically), establish a best-practice model for good coordination and assist to leverage the capacities of all members of the Federation in the country, to maximise the collective humanitarian impact. The planned response reflects the current situation and information available at this time of the evolving emergency and will be adjusted based on further developments and more detailed assessments. Emergency Response Units and Rapid Response Personnel have been requested by Honduras Red Cross. [Click here for the funding requirements and contact information.](#)



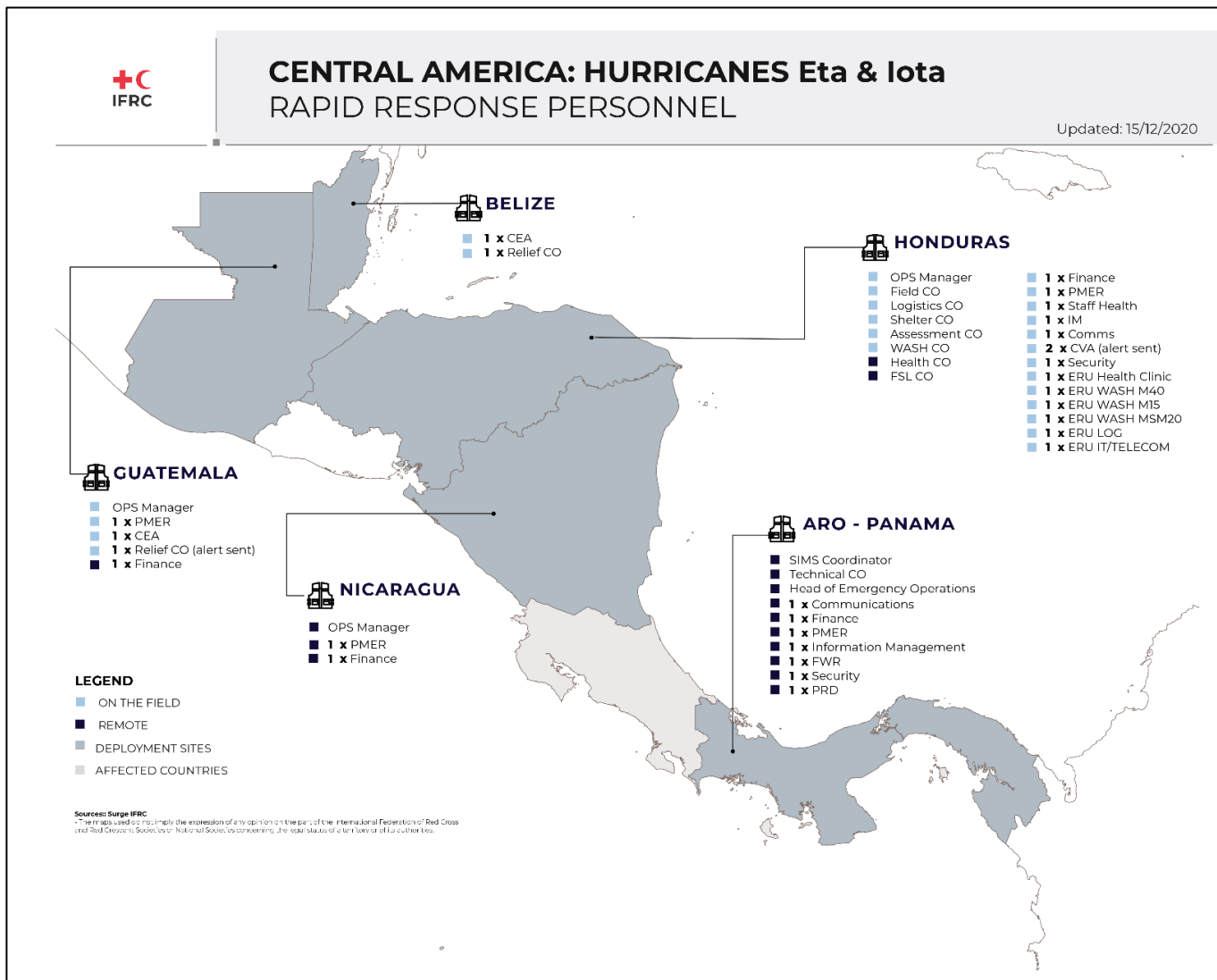
The disaster and the Red Cross Red Crescent response to date

- **31 October 2020:** Hurricane Eta originated as a tropical wave in the eastern Caribbean Sea.
- **3 November 2020:** Eta intensified into a major hurricane reaching Category 4 strength and made landfall south of Puerto Cabezas, Nicaragua.
- **4 November 2020:** Eta weakened to a Tropical Storm as it moved slowly westward Nicaragua towards Honduras. IFRC launched a [DREF Operation \(MDRNI020\)](#) to support Nicaraguan Red Cross in the amount of 439,928 Swiss francs to assist 2,000 families (10,000 people).
- **5 November 2020:** Eta moved towards Guatemala and the Honduran government requested international assistance.² The Guatemalan government declared a state of emergency in the departments of Petén, Quiché, Alta Verapaz, Izabal, Chiquimula, Zacapa, Jutiapa, El Progreso, and Santa Rosa.³
- **8 November 2020:** IFRC issues an Emergency Appeal for 20 million Swiss francs to assist 15,000 families (75,000 people) to support the Guatemalan, Honduran and Nicaraguan Red Cross.
- **10 November Iota** originated as a tropical wave that moved into the Eastern Caribbean.
- **15 November:** Iota becomes a Category 5 hurricane.

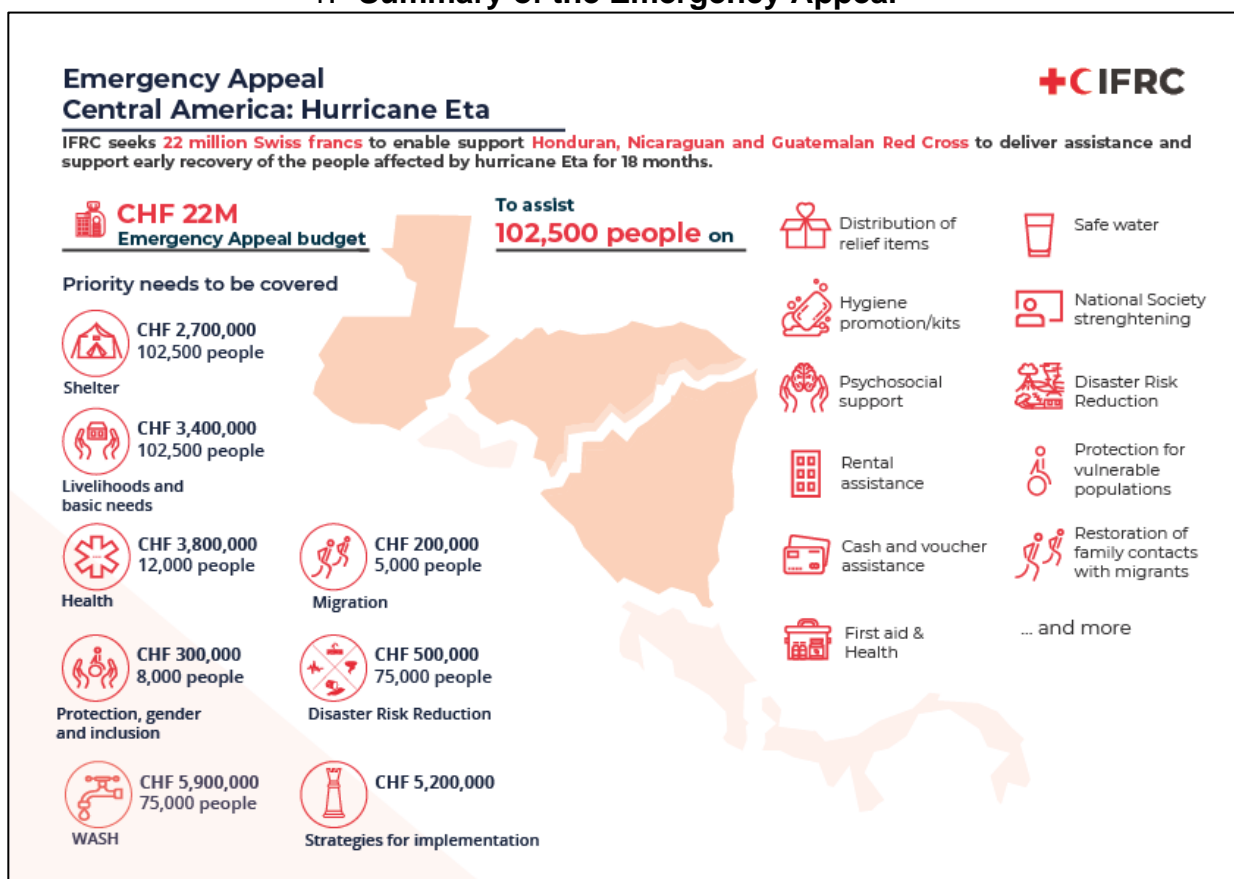
² Honduran Red Cross. 5 November 2020.

³ [Prensa Libre](#). Decretan Estado de Calamidad por Eta y estas son las medidas que regirán en nueve departamentos. 5 November 2020.

- **16 November:** Iota makes landfall in Nicaragua and the Gracias a Dios region.
- **17 November:** Iota strikes Nicaragua and Honduras as a Category 5 hurricane causing flash flooding, river flooding, and deadly landslides, resulting in cut access to some areas and lack of power supply. Hurricane Iota brought new damage worsening the situation in areas already affected by Eta and significantly extended the impact to other Central American countries. DREF operations were launched for Colombia, Belize, Costa Rica and Panama to address the effects of the hurricanes.
- **18 November to date:** **35 rapid response personnel** have been deployed to the affected countries including remote postings in the areas of Coordination (HEoPs, operations managers), Logistics, Health, PMER, CEA, Information Management, WASH, Communications and Finance. Additionally, 6 Emergency Response Units (ERU) have been deployed. See infographic below:



1. Summary of the Emergency Appeal



The operational strategy

Summary of Red Cross response to date

Overview of Host National Societies

National Societies (NSs) of the Region (Nicaragua Red Cross, Honduras Red Cross and Guatemala Red Cross) are currently responding to the two emergencies as one single operation, providing much-needed support and assistance to hard-hit communities. Red Cross volunteers and staff have been deployed to remote locations to provide services in the most affected areas. Activities are being supported by the Americas Regional Office (ARO) in close coordination with Red Cross Movement partners, authorities, community organizations, and other actors. The NSs initially mobilized resources and personnel in response to Hurricane Eta, and their actions were interrupted by preparations and response to the new Hurricane Iota. Iota's actual impact is becoming clearer as assessment teams' access hard-to-reach affected areas isolated by extensive flooding. Damage assessments have been delayed due to access constraints and lack of stability in communications. Thanks to the global agreement between IFRC and Airbus Air Foundation, the Red Cross teams conducted air assessments, distributed initial humanitarian aid, and conducted evacuations in Honduras.

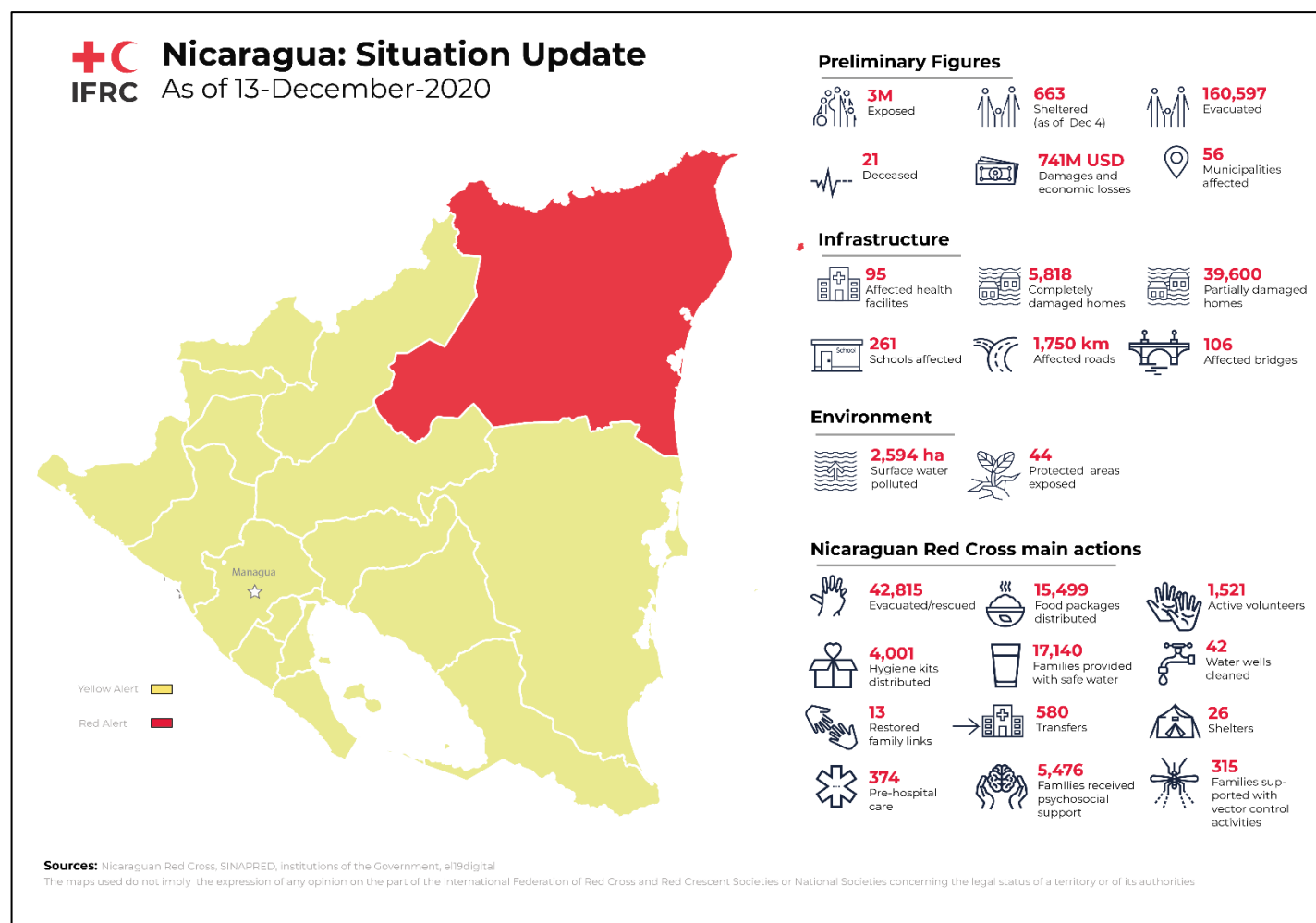
Responding to the COVID-19 context in the three countries is considered a priority at all levels of the NSs and the IFRC. Duty of care, business continuity planning, and additional security measures that are required are being followed up on according to the National Prevention Plans. Volunteers and staff who deploy to the field follow safety protocols to protect themselves, communities, and resources.

