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Final Report

Central America: Hurricanes Eta - Iota



Emergency Appeal	MDR43007
Date of Issue: 5 December 2022	Glide numbers: TC-2020-000218-NIC TC-2020-000220-HND TC-2020-000222-GTM
Operation start date: 8 November 2020	Operation end date: 31 August 2022
Host National Societies: Guatemalan Red Cross, Honduran Red Cross, Nicaraguan Red Cross	Funding requirement (CHF): 22.1 million
Number of people affected: 7.5 million	Number of people assisted: 273,847
Red Cross Red Crescent Movement partners involved in the operation: American Red Cross, British Red Cross, French Red Cross, German Red Cross, Guatemalan Red Cross, Honduran Red Cross, Italian Red Cross, Nicaraguan Red Cross, International Committee of the Red Cross (ICRC), Norwegian Red Cross, Spanish Red Cross, Swiss Red Cross and Canadian Red Cross Society.	
Other partner organizations involved in the operation: Guatemala: National Disaster Reduction Coordination (CONRED); Honduras: National Risk Management System (SINAGER); Nicaragua: National System for Disaster Prevention, Mitigation and Care (SINAPRED); Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC), Office for the Coordination of Humanitarian Affairs (OCHA), United Nations System agencies and programmes and Humanitarian Country Team (HCT) member organizations.	
<p>The Emergency Appeal was launched for a total amount of 22,140,000 Swiss francs to assist 102,500 people. A total of 17,438,843 Swiss francs was received (79% coverage of the appeal [59% cash/20% in-kind]) as cash and in-kind contributions from different donors (see Donor Response). The IFRC, on behalf of the Nicaraguan Red Cross, Guatemalan Red Cross, and Honduran Red Cross, would like to extend many thanks to all partners and donors for their generous contributions.</p> <p>By the operation's 31 August 2022 end date, the total cash contributions received was 13,107,479 and expenditure was 13,058,775 Swiss francs of the total funding. The remaining balance of 48,704 CHF will be returned to the Disaster Relief Emergency Fund.</p>	

<Click [here](#) for the final financial report, and [here](#) for the contact information.>

A. SITUATION ANALYSIS

Description of the disaster

The extremely active 2020 Atlantic hurricane season was an above-normal season, according to the NOAA National Hurricane Center (NHC)¹. In total, the 2020 season produced 30 named storms (top winds of 39 mph or greater), of which 14 became hurricanes (top winds of 74 mph or greater), including seven major hurricanes (top winds of 111 mph or greater). This is the most storms on record, surpassing the 28 from 2005, and the second-highest number of hurricanes on record.

On 3 November 2020, Hurricane Eta made landfall in Nicaragua as a Category 4 hurricane, causing landslides and floods that displaced thousands of people and left dozens dead or missing in Central America and parts of the Caribbean.

The extreme rainfall associated with Eta² caused catastrophic flash flooding, river flooding, and deadly landslides across the region. Flooding or landslides contributed to at least 74 deaths in Honduras, 60 in Guatemala, 27 in Mexico, and 2 in both Nicaragua and Costa Rica. Fortunately, there was no reported loss of life near the landfall location on the coast of north-eastern Nicaragua, although Eta caused very severe damage in that area. The United Nations (UN) estimated that 4.9 million people were adversely impacted by the torrential rainfall, strong winds, and storm surge produced by Eta. There was an estimated \$6.8 billion (USD) worth of total damage from Eta in Central America, according to the Global Catastrophe Recap produced by Aon. Unfortunately, this devastation was soon to be followed by additional disastrous impacts from Hurricane Iota just two weeks later.

Hurricane Iota worsened the situation in areas already affected by Eta and significantly expanded the impact to other regions in Nicaragua and other Central American countries. Hurricane Iota³ made landfall with an intensity of 125 kt around 0340 UTC 17 November along the eastern coast of Nicaragua about 20 mi south-south-west of Puerto Cabezas near the village of Haulover. Shortly after landfall, Iota turned due west and rapidly weakened over the mountainous terrain of Nicaragua, becoming a tropical storm by 1800 UTC that day while located over western Nicaragua near the Honduras-Nicaragua border. Further weakening followed as the cyclone moved across the rugged terrain of southern Honduras early on 18 November and became a tropical depression by 1200 UTC 18 November when the broad system was moving across east-central El Salvador. Iota dissipated over western El Salvador 6 hours later.

These two hurricanes affected more than 7.5 million people in Central America⁴. The governments of Guatemala, Honduras and Nicaragua declared states of emergency in at-risk departments and requested humanitarian and financial aid, elevating it to an official international-level request to intensify emergency response actions.

Guatemala

According to the CEPAL report "Evaluation of the effects and impacts of tropical depressions Eta and Iota in Guatemala"⁵, these two hurricanes caused flooding and dozens of catastrophic mudslides and mudflows. The National Coordinator for Disaster Reduction (CONRED by its Spanish acronym) reported that 16 of 22 departments were affected by both events, with damage concentrated in Alta Verapaz, Izabal, Quiché, Huehuetenango, Petén, Zacapa and Chiquimula, where around 5 million people live. In the departments of Izabal, Petén, Alta Verapaz and Quiché, an area of approximately 530 km² was flooded, where some 33,000 people were directly exposed.

The landslides occurred along a wide swath of the mountainous zone of Huehuetenango, Quiché and Alta Verapaz, as well as in steeply sloping areas of Chiquimula. Data from CONRED's Emergency or Disaster Information Management System (SISMICED by its Spanish acronym) showed some 425 landslides and mudflows. CONRED reported 60 people killed, 30 injured, at least 100 people missing, some 60,000 houses with moderate to severe damage and a large amount of national and community infrastructure affected and damaged, including roads, bridges, buildings, schools and health infrastructure.

¹ [NOAA.gov](https://www.noaa.gov), 10 June 2021

² [NHC.NOAA.gov](https://www.nhc.noaa.gov), 9 June 2021

³ [NHC.NOAA.gov](https://www.nhc.noaa.gov), 18 May 2021

⁴ [OCHA, 2020 Hurricane Season, Situation Report no. 4](#)

⁵ [Repositorio.CEPAL.org](https://repositorio.cepal.org), 2021

In the department of Izabal, flooding caused by Eta, due to the overflowing of the Motagua river, mainly affected the municipalities of Los Amates, Morales, and Puerto Barrios. Some 150 km² were flooded in these three municipalities, with direct exposure of some 8,000 people. The overflowing water, which in some places reached a height of 2.5 metres, destroyed houses and their contents (furniture, electrical appliances, clothes, kitchen utensils, among others), flooded streets and community spaces with mud and stones, contaminated artesian wells and destroyed community water systems, causing considerable damage to the community and municipal road infrastructure.

In the case of Alta Verapaz, some floods were caused by large rivers and their tributaries while others, mainly between Cobán and Chisec and in San Pedro Carchá, were caused by a combination of surface and underground runoff, creating huge lagoons that flooded at least 20 communities. These communities reported that damage not only to homes, livelihoods, and infrastructure but also to crops, livestock, health posts, schools, and road networks.

This same report shows the tropical storms caused losses, damages, and additional costs throughout the country in the order of 6 billion GTQ (about 750 million CHF).

Honduras

Hurricane Iota affected communities in the Sula Valley in northern Honduras as well as the departments of Copán, Choluteca, and Comayagua and compounded the damage inflicted by storm Eta in the departments of Cortés, Yoro, Atlántida, Santa Bárbara, Olancho, and Colón.