The **Nicaraguan Red Cross (NRC)** responded by activating its Emergency Operation Centre (EOC) and 32 branches at the National level, supporting evacuations and rescue missions in several of the affected areas, assessing damages, and bringing humanitarian aid to those in most need. Nationwide, 63 ambulances were active along with 13 trucks, three vehicles, 1520 volunteers, and four boats. NRC supported evacuations in several communities in the Northern Caribbean Coast as well as Rivas, Boaco, Chontales, Sebaco, Ocotal, and Jinotega. A response team of 39 specialists (WASH, Community Engagement and Accountability (CEA), Psychosocial support (PSS), Logistics) was pre-deployed, awaiting Iota's impact in Bilwi on the northern coast.



NRC volunteers bring humanitarian aid to the Grafil Los Mangos community in the municipality of Prinzapolka, Source: NRC, December 3, 2020

As of 13 December, 15,499 food packages have been distributed to the most affected areas. NRC volunteers continued to support the government Damage Assessment and Need Analysis (DANA) in Bilwi, Prinzapolka, and other affected areas. Early reports registered partial damages to the Bilwi branch with only two offices functional and the loss of computer equipment and an ambulance. Several communities in Tola are isolated due to flooding, and the level of impact is still being assessed. NRC has requested support to increase water production capacity due to the great need for water sources. The NS sent response teams to Waspam, Rivas, Jinotega, Bilwi, and Puerto Cabezas. NRC has shared preventive messages in local media and provided interviews to international media. Also, vector control work, food and hygiene kits delivery continue. More than 7,500 aquatic rescues took place, and 13 people resumed contact with their families through Restoring Family Links (RFL) services.

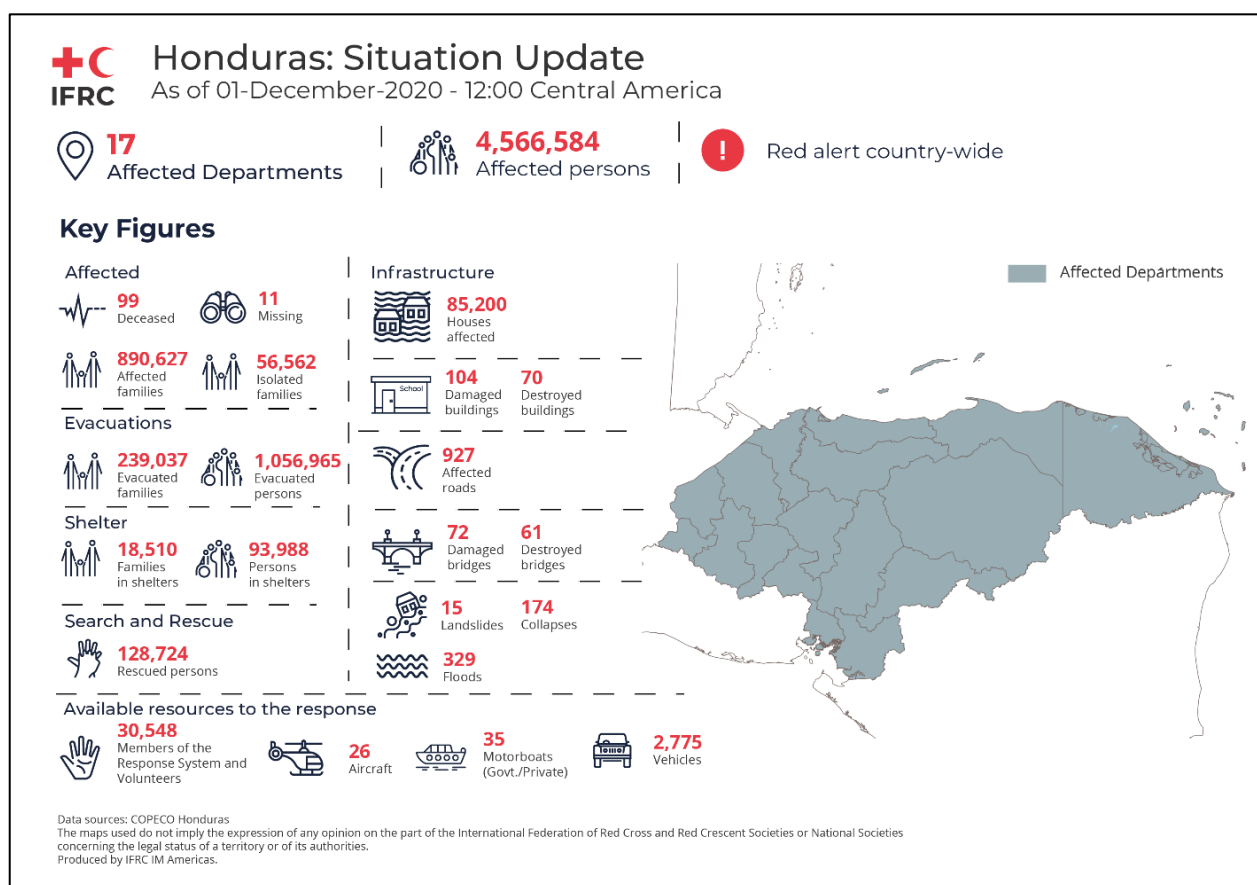


Early in the response, the **Honduran Red Cross (HRC)** prepositioned rescue boats in the south and the north of Honduras to ensure readiness for initial Search and Rescue capacity based on geographical potential scenarios of Hurricane Iota's impact. As of 14 December, a cumulative report of the HRC registers, 11,706 evacuations, 147 air rescues, and 4,707 water rescues have been made by the National Society, and more than 3,000 food packages had been distributed. A total of 1,608 hygiene kits distributed in collective centres in eight communities before Hurricane Iota reached the area. A management plan for volunteers was established in the areas of intervention. From the start of the response, the National Society continued to place families in collective centres and others to foster homes. A total of 700 family hygiene kits were prepositioned in Pimienta, Villanueva, San Manuel, Puerto Cortés, Omoa, and Choloma in the northern Cortes department and were distributed in collective centres. HRC continues to provide medical, psychosocial support, and RFL services to the affected communities. The National Society prepositioned in the Tegucigalpa warehouse household items (HHI) for 1,500 families to be distributed to the most affected areas. The British and French governments through the French Red Cross and the British Red Cross donated household items and have arrived in Honduras and Guatemala.



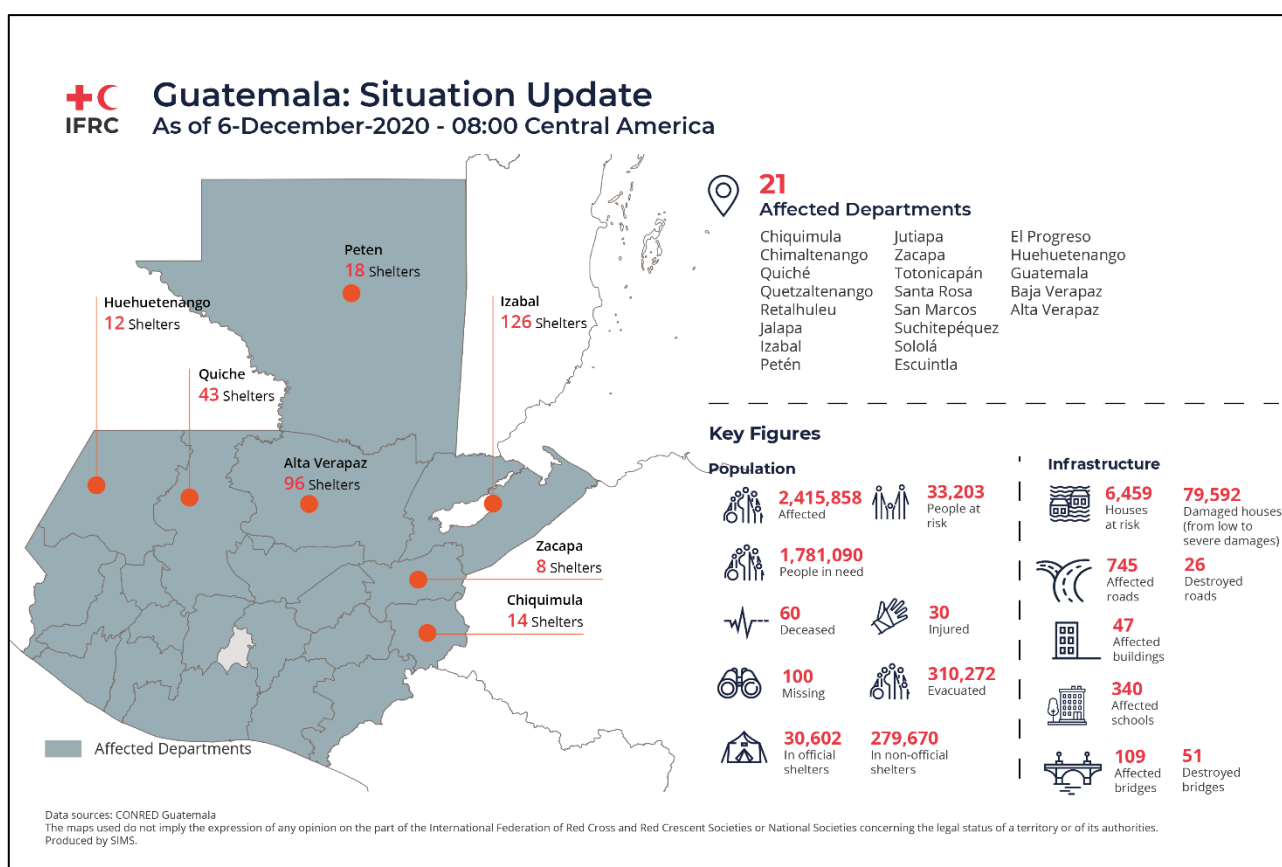
The Health Emergency Response unit has been setup in La Lima, Honduras. Canadian and Honduran Red Cross will work together to provide health care to those more in need. Source: HRC.

The MoH reports damage to the physical structure of some health facilities, especially those offering first level care. The Cortes department reported 89 facilities partially or totally affected.



Under the leadership of the Honduran Red Cross, different internal and external coordination mechanisms have been established. An agreement has been reached with the Ministry of Health (MoH) and the Panamerican Health Organizations (PAHO) to install a Red Cross Emergency Clinic (ERU). The National Society received a letter of request from the MoH for its installation in the city of La Lima in the department of Cortes. Unfortunately, due to the impact of flooding in several areas of the country, some branches and volunteers have also been affected by the floods. 10 HRC branches suffered damages: Taulabé (roof damage), Siguatopeque (partial flooding), Marcala (roof and wall damages, partial flooding), Pimienta: (roof damage), La Lima (completely flooded), Choloma (completely flooded), Chamelecón (completely overflowed), Yoro (roof damage), El Progreso (roof damage), and Teupasenti (roof damage).

The **Guatemalan Red Cross (GRC)** activated its Emergency Operations Centre at headquarters and in its 20 branches in response to Eta on November 5, and later to monitor Iota and Guatemala's conditions. Ahead of the expected rains, recommendations for preparedness were disseminated via GRC's social media channels for both Hurricanes. During the first hours of the impacts, volunteers in the affected areas evacuated families in collaboration with the national police in Alta Verapaz, Izabal, Petén, Jalapa, and Chiquimula. A Search and Rescue team was also deployed from GRC headquarters to Izabal. Volunteers continue to monitor the rising river levels and damage to infrastructure. Damage Assessment and Need Analysis (DANA) are ongoing, but due to damage to roads and bridges, access remains constrained, and many communities continue to be isolated. Some areas can only be reached by boat, others via narrow paths over unstable soil. GRC volunteers living in the affected areas are among the affected population. Psychosocial support, prehospital care, and medical assistance are provided in the affected departments, including people staying in collective centres. Prepositioned stock was used to distribute HHI, such as hygiene kits, blankets, and kitchen sets. In the first weeks of the emergency, 300 GRC volunteers have provided support to 5,180 people or 819 families. The interventions have been mostly concentrated in the severely affected areas of Cobán in Alta Verapaz and Puerto Barrios in Izabal. It is known that, since the impact of Iota, the intervention areas have expanded to include other affected municipalities. The affected areas suffer from historical, social exclusion with mostly indigenous communities speaking various dialects, with high rates of poverty as well as chronic and acute malnutrition rates. Estimates are that over 2.4 million people have been affected in the country.



A National General Operational Plan of Action was elaborated to respond to the immediate and early recovery needs resulting from Eta's impact. This EA includes the most recent needs assessments covering additional affected departments.

Needs assessment and targeting

First hit by Eta and further damaged by the impact of Iota, the region has experienced compounded devastation caused by the combined effect of the two storms in nine countries in Central America. The rains and high winds during the short crossing of Iota from Nicaragua into Honduras and parts of Guatemala affected new areas in addition to many of the areas already struggling with Eta's crushing impact.

Damage assessments were delayed due to access constraints and lack of stability in communications. The NSs initially mobilized resources and personnel in response to Hurricane Eta, however, their actions were interrupted by preparations and response to the new Hurricane Iota. Iota's actual impact is becoming clearer as assessment teams are able to access hard-to-reach affected areas isolated by the extensive flooding, although, by the time this document was written, several communities in Honduras and Guatemala are still isolated by flood waters. In Honduras, thanks to the global agreement between IFRC and Airbus Air Foundation, the Red Cross teams conducted air assessments, distributed initial humanitarian aid, and conducted evacuations.

Civil Protection systems and the humanitarian system continue to coordinate DANAs, and the three NS in Honduras, Nicaragua, and Guatemala continue to support the national response efforts. As the DANAs continue, more detailed information becomes available on needs and service gaps. Conservative estimates agree that more than seven million people were affected in the three countries.

With displaced populations at collective centres, there is a heightened risk of COVID-19 and other diseases due to overcrowding, lack of safe water and sanitation services, and inadequate preventive practices. Moreover, women and children are exposed to concerning protection risks, as evidenced by recent reports of gender-based and other forms of violence in shelters. With many communities still under water, evacuated families will not be able to return home soon⁴.