The Standing Committee on Contingencies (COPECO by its Spanish acronym) reported⁶ that approximately 4.7 million people were affected by the emergency. More than one million were evacuated, over 93,000 were transferred to collective centres and more than a hundred died because of the floods. Some 1,000 homes were destroyed, more than 6,000 were damaged and more than 88,000 were affected.

According to the CEPAL report "Evaluation of the effects and impacts of tropical depressions Eta and Iota in Honduras"⁷ the total costs caused by Eta and Iota are estimated to have been approximately 52,099 million HNL (over 2 billion CHF).

In the health sector, Eta and Iota and the resulting floods and rains caused damage mainly to the infrastructure of primary health care units, affecting three types of health facilities, Primary Health Care Unit (UAPS), Integrated Health Centres (CIS), and polyclinics, affecting 388 health buildings, corresponding to 29.2% of the national total (388/1326). In the education sector, 534 schools were affected to some degree, representing 3% of the national total. In addition, another 620 were used as temporary shelters.

Damage to housing infrastructure was estimated to affect 92,646 households at a total cost of approximately HNL 5,502 million. This cost included the replacement of physical assets, while the cost of household goods, such as kitchen items, bedding, and electrical appliances, amounted to HNL 315 million. In the agricultural sector, damage was reported in more than 16 departments of Honduras, involving more than 42 agricultural and livestock economic activities with different levels of damage by zone and economic activity. Ninety per cent of the damage was recorded in the agricultural sector and 10 per cent in the livestock sector. The agricultural crops with the greatest damage were coffee (49%), bananas (27%), plantains (7%), and sugar cane (5%). These four agricultural activities represent 88% of the total estimated agricultural damage caused by Eta and Iota.

Nicaragua

Hurricane Eta made landfall on Nicaragua's northern Caribbean coast on 3 November 2020 as a category 4 hurricane packing 240-km/hr winds, pummelling the Wawa Bar community to the southwest of Puerto Cabezas, Bilwi for more than 30 hours. After Eta, the National System for Disaster Prevention, Mitigation and Care (SINAPRED by its Spanish acronym) estimated that more than two million people were exposed to this storm⁸.

As a preventive measure, SINAPRED and other response mechanisms in the country, including the Nicaraguan Red Cross (NRC), evacuated almost 70,000 people and opened 325 collective centres. It declared a red alert for the Caribbean region and a yellow alert for the departments of Wiwili, Jinotega, Nueva Segovia, Matagalpa and

⁶ [Reliefweb.int, 22 December 2020](https://reliefweb.int/22-December-2020)

⁷ [Repositorio.CEPAL.org, 2021](https://repositorio.cepal.org/2021)

⁸ [Preliminary summary of damage caused by Hurricane Eta in Nicaragua, 9 November 2020](https://preliminarysummaryofdamagecausedbyhurricaneetainnicaragua/9-november-2020)

Chinandega. The Pacific region was also affected by torrential rains that caused landslides, which led to having to activate more than 300 collective centres and host households to house and take in families.

Hurricane Iota made landfall in Nicaragua as a category 5 hurricane on 16 November, packing winds of up to 260 km/h and hitting the community of Halouver (350 families, approximately 1,750 people, mostly Miskito indigenous people) 45 kilometres south of Puerto Cabezas.

As a result, the northern Caribbean region was left incommunicado, with no telephone and internet service, with no electricity, and with no drinking water supply service. Puerto Cabezas was severely damaged. Housing and docks were destroyed. The temporary hospital that had been set up had to be evacuated to the regional government's headquarters as the building began to cave in because of the strong winds, and the damage suffered by the Bello Amanecer regional hospital was even more severe.

Iota, downgraded to a tropical storm, then went on to hit the Nicaraguan Pacific region, leaving in its wake destroyed bridges and homes, landslides, fallen trees, and flooding in the departments of Rivas, Managua, Carazo, Jinotega, Nueva Segovia, and Wiwili.

The official government report⁹ issued on 24 November 2020 following Iota indicated that some three million people were affected by both hurricanes and estimated the losses due to damages caused in 56 municipalities at USD 742,671,000.

Summary of response

Overview of Host National Society



Guatemalan Red Cross

The Guatemalan Red Cross (GRC) has carried out humanitarian actions to reach the population affected by Eta and Iota hurricanes in the departments of Alta Verapaz and Izabal, two of the most affected departments in the country, benefiting more than 80,000 people in 60 communities in these departments.

During the response phase, GRC strategically positioned personnel and resources, according to the forecasts and the activation of early warnings, to provide timely and effective humanitarian assistance to the affected people in the communities with the following services: search and rescue of affected people, evacuation of people trapped by the floods, pre-hospital care, transfer of patients to health care centres, psychological first aid and psychosocial support, support in the administration of temporary shelters and damage assessment and needs analysis.

⁹ [Preliminary property damage report for hurricanes Eta and Iota, 24 November 2020](#)

Subsequently, in the recovery phase, carried out actions focused on strengthening and promoting the resilience of the affected, providing safe water, sanitation, cleaning of wells, eradication of vectors, recovery and maintenance of community water systems, educational sessions on hygiene and health care, psychosocial support, delivery of humanitarian aid (mainly water filters, hygiene kits, kitchen, jerrycans, and food), strengthening capacities to respond to similar events in the future (anticipatory actions) including the implementation of the protection, gender and inclusion approach, occupational therapy and stress management, health care, recovery of housing conditions, mental health, secure the food and nutrition of vulnerable populations, strengthening and organization of Community Health Commissions, early warning systems, and recovery and strengthening of livelihoods.

Since the beginning of the Eta and Iota emergency, more than 300 volunteers have been mobilized from GRC delegations nationwide to assist with response actions during this emergency.

These actions have been carried out following the Red Cross Red Crescent Fundamental Principles, in coordination with key actors for the recovery process of the population, with the commitment to alleviate human suffering, prioritizing the most urgent needs, with a focus on community participation and accountability with the communities, ensuring a transparent and comprehensive humanitarian action.



*Guatemalan Red Cross volunteer supporting the distribution of humanitarian aid in the department of Izabal, Guatemala.
Source: GRC.*



Honduran Red Cross

Founded in 1937, the Honduran Red Cross (HRC) has 53 councils/branches in four regions across the country, 376 staff members and 5,300 volunteers nationwide working as auxiliary to authorities and humanitarian activities. Before the emergency, its main programmes included community health, disaster risk reduction and migration at the national level, in addition to providing pre-hospital, blood bank, restoring family links (RFL) and mental health and psychosocial support (MHPSS) services.

Immediately after the emergency, HRC focused its activities on basic services, pre-hospital care, psychosocial support, safe water access, humanitarian aid kit deliveries, livelihoods, shelter, community accountability, protection, gender and inclusion, volunteer strengthening and building the overall capacity of National Society, prioritizing community needs. For the operation, the San Pedro Sula council has functioned as an administrative headquarters and an office has been set up as an operational headquarters in the city's centre. The technical, administrative and coordination staff is made up of 40 people. HRC is simultaneously working on projects such as COVID-19 Global Emergency Appeal and migration projects such as Monarch Butterfly programme.