Responding in the context of COVID-19 is a challenge and it is considered a priority at all levels of the NSs and the IFRC. Duty of Care, Business Continuity Plans, and additional security measures and protocols are in place according to the National Prevention Plans and IFRC regulations. At the regional level, a security surge is responsible for supporting deployments and compliance with pre-travel requirements. Additionally, support in the coordination with units, departments and PNSs for the clarification of security procedures in Central America and support in the process of guiding the updating of the Minimum Security Requirements.

Guatemala 2,400,000 people affected (Source: CONRED @Go Platform)

As of 30 November, the National Coordinator for Disaster Reduction (CONRED) reported over 2.4 million people affected by Eta and Iota, including 1.8 million people in need of humanitarian assistance, at least 100 missing people, some 60,000 homes with moderate to severe damage and a large number of national and community infrastructure affected and damaged, including roads, bridges, buildings, schools and health infrastructure. Among those affected, about 210,000 people were displaced and about 10% took shelter in the 334 government-run collective centres and it is estimated that the remaining 90% are in informal settlements, in churches, or with friends or relatives.⁵

The northeast of Guatemala was the most severely affected. Eta brought days of consecutive rains that led to extensive flooding and landslides, leaving infrastructure damaged and entire communities flooded. In the village of Queja in Alta Verapaz, a landslide buried some 150 homes. Within two weeks, Iota brought even more rainfall to already saturated soils. Many communities, especially in Alta Verapaz and Izabal, which were the worst affected areas by Eta, continue to be inundated and isolated. Damage to roads and bridges prevents access to parts of the affected areas. It might take several weeks before the full extent of the damage and needs can be assessed, as access to parts of the affected areas is hindered. The most damage so far is reported in Izabal, Alta Verapaz, Petén, Chiquimula, Quiché, and Huehuetenango, but additional departments have been affected by Iota such as Jalapa. Additional rains could cause more floods and landslides and lead to further damage and increased needs.

Geographically, the GRC has identified as target areas Cobán, San Pedro Carchá, San Juan Chamelco, and Chisec in Alta Verapaz, and Puerto Barrios, Morales, and El Estor in Izabal.

⁴ UNICEF Situation Report No. 5, Central America: Hurricanes Eta and Iota. Reporting Period: 2 – 9 December 2020

⁵ OCHA UNCT Guatemala, December 16 December 2020. <https://reliefweb.int/report/guatemala/plan-de-acci-n-guatemala-respuesta-etaiota-diciembre-2020>

Honduras 4,500,000 people affected (Source: COPECO, @GoPlatform)

OCHA's early reports⁶ indicated more than three million people live in areas impacted by the Eta Hurricane and about 600,000 have been affected by Iota, which caused severe damage on the Atlantic coast, especially in the Sula Valley, the indigenous communities in the Department of Gracias a Dios, the Department of El Paraíso, Olancho and extending into western parts of the country, such as Copán and Ocotepeque.

Hurricane Iota's impact forced hundreds of thousands of people in the Sula Valley to evacuate previously flooded areas, causing a doubling of the population sheltered or staying in temporary places without adequate conditions. The impact of the second floods has been more catastrophic. The soil's saturation is generating some landslides in the hills surrounding the Sula valley, forcing the people living in the area to evacuate.

In a more recent report of 1 December, COPECO reports that more than 4.5M people have been affected by hurricanes Iota and Eta, half of them located in the Department of Cortes (1.4M) and Yoro (900K). Some of the most affected populations are in the Sula Valley in the municipalities of La Lima, San Pedro, El Progreso and Choloma.

Nicaragua 3,000,000 people exposed (Source: Government of Nicaragua, @Go Platform)

Iota is considered the strongest storm to hit Nicaragua in the country's history. It came just a few days after hurricane Eta hit the same Caribbean region of Nicaragua. Thousands of people were affected after Iota made landfall near the coastal community of Haulover with maximum sustained winds near 155 mph, according to the NHC.⁷

The Ministry of Foreign Affairs presented a preliminary Damage and Needs Assessment (DANA) report⁸ after Eta on 9 November to the diplomatic missions and INGO's in the country, estimating that two million people were exposed to Eta mainly in the Autonomous Region of the North Caribbean Coast; Mining Triangle, Nueva Segovia; Jinotega and Chinandega. According to the Ministry of Finance and Public Credit, Eta alone left 178 million American dollars (USD) in losses, equivalent to 1.5 per cent of Nicaragua's gross domestic product (GDP). On 24 November an updated report from the government following Iota was presented with the following information: Three million people exposed, 160,597 displaced and 60,000 people in shelters (registered centres and "casas solidarias"). Total cost of damages and economic losses: US\$742.7 million.

Infrastructure damage: 1,750 kilometres of roads damaged, 106 bridges, 1,975 secondary roads; 10 persons are missing, 21 deceased, 40,000 evacuated, 86,580 houses destroyed; 50,737 people in 1197 shelters; 56 Municipalities affected; Health damages: 15 hospitals, 19 health centres, 45 health posts.⁹

The latest official source of data for Nicaragua is the report issued on 24 November 2020.

Shelter: Overview

In response to Hurricanes Eta and Iota, preventive evacuations were conducted due to the high impact of winds, tidal surge, and heavy rains in all three countries. Families have been taken to collective centres, which has generated the need to ensure that evacuees have basic items to meet their immediate needs. In addition to that, there have been reports of overcrowding in collective centres in Honduras and Guatemala. Therefore, recommendations of social distancing for COVID-19 are not followed, and more PPE and basic equipment are required to receive families under these conditions. The number of collective centres opened is high, and unofficial settlements have not fully been confirmed and are scattered across extensive areas, making it difficult to reach with assistance due to limited resources. Many families have also evacuated to stay with host families, and part of the displaced in Honduras are living in informal settlements, some along the roads. IOM is implementing a tool to facilitate the identification of people in this situation in Honduras and Guatemala (IOM's [Displacement Tracking Matrix – DTM](#)).

Many among the displaced persons are in informal settlements due to the two hurricanes and the more recent displacements. It was a challenge to have a real-time assessment to identify people's needs, as several areas remained isolated for several days. However, even based only on the early data, the need to have a response from the Shelter sector was markedly high and identified as one of the priorities. The distribution of household items and the search for temporary housing to accommodate displaced families are needed to begin the recovery efforts as well

⁶ OCHA Central America: 2020 Atlantic Hurricane Season – Situation Report No. 4. 20 November 2020

⁷ National Hurricane Center - NOAA. Iota Public Advisory. 18 November 2020.

⁸ El 19 digital. Resumen preliminar sobre daños provocados por el Huracán Eta en Nicaragua. 9 November 2020.

⁹ SINAPRED, 24 November 2020

<http://www.sinapred.gob.ni/index.php/noticias/15-noticias-slider/223-presentacion-preliminar-cuantificacion-de-danos-perdidas-y-necesidades-post-huracanes>

as tools and assistance to repair or rebuild their houses. Further information is now available, which will be considered for the detailed operational strategy for the shelter sector.

Shelter inter-agency coordination

The Shelter coordination working group (equivalent to the Shelter Cluster) was officially activated in Honduras and it includes UNHCR, CARE, IFRC, Honduras Red Cross, Catholic Relief Services, Norwegian Refugee Council, GER3, Global Communities, Habitat for Humanity, IOM TECHO, UNFPA y UNICEF. The Shelter Working Group is co-led by IFRC (through its regional shelter inter-agency coordinator) and Global Communities.

The strategic proposal of the Shelter working group is threefold:

- Support to the safe and dignified return of recently affected communities, with shelter solutions designed for the short, medium and long term (including shelter needs assessments, rubble removal, distribution of household items, monetary transfers, construction of temporary individual shelters, house repairs).
- Support for interventions with a territorial approach, rehabilitation of infrastructure and community facilities in settlements, paying special attention to the protection of people with special needs and in vulnerable circumstances due to gender, age, disability, etc.
- Identification of housing solutions to meet the needs of the population in damaged and high-risk areas, considering the social, legal and physical context, as well as the needs of highly vulnerable groups.

Nicaragua: OCHA figures of 20 November reported that 160,597 people were sheltered, and that of the 32,117 families evacuated, most have returned to their homes and communities. According to the latest reports from November 23, there are still 816 families in collective centres in Waspam, 279 in Bilwi, and four in Prinzapolka for a total of 1,100 families and 5,498 people in collective centres.¹⁰ People sheltered require food and medical and psychosocial attention.¹¹ On 4 December, the Vice president daily speech reported that 633 people remain sheltered in Bilwi¹².

On 24 November, the latest figures from the government report: 5,800 houses completely damaged and more than 38,000 with partial damage. Notable impacts include roofing damage, extensive power failures, and cuts to telecommunications and access from the Puerto Cabezas municipality, slowly being restored between Managua and Waspam due to flooded roads. Puerto Cabeza's isolation is especially concerning, as it is the point of entry for supplies to the area. Additionally, the Ministry of Health (MoH) reports damages to 16 of 81 health facilities, while the Ministry of Education (MoE) reports damage to 76 schools in the Prinzapolka, Puerto Cabezas, and Waspam municipalities.

Honduras: According to COPECO, as of 22 November there were 969 operating Collective Centres, housing 88,722 people (approx. 18,400 families). IOM started collecting sex-, age- and disability-disaggregated data (SADDD) through its DTM tool but the findings were premature and not sufficient to generalize to all collective centres. Details and insight on the gender-specific needs of the target populations were not available in the early days of the response. The needs assessment process was limited by the lack of detailed information mapping shelters and displaced populations. On 13 December OCHA released a visual of Displaced People and Shelters by Municipal Level¹³.

The Honduras Red Cross is participating in the Camp Coordination and Camp Management (CCCM) Working Group led by the IOM and the Shelter Working Group meetings to discuss the actions implemented by all sector members to Eta and Iota's response. The Shelter Working Group is co-led by Global Communities with IFRC providing remote backstopping.

Guatemala: According to the National Coordinator for Disaster Reduction (CONRED) report of December 1, there were more than 2.4 million people affected, including more than 1.7 million in need of humanitarian assistance. Among those affected, some 300,000 people are displaced in official, and unofficial collective centres i.e. Not government run, improvised structures-

Last CONRED report from 2 December 2020 registers 30,602 in official and 278,232 in unofficial shelters. As of 8 December, preliminary results of the CONRED house damage assessment in Alta Verapaz, Quiché, Zacapa, Izabal, Huehuetenango, Peten and Chiquimula. reveal that about 90% of assessed homes suffered damages (6,727 of a total of 7,758 assessed).

Many communities in the Northeast region experienced strong effects from Iota, having previously been seriously affected by Eta. The most affected departments such as Alta Verapaz and Izabal remained flooded (approximately 2 meters of water)

¹⁰ El 19 digital. Reporte de personas albergadas tras el paso del Huracan Iota en Nicaragua. 24 November 2020.

¹¹ OCHA. Central America: 2020 Atlantic Hurricane Season – Situation Report No. 4. 20 November 2020.

¹² <https://www.lavozdelsandinismo.com/nicaragua/2020-12-04/declaraciones-de-la-companera-rosario-murillo-vice-presidenta-de-nicaragua-en-edicion-del-mediodia-de-multinoticias-canal-4-04-11-2020-texto-integro/>

¹³ <https://reliefweb.int/map/honduras/honduras-hurac-n-eta-iota-personas-evacuadas-y-n-mero-de-centros-de-evacuaci-n-nivel-8> This is a multi-source product, elaborated with data from: COPECO, WHO, SINT, ROLAC, HDX and GADM

and cut off from communication for several weeks with areas flooded until recently. Families who have been evacuated due to severe damage to their homes and the risk they face, have been housed in shelters set up by local authorities. While these shelters enabled by the government provide food, they are occupying schools where there is no adequate infrastructure (bathrooms, showers, electricity, kitchen and basic sanitary services), and conditions are poor and not sufficient to meet the population's needs. From the reports of the evaluations and the monitoring of the GRC delegations, it is known that in areas where the water level has dropped, such as in Santa Marta in Cobán, several families return to their communities to try to rehabilitate their homes, recover belongings or look for materials for reconstruction. However, the process is not easy due to the difficulty of access, since moving 1 km on foot can take more than 2 hours, depending on the conditions of the roads. Another reality is that registered in Campur, where due to its geological characteristics, the level of water after the event has been increasing, leaving a greater number of people affected daily because the water has exceeded the height of the houses. According to CONRED, it is the community with the highest number of people affected in proportion to its total population.

Livelihoods and basic needs: Overview

Nicaragua, Honduras, and Guatemala were hit by the economic effects of the COVID-19 outbreak that brought mobility restrictions and neighbouring countries' lockdowns. Quarantine measures adopted by the population further contributed to the contraction of economic activity. Many livelihoods and businesses have suffered because of the COVID-19.

In this already weakened context, the effect of hurricanes Eta and Iota are exponentially damaging. Damages to houses and key infrastructure such as drinking water systems affect all livelihoods. Affected populations, at home or displaced people, need access to food, safe water, health services, clothing, and hygiene items. The full magnitude of the damage to small local businesses, agricultural, tourism, and service activities cannot yet be determined. It is however expected that the effects will be significant, considering the widespread economic crisis in the region. Early reports document damage to small businesses' infrastructure, agricultural production activities, and access routes to markets have been reported, which will make it difficult to restart these activities.

While more detailed information from Iota's impact on food security is still required, its compounding impact on Eta-affected areas and its direct impact on newly affected areas will significantly decrease food access and formal and informal labour supply and prompt negative coping strategies. Eta alone left millions of dollars in losses on the coffee crops and had an impact on growing areas and productive infrastructure and the collateral damage due to high rainfall left greater negative impacts. The impact will be felt in rural and urban contexts with higher prices and shortage of produce having a direct effect on food security. Experts forecast at least a decade for the region to recover. There will be significant effects on the income, livelihoods, and food security of the already impoverished population.

On 9 December, UNICEF alerted that the effects of the storms on families' wellbeing are concerning. FEWS NET estimates that due to the impacts on household food and income sources, coupled with previous food insecurity drivers, over 3.5 million people are currently facing food insecurity crisis (IPC Phase 3) and in need of urgent food assistance. The population in need is located in parts of rural northeast Nicaragua, the Caribbean basin of Honduras, northern and eastern Guatemala, and western and eastern El Salvador, in addition to the Central American Dry Corridor.¹⁴

Nicaragua: Hurricanes Eta and Iota that first hit Nicaragua caused severe damage in several productive areas of Nicaragua, placing at risk the seasonal planting of basic grains such as beans and rice. The Nicaraguan Union of Agricultural Producers reported that preliminary estimations indicate the loss of 70 per cent in bean production in some areas and nearly 10 per cent in rice plantations. In addition to this impact, the Government estimates¹⁵ that more than 1,705 kilometres of pavement roads and 1,975 kilometres of productive roads as well as 106 bridges were damaged, impairing milk collection and the coffee harvest transportation.¹⁶

Honduras: In Honduras, the full magnitude of the damage caused by Eta and Iota to small local businesses, agricultural, fishing, tourism, and service activities cannot yet be determined. The Government of Honduras estimated the losses in fisheries sector in USD 19.6 million. It is estimated that the impact will be significant, considering the current economic crisis in the region. Damage to traditional fishing boats, small businesses' infrastructure, agricultural production activities, and access routes to markets is expected, which will make it difficult to restart these activities. Families will most probably lack the resources to buy basic products in the market, at least in the short term. This could lead to negative coping strategies, such as reducing diet or selling work tools.

¹⁴ UNICEF Situation Report No. 5, Central America: Hurricanes Eta and Iota. Reporting Period: 2 – 9 December 2020

¹⁵ TN8. Daños en Nicaragua por el paso de los Huracanes supera USD742 millones. 24 November 2020.

¹⁶ VOA Noticias. Nicaragua: agricultores preocupados por cosechas tras paso de huracanes. 23 November 2020.

Agricultural production systems in seven departments in the south and west of Honduras (Choluteca, Francisco Morazán, El Paraíso, Santa Bárbara, Lempira, Copán and Ocotepeque) were substantially affected. As one-third of the population of Honduras deals with the immediate and devastating impacts of tropical storms Eta and Iota, the long-term effects on the country's economy, crop production and small-scale producers could be even more devastating. The next cycles for major food crops may be lost. So far, according to the Honduran Institute for Coffee -IHCAFE – Eta alone left losses on the coffee crops totalling over 13.2 million USD. Iota had a direct impact on the growing areas and productive infrastructure and the collateral damage due to high rainfall will mean greater impacts in the field. Experts are already saying that it will take at least a decade for the country to recover, and the effect on income and livelihoods for people, especially the poorest in society, is unimaginable.

Guatemala: In Guatemala, early reports from the Ministry of Agriculture, Livestock and Food (MAGA) estimated agricultural damages resulting from Eta and Iota at nearly 120,000 hectares across 108 municipalities, affecting 182,000 families. Most damage was reported in Jutiapa, followed by Chiquimula, Santa Rosa, and Alta Verapaz. The affected departments have also suffered losses in livestock, poultry, and fish farming. Most heavily affected are Quiché, Alta Verapaz, Huehuetenango, and Izabal. These figures are preliminary and date from 17 November, before the impact of Iota. It is expected the damage to agriculture and livestock will increase as more information becomes available.¹⁷

The families affected by the storms have lost their belongings in their homes. It will be important to provide humanitarian assistance that includes provision of cleaning kits and food (both in kind and through cash transfers). This support should prioritize vulnerable populations, such as single-headed households, people with disabilities, boys and girls, older adults, and minorities.

On 6 December, the Ministry of Agriculture and Livestock indicates that damage to the agriculture sector has so far affected more than 164,000 hectares of crops and more than 267,000 families. WFP reports that Eta and Iota's damage to crops will create a high risk of food insecurity for vulnerable families who were relying on subsistence crops for food supply through the September 2021 harvest cycle, leading to estimations that families in affected communities are facing, or will soon face, hunger. Further, WFP reports that nearly 70 per cent of local markets are not fully supplied due to the storms' impact¹⁸.

The selection of target population was made based on the needs and capacities of the people and their communities. The GRC will identify and register the beneficiaries in their homes, in collective shelters or in places where they sought refuge on their own, based on information provided by community leaders on the conditions of these families.

Some of the beneficiary selection criteria will include: Affected people or families considered vulnerable, including the elderly, children, people with disabilities, single-headed households, people with chronic diseases, etc.

Health: Overview

The public health systems in the affected countries, already dealing with the COVID-19 pandemic, were not prepared for the hurricanes' effects. Health infrastructure and equipment have been affected, and health care workers themselves are among those impacted further complicating the continual provision of badly needed health services. While the damage to health networks varies in each country, it is overall extensive.

Nicaragua: According to the Nicaraguan Ministry of Health, there has been damage to 16 of 81 health facilities, with three health centres in Puerto Cabezas with significant damages that compromise the centres' functionality and the provision of services.¹⁹ The supply of drinking water has been widely compromised, so the health risk related to poor hygiene and lack of access to safe water is high. As in other countries of the region, vector-borne diseases are endemic with Dengue, Leptospirosis, and Malaria all present in Nicaragua. Severe and prolonged disruption of the transmission control services of all these pre-existing conditions can lead to outbreaks with high morbidity and mortality, especially in the context of COVID-19, and saturation of services. In 2019 Nicaragua registered the highest number of Dengue cases reported in recent years, with almost 200,000 reported cases. Malaria cases also have increased in recent years.

Physical, mental and emotional health is greatly affected after having been exposed to a disaster and doubly affected by exposure to two catastrophic events that put life at risk, especially when they disrupt the daily life and living conditions of populations. It is important to attend to emotional health to attend to processes of grief or losses,

¹⁷ MAGA. 17 November 2020.

¹⁸ Source: Latin America & the Caribbean: Weekly Situation Update (30 November - 6 December 2020) (reliefweb.int)

¹⁹ OCHA. Central America: 2020 Atlantic Hurricane Season – Situation Report No. 4. 20 November 2020.

especially to families who lost loved ones, their homes, the management of post-traumatic stress, and anxiety attacks that can be experienced after the event.

According to the Government report on Nov 24th, the number of healthcare facilities affected is 84: 2 regional hospitals, 3 departmental hospitals, 10 primary hospitals, 19 health centres, 45 health posts and 5 maternity waiting homes.²⁰

Honduras: The number of people injured during the early hours of the emergency demanded first-aid or pre-hospital care to save lives and ensure healthcare for people in communities and collective centres. Health centers collapsed or were largely damaged by the Hurricanes¹⁵; and the restoration of basic health services and minimum care became a priority to avoid interrupting people's access to essential treatments. Overcrowding in collective centers has caused an increase in COVID-19 cases and the emergence of vector-borne diseases or health problems resulting from poor WASH conditions. It is necessary to follow up on children under the age of five and to give special attention to pregnant and lactating women, older adults, and people with chronic diseases who need to continue their medical treatments.

This emergency has increased the stress and suffering of the affected population who may have accumulated an emotional burden caused by the COVID-19 pandemic. It is critical to offer access to emotional support or psychological first aid to support people in managing stress to reduce its future impact. In addition, there is a need to respond to people presenting pre-existing mental health conditions and address the challenges they are experiencing through psychosocial support and/or referrals to more specialized mental health services.

On 6 December reports from PAHO/WHO registered that more than 400 health facilities across Honduras have reported damage after Eta and Iota. At least 120 health facilities are inoperative, 27 are collapsed and 12 report damage to cold chain equipment. Nearly 100 health facilities report personnel that have been directly affected by the storms and unable to resume their activities. PAHO/WHO estimate that approximately 2 million people have either limited or no access to health services due to these impacts to the health services network and that at least 500,000 of these people have health needs.²¹

As of 10 December, as the Honduran government prepares for resuming basic immunization programs and distributing COVID-19 vaccines, 12 health facilities in Honduras have reported damage to cold-chain capabilities and 120 health facilities remained inoperative.²²

Guatemala: More than 70 health facilities report damages in Guatemala, with 32 in Alta Verapaz, 26 in Quiché, and 13 in Izabal, with health systems losses estimated at 642,000 USD in these three departments. More than 40 per cent of health personnel in affected areas are inactive due to family-care obligations, fear or illness related to COVID-19, creating a need for scaling up personnel. The Ministry of Health remains concerned with COVID-19 in shelters and the lack of PPE, hygiene, and cleaning supplies required for mitigation. Damaged health infrastructure will require immediate rehabilitation to guarantee continuous service, especially for at-risk populations requiring attention in maternal and new-born health, sexual and reproductive health, childcare, and older adults' care.²³ GRC's services include pre-hospital care and psychosocial support, including self-care and psychological first aid, provided by specialised NS staff. The promotion of COVID-19 preventive actions, especially in licensed collective centres is also a priority.

Water, sanitation, and hygiene (WASH): Overview

There is a need to assess water quality for human consumption and to promote preventive health actions into two groups in the three countries: people returning to their homes, and those living in collective centres. WASH targeted actions will minimize the chance for outbreaks, vector-borne diseases, and epidemics caused by the post-flood conditions. Distribution of safe water is already being carried out in some of the affected communities by different organizations. A further focus on sanitation is required in the collective centres.

Nicaragua: In Nicaragua, after Eta, there were reports of damage to the drinking water treatment plant and supplies in Puerto Cabezas. The latest reports accounting for the cumulative effects of Eta and Iota mention contaminated water storage systems and extensive power failures (affecting the pumping of water) in the Puerto Cabezas municipality. Hurricane Iota's damage left 53,000 people without access to drinking water and contaminated wells, affecting water storage and distribution.

²⁰ SINAPRED - Presentación Preliminar Cuantificación de Daños, Pérdidas y Necesidades Post Huracanes

²¹ Source: Latin America & the Caribbean: Weekly Situation Update (30 November - 6 December 2020) (reliefweb.int)

²² OCHA. Honduras. Hurricane Eta-Iota – Situation Report No. 5 December 10 2020. <https://reliefweb.int/report/honduras/hurricane-eta-iota-situation-report-5>

²³ OCHA. Central America: 2020 Atlantic Hurricane Season – Situation Report No. 4. 20 November 2020.

Waste management, cleaning, and purification of water sources are urgently needed. Sanitation systems are still in need of assessment, particularly smaller household level systems in areas that are difficult to access since the hurricane. Debris clearing and waste management assistance is also a priority.

It is necessary to evaluate the quality of water for human consumption and promote access to it and preventive health actions (sanitation), for populations that return to their homes and those that have to stay in shelters because they have lost their homes. This will prevent outbreaks and epidemics caused by post-flood conditions.

At the same time, sanitation actions will be promoted by promoting hygiene in emergencies, the construction and / or rehabilitation of latrines, in the communities that are required. It is also important to inform the population about solid waste management and garbage treatment to create healthy environments in the affected population.

One of the institutional needs is to equip and maintain the water treatment plants. It is also necessary to strengthen the Nicaraguan Red Cross's ability to utilize its stock of water treatment plants and better provide a rapid response to the existing water needs. It is also necessary to renew the plants that have been damaged to ensure this WASH humanitarian service in future operations.

Honduras: Due to the high levels of rainfall, overflowed rivers and high waves caused by the storms, accessibility to drinking water became an immediate need, as well as sanitation and hygiene measures, in order to prevent the outbreak of cholera and other WASH related diseases. As a result of floods large populations are in close proximity to stagnant mosquito breeding water, with the associated risks of vector borne diseases such as Dengue. Therefore, a first set of emergency actions targeted an immediate reduction in risk of WASH related diseases present in collective centres, as well as the deployment of WASH Emergency Response Units to tackle the urgent needs. In Sula Valley, the Municipalities of La Lima, Choloma, Villanueva and some areas of San Pedro Sula have been identified as priority areas of intervention. According to the information gathered by HRC assessment teams, Emergency Municipal Committees (CODEM) and the water utilities (e.g. Aguas de San Pedro, Aguas de La Lima, Aguas de Choloma, Aguas del Valle, etc.) due to the intense rains and flooding, the drinking water service has been affected due to four fundamental factors: · High turbidity in sources · Lack of electricity in some areas · Flooding of boreholes and damages to pumping stations. After the effects of Eta and until 15 November some water companies were able to reactivate the service in different areas but the Iota hurricane has had a severe impact on these rehabilitation works, especially in La Lima, where the damage to the electricity network stopped water supply service in most areas of the city. Those two successive crises and the COVID context have led to a scenario of high vulnerability. In the post-emergency stage and with the return of families back to their communities and homes, work must be carried out on the water supply and sewerage systems, especially those managed by the communities (Juntas de Agua) considering that there has been a severe impact on infrastructure, which will limit access quality services for a significant amount of time. Consequently, another set of measures aimed to a sustainable reduction in risk of WASH related diseases in targeted communities for the recovery phase have been identified.

Also, from preliminary information collected by OCHA in 23 shelters in six municipalities (San José de Colinas, La Unión, Las Vegas, Azacualpa, Santa Rosa de Copán, Nueva Arcadia), about 60 per cent of those housed need hygiene items, and 45 per cent of women and adolescents need menstrual hygiene items.

Guatemala: Initial assessments conducted by GRC indicate floodwaters have contaminated primary water sources in the most affected areas in Alta Verapaz and Izabal. Needs include risk communications messaging on flooding, waste management, vector-borne diseases, correct water usage, access to safe water for consumption, and preventive hygiene measures. The government has requested hygiene kits, soap, gel, chlorine, PPE, cleaning supplies, and educational materials on WASH for collective centres.

Due to the contamination of the water supply points, caused by the floods, preventive actions and support for the population are essential. The promotion of hygiene, the provision of hygiene kits, as well as suitable containers and the provision of water filters are necessary actions to protect the health of the population in the shelters and affected communities.

Protection, Gender, and Inclusion (PGI): Overview

With large population groups living in shelters, the risk of COVID-19 spread is significant and Epidemic Prevention and Control a key protection issue. Ensuring availability of safe water and adequate sanitation, risk communication and minimum health services, personal protective equipment (PPE) items, implementation of biosafety protocols, will be crucial to prevent the spread of the virus and are essential components of this response.

On 19 November, the UN's Flash Appeal addressed the need to consider protection as a cross-cutting issue to effectively mitigate Eta's impact on longstanding chronic violence, including against children and adolescents, and sexual and gender-based violence (GBV) in shelters and affected communities. Following the impact of Eta-Iota,

INGO's have reported attention to sexual violence survivors in Honduras. The organization remarks that this is only the tip of the iceberg and that this issue needs attention.²⁴.

On 17 December, Plan International, expressed their concern regarding the situation of the thousands of young women and girls living in temporary shelters in Honduras, Nicaragua and Guatemala. This situation could lead to an increase in abuse cases and exploitation²⁵.

There is particular concern over the heightened risk of scaled-up trafficking and recruitment as well. All countries will need to guarantee the referral and counter-referral mechanism for all protection cases, including cases of sexual and gender-based violence, in collective centres and coordinating with the health sector, and to guarantee immediate intervention actions by risk groups: maternal and new-born health, sexual and reproductive health care, adolescent care, and older adults.