The CRH has focused its efforts on strengthening the capacities of its team in the operation to respond to the needs, with the "mirror operation" strategy where the capacities of the CRH personnel were improved with the homologation of knowledge between IFRC and CRH. This allowed CRH to establish an operation effectively managed entirely by the national society with the accompaniment of the IFRC. Allowing sustainable actions in the communities during the duration of the operation.

The HRC has focused its efforts on enhancing the operation team's capacity to respond to needs through field visits, communication with community leaders, community boards and water management boards. It has reviewed different mechanisms to implement its activities; carried out registrations in communities, prioritized by sector; and conducted censuses, needs analyses and prepared selection criteria. It has also made

multisectoral distributions and has initiated the Cash Transfer Programme (CTP) during this period. With technical support from the Movement, it has taken on a leadership role in sector representation tables and driven inter-agency activities. HRC ensures constant communication between sectors, entities, and agencies, and has been a pioneer in data collection since day one of the operation. It is considered a reliable source both nationally and internationally.



Nicaraguan Red Cross

Founded 86 years ago, the Nicaraguan Red Cross (NRC) works as an auxiliary to the Government as established in its legal framework. It has 32 branches nationwide - 17 at the municipal level in the 15 departments and two autonomous regions that make up the country - and 1,520 volunteers across the country.

During the first 72 hours after the impact of Hurricane Eta, the NRC mobilized its technical team and specialists to respond to the immediate needs resulting from the damage caused by the hurricane. The first response intervention team was made up of personnel trained as specialists in National Intervention Teams (NITs) in Water, Hygiene and Sanitation (WASH), specialists in Mental Health and Psychosocial Care (MHPSS), a sub-coordinator with methodology in general Regional Intervention Teams (RITs) and logistical staff.

During the Damage Assessment and Needs Analysis (DANA), it was identified that the municipal water units and the water regulator (ENACAL) did not have the technical and operational capacities to respond to the needs of supplying safe water to the population because the damage caused by the hurricanes exceeded their response capacity, especially in the municipalities of Puerto Cabezas, Prinzapolka and Waspam. The NRC, through the national WASH intervention team, mobilized three water purification plants to provide safe water in the urban areas of these municipalities, satisfying this basic need of the population during the first three months after the hurricanes. Likewise, wells were cleaned and disinfected, and hygiene kits were distributed to mitigate the potential risk of contagion of diseases related to sanitation and hygiene as a result of the flooding caused by the hurricanes.

Another need identified through the DANA was assistance to the food security of families affected by the hurricanes. The damage caused by the hurricanes to people's livelihoods (mainly agriculture and fisheries), which are the main source of food, caused significant barriers to ensuring food security for affected families. Indeed, the NRC focused its efforts on the collection, procurement, preparation, transport, and distribution of food kits during the first three months of the response to assist the food security of the population.

In addition, the NRC assisted the physical and mental health of the population affected by the hurricanes. In addition to supporting evacuation processes, providing assistance in shelters and pre-hospital services during the emergency, the need to assist the population with psychosocial support was identified because the magnitude of the disasters caused by the hurricanes significantly affected the mental health of people, especially children. During the response period, ludic activities led by personnel trained in Mental Health and Psychosocial Support (MHPSS) were incorporated into each of the interventions, which were aimed at mitigating the psychological impact on the population caused by the disaster.

Overview of Red Cross Red Crescent Movement in country



Guatemalan Red Cross

The International Red Cross and Red Crescent Movement was very active since the beginning of the emergency. The Spanish Red Cross was also represented through a physical office in the country. Also, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC), with which the Guatemalan Red Cross (GRC) President, General Director and staff maintained permanent institutional cooperation and coordination for both the programming of activities and accountability and resource management, among other relevant areas.

In the first days of the emergency, a representative of the Swedish Red Cross (SRC) led the actions of the first response to the emergency in the GRC and proposed the guidelines on which the Eta and Iota operation should be developed.

Also, during the first emergency response, the Norwegian Red Cross (NRC), the German Red Cross (GRC), the American Red Cross (ARC) and the ICRC supported the mobilization of human resources and vehicles to strengthen the support that the GRC provided.



Honduran Red Cross

The presence of the IFRC facilitated the activation of the International Appeal to respond to the emergency. 37 staff members from 15 National Societies were deployed to address 20 intervention areas and manage the operation with HRC during its emergency response and initial recovery phases. The ICRC enabled the implementation and activation of health, PSS and RFL activities to assist affected populations in the Sula Valley.

Seven Partner National Societies are present in the country and gave support during the operation: Spanish Red Cross (country delegation); Norwegian Red Cross (country delegation); Canadian Red Cross (country delegation); German Red Cross (country delegation); Swiss Red Cross (bilateral project); American Red Cross (bilateral project); and Italian Red Cross (bilateral project).



Nicaraguan Red Cross

To support coordination with Red Cross and Red Crescent Movement partners in the country, the NRC developed a global plan of action which guided the strategic line on which each of the response and recovery actions with cooperating partners were oriented.

This plan has been realigned at different stages of the operation to ensure its relevance to the needs of the population. In general, the action plan guided the response needs in each of the phases of the operation and consequently the support required from Movement partners.

For the implementation of the Eta - Iota operation action plan, the presence of the International Federation of Red Cross and Red Crescent Societies (IFRC) through the operations coordinator was essential for the coordination and accompaniment of the actions implemented by the NRC to respond to the emergency. Likewise, IFRC technical assistance was essential from the initial stage of the operation as facilitators in the activation of the Disaster Response Emergency Funds (DREF) and then the mobilization of funds for the appeal.

Likewise, the IFRC Americas Regional Office (ARO) in Panama provided support for the design of the intervention strategy in each of the components linked to the Eta - Iota operation's action plan: shelter, livelihoods, WaSH, health and mental health, disaster risk reduction and protection, gender, and inclusion. IFRC ARO accompanied the NRC in identifying priority needs and designing consistent and effective humanitarian response actions to mitigate the socio-economic impact caused by the hurricanes.

Other key actors for the humanitarian assistance provided during the emergency were the presence and support of delegations from the Italian Red Cross (IRC), the Spanish Red Cross (SRC) and the International Committee of the Red Cross (ICRC). During the emergency, these delegations accompanied the NRC in assessing the damage and immediate response needs of the population. The IRC earmarked emergency funds to contribute to the high operational costs of receiving, collecting, preparing, transporting, and distributing humanitarian aid. On the other hand, the SRC managed funds with the European Commission's Humanitarian Aid Office (ECHO) and its own funds to support the appeal and develop actions linked to the Eta - Iota action plan. Finally, the ICRC contributed to the strengthening of safer access issues in the intervention team and supporting the re-establishment of family contacts that were implemented during the humanitarian response.

Overview of non-RCRC actors in country



Guatemalan Red Cross

The Government of Guatemala, through the National Coordinator for Disaster Reduction (CONRED), provided specific assistance to families affected by Eta and Iota. CONRED¹⁰ reports that it mobilized 3,615,166.4 pounds of aid by land and air.

The organizations present in the country have assisted mainly in the areas where they already had a presence, although some have scaled up their operations to include other affected departments. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA)¹¹, 37 organizations responded to the emergency in general, 29 in the department of Alta Verapaz and 17 in the department of Izabal, mainly in terms of WASH, education, logistics, nutrition, protection, health, food and nutrition security, early recovery and infrastructure, coordination and information, and multipurpose cash transfers.