In the first weeks of this response, there were only a few localized PGI assessments. They were did not fully addressing all areas of intervention. As the emergency operations evolve, this will yield more informed pathways to build an integrated response that will enable the streamlining of protection and referral mechanisms in activities in all sectors.

Specific populations such as persons with disabilities and indigenous communities are identified as populations exposed to heightened vulnerabilities, neglect, abuse, and marginalization. For this reason, it is a priority to address the needs of these population segments.

Nicaragua: The population of Puerto Cabezas has a multi-ethnic character, 72.3 per cent belongs to the Miskito ethnic group, 21.7 per cent to the mestizo ethnic group, 5.7 per cent to the Creole ethnic group and 0.3 per cent to the Sumu ethnic group; there is a total of 46 indigenous communities in the municipality and there needs a multicultural approach in the response, including not only adaptations in the shelters but also in the information to be provided.

According to research of local universities, the communities have shown high rates of domestic violence, intimate partner violence and gender-based violence including pregnancy in girls and adolescents with high rates of femicides compared to other regions²⁶, protection risks that are very likely to increase during this emergency. Around 500,000 children affected will face risks such as effects of psychosocial impact, separation from their caregivers and protection.

Honduras: the first situational report of IOM's Displacement Tracking Matrix for 31 collective centres, reports 148 lactating women, seven unaccompanied children, five persons identified as part of the LGBTIQ+ population, 57 pregnant women older than 18 years old, 48 persons with disabilities and 144 persons with chronic illnesses. The preliminary findings stated that most of these shelters do not count with feedback mechanisms for reporting and/or facilities with universal design considerations. Also, from preliminary information collected by OCHA in 23 shelters in six municipalities (San José de Colinas, La Unión, Las Vegas, Azacualpa, Santa Rosa de Copán, Nueva Arcadia), on average, only 36 per cent of women in shelters have access to bathrooms separated by sex and only 6 per cent of the sanitary facilities for women/girls in the collective centres are illuminated and equipped with locks. About 60 per cent of those housed need hygiene items, and 45 per cent of women and adolescents need menstrual hygiene items.

In the context of containment of the epidemic, there is a strong probability of aggravation of existing gender inequalities, increasing the harm and risks for women, girls, and people of sexual diversity at home and in the community. The situation could be aggravated in the current context due to overcrowding in collective centres, isolation of communities, and the police and security institutions' workload.

Guatemala: The affected areas are home to communities that suffer from historical social exclusion, with mostly indigenous communities speaking various languages, with high rates of poverty and chronic and acute malnutrition.

During emergencies, women are more vulnerable to risks than men, these risks are especially related to gender violence. While gender violence can occur at any time, there is a risk of it increasing during emergencies due to a breakdown in public order, the lack or limitation of support services and the temporary absence of social networks. The needs for differentiated attention and relevant evaluations are necessary. For the areas of Alta Verapaz, the work of the Kekchi and pocomchi speaking volunteers will be aligned with the CEA approach.

After the emergency, it has become evident that women have been the most affected by the damage and losses, the impact being manifested through various psychophysiological signs, sleep disturbances, lack of appetite, anxiety, and

²⁴ 10 December 10, 2020. ([Copia de Where to position a MSF Team in the region? \(reliefweb.int\)](#))

²⁵ 17 December, 2020 [Hurricanes Eta and Iota leave girls at risk of abuse in shelters - Guatemala | ReliefWeb](#)

²⁶ [Uraccan : SGVB Nicaragua](#)

post-traumatic stress. It will be important to implement humanitarian response and recovery actions that contribute to gender equality and women's empowerment, ensuring that these actions respond to the differentiated needs of women.

Similarly, children have been emotionally affected by not being able to understand the consequences of the disaster, preliminary assessments detect needs for psychosocial support for children, to reduce the emotional impact. Some actions of PSS have been carried out mainly in Izabal, within the temporary shelters, with recreational tools that have already been developed within the framework of child protection.

Migration and Restoration of Family Links: Overview

Central American countries are traditionally countries of origin and transit of migrants. Several "caravans" have been reported in the last couple of years. The Red Cross has monitored the situation and supporting actions (for more information, please refer to [Information Bulletin no. 1 Central America: Population Movements associated with COVID-19](#)). Understanding the context of COVID-19 impact in the country and the recovery process after hurricanes is essential. It will be important to monitor the evolution and migratory flows in the area from now on. Understanding the context of COVID-19 impact in the country and the recovery process after hurricanes is essential. It will be important to monitor the evolution and migratory flows in the area from now on.

In the UNICEF report of 9 December it is pointed that as part of the devastating consequences of Eta and Iota in already vulnerable communities, the risk of a surge in internal displacement and cross border migration is latent. According to recent local and media reports, a migrants' group ('caravan') was organized with people from El Salvador, Nicaragua and Honduras, including families with children, traveling towards the north of Central America. Among them would be families that have lost everything due to the Hurricanes²⁷.

Nicaragua: There is limited information on Migration for Nicaragua which impedes an adequate assessment of needs in this area. Instead, taking into account that one of the potential risks to disasters of great magnitude is the loss of contact with families, it is proposed to carry out an initial diagnosis to assess the existing needs, identify the shelter centres that need priority attention due to the presence of people who lost contact with their families. Subsequently, it is proposed to implement actions such as establishing calls to relatives through Cell Phones that will be located in the Shelter Centres, in remote communities they will be made through HF radios or satellite phones. This will allow the family to reduce stress by knowing that their family member is fine and allow her to resume her activities again and begin the recovery phase.

Honduras: Honduras is a country with a high influx of migrants: departing, returning, and transiting through the territory. The COVID-19 pandemic brought a temporary halt to the return of deportees, and a slowdown in the transit. The impact of Eta and Iota slowed as well the deportations in Honduras that had reinitiated in October; however, the crisis generated by these events may increase inequalities and exclusion factors, that will push new caravans to depart Honduras in the upcoming months. Some of the areas affected by the impact of Tropical Storms Eta and Iota are migrant deportation zones. It is therefore expected that many returnees, together with their families, will need to regain their livelihoods, access to basic and health services, as well as education, clothing, and transportation, among others, in addition to support to rebuild their homes. Both the COVID-19 pandemic and the effect of Tropical Storms Eta and Iota are expected to cause further displacements and the economic effects will push for vulnerable people to enter the migration route. Displaced populations have health needs (including emotional and mental health), education and inputs for education, livelihoods (entrepreneurship and employability), housing and others specific to diversity specific needs.

Guatemala: Huehuetenango, Quiché, Alta Verapaz, and Petén are among the 10 departments with the highest rates of returned migrants in Guatemala, including both adults and children. This means that these departments already have vulnerable populations, unemployment, lack of livelihoods, problems with job reinsertion, and school reintegration in the case of returned migrant children. Hence, a crisis like the current one increases the vulnerabilities of this population. Likewise, Izabal and Petén, for example, are recognized as part of the migratory route of migrants in transit from Honduras and extra-continental migrants. Emergencies such as Eta and Iota can cause the migratory route's interruption, making the migrant population and its needs invisible. In Guatemala's case, the return processes have not been suspended, the number of migrants returned by air and land has decreased to those registered before Eta. Currently, the National Institute of Migration registers between two and five flights per week; before Eta, there were nine return flights per week. There are resolution processes to regulate the return processes due to the country's crisis state because of the storms, mainly for the unaccompanied migrant children

²⁷ UNICEF Situation Report No. 5, Central America: Hurricanes Eta and Iota. Reporting Period: 2 – 9 December 2020

Targeting

The total population targeted is **20,500 people (102,500 families)** in Nicaragua, Honduras, and Guatemala. The calculation of the target population is based on the direct population to be reached through the proposed emergency response and early recovery activities. The targeted families within the served/affected population will be selected based on different criteria and determined by the context, such as:

- Level of impact (housing, livelihoods, health, etc.)
- Absence of assistance received from other entities.
- Specifically targeting vulnerable populations (children, pregnant women, single-head households, older adults, people with disabilities, etc.)

Coordination and Partnerships

This operation will have a **Federation-wide approach** for coordination. IFRC is coordinating the collection of Federation members' actions on bilateral contributions, Rapid Response Personnel deployment and support provided. The Federation-wide approach will also be applied to providing surge support to the three NSs, when requested. Where required, priority will be to consult with PNSs with a presence in-country to determine whether they can second any of their existing personnel to support the response. Surge alerts for personnel from outside of Nicaragua, Guatemala and Honduras will be sent via the ARO only if none of the in-country partners have the requested profile locally. In addition to membership coordination via surge deployments, the IFRC is engaged in active membership coordination in the affected countries, encouraging shared leadership initiatives with National Societies present in the country and other mechanisms such as Country Support Teams, through which the local National Society can call on other National Societies in the country for assistance in areas such as development of response plans, data collection and reporting.

The International Red Cross and Red Crescent Movement has been active since the beginning of the emergency, participating in regional coordination meetings called by the IFRC. Partner National Societies (PNS) and the International Committee of the Red Cross (ICRC) are actively sharing information with National Societies, the IFRC and counterparts in their respective headquarters. PNSs with Central America presence have put at disposal vehicles and human resources working in development projects in [Guatemala](#), [Honduras](#), [El Salvador](#), and [Nicaragua](#). The ICRC, where present in Central America, has approached the IFRC and the National Societies for potential support, integrated or complementary to the operation planned in this Regional Appeal and in its area of capacity and expertise. A Restoring Family Links (RFL) pool member will be deployed in Honduras to support the HRC to respond the RFL needs. The RFL pool member will be under ICRC Mission Honduras umbrella for logistic, security and administrative matters. The ICRC is supporting the NS with, forensic services, mental health, and psychosocial support, water, sanitation, and hygiene promotion, distribution of items (PSS kits, hygiene kits, care kits, kits for child and adolescent safe spaces, food kits) and with resources.

The localization approach, and the use of local resources is essential. To this end, the American Red Cross, Swiss Red Cross, Norwegian Red Cross, Spanish Red Cross, Italian Red Cross, and German Red Cross are ready to support the National Society's and IFRC's actions through their country delegations and heavily leaning on regional deployments. Other PNS have been in close communication with the Americas Regional Office and participating in the coordination meetings and information sharing.

IFRC Partnerships and Resource Development Department (PRD) has been coordinating with internal and external partners. Several meetings with Movement partners and one meeting with external partners have been held to share needs and actions taken by the Red Cross to support the communities. In-kind donations are being received from donors. Six Emergency Response Units are currently deployed to Honduras. Rapid Response Personnel have been deployed to several locations (remote and field). Members from the American Red Cross, Austrian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Dominica Red Cross, Ecuadorian Red Cross, German RC, Mexican Red Cross, Netherlands Red Cross, Norwegian Red Cross, Panamanian Red Cross, Spanish Red Cross, Swedish Red Cross, and Swiss Red Cross have been deployed.

In partnership with PIRAC (French government through the French Red Cross), relief items were shipped from Guadalupe to Guatemala and Honduras. Also, Emergency Response Units (ERUs) are now fully functional in San Pedro Sula, in Honduras to address urgent needs related to Sanitation, Water, Hygiene promotion, Health, IT & Telecom, and logistics. ERUs are supported by the Austrian Red Cross, British Red Cross, Canadian Red Cross, German Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, with human resources contributions for the rotations from many others.

Emergency Response Units already in Honduras:

- WASH M15 & M40: joint deployment by German, Swedish and Austrian Red Cross.
- MSM20 & IT Telecom by Spanish Red Cross.
- Emergency Clinic, by Canadian Red Cross.
- Logistics: joint deployment by Swiss (lead), British and Spanish Red Cross.

Support channeled via the IFRC Emergency Appeal will be included in standard reporting and through the GO emergency page: [Central America: Hurricanes Eta and Iota](#). A Federation Wide Reporting (FWR) surge staff is supporting the setting up of Federation-wide information management systems for the operation.

The Airbnb Open Homes partnership was activated for Honduras and Nicaragua to support with unmet accommodation needs of national staff and volunteers.

IFRC consistently participates in the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC), which is a regional coordination platform for preparedness and response to disasters. Established in 2003, REDLAC benefits from the presence of regional organizations in Panama and is inspired by the Inter-Agency Standing Committee (IASC) coordination system. IFRC leads the REDLAC Shelter Working Group and is convening meetings of shelter partners in the region to ensure effective coordination of the regional shelter response.

Nicaragua: In Nicaragua, the governmental response is coordinated by the National System for the Prevention, Mitigation and Attention of Disasters (SINAPRED). SINAPRED took preventive actions to reduce and mitigate human loss by activating early warning mechanisms in Puerto Cabezas and its communities. The NRC is a relevant body of the national response system and works in close coordination with the local authorities, maintaining its auxiliary role and the Fundamental Principles.

The National Society participates in the country's national Emergency Operations Centre, as well as in the different levels of COEs activated for the emergency response, through the NRC branches.

In Honduras, government response efforts are coordinated by the National Contingency Coordination Agency (COPECO) part of the National Risk Management System (SINAGER).

The cluster system was officially activated in Honduras with seven response sectors (Camp Coordination and Camp Management, Shelter, WASH, Health, Food Security, Protection and Education in Emergencies), plus three cross-cutting issues (Gender, Human Rights, and Cash Transfers). The Shelter sector is co-led by Global Communities and IFRC (remote backstopping).

As part of their auxiliary role, the National Society participates in the country's national Emergency Operations Centre, as well as in the different levels of COEs activated for the emergency response, through its branches.

Guatemala: In Guatemala, the National Coordinating Office for Disaster Reduction (CONRED) leads the governmental preparedness and response efforts, with Emergency Operations Centers (COEs) and local authorities, at local level. The Humanitarian Country Team (HCT) is active with participation of national authorities. Five clusters have been activated by the Resident Coordinator: WASH, Health, Food Security, Shelter and Protection. The Government of Guatemala, through the Executive Secretariat of CONRED, is implementing actions such as the deployment of its immediate response teams (IRTs) to the departments of Izabal, Petén and Alta Verapaz. It is currently planning to mobilise humanitarian aid for families affected by the effects of the tropical depression.

The Humanitarian Country Team (HCT) has held a meeting with the National Coordinator for Disaster Reduction in order to learn about the actions, as well as the immediate needs of the population. United Nations agencies and humanitarian NGOs, as well as the Red Cross Movement present in Guatemala, are participating in the HCT. The Guatemalan Red Cross is an active member of the HCT Executive Working Group.

The National Society participates in the country's national Emergency Operations Centre, as well as in the departmental and municipal COEs activated for the emergency response, through the GRC branches.

Proposed Areas for intervention

General Operational Objective

The present operation aims to meet the **immediate basic needs and support early recovery** of affected people affected by Hurricane/Tropical Storm Eta's passage in Nicaragua, Honduras and Guatemala for a duration of **18 months**.

Through this Emergency Appeal:

The Nicaraguan Red Cross has a plan of action that will contribute to the emergency and recovery needs in Puerto Cabezas, Waspam, Prinzapolka, Jinotega, Rivas, Bluefields and Managua supporting 8,500 families affected (42,500 people) - in the areas of Shelter; Livelihood and basic needs; Health; Water, sanitation and hygiene; Protection, Gender and Inclusion; Migration; and Disaster Risk Reduction.

The Honduran Red Cross will contribute to the national response to the Hurricane Eta in Copán, Santa Bárbara, Cortés, Comayagua, La Paz, Francisco Morazán, El Paraíso, Olancho, Colón, Atlántida, and Yoro departments to support 10,000 families affected (50,000 people) with their emergency and recovery needs in the areas of Shelter, Livelihoods and basic needs, Health, WASH, and Protection, Gender and Inclusion, Migration.

The Guatemalan Red Cross will contribute to the national response to the Hurricanes Eta and Iota in Izabal, Petén, Alta Verapaz, and Chiquimula departments to support 2,000 families affected (10,000 people) with their emergency and recovery needs in the areas of Shelter; Livelihood and basic needs; Health; Water, sanitation and hygiene; Protection, Gender and Inclusion; Migration.

In the following months, in the medium-term response phase, we will adopt a two-pronged approach responding to emergency and recovery needs. As the operation evolves, we aim to fully address livelihoods needs and Ecosystem-based adaptations.

Nature-based solutions – Ecosystem-based adaptations (EbA) and DRR

While at this early stage of meeting basic needs and supporting early recovery, the proposed interventions have not fully explored nature-based solutions, considering the heightened vulnerabilities of the region to the impacts of climate change, these alternatives are expected to be integrated as a priority in the following months. Community actions that protect and sustainably manage and restore the ecosystems can build resilience and are indispensable for climate-change adaptation. Integrating ecosystem-based adaptations (EbA) will therefore be key to reduce risks and it can also offer a cost-effective approach to climate-smart and sustainable recovery. Together with the integration of community-based DRR activities into the operation, this will work towards ensuring more resilient communities, in line with the concept of *build back better*.

COVID-19

This operation and its strategy consider the risks related to the current COVID-19 pandemic and it is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic²⁸.

COVID-19 cases as of 24 November (source: Johns Hopkins University)		
Country	Confirmed cases	Deaths
	Nov 24 – Dec 17	Nov 24 – Dec 17
Honduras	105,211 -115,317	2,869 – 3,013
Nicaragua	5,784 - 5,938	160 -163
Guatemala	119,349 – 131,435	4,099 – 4,551

²⁸ Johns Hopkins – Coronavirus Resource Center Dashboard @ <https://coronavirus.jhu.edu/map.html>

The National Societies' response to COVID-19 is supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This Emergency Appeal operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office, and in coordination with global and regional partners. This means that the National Societies will ensure, even as they respond to the damages caused by Eta and Iota, that all COVID-19 prevention measures are adhered to, and in line with the regional plan of action and their national COVID-19 country plans.

IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this global crisis and provide necessary guidance to its membership. The National Societies will keep monitoring the situation closely and revise their plans accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including all operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Societies volunteers and staff. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

The personnel will be provided with the necessary protection, identification, and equipment for their tasks' correct performance, accompanied by rapid training processes on specific topics, and protocols will be developed to coordinate humanitarian assistance with external volunteer organizations.

Some **strategies** to support this operation include:

Human Resources:

For the implementation of this Emergency Appeal, it is necessary to hire a regional coordination team, project coordinators, planning, monitoring, evaluation and reporting (PMER), finance, administrative and procurement, information manager (IM) officers, and technical profiles for the field staff to scale. Furthermore, to count on the support from the core of the Red Cross which is the volunteering of the NS for the implementation of the actions. More staff could be added according to the evolution and availability of funds. The hiring of this staff is paramount since the National Societies are operating at full capacity and need to increase its dedicated staff to implement the response actions planned. IFRC has deployed to date more than 96 people (24 RRP and 64 ERU Staff, and 8 from the IFRC ARO) to support the operations.

Volunteer support and protection:

The National Societies of Honduras, Nicaragua and Guatemala have over 4,000 volunteers trained in various areas related to the response. The protection, security, motivation and well-being of those volunteers and the strengthening of the volunteering systems that support them is fundamental for the operation.

All volunteers will receive the appropriate protective equipment, including PPE for COVID-19, identification, visibility, and uniforms; in addition, systems of motivation, recognition and training are required. In addition, further resources are needed to strengthen the Solidarity Fund for volunteers. Life insurance will be covered through this operation. Additionally, volunteers will receive mobilisation and food necessary for the implementation of the operational activities.

Logistics:

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage, and transport to distribution sites following the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. The team is still in the evaluation process to determine the status of infrastructure/airport/port damages or congestions; difficult road/boat access, widespread of the affected area, security issues, fuel shortages. The team in Honduras is composed by the Logistics ERU and the National Societies logistics counterparts. The 3 NS have storage capacity through their main warehouse in Las Uvas, Honduras, Managua in Nicaragua and Guatemala City in Guatemala. All the prepositioned stock placed in Honduras, Nicaragua and Guatemala, was used.

All procurements related to this operation will follow the IFRC's standards procurement procedures and sphere standards for household items purchases. The procurement of items and services will meet the required conditions based on the affected population's needs and/or the operational areas to guarantee the appropriate supplies and optimal performance. After the revision of the market's capacities, with the support of a procurement officer from Regional Logistics Unit Panama, the decision will be taken to follow Local procurements and/or international procurements.

A Mobilization table was launched to coordinate needs in the field and contributions offered by donors/partners and updated by the Regional Logistics Unit, Panama office. Import regulations are known, and a revision process will be conducted to eliminate potential bottlenecks and delays.

Communication:

The Communications Unit is providing coverage and dissemination for the main actions in the operation, preparing digital content for dissemination in media outlets such as: web, social networks, internal bulletins, audio-visual material, etc. The communications teams in the National Societies are very strong and have produced solid media material to be shared with media outlets, partners, TV and radio.

The attention of the international media has been focused on other issues, so it is a challenge to make visible the magnitude of the impact of this disaster. During COVID-19 times media outlets are not deploying correspondents to the affected areas, so it is expected the coverage will remain limited. Additional efforts will be required to attract media attention and help mobilize resources. Besides the Rapid Response comms specialist deployed to Honduras, a Rapid Response regional Comms has also been deployed for 2 months in support to ARO and the other NS. Besides these two profiles it is recommended a mid-term comms specialist to support the National Societies in content production and international media attention to promote broad coverage of the needs that this emergency has brought.

Public communications support to this operation will ensure that humanitarian needs are highlighted, and the achievements of the operation are well-profiled through proactive public information that integrates the use of IFRC online platforms, media relations activities, audio-visual production and social media engagement. Primary target audiences will include regional and international media, partner national societies, peer organizations as well as donors (in coordination with PRD) and the wider public. Including communications staff within this appeal is recommended to support the National Society's public communication actions and engagement with the international media to ensure the visibility of the humanitarian emergency posed. It will be key as well to fund ads in social media, media trips, and the hiring of videographers and photographer in Honduras and the rest of the affected countries.

The IFRC has published the following communications material:

- Press releases - [Updated on 14 December](#).
- Newsroom - [Red Cross: Humanitarian response to hurricanes Eta and Iota one of the most challenging faced by Central America in decades](#). Media materials.
- Key Messages - Updated on 7 December.
- Pictures - New images from Nicaragua, Costa Rica, and Honduras.
- IFRC Twitter account.
- More than 30 stories quoting Red Cross actions and figures on international media outlets.
- [GO emergency page – Hurricane Eta and Iota](#).

Community Engagement and Accountability (CEA):

The CEA approach is crosscutting and used across the different response areas and activities implemented as part of the different intervention strategies. It seeks to build trust and engagement with local communities and to adjust interventions based on feedback from affected and at-risk groups to deliver community accountability. Approaches that incorporate participatory decision-making and actions are more likely to be high-quality, cost-effective and sustainable. The activities proposed as part of the CEA approach include:

- sharing information through trusted and accessible channels on community preparedness, primary response actions, physical and mental health during and after the flooding emergencies. This will be through the most appropriate and safe approaches (i.e., small community dialogues, interpersonal communication when safety measure allows, use of social media networks, loudspeakers, community radios, etc.
- collecting community feedback so we understand the beliefs, fears, rumours, questions, suggestions and complaints circulating in communities about the current floods but also underlying health threats such as COVID-19, Dengue, Zika and Chikungunya and use this to inform the response
- working with communities to identify and support community-led solutions to inform and better tailor the response

CEA support will be provided to other areas such as Shelter, Health, WASH, Livelihoods, PGI, and in the case of Cash interventions, the CEA toolbox elements for cash programmes will be used.

The regional CEA team will support the National Societies in implementing feedback mechanisms to address questions, doubts and identify rumours that are circulating in the communities. The information collected through these mechanisms will feed into the intervention areas to improve, change or improved the intervention.

To ensure the implementation of the CEA approach the National Societies will be supported with the deployment of a surge capacity position to support the early implementation of the approach and to coordinate the creation of a team within the National Society and to train a first group of volunteers and staff.

The reinforcement and institutionalization of community engagement and accountability is a key deliverable of the EA considering the necessity to raise the National Societies standard when planning, consulting, and delivering aid to affected populations. In the recovery phase, the CEA team will work with the NSs to define clear standards.

Guatemala RC called for a Rapid Response member with CEA profile that is supporting the NS for two months.

Information Technology:

Additionally, technicians and volunteers will be provided with airtime for cell phone calls. The national context for the COVID-19 emergency has led to an increase in the use of virtual conference platforms, such as Zoom, Skype, etc., as well as data hosting for remote work. These tools are vital for work and communication with the target groups, given the mobility restrictions and biosecurity measures that have been established and govern everyday life. Several branches have been affected by the floods, losing radios and IT equipment. It convened with the strong winds that destroyed antennas and repeaters, making it necessary to implement urgent actions to restore the communication to operate in isolated areas.

The IT Telecom ERU was deployed to Honduras, made an assessment with the HRC of identifying the priority needs. So far, the ERU member have been installing radio equipment to Red Cross vehicles, setting up the working spaces and accommodation compounds of the deployed personnel to facilitate the work in remote modality as part of the BCP. The HRC branches require IT equipment to recover and expand the previous capacities to build the systems up to scale of the current operation.

Security:

To support the operation, two Rapid Response Security Coordinators have been deployed: (i) for the regional operation and (ii) for Honduras Operations, considered as a key aspect to monitor security from the field and from the Regional Office.

IFRC security plans apply to all IFRC staff throughout. Area specific Security Risk Assessment are conducted for the operational area should any IFRC personnel deploy there; risk mitigation measures have been identified and are being implemented. All IFRC and RC/RC staff deployed to operations have completed the IFRC Stay Safe e-learning courses.

Security Plans will be drawn up according to the territorial context of intervention, considering the current social situation and the recurrence of hydro-meteorological events. Strategies will be promoted within the framework of Operational Security, using Stay Safe's concepts, Safer Access Framework, and the Code of Conduct. All Red Cross personnel involved in operations wear the uniform and promote the Fundamental Principles and Humanitarian Values.

It is necessary to strengthen the internal security network of the Red Cross Societies involved in the response. More training in operational security is necessary. This requires an initial training in operational security. Once the National Societies' security network and all people involved in response are aware of the basic parameters of operational security, it is necessary to develop protocols that allow protection of volunteers and staff through security risk analysis and the creation of a protocol for critical incident management (CIM). This goes hand in hand with a sufficient supply of Personal Protective Equipment (PPE) for those attending to the emergency and facing the pandemic, promoting the safety of volunteers and staff who are virtual and in-person.

Business Continuity Plans have been developed in the three countries. In Honduras, due to the large team and number of ERU deployed, specific BCP cover the continuation of the operations in each of the sectors of implementation. .

The technical team involved in the operation, in coordination with the NSs Security Focal Point have prepared a Security Plan in Nicaragua to ensure the physical integrity of the Volunteers and management team.

In the Northern Triangle it is of key importance to generate Civil-Military Relations training considering the humanitarian support with different military and security entities in the field that takes place, and staff and volunteers should have the internal training to ensure knowledge of the concepts and procedures.

Lessons learned from the response to emergencies in a situation with complex scenarios, which might put at risk the **duty of care** of our staff and our mission as IFRC, it is considered essential that specialized security personnel can continue to be deployed both to the field and at regional level to be able to prevent and mitigate security risks. Also,

extra field and continued remote support will be key to provide a closer security monitoring of the emergency response of the countries involved, to be able to provide security coordination with the different actors, including PNSs, being able to comply with security and BCP procedures in the field, and coordinate directly with the Security Focal Points of the respective National Societies.

Disaster Law and Legislative Advocacy:

The COVID-19 regulatory environment and the new legislative context in Nicaragua may pose challenges for the Red Cross and Red Crescent Humanitarian Assistance Principles and Rules' effective operationalization. Honduras approved in early November, 2020 the IDRL Law based on the IFRC IDRL Model Law, right after the fact that the Ministry of Foreign Affairs issued an Appeal for International Humanitarian Assistance, sensitizing all the authorities involved in the management of the international response to the new IDRL recommendations will be critical to providing a rapid and effective response from the Movement and international donors.

The 2019 CONRED Law in Guatemala provides for some special tax exemptions on importing humanitarian goods, advocating at both national and regional levels (with CEPREDENAC) to adopt and implement the IDRL recommendations will be crucial to enable an effective international response.

Information Management (IM):

The regional IFRC IM and global IFRC Surge Information Management Support (SIMS) networks have been activated for the immediate response phase, drawing on expertise from across the IFRC, to support development of maps, databases, secondary data review and other data analysis and visualisation tasks. Additionally, the operations have Rapid Response personnel for IM Coordination: (i) Regional Support to ARO and the NS; (ii) IM deployed in Honduras; (ii) IM deployed for two weeks to Guatemala.