The Humanitarian Country Team (composed of OCHA, non-governmental organizations [NGOs] and international non-governmental organizations [INGOs]) had regular coordination meetings with CONRED and the GRC has been invited on a regular basis. During these meetings, the basis for the update of the Humanitarian Response Plan for Guatemala was laid out, which is a presentation of the coordinated and strategic response devised by humanitarian organizations to meet the needs of people affected by the emergency. The Plan has been published.¹²



Honduran Red Cross

The Honduran Humanitarian Country Team (HCT), under the leadership of the Office of the United Nations Resident Coordinator in Honduras and COPECO and with support from OCHA, issued an urgent appeal on 18 November 2020 to address humanitarian response covering eight key sectors: WASH, protection, camp coordination, shelter, food and nutritional security, health, education and information coordination and management, they are made up of 29 organizations in the country.

To respond to the impact aggravated by Eta and Iota, an addendum to the Appeal was published in December 2020 increasing financial needs to USD 90 million and the target population to 1.4 million.

Agencies such as UNHCR, IOM and WFP were already present in the country before the emergency. Assessment teams were mobilized to carry out joint evaluations, such as the one by WHO-PAHO medical assessment team with the National Health Secretariat (SESAL) and UNFPA. A UNDAC team deployed to San Pedro Sula set up an on-site Coordination Centre (OSOCC) for inter-institutional coordination and cooperation. The HCT organized itself under a cluster scheme, focusing on six main clusters: WASH, Protection, Health, Education in Emergencies, Camp Coordination and Management and Food Security.

During the operation there were a number of private and public organizations that provided support with the coordination of the HRC for the delivery and monitoring of humanitarian aid; the respective accountability mechanism was carried out throughout the operation, providing permanent information to the population and key stakeholders on all the activities of the National Society.



Nicaraguan Red Cross

Firstly, the NRC, as an auxiliary of the public authorities of the Nicaraguan state, coordinated with the National System for Disaster Prevention, Mitigation and Response (SINAPRED) since the alerts for both events were

¹⁰ [CONRED – Tropical phenomena Eta and Iota](#)

¹¹ [OCHA – Tropical Storms ETA/IOTA Dashboard Guatemala](#)

¹² [Humanitarian Response Plan Guatemala / August 2021 - December 2022.](#)

decreed, to ensure a relevant response to the needs of the population and a good coordination that would allow the complementarity of the actions developed by the NRC with those of the state and other organizations.

Other key actors during the humanitarian response were private companies, which collected aid and then delivered it to the NRC in support of the humanitarian actions carried out by it at the time. Among the main private company partners were Walmart, Grupo Promerica through Banpro, Cargill and Nestlé with the creation of alliances with NRC and the donation of food and hygiene kits which were distributed in the affected communities.

Likewise, non-governmental organizations such as World Vision, the Swiss Agency for Development and Cooperation (SDC), the United States Agency for International Development (USAID), the Spanish Agency for International Development Cooperation (AECID) also coordinated with the NRC in order to support the response and recovery of families affected by the hurricanes. Coordination was also carried out with other non-governmental organizations to provide complementarity in the actions carried out in the RACCN, such as the World Food Programme (WFP) focused on ensuring food security and the recovery of livelihoods, and UNICEF focused on addressing the needs of children in schools.

As part of the accountability mechanisms of the Eta- Iota operation partners and cooperating partners, NRC's communications area reported on the humanitarian interventions carried out and the persistent needs of the population through the media with national coverage. Also, the General Directorate of NRC informed through international television channels the state of the situation in the region and the response actions carried out by the institution.

Needs analysis and scenario planning



Guatemalan Red Cross



Corn crops damaged by hurricanes Eta and Iota. Source: GRC

In recent years, Guatemala has been impacted by different shocks and crises that have generated a wide range of humanitarian needs. From socio-natural disasters (eruption of the Fuego volcano in 2018; Eta and Iota in 2020) to increasing complex humanitarian crises (human mobility since 2018 and food insecurity/acute food insecurity/acute malnutrition since 2015), this has increased environmental and health emergencies, in most regions of the country.

While Eta and Iota affected the entire country, CONRED situation reports indicate that Alta Verapaz was the most affected department, followed by Izabal, Quiché, Huehuetenango, Petén, Zacapa, and Chiquimula. In this scenario, the Guatemalan Red Cross (GRC) supported local authorities in the DANA to identify the most affected

communities and families, as well as the impact on health services, livelihoods, housing, and public buildings, as well as productive infrastructure in the affected regions. This assessment allowed the establishment of priorities of needs, which were materialized in action plans and early recovery by the State of Guatemala, in collaboration with various cooperation entities, including the GRC.

According to ECLAC's damage and loss assessments in Guatemala¹³, the primary affected population were those who suffered a direct impact from the tropical depressions, i.e., those who lost their lives, those injured sheltered, evacuated, and those affected as a direct and immediate consequence of the disaster because they were in the affected area at the time of the event. Given that a) not all evacuated or affected people went to collective centres; b) not all sheltered or affected persons were evacuated; and c) the available data did not allow distinguishing between these two groups, the deceased, the injured and evacuees have been considered

¹³ [Report on damage and loss assessment in Guatemala from tropical storms.](#)

as the primary affected population, with the understanding that those sheltered are a subset thereof. It has therefore been estimated that the primary affected population consists of approximately 311,000 people, including 198,575 from Alta Verapaz and 73,970 from Izabal.

According to CONRED's last consolidated incident report¹⁴, there were 2,438,933 people affected by Eta and Iota. And in July 2021, the Humanitarian Needs Overview (HNO) report¹⁵ found that 3.8 million people were in significant humanitarian need in at least 11 departments of the country, including Izabal, Alta Verapaz, Quiché, and Huehuetenango, which were the most affected by Eta and Iota.

SEGEPLAN stressed that one of the main challenges for the authorities would be the reconstruction with the participation of the affected population and the acquisition of land for resettlement.



Honduran Red Cross

The interventions carried out during the operation have included rural and urban areas divided into villages, neighbourhoods, and communities, some of which allowed access only to HRC because of how well known it is and its track record in the region. The communities have actively participated in planning, registrations and in the activities. During the response and recovery phase, it has analysed primary and secondary data and performed preliminary assessments, censuses, market studies, feasibility studies and community surveys, while applying the Protection, Gender, and Inclusion (PGI) and Community Participation and Accountability (CEA) approaches.

The main beneficiary selection criteria were families whose livelihoods and means of subsistence were directly affected by the emergency and families whose homes were destroyed or heavily damaged. A multisectoral needs assessment was carried out in 71 communities to ensure support, identifying four geographic areas.



Nicaraguan Red Cross

Both hurricanes caused severe damage to multiple sectors in the communities of the Autonomous Region of the Northern Caribbean Coast of Nicaragua (RACCN), Jinotega and Nueva Segovia. Considering the condition of poverty and the deprivation of basic services historically suffered by the population affected by the hurricanes, especially in the RACCN, the need for sustained actions to support the re-establishment and development of living conditions was crucial. Once the needs were identified, the specific actions to be taken during the response and recovery phases were decided in coordination with SINAPRED and the Disaster Prevention, Mitigation and Care Municipal Committee (COMUPRED) in Puerto Cabezas and affected areas.

The main objective of the Eta - Iota operation was to contribute to the reduction of the effects of the humanitarian crisis caused by the hurricanes by supporting the response, attention, and recovery of the most latent needs of the families in the communities of the RACCN, Jinotega and Nueva Segovia. Based on the sectors most affected, the action plan was designed to develop actions aligned in six main components: shelter, health and care, livelihoods, water, hygiene, and sanitation (WaSH), protection gender and inclusion (PGI) and Disaster Risk Reduction (DRR). In addition to these components, the action plan includes interventions aimed at strengthening the National Society's institutional capacity to respond to future natural disasters.

Institutional strengthening actions were focused both on developing the capacities of volunteers in each of their specialties and increasing the resources of the NRC that make each of its humanitarian services possible. The intervention logic of each of the components is described below.

¹⁴ [CONRED – Consolidation of Incidents due to tropical phenomena Eta-Iota.](#)

¹⁵ [Humanitarian Needs Overview 2021 -Guatemala, El Salvador, and Honduras.](#)



Shelter

Guatemala

According to CONRED data¹⁶, 311,317 people were evacuated, of whom 30,602 were taken to official collective centres and 278,232 to unofficial collective centres. Alta Verapaz was the department with the highest sheltered population (13,210), followed by Izabal with 10,654.

Finally, everyone else has returned home and initiated recovery actions but living conditions and access to basic services and income have worsened considerably. In this regard, during the preliminary analysis for the Humanitarian Needs Overview report, it was determined with CONRED that there were no longer any relevant needs in terms of shelters derived from Eta and Iota.

While the initial response phase primarily involved the distribution of non-food inputs, the medium-term solution will continue to require repairing damaged housing. In the long term, the solution to the housing crisis caused by the hurricanes will require coordination with the government's housing deficit reduction of reducing the housing deficit and improving the liveability and living conditions of the most vulnerable populations.

Coordination with non-governmental and governmental organizations, civil society, the private sector and international organizations was the key to start building the link with the recovery and development of decent housing.

Honduras

As of early December 2020, some 300,000 people went to temporary collective centres and shelters, 93,000 of whom were taken to official collective centres. At the closing of this operation, most families had returned to their homes, where they lacked minimum housing and safety conditions.

The selection criteria was based on non-structural homes in the intervention areas that could be reached with non-structural repairs.

To support the deliveries of NFIs, the number of people to be reached was reduced due to the effort made by other key actors, thanks to the coordination the effort was not duplicated, and everything was delivered equitably.

Nicaragua

The population of the RACCN has historically lived in overcrowded conditions, the infrastructure of a large number of houses exposes the population to the loss of life due to the fact that they are quite deteriorated or are built with precarious materials such as plastic, straw or waste.

The passage of the hurricanes has certainly increased housing deprivation in the region. Hurricanes Eta - Iota have hindered many families' accesses to housing as environmental disasters have had an impact on access to timber for housing construction and reconstruction. Also, the condition of poverty which has been exacerbated by the hurricanes has limited access to decent housing for the population in the communities.

The incorporation of the shelter component and its actions have been highly relevant to the needs of the population. The humanitarian aid delivered during the 21 months of the operation has been extremely valuable in providing minimum housing conditions to a significant part of the population through the distribution of roof and household reconstruction kits and technical assistance. This humanitarian assistance has reached the most remote communities, achieving a significant social impact. However, at present, deprivations in basic conditions of adequate housing persist for a significant part of the population.

¹⁶ [CONRED-Information Bulletin 547-2020.](#)

The Community Satisfaction Survey (CSS) under the CEA approach has revealed the need for zinc as the most latent deprivation of the population. The same results were obtained in the diagnostic assessment on the living conditions of the population carried out by the NRC in May 2022 in four communities and three neighbourhoods of the RACCN.

The high number of inadequate housings, which does not guarantee the minimum conditions of safety and dignity to a large number of inhabitants of the RACCN, is evident, which reaffirms the need for initiatives focused on improving the housing conditions of the population. However, the impact of the project has not only re-established the housing conditions of the population after the hurricane disasters but also improved the housing situation in the region.



Livelihoods and basic needs

Guatemala

According to the Ministry of Agriculture, Livestock and Food (MAGA)¹⁷, 136,761.20 cultivated hectares were damaged, and 204,500 families were affected, representing 897 million quetzals in losses. The most damaged crops were maize, bean, plantain, banana, tomatoes, onion, broccoli, cardamom, and coffee.

Many of the crops were critical sources of livelihood and food security for many families already facing economic difficulties because of the COVID-19 pandemic. According to the Rapid Gender Analysis¹⁸ performed by UN Women and CARE Guatemala, 24.4 per cent of female-headed households will be at risk because they are traditionally single parent households, which implies the absence of a potential second income, or the absence of a caretaker to share a person in the care of the home, children and elderly, so they often choose to consume less often food or take out informal money loans with high interest rates. This is again evidence of the inequality and vulnerability increased during and after the impact of Eta and Iota.

According to the World Food Programme (WFP), the effects caused by Eta and Iota increased food insecurity for 1.8 million people who were already food insecure and who now will continue to need humanitarian assistance¹⁹. The FAO/WFP Hunger Hotspots Early Warning Report on Acute Food Insecurity for the months of August to November 2021 has identified Guatemala as one of 23 countries globally at risk of further deterioration of their acute food insecurity situation²⁰. According to the report Panorama of Food and Nutritional Security in Latin America and the Caribbean 2021²¹, Guatemala had a prevalence of undernourishment of 16.8%.

It is important to note that among the sectors most affected by this food insecurity are small producers and day laborers, given that they do not have adequate social protection mechanisms and are therefore exposed to various external factors, such as climatic effects and/or changes in market prices.

Honduras

According to the Ministry of Agriculture and Livestock (SAG), some 569,000 cultivated hectares were lost, worsening conditions for those who depend on subsistence agriculture. Because they have lost their livelihoods, many families have been forced to change their diets and resort to negative survival strategies.

The farmer's assessment showed that many of the key stakeholders were supporting them, therefore, it was decided to eliminate this action due to the complexity of this item, due to time management, the diversity of crops and the reduction of funds. Working with micro-entrepreneurs was prioritized because support for this area strengthens the economy of what is considered the industrial city, in addition to supporting the initiatives of some volunteers who created their own microbusinesses to generate employment and obtain economic

¹⁷ [MAGA-Report on damage caused by tropical depressions Eta and Iota.](#)

¹⁸ [ONU Women/CARE - Rapid Gender Analysis.](#)

¹⁹ [OCHA - Situation Report 5. Guatemala.](#)

²⁰ [FAO/WFP - Hunger Hotspots: early warnings on acute food insecurity: August to November 2021 outlook.](#)

²¹ [FAO, IFAD, PAHO, WFP and UNICEF - Latin America and the Caribbean: Regional overview of food and nutrition security 2021.](#)

growth and boost entrepreneurship. The number of people reached with livelihoods was reduced due to lack of funds, according to evaluations the best way to support people was through the cash transfer program.

Nicaragua

Climate change, high transport costs and weak production systems have been important determinants of the extreme poverty of part of the RACCN population. The impact of hurricanes in the region had a drastic impact not only on the population's sources of income but also on food security.

Fishing and agriculture are the main economic activities in the region. In addition to being the main sources of income, they are essential for household food security as a significant part of the production is for self-consumption. Hurricane winds and flooding caused by Eta-Iota destroyed much of the crops and livelihoods, aggravating the poverty situation and further exposing food security in the region.