Information Management support to the operation includes spatial analysis and mapping to support targeted relief distributions and support for most vulnerable communities; structured collection of primary and secondary data to build evidence-based strategic orientations and adaptations to emerging/changing crisis conditions. Information Management support will be focused during response and recovery phases with continuous activity monitoring. The Information Management capacity building component to National Societies will include trainings focused on data collection, analysis and visualization. National Societies' data collection capacities will be reinforced with provision of mobile data collection kits (one kit per National Society), and peer NS networked support for effective survey design, data collection and analysis.

Planning, Monitoring, Evaluation and Reporting (PMER):

As part of the PMER team, the operations have: (I) a Rapid Response member deployed to remotely support the regional office; (ii) a RRP in Honduras; (iii) a Rapid Response Personnel in Guatemala for two months, and (iv) a remote support from regular IFRC staff to Nicaragua. These positions are considered critical for the three countries to continue the monitoring and evaluation plan that will be used to monitor the progress made in achieving the goals. Rapid studies will also be conducted to identify some target groups' perceptions regarding implementing the CEA approach. The results of past lessons learned will also be presented to the implementation team, and preparation of the corresponding reports will be monitored.

The **Federation-wide approach** will be maintained in PMER. In this regard, the IFRC Central America Country Cluster Support Team (CCST) and ARO in Panama will support the three NSs in ensuring a coordinated approach with all PNSs with presence in the countries and PNSs supporting without a presence in the countries and region. The IFRC Secretariat will ensure Federation-wide reporting on financial and operational indicators, as well as an updated 3Ws report (showing who is doing what, where in support of the operation). Support channelled via the Federation-wide Emergency Appeal will be included in the [donor response list](#) that will be available publicly. There is a Rapid Response Personnel deployed to remotely support the FWR. The FWA framework is under development.

Areas of Focus



Shelter

People targeted: 102,500 (20,500 families)

Male: 51,250

Female: 51,250

Requirements (CHF): 2,776,000

Proposed intervention

Due to similarity of the damage that Hurricane Eta caused in all three countries it is expected to have similar needs to support families in collective centres by providing kitchen sets, tarpaulins, and blankets, to help meet some of their needs. The selection of the target population will be based on damage assessments and needs analyses. The response will also include the distribution of Shelter kits (shelter tool kits and tarpaulins) to support repairs of the affected houses alongside with a repair programme. Rental support will be also be provided to those in need while people is able to rebuild/repair their house and re-establish their livelihood. And it will include trainings to reinforce capacity building on shelter and DRR (PASSA) for staff and volunteers.

Needs analysis and population to be assisted

Nicaragua

As a response to Hurricane Eta and Iota, preventive evacuations were conducted due to the high impact of winds and surge tidal in the North Caribbean Coast. The families have been taken to collective centres, which has generated the need to ensure that evacuees have basic items to meet their immediate needs.

All the evacuees, including families that have taken refuge with relatives will need to repair the damages generated by the hurricane and the floods to their homes to return. Families whose homes have partial damage, especially in their roofs, will need assistance to cover the affected areas until they begin the repair process. The Nicaraguan Red Cross is part of the National Civil Protection System. Through this mechanism, emergency assistance is prioritized and coordinated to avoid the duplication of efforts. The intervention will include trainings to reinforce capacity building on shelter and DRR for staff and volunteers.

Honduras

A significant number of houses have suffered damages due to flooding in the most affected areas. It is still unclear the accurate figures in terms of the number of damaged houses. It is expected that the numbers are quite high according to the panoramic views taken from the air. Because of the floods, the affected households have lost their basic belongings such a kitchen tools, clothes, and sleeping elements (mattress and blankets).

Guatemala

Institutions that make up the National Coordination System for Disaster Reduction -CONRED- maintain response actions to assist people affected by the tropical phenomenon Eta. So far, they have registered 134 homes at risk and 943 homes with damage. This intervention will focus on the distribution of household items.

Activities planned

- Support all in country coordination mechanisms related to Shelter and CCCM
- Assessment of shelter needs, capacities, and gaps
- Identification of cases and verification of beneficiaries in different target groups (including integrated factors such as gender, diversity, and disability in the response)
- Coordination with government and other stakeholders
- Procurement and distribution of 43,000 blankets (H: 20,000 -2/family; N: 17,000-2/family & G: 6,000-3/family))
- Procurement and distribution of 20,500 kitchen sets (1 per family)
- Procurement and distribution of 27,000 tarpaulins (replenishment) (2 per family) 13,500 families (H:5,000 & N: 8,500) will receive 2 tarpaulins.
- Procurement and distribution of 13,500 shelter toolkits (1 per family) (H:5,000 & N: 8,500)
- Monitoring the provision of shelter assistance and HHI
- Repair of homes to support safe, sustainable, and secure settlement conditions for 2,000 families and Post Distribution Monitoring
- Shelter & settlements training for volunteers and staff

- Training of Trainers on Participatory Approach for Safe Shelter Awareness (PASSA) Youth/Plus
- PASSA Youth/Plus sessions for affected households
- Orientations on assessments implementation for volunteers
- Advice by specialized personnel for evaluation and repair of affected homes, the rehabilitation of the educational facilities and the definition and implementation of the rental assistance component.
- Production and distribution of information, education, and communication (IEC) materials
- Evaluation/ lessons learned workshop on shelter response (1 per NS)
- Hiring of shelter staff to support implementation of activities



Livelihoods and basic needs

People targeted: 102,500 (20,500 families)

Male: 51,25000

Female: 51,250

Requirements (CHF): 3,357,000

Proposed intervention

Needs analysis and population to be assisted

Nicaragua

The current economic crisis caused by COVID-19, evacuations, and the damage caused to homes, small markets, agriculture, and fishing has affected the poorest people, increasing their vulnerability. People must be the main actors in the response and recovery. Resources and support to satisfy their basic needs, protect and recover their livelihoods will be required. To define the needs of the most vulnerable people, market and livelihood assessments will be carried out in coordination with the communities, and cash and voucher assistance will be implemented where feasible that can also promote the local market's recovery.

Honduras

Large numbers of families have been affected due the floods and landslides throughout the country, according to the initial data, many of the affected families have as their economic activity agriculture, including plantain, bananas, maize, vegetables and other economic activities. It is expected that many families will experience food insecurity during the next months due the mixed effects of COVID-19 and the loss of crops and other income sources. Due the catastrophic combination of crisis and the urgent need to support the families, Red Cross will carry out a rapid assessment to identify the main actions to be taken to address the basic needs and provide support with cash and voucher assistance (where this is feasible) to the most vulnerable families. At the same time rapid market assessments will be done in coordination with the national authorities to define a recovery strategy, selection criteria and concrete actions to replenish assets and restart livelihoods in the selected communities.

Guatemala

Many families have been affected by floods and landslides throughout the country, which has left hundreds of people dead in a village, according to initial data. Mainly the affected families have agriculture and small businesses as an economic activity. The rains are expected to continue during the next few days, saturating the soils even more. The floods have severely damaged the homes and livelihoods of the most vulnerable families. Several families are expected to be food insecure in the coming months due to the mixed effects of COVID-19 and the loss of crops and other income sources. It is urgent to support families and carry out a rapid assessment to identify the main actions to meet basic needs, protect, and recover livelihoods. Support with cash assistance and vouchers should be provided to the most vulnerable families (where this is feasible), as well as concrete actions to recover assets and restart livelihoods in targeted communities.

Activities planned

- Identification of needs for the protection and recovery of livelihoods
- Activate and deploy Rapid Response Personnel specialized in CVA and Livelihoods to support the initial stage of the emergency
- Carry out Cash feasibility studies
- Definition of intervention options for protection of livelihoods
- Induction to volunteers to use the Market Assessment survey
- Carry out a Market Assessment to identify main impacts on market chains

- Procurement and distribution of 15,000 food kits (1 kit for one month) for displaced populations during the initial phase of the response considering that markets have been affected and persons are not able to access other markets.
- Implementation of CVA for basic needs (e.g. multipurpose cash transfers) for 6,160 households
- Implement livelihoods protection assistance for 3,000 households, through CVA where feasible.
- Support 115 microbusinesses to restart and improve their capacity
- Training for volunteers on CVA
- Coordination with government and other stakeholders
- Design and roll out of a CEA plan for awareness, engagement, and feedback mechanisms.
- Post Distribution Monitoring (PDM)
- Hire specialized staff to implement the recovery actions for livelihoods
- Organize training for Red Cross Volunteers in Emergency and Recovery Livelihoods Assessment and Response Option Analysis (ERLA)
- Monitoring and evaluation



Health

People targeted: 12,000 (2,400 families)

Male: 6,000

Female: 6,000

Requirements (CHF): 3,837,000

Proposed intervention

Needs analysis and population to be assisted

During the acute phase of the emergency, the actions have been focused on saving lives through search, rescue and first aid, and providing access to health care to the most affected population by enabling prehospital emergency care, establishing temporal health facilities in the case that health facilities are damaged or affected, establishing medical referral pathway for complicated cases, to have access to advanced medical care. In terms of mental health, psychosocial support will be the first interventions to reduce the stress and the trauma experienced by the affected population in collective centres or within the communities by the provision of Psychological First Aid, cover the basic needs of shelter and food, promote contact with families and, establish safe spaces for the vulnerable groups such as children, teenagers and women.

The affected families need to access primary health care services. It is important to highlight that as the response is in the context of COVID-19, personal protective measures need to permeate all our [actions](#) to minimize the risk of uncontrolled transmission in the areas.

Establish Community-based Psychosocial interventions with the community's active participation will be a crucial action to support the population to cope with the stress, be resilient, and have mechanisms that help them be prepared and reduce the impact that climate change can produce on the well-being of them.

Nicaragua proposes the following activities:

- Health promotion activities to Prevent endemic diseases: Dengue, Cholera, Leptospirosis, Malaria,
- Communication and information campaign for the prevention of diseases and Risks
- Acquisition and delivery of mosquito nets to families
- Purchase of thermal fogging pumps (MINSA, Subsidiary)
- Purchase of protective equipment for fumigation.
- Acquisition and delivery of hatchery identification kit for Health Centres
- Clinical [services](#) to People with Chronic Diseases: blood pressure, temperature, glucose control.
- Intervention in Psychological First Aid and Psychosocial Support to families in shelters
- Psychosocial support and care sessions with Nicaraguan Red Cross staff
- Acquisition of Psychological First Aid Kit
- Acquisition of PPE equipment for volunteers and people at collective centres.

Honduras

In Cortes Department, the health authorities reported that many of the primary healthcare centres structures are partially or totally shut down due to the damage caused by the floods. La Lima has four health facilities and all of them were affected leaving a population of 93,000 and a catchment area of 150,000 with disruptions to their primary care. The main health risk identified by local health authorities and actors are water borne diseases (Diarrheal disease hepatitis A, leptospirosis, vector borne diseases specially dengue as per seasonality and the epidemic situation reported in 2019, and –COVID-19 associate to the high rate of contagious in Cortes Department (26.1% of the total cases of the whole country) And the principal health problems identified in the ~~Accomodation~~Accommodation centres and in the provisional health facilities are diarrhoea, upper respiratory tract infections.

For the People temporarily housed in collective centres, in a context of COVID-19, there is a need to strengthen the prevention and control measures for the transmission of COVID-19 or diseases associate with poor hygiene practices. There is a lack of access to adequate hygiene items, and sanitation facilities and spaces hardly allow for physical distancing. –The accumulation of garbage and stagnant water around the cities contribute to the proliferation of vectors and diseases such as dengue, chikungunya, Zika, malaria and leptospirosis that are endemic in the country.

Activities planned

- Search, rescue and provide First Aid
- Assessment to identify health needs in coordination with health to determine the number/type/location of damaged health facilities and/or deficiencies in medical services in the target communities including mental health (Public Health Information Management (PHIM) tools)
- Support national health system by the deploy of the Emergency Response Unit Emergency Clinic in La Lima to provide basic health care package for four months
- Assure a referral pathway for COVID-19 cases and other communicable diseases to the National health services
- Training volunteers in health promotion, ECV, CBS and PSS
- Establish a health promotion community response for the recovery phase with WASH-PGI-PSS and CEA focused on epidemic control for volunteers to reduce the morbidity and mortality for water and vector borne diseases and COVID-19
- Collaborate with health authorities in the community-based surveillance of water and vector borne diseases and COVID-19
- Provide psychological First Aid to the affected people in accommodation centers and affected communities
- Deliver PSS kits for children and adults in accommodation center
- Establish PSS systems for volunteers and staff to cope with stress and promote well-being
- Establishment of a referral pathway for the complex cases to the mental health services
- Support health authorities to reestablish the health services by donation of medical material and equipments
- Hiring specialize health staff to carry out the recovery interventions based on CBHFA
- Hiring specializes PSS health to develop the recovery interventions based on Psychosocial Community Programs
- Coordination with government and other stakeholders
- Design and roll out of a CEA plan for awareness, engagement, and feedback mechanisms
- Continued evaluation, analysis, and monitoring of health issues

Guatemala

In Guatemala, the focus will be on providing medical assistance and pre-hospital care in the affected areas where population people have limited access to healthcare, the promotion of hygiene and good epidemic prevention and control practices including the provision of PPE and hygiene supplies required for prevention. In Guatemala, the PSS interventions will target people in collective centres as well as people in communities who are coping with high levels of stress in the aftermath of this emergency.

Activities planned

- Replacement of first-aid kits for response units
- Search and Rescue, First Aid
- Evaluation, analysis, and monitoring of damages and needs, including mental health: In coordination with health authorities, conduct detailed assessments to identify health needs, the number/type/location of damaged health facilities and/or deficiencies in medical services in the target communities (Public Health Information Management (PHIM) tools)

- Provision of medical assistance (consultation)
- Prehospital care
- Establish PSS systems for volunteers and staff to cope with stress and promote well-being
- Promotion of safe return and necessary sanitation actions in the community
- Providing psychosocial support services for affected people (by training volunteers and by providing actual PSS with the support of trained personnel)
- Establishment of a referral and response systems for COVID-19 cases and other communicable diseases
- Establish two-way communication channels to inform and collect feedback using CEA approaches about health awareness messages (COVID-19, Dengue, non-communicable diseases- well-being-cope with stress, loss, and grief, -promote resilience) adapted to local cultural realities and languages.



Water, sanitation and hygiene

People targeted: 75,000 (15,000 families)

Male: 37,500

Female: 37,500

Requirements (CHF): 5,880,000

Proposed intervention

Needs analysis and population to be assisted

Nicaragua

Basic sanitation and Hygiene promotion to meet some of the needs of the affected population. Detailed assessment and needs analysis are needed to select the affected population. Also, capacity building at the community level on WASH supports water management, solid waste disposal, where water demand is highest and where groundwater supply systems have been impacted. In the recovery phase, the repair and construction of sanitation facilities will be integrated with the shelter program. Vector control will be supported by providing mosquito nets, a solid waste management program, and retrofitting of rainwater collection drums. Hygiene promotion key messages and modified PHAST training will also be delivered.