Food security remains vulnerable in many households due to structural factors. Strengthening food security is one of the biggest challenges facing RACCN institutions. The geography that largely determines susceptibility to environmental hazards such as floods and tropical storms makes it difficult to grow food in many rural communities as the climate evolves in complex ways as a result of climate change. This is confirmed by the Community Satisfaction Survey (CSS) in which beneficiaries report food as the second most latent need. Likewise, the diagnosis of living conditions in the municipalities of Waspam, Prinzapolka and Puerto Cabezas revealed that 44.85% of those surveyed stated that they consume an average of two meals at home.

The NRC, through the Eta - Iota operation, largely covered the immediate food insecurity suffered by the population after the hurricanes, with the distribution of food kits during the first three months. It has also supported and strengthened the main livelihoods of the population, thereby helping to reduce poverty in the region.

Certainly, the situation in terms of food insecurity and poverty levels is due to structural factors that will require the support of different actors to substantially reduce and improve the quality of life of the population.

The high levels of vulnerability of the population require the implementation of solutions aimed at increasing productivity and adaptability to the climate variability that the region is exposed to. A value chain analysis of the main economic activities in the region has been identified in order to design strategies that allow producers to obtain a higher profit margin per production or to identify alternative products with high sales potential. On the other hand, a supply chain must be organised from the urban centre to the community grocery stores to minimise the high prices caused by transport and to ensure access to basic consumer goods that are not produced in the communities.



Health and Mental Health and Psychosocial Support (MHPSS)

Guatemala

Eta and Iota arrived in the middle of a COVID-19 pandemic, although some communities had not been following the Ministry of Health's recommendations for months: some were unaware of them, and others considered them unnecessary. Now, the country is currently in a scenario of low transmission.

According to OCHA²², the impact of both hurricanes Eta and Iota affected the population's health, with the most common health issues being acute respiratory infections (ARIs), gastrointestinal, skin infections such as fungal diseases or scabies. People have also sought medical assistance to treat chronic conditions such as high blood pressure and diabetes, which are considered risk factors for suffering complications from COVID-19. According to the Rapid Gender Analysis carried out by CARE and UN Women²³, it has become evident that women have been more affected by the damages and losses suffered. The impact is manifested through various psychophysiological signs, sleep disorders, loss of appetite, anxiety, and post-traumatic stress.

²² [OCHA - Situation Report 4 Guatemala.](#)

²³ [CARE / UN Women - Rapid Gender Analysis Eta and Iota in Guatemala, 2020](#)

Furthermore, according to OCHA's Humanitarian Needs Overview Report²⁴, the needs in sexual and reproductive health and response to gender-based violence not only continue but increased in the context of hurricanes Eta and Iota and the COVID-19 pandemic. People's limitations in access to essential health services and supplies, including sexual and reproductive health, contributed to a significant increase in adolescent pregnancies and maternal mortality rates related to delays in access to services and referral systems.

In relation to adolescent pregnancies, the National Survey of Maternal and Child Health 2014-2015 (ENSMI)²⁵, evidence that one in five adolescents aged 15-19 years has already been a mother or is pregnant. In rural areas, it is one in four. The ENSMI notes that adolescent childbearing is also associated with poverty level and education. An adolescent girl's risk of becoming pregnant is seven times higher for women with no education compared to those with higher education, and three times higher when women in the bottom wealth quintile are compared to those in the top quintile.

In the case of maternal mortality, according to the report on the Epidemiological Situation of Maternal Deaths from January to February 2022, by the Ministry of Public Health and Social Assistance (MSPAS)²⁶, the trend in maternal deaths between 2015 and 2021 showed an average annual increase of 3.3%. In the first months of 2022, the highest number of maternal deaths occurred between the ages of 20 and 24, and the highest proportion of deaths was due to obstetric causes, 73.2%. Haemorrhage and arterial hypertension were the most frequent causes grouped together. More than 50% of deaths were registered in public hospitals and more than 95% were preventable.

The Panorama of Humanitarian Needs report highlighted that the current risk of food insecurity can contribute to worsen nutritional status due to limited access to affordable food and a varied diet that provides the necessary nutrients and calories (in particular, access to sufficient food diversity), unsafe water consumption, limited access to health and nutrition services to prevent and treat malnutrition, unsanitary environments. Also, in some cases sub-optimal infant and young child feeding practices, poor care practices, economic recession, and poverty contribute too. In addition, vulnerability increases the risk of acute malnutrition cases, especially in children under 5 years of age, pregnant women, older adults, and people with chronic diseases. Acute malnutrition continues to be one of the main public health and development concerns. In the case of Guatemala, according to the ENSMI, 46.5% of the population under 5 years of age is chronically malnourished.

Honduras

All the accumulated waste and debris and stagnant water in communities are considered vector proliferation hotspots. The sector worked in community awareness and delivering training aimed at disease prevention and health promotion, especially emphasizing COVID-19, dengue, zika and diarrhea topics.

During COVID-19 pandemic, population faced stress and accumulated previous emotional burdens and, in addition, as the damages caused by these hurricanes were immense; however, from a mental health perspective, it was showed that the psychosocial distress greatly exceeded the population's capacity to manage it, which increased the morbidity of suffering different mental disorders. This information was gathered in the initial assessment of the operation.

Nicaragua

In the aftermath of the hurricanes, access to emergency health care worsened in the communities of the RACCN. The population in the region has historically suffered from high rates of vector-borne diseases, especially malaria. The flooding caused by the hurricanes increased the creation of mosquito breeding sites, which in turn increased the rates of transmission of this deadly disease.

One of the current latent needs is to expand access to emergency health care, especially in rural communities. This is because rural communities are widely dispersed and have difficulty accessing health care. The need to facilitate access to Mental Health and Psychosocial care (MHPSS) has also been identified. Improving the health

²⁴ [OCHA - Panorama of Humanitarian Needs \(PNH\) 2021 \(El Salvador, Honduras and Nicaragua\)](#).

²⁵ [National Survey of Maternal and Child Health \(ENSMI\), 2015](#)

²⁶ [MSPAS - Report on the Epidemiological Situation of Maternal Deaths from January to February 2022](#)

conditions of the RACCN population involves the need to develop sustained initiatives in the region to support and strengthen the technical and operational capacities of the region's public health system. The project's actions, such as cleaning and fumigation campaigns, and raising awareness among the population about preventive measures, have considerably an impact reducing the number of malaria and vector-borne diseases cases, especially in the urban centre. The project has also provided assistance to protect the mental health of the population.

NRC will build relief stations in Prinzapolka and Waspam considering the need to guarantee access to emergency medical care especially for the vulnerable population. As health needs in vulnerable population still and can increase due to the economic crisis faced globally, for that, these facilities will need financial resources to ensure their sustainability as a tool to support the impacted national health system. With funds from the appeal, equipment has been purchased for these stations, which are in storage and will be moved once construction is completed.



Water, Sanitation and Hygiene (WaSH)

Guatemala

Floods and landslides reduced or prevented the population's access to water (at least 125 water systems partially or totally destroyed in Alta Verapaz and Izabal alone, as well as hundreds of flooded wells) and affected sanitation infrastructures in homes, schools and health facilities.

According to the National Association of Municipalities National Association of Municipalities (ANAM), at the national level, 41 municipalities suffered damage to their water supply systems.

Water supply networks and sources have yet to be fully restored. Household wells are filled with mud, and most are still being cleaned. In municipalities in Izabal, the well water has high concentrations of iron and manganese, which makes it unsuitable for human consumption²⁷.

Affected populations with reduced access to WASH products and services are more exposed to fecal-oral diseases such as diarrhoea, dysentery and hepatitis A and E; to diseases stemming from the lack of water for personal hygiene purposes, such as skin infections and conjunctivitis; and to vector-borne diseases linked to inadequate water storage such as dengue, zika and chikungunya. This exposure increases in overcrowded conditions as does exposure to contagion by COVID-19²⁸.

Honduras

The hurricanes resulted in a massive evacuation of people from their homes, who gradually began to return home in December 2020. By late December, people were finally able to access communities that had remained under water since the beginning of the emergency, and, according to the multisectoral assessment carried out by IFRC and HRC, more than 90 per cent of families had returned to the most affected communities by 10 January 2021.

The catastrophic situation of these communities is reflected in the destruction of almost the entire sanitary infrastructure (up to 100 per cent in several) and the lack of access to drinking water because of the damage to community wells. Through the evaluations carried out by the ERUs, the demand for latrines and hand washing facilities was reduced, since this support was provided mainly in temporary accommodation centers. A greater number of water filters was delivered than planned, due to the difficulty in maintaining the community wells.

NFI's support was coordinated with the other key stakeholders, for example, hygiene kits were delivered through other organizations. Many public facilities and homes were fumigated for the reduction of vectors since due to the rainy season the vulnerability of diseases by transmission has increased.

²⁷ [OCHA – Situation Report 5 Guatemala.](#)

²⁸ [EHP Guatemala – Plan of Action, ETA/IOTA Response.](#)

Nicaragua

As with other basic services, ensuring access to safe water has been one of the most important challenges for state institutions in the RACCN. During the first three months after the hurricanes, difficulties in accessing safe water were exacerbated by exposure to contaminants in wells and rivers, the main sources of household water.

In the municipalities of Prinzapolka, Waspam and Puerto Cabezas, the main problem is not access to water but insufficient resources to guarantee water quality. As wells and rivers are the main sources of water, they are often exposed to sediment and flooding, which makes the water unsafe.

In terms of hygiene and sanitation, it has been found that many households do not have a latrine or sanitation facility, so they tend to relieve themselves in the open air, and that those households that do have a latrine are in a state of disrepair, exposing the safety of its users.

Open defecation is a serious problem for community health in rural areas. Many animals often ingest people's solid waste, which then leads to the transmission of pathogens that can cause serious diseases in the population. Also, the lack of a latrine means that people have to travel from their homes to bushes to relieve themselves, which at night exposes them to harassment, rape, snake bites and so on.

In addition to the absence of sanitary facilities in many of the households, there are significant barriers to access to hygiene items due to extreme poverty and the high costs of transporting these items to the communities, which exacerbates the hygiene situation in the households. Similarly, most households in the municipalities of Prinzapolka, Puerto Cabezas and Waspam do not have hand washing facilities. This, together with the unavailability of hygiene articles, exposes the population to the risk of contracting infectious and hygiene-related diseases.

The NRC has provided important support in the treatment of water in communities affected by the hurricanes through the disinfection of wells, distribution of household water treatment supplies and hygiene kits. Also, latrines have been built and materials for their rehabilitation have been distributed and delivered to the most vulnerable people in conjunction with hygiene promotion talks to improve the sanitation situation in the communities.



Protection, Gender and Social Inclusion (PGI)

Guatemala

According to the Rapid Gender Analysis (RGA)²⁹ performed by UN Women and CARE Guatemala, violence, inequality, and vulnerability increased during and after the impact of Eta and Iota

The analysis highlights that one of the main impacts to women was loss of autonomy. Women have fewer social, political, and economic resources, or none at all, and 81 per cent of women surveyed reported having lost their homes (partially and totally), tools, livestock and resources essential for generating income and to the sustainability of their livelihoods. The RGA emphasizes that without these resources, women will find it harder to achieve a successful recovery process and their dependency will increase. It also highlights that the physical and psychological health of affected women has been violated and gone unprotected. Around 30 per cent of women surveyed lack access to health services and 84 per cent lack access to sexual and reproductive health.

Women reported that they had insufficient access to safe water while in collective centres, which prevented them from following recommendations to avoid the massive spread of COVID-19, both inside and outside collective centres. Furthermore, they lacked the infrastructure required to prevent overcrowding or to maintain their privacy.

As for the humanitarian protection needs of boys, girls, and adolescents (BGA), are particularly vulnerable to gender-based violence (GBV) as well as to other types of violence, destitution, begging, trafficking for economic

²⁹ [CARE / UN Women - Rapid Gender Analysis Eta and Iota in Guatemala, 2020](#)

and sexual exploitation and orphanhood, especially if they have lost their parents or become separated from their families during the emergency³⁰.

According to official information available from the latest assessments, most of the affected populations in the department of Alta Verapaz belong to the Q'eqchi' Mayan indigenous communities; and in the case of the department of Izabal, the affected populations share several structural characteristics with those of Alta Verapaz: they live in rural areas, most self-identify as belonging to indigenous peoples and present levels of poverty (income) and multidimensional poverty that are higher than the national average³¹.

Finally, it is important to note that these assessments have not considered the impacts and particular needs of other population groups, especially people with disabilities and members of the LGTBIQ+ community.

Honduras

Affected persons were placed both in temporary collective centres (formal and informal) and in open spaces, where, without adequate conditions and necessary programs, they were exposed to various types of violence including GBV; exclusion, including non-participation in decision-making; lack of access to goods and services; and separation, disappearances and other conditions that violate their rights, integrity, and dignity.

Cases of rape of minors were identified in some temporary collective centres (run by DINAF), but it cannot be ruled out that this may occur with minors in open spaces, in addition to possible disappearances. No adaptations were made to accommodate people with disabilities. Collective centres were not equipped with ramps necessary to allow coexistence, mobilization, and access to all spaces.

After the mobilization of people outside the collective centres, the evaluation and support processes in protection, gender and inclusion were carried out with activities that included the participation of children and adults; creating spaces for recreation and recovery.

Nicaragua

Miskito communities significantly require thematic instruction focused on raising awareness of the importance of gender equality for the construction of egalitarian and inclusive societies.

The University of the Autonomous Regions of the Nicaraguan Caribbean Coast (URACCAN)³² maintains that there are multiple testimonies which suggest the occurrence of a phenomenon of transculturation expressed in the adoption of patriarchal patterns and models in the way of conceiving the family, and the relations between men and women contradictory to the cosmovision of their peoples and communities, which in many cases contributes to deepening machismo and violence against women.

Addressing gender issues is complex in these communities as patriarchy or machismo is commonly justified as "part of the culture" which is resistant to being modified by external influences. Promoting behavioural change in the population with regard to gender equality issues and inclusion as a means of strengthening social cohesion among different populations involves the implementation of sustained actions which should be included in future Red Cross initiatives in the region. The Eta - Iota operation has succeeded in imparting these themes to a significant part of the population and has laid the foundations for social acceptance to continue covering these themes in future interventions.



Migration

Guatemala

Record levels of migration and displacement are now evident, posing some of the humanitarian challenges today. Around the world, people who migrate or are displaced from their homes face unacceptable risks and are too often deprived of the humanitarian assistance and protection they need to ensure their safety, dignity,

³⁰ [Guatemala Country Humanitarian Team – Plan of Action, Eta/Iota Response.](#)

³¹ [ECLAC - Evaluation of the effects and impacts of tropical depressions Eta and Iota in Guatemala.](#)

³² [Gender, racism and interculturality: The experience at URACCAN](#)

and rights. Migrants and internally displaced populations have a significant impact on their communities of origin, transit, and destination.