The Nicaraguan Red Cross has one water treatment plant that is being used to respond to the emergency in the area most affected by Eta and Iota. The capacity of the plant is limited and cannot respond to the needs of the communities. According to the latest reports sent by the National Society, there are about 49,000 families in 298 communities facing great needs derived from the storms. As part of the response, the Nicaraguan Red Cross could benefit from 2 water treatment plants (EW403D ERU standard) owned by the French Red Cross and currently stored in Guadeloupe. The cost of each plant is around 17,000 Euros and the transportation from Guadeloupe to Nicaragua could be approximately 14,000 Euros. The plants will be used in the northern part of the country where the hurricanes made landfall. This area includes Bilwi, Puerto Cabezas, Prinzapolka and other rural communities in the surroundings. In addition, persons who are currently residing in temporary shelters will benefit from access to safe water. The objective of the National Society is to have a total capacity of resources to provide drinking water to 3,000 families (15,000 persons)

Honduras

Water and sanitation are some of the main actions to be implemented urgently. Thousands of people have been evacuated to the collective centres and camps. The water distribution system has been totally affected in several communities contributing to the high risk of WASH related diseases vectors and COVID-19. A two track strategy has to be implemented, one aimed at supporting people to cope with urgent needs (water supply, vector control, hygiene kits and hygiene promotion, improvement of sanitation conditions) and the other supporting the early recovery phase, including the rehab of water systems at community level and capacity building support in the WASH sector.

Guatemala

The tropical depression had a substantial impact on the supply of safe water. Due to the floods, wells and water sources were totally or partially affected, putting the population at high risk of consuming contaminated water, which would generate health effects, especially gastrointestinal and dermatological infections. Many people have lost personal hygiene items, further increasing the risk of waterborne and water-related diseases. The floodwaters are also causing accumulation of standing water, providing a breeding ground for mosquitoes and raising the need for vector control.

Activities planned

- Water and sanitation assessment
- Analysis and monitoring of water quality in collective centres and affected communities
- Improvement of water storage in collective centres and personal hygiene areas

- Deployment of emergency water treatment plants to improve the production capacity of previous systems temporary damaged due to Eta and Iota impact
- Distribution of drinking water to selected families and in accommodations
- Procurement and distribution of 15,000 water filters (1 per family)
- Procurement and distribution of 15,000 family cleaning kits (1 per family)
- Procurement and distribution of 30,000 family hygiene kits (for two months)
- Acquisition of thermal foggers and pumps for fumigation
- Fumigation of homes and communities for vector control
- Procurement and distribution of items for the proper management of solid waste in collective centres and communities.
- Improvement of sanitation facilities in collective centres, fitting out of latrines and equip toilets with handwashing facilities, water and menstrual hygiene disposals and ensure they remain functional.
- Hygiene promotion
- Water tank truck distribution
- Awareness talks on optimizing drinking water in homes
- Procurement and distribution of water storage containers in the home (30,000 containers for safe water storage, 2 per family)
- Cleaning and disinfection of water wells
- Re-establishment of drinking water and sewage systems in communities
- Acquisition of dewatering pumps
- Installing and fitting out latrines in schools and health centres
- Training for volunteers on WASH and capacity building of NS on WASH sector
- Coordinate with other WASH actors on target group needs and appropriate response
- Select target groups, and use community engagement and accountability approaches to promote key sanitation messages in culturally tailored and context specific methods
- Coordinate with other WASH actors on target group needs and appropriate response
- Select target groups, and use community engagement and accountability approaches to promote key sanitation messages in culturally tailored and context specific methods

For Nicaragua: deployment of one Kit 2 and deployment of 2 water treatment plants (EW403D ERU standard) owned by the French Red Cross



Protection, Gender and Inclusion

People targeted: 8,000

Male: 4,000

Female: 4,000

Requirements (CHF): 311,000

Proposed intervention

Needs analysis and population to be assisted

During emergencies, women, girls, vulnerable groups, and children are more exposed to risks. Gender-based violence can occur at any time but can worsen during emergencies due to a lack of public order, the lack of or limited support services, and the temporary disruption of social networks. For these reasons, women's and girls' protection needs should be considered and coordinated in interventions to address gender-based discrimination.

It is essential to guarantee access to psychosocial assistance and support provided by health or community services. One way of looking after women and girls is to ensure security personnel that prevents women from being victims of violence and establishes preventative measures in the evacuation centres, including information sessions and setting of referral mechanisms. It would be important to advocate for the temporary shelters and emergency collective centres to comply with the Interagency Minimum Standards for Gender-based Violence in Emergencies Programming. Finally, it is necessary to identify specific vulnerabilities and capacities related to gender, age, and vulnerabilities.

Women who live in evacuation centres and groups of at-risk women who are vulnerable to sexual abuse and the systematic violation of their communities' rights. The target population will be defined based on surveys in the existing evacuation centre, and assessments carried out by volunteers in the field.

Tropical Storm Eta has harmed people's lives, not only through the loss of their homes, livelihoods, and even loved ones, but also through the restriction of exercising their rights, participation, access, and security. Children and adolescents will be key to be included as the population to be assisted. The disruption of educational service and their ubication in collective centres with their families can put them at different protection risks.

Specific vulnerability of women, as well as girls, boys and adolescents during emergencies will be considered during the need's assessment and response development. News report missing persons, suggesting that it will be important to implement a mechanism to accompany their families and, if necessary, proceed to their identification and burial (implemented by the ICRC).

Activities planned

Guatemala

- Assess the specific needs of the affected population based on criteria from the PGI minimum standards for emergency situations
- Establish a system to ensure that IFRC and National Society staff and volunteers have signed and been briefed on the Code of Conduct, the PSEA Policy and the Child Protection Policy.
- Hold basic trainings with IFRC and NS staff and volunteers on PGI issues, and how to adhere to the Minimum Standards on PGI including the PGI IFRC tool kit
- Support sectoral teams to collect and analyse sex-age and disability-disaggregated data (see guidance in Minimum Standards) and target population selection criteria
- Identification of populations with special needs (gender, disability, elderly, sexual diversity) in accommodations
- Develop and include messages on preventing and responding to SGBV in all community outreach activities
- Sensitization for processes of participation/inclusion of women in decision making and citizen training.
- Information and awareness campaigns on participation, gender, inclusion, and other related issues for social cohesion in the prioritized communities.
- Distribution of 2,000 solar chargers with lantern
- Promotion of access to protection services and rights for vulnerable populations

Honduras

- Assessment of needs and impacts of communal spaces.
- Rehabilitation of recreational facilities and coexistence in communities.
- Training for young people in the identified communities.
- Establishment of a fund for recreational and participatory activities to be implemented by the Youth Networks.
- Playful, recreational, and coexistence-strengthening activities in implemented communities (health fairs, special days, traditional games, etc.).
- Volunteering and promotion days in affected communities (institutional and community).
- Regular needs assessment of the affected population with PGI needs in emergency Shelter and communities
- Awareness-raising campaigns for participation, inclusion and non-discrimination towards populations with special care needs.
- Basic training of CRH staff and volunteers on minimum PGI standards in emergency situations
- Training days to eight community structures and UMAR on participation and minimum PGI standards
- Map and promote care services to populations with inclusion and protection needs
- Establishment of a fund for recreational and participatory activities to be implemented by the Youth Networks.
- Playful, recreational and coexistence-strengthening activities in implemented communities (health fairs, special days, traditional games, etc.).
- Volunteering and promotion days in affected communities (institutional and community).
- Conducting activities on prevention and response to violence at community level as well as in temporary shelters.
- Establish referral pathways for the protection cases identified by staff and volunteers in temporary shelters and in other sector interventions (–such as WASH, Livelihoods and Health). Participation in inter-agency coordination meeting to better respond to protection risk including SGBV and child protection.

Nicaragua

PGI is treated as a transversal theme, guiding, and informing other activities.



Migration

People targeted: 5,000

Male: 2,500

Female: 2,500

Requirements (CHF):213,000

Proposed intervention

Needs analysis and population to be assisted

The communities affected by the flows and evacuation are at risk of displaced in the mid and long-term. The region is a traditional route of migrants on transit that crossing the country as part of the migratory journey to the North America region. Many of them have limitations that increase the risks and needs, such as language barriers and misunderstanding of the environmental risk. Lack of reliable information about the current situation and the available services in affected areas reduces accessibility during the emergency response and increases the protection risks of being a victim of abuse, violence, and exclusion. The local communities evacuated or reallocated, and migrants in transit risk losing contact with families and loved ones.

Activities planned

- Delivery of services to restore and maintain contact between family members -RCF (telephone calls, connectivity, cargo, information, equipment, logistics, biosecurity, and others)
- Information campaigns on the services of restoration of contact between family members at the national level, with authorities and communities
- Provision of service including a minimum protection approach (training of volunteers and NS staff)
- Volunteer training on Restoring Family Links (basic RFL, RFL in emergencies, NIT-RFL) and other related topics
- Establish strategic alliances with institutions that favour the development of RFL activities/protocols for access to information/data protection
- Purchase and distribution of 1,000 hygiene kits (including biosecurity inputs) to returned and transit migrants (differentiated by age and sex)
- Conducting needs assessments about displacement communities and migrant population in transit
- Monitoring of flows and communities displaced as well as migratory flows changes
- Coordination with local authorities and stakeholder to ensure the humanitarian access to migrants regardless their legal status
- Basic trainings to staff and volunteers abouts RC Migration approach and Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster
- Coordination with local and international actors to strength the response and recovery of people on the move
- Carry out a regional study case of displacement related to environment and disasters situations
- Promote the engagement of NS in technical ad strategic platforms focused on needs of migrants and IDP's
- Activities implemented in coordination with the ICRC:
 - Strengthen NSs capacity in response to internal displacement – and OSV. Honduras is co-host of the Global Internal Displacement Working Group.
 - Protection Kits for sheltered women
 - Search request system, body management and identification
 - Accompaniment of families of missing persons
 - Maintain and reestablish family contact (phone calls, connectivity, logistics, training of volunteers, data protection, biosecurity, etc.)
 - Assistance for returnees and displaced persons
 - Accompaniment of children and adolescents from affected communities
 - Respect and dignity of those who died during the hurricane are upheld by developing a plan for appropriate management of the dead that involves search and recovery, temporary storage, identification and final disposal of bodies
 - Special requirements in terms of logistics: use of PPE, body bags, ID tags, refrigerated vehicles, temporary storage (refrigerated trailers), photographic cameras, forensic tools and traceable individual burial places
 - Procedures of identification and final disposal should take into account the involvement and wishes of families of the missing/deceased and the communities affected by this devastating disaster



Disaster Risk Reduction

People targeted: 75,000

Male: 37,500

Female: 37,500

Requirements (CHF): 461,000

Proposed intervention

Needs analysis and population to be assisted

Now, communities are experiencing the compounding impact of the effects of Tropical Storm Eta and the COVID-19 pandemic. Unfortunately, these types of phenomenon where multiple impacts are happening simultaneously and consecutively: impacts on health, loss of life, destruction of property, loss of livelihoods, reduction of quality and supply of food and water, forced displacement, etc. are increasing in both scope and extension.

IFRC and its National Societies are working for an inclusive, green, and resilient recovery to Hurricane Eta and for community-led adaptation and resilience. Thus, investing in mobilizing the power of local actors and in what will bring the greatest benefit to the people most exposed and vulnerable to climate risks in the medium to long term.

As the acute phase of emergency diminishes out, attention needs to be focused on addressing the key issues highlighted through this emergency: reinforcing climate-smart DRR considerations, creating awareness and adopting measures to tackle the climate crisis, providing the necessary tools and support to those directly affected by this emergency, as well as those working to support them in preparations to upcoming events, that have high probability of happening in the future due to the high incidence of threats historically occurring in the Central American region.

Activities planned

- Organization and restructuring of Municipal and Local Emergency Committees
- Review and adjustments of branch Response Planning and update it through simulation exercises
- Disseminate the Public Awareness and Public Education: DRR messages
- Ensure VCA is followed by the development and implementation of community's plan of action for DRR
- Equip with items for emergency response
- Strengthening of inter-institutional communication mechanisms for the response
- Elaboration of models of Family Emergency Plans by the experiences caused by the emergency
- Elaboration of Sectorial Response Plans according to the action lines of the National Response Plan
- Training on Disaster Risk Management system for branches
- Procurement of Water Rescue equipment for communities
- Implement one Vulnerability & Capacity assessment (eVCA) and CAN Checklist Training of Trainers
- Implement School Disaster Preparedness programme in three schools
- Apply the School Safety Framework and the School Protected Module
- Carry out three workshops on Disaster Planning and Identification of Evacuation Route
- Conduct workshops on climate change
- Train affected communities on climate change awareness
- Train volunteers on the Climate Change toolkit

Strategies for Implementation

Requirements (CHF): 5,305,000

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions are in place to ensure an effective and efficient technical coordination: volunteering support and protection, **human resources, logistics and supply chain; information technology support (IT); information management (IM); communications; regional and country-level coordination of the shelter and settlements sector, as required; financial sustainability, business continuity plan, strengthening the branches network, protection of the integrity; security; planning, monitoring, evaluation, and reporting**

(PMER); partnerships and resource development; and finance and administration. More details are in the Emergency Plan of Action.

Efforts on Strengthening National Societies will focus on enhancing and aligning capacity building efforts, strengthening organisational systems and structures around best practices. We will aim to structure the capacity building work to be based on OCAC, BOCA and PER assessments, with an intention to further develop volunteer management and fostering strong local actors and leadership.

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDR43007 – CENTRAL AMERICA – Hurricanes Eta and Iota

Funding requirements - summary

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	461,000
SHELTER	2,776,000
LIVELIHOODS AND BASIC NEEDS	3,357,000
HEALTH	3,837,000
WATER, SANITATION AND HYGIENE	5,880,000
PROTECTION, GENDER AND INCLUSION	311,000
MIGRATION	213,000
STRENGTHEN NATIONAL SOCIETIES	2,710,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	1,102,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	408,000
ENSURE A STRONG IFRC	1,085,000
TOTAL FUNDING REQUIREMENTS	22,140,000

all amounts in Swiss Francs (CHF)

Jagan Chapagain
Secretary General

Reference documents

Click here for:

- [DREF Operation](#)
- [Information bulletin no. 1](#)

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**How we work**

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.