According to the results of the Survey of Livelihoods of Households Displaced by Storms in Alta Verapaz and Huehuetenango by the International Organization for Migration (IOM)³³, in 15 per cent of the households surveyed, some member has migrated or tried to migrate abroad in the last five years, mainly in search of better working conditions, seeking better living conditions, due to unemployment, or to send remittances and because of natural disasters and the deterioration of livelihoods caused by climate change. On the other hand, in one out of every 10 households, a member of the household intends to migrate in the next 12 months, mainly for the same reasons. It is important to note the presence of natural disasters and climate change as determining factors in previous migration and intention to migrate, which may be related to the historical vulnerability of Central American countries to these phenomena.

People migrate or move for different reasons: conflict and violence, crises and emergencies, persecution, human rights violations, poverty, unemployment, hopelessness, lack of basic services or food insecurity. According to the 2022 Global Report on Internal Displacement³⁴ from the Internal Displacement Observatory (IDMC), extreme weather events displace millions of people from their homes each year and an increasing number of people are fleeing the effects of climate change, also evidence the impacts of displacement on children and youth, so often invisible in displacement data. The most vulnerable tend to flee from a combination of these factors. For many, they are simply looking for a better or safer life.

In Guatemala, among the various risks that people are facing during the migratory route are violence, sexual exploitation, extortion, kidnapping, and the risk of stigmatization and discrimination. For example, some migrants are stigmatized as COVID-19 positive.

Honduras

Honduras is a country with a large influx of migrants; The Sula Valley is an area of departure, return and transit of migrants through the territory. The COVID-19 pandemic represented a temporary pause in the transit of people, but the storms caused an increase in the levels of vulnerability, inequality and exclusion factors that are aggravating the precarious situation of many families in the region, which among other reasons they choose to take measures such as migrate as the only alternative to achieve better living conditions.

Immediate attention and response teams and supplies were essential to alleviate the increasing needs of these massive population movements. Due to the reduction of funds, the Eta and Iota operation could not cover the migration sector, however, the National Society works bilaterally with other institutions in addition to the DREFs executed by the IFRC.

Nicaragua

In the early response phase, some of the needs of the population were to contact their family members, especially for those that were evacuated to collective centres. Also, the needs of the NRC were in the development of the Restoring Family Links (RFL) program are the dissemination of the service both in the intervention area and at the national level, advocacy with government actors (migration, police, Ministry of Health, forensic medicine) and other social agencies, and training of volunteers and staff in service delivery. As the operation moved to a recovery phase, actions on RFL were no longer being carried out.



Disaster Risk Reduction (DRR)

Guatemala

Guatemala has a National Policy for Disaster Risk Reduction³⁵ and it promotes the adoption of a risk-centred approach, that is, changing the idea that it focuses only on responding to events. For this, it is proposed that

³³ [IOM - Livelihoods survey of households displaced by storms in Alta Verapaz and Huehuetenango.](#)

³⁴ [IDMC - World Report on Internal Displacement 2022.](#)

³⁵ [National Policy for Disaster Risk Reduction in Guatemala.](#)

the communities have the knowledge, mechanisms, instruments, and practices that allow them to organize and facilitate the management of disaster risk reduction.

The territory of Guatemala due to its geographical, geological, and tectonic position is classified as one of the countries in the world with a high potential for multiple natural hazards. According to the United Nations Development Program (UNDP)³⁶, the country's high risk of disasters is mainly explained by the rapid processes of degradation of ecosystems, the high economic dependence on agriculture, the high poverty and inequality indices, population growth, low level of knowledge about the implications of climate change and low capacity to define and apply management policies and instruments (regulations, incentives, awareness, among others) focused on risk reduction. In this sense, according to the Sendai Framework for Disaster Risk Reduction³⁷, Goal E establishes: "Considerably increase the number of countries that have disaster risk reduction strategies at the national and local levels by 2020" For this reason, both the national and local governments must formulate and implement their Risk Reduction Strategies, as well as focus their national development plans and budgets so that they contribute to risk reduction in Guatemala.

Honduras

Communities in the Sula Valley were experienced the combined effect of multiple extreme weather events (La Niña), diseases such as the COVID-19 pandemic, and socio-economic problems. The impact of hurricanes Eta and Iota affected communities that were already in a vulnerable situation. The need to strengthen disaster risk management at the community level in affected areas were identified, especially to raise awareness of the multiple hazards in affected communities, strengthen community organization and provide resources to those who are at the forefront of the response.

Priority was given to the inclusion of activities focused on disaster risk reduction with a focus on climate, as well as to climate change adaptation measures that are gradually applied at the community level, in order to build community resilience and minimize future disasters. In the state of emergency, support was provided through NFIs with the support of PNS, IFRC and other donors to mitigate the impacts caused by hurricanes. Due to the reduction of funds, the objectives planned at the beginning of the operation will not be achieved, however, the HRC will continue working to strengthen new strategies for disaster risk reduction.

Nicaragua

According to the Global Climate Risk Index (Germanwatch, 2019³⁸), Nicaragua in recent years has been on the list of the 10 countries with the highest level of exposure and vulnerability to extreme weather events between the periods 1998-2017.

Taking into account the recent extreme events in frequency and intensity to which Nicaragua has been exposed, the NRC has addressed risk management in an integrated manner in five neighbourhoods to strengthen the response capacities of the population. The operation has managed to train, equip and build response plans with which the neighbourhoods and communities are now better prepared to respond to an eventuality.

Risk Analysis

COVID-19 situation in Central America: The operation was affected by COVID-19 as most countries in Central America imposed restrictions on their borders and declared mandatory quarantines or curfews. Movement personnel sometimes worked in contact with potentially infected people. Therefore, it required personal protective equipment to carry out activities in communities and prior coordination with authorities to secure permits to continue with activities. Proper duty of care was considered to protect volunteers and personnel when needed, and activities followed the government's recommendation and limitations.

Increase in migration flows: Caravans historically depart from the Northern Triangle of Central America and flows coming from Honduras and Nicaragua go through Guatemala. Short-term internal displacement can occur due to

³⁶ [UNDP: prepare to reduce disaster risks.](#)

³⁷ [Sendai Framework for Disaster Risk Reduction 2015-2030.](#)

³⁸ [Global Climate Risk Index. 2019](#)

the lack of livelihoods, and the families' vulnerability is further exposed in the current emergency context. Migrant caravans also represent a latent risk in countries, considering that an unfavourable scenario considers border closures where containment processes can lead a caravan to cause social unrest within countries and in border areas.

According to a CEPAL report from November 2020³⁹, vulnerabilities present throughout the migratory cycle are exacerbated in the context of the pandemic, such as the risks of job loss, the drop in paid domestic employment among women, the overrepresentation of migrant workers in frontline jobs, indefinite detentions, lack of expedited access to the documentation necessary to receive medical care, poor housing conditions and the stigmatization of returnees in their communities of origin.

Social, political and economic context: According to a CEPAL report from February 2021⁴⁰, in 2020 the economies of Central America and the Dominican Republic (CARD) suffered a deep and widespread contraction, which in most cases was the most severe seen in several decades. CARD's average GDP is estimated to have contracted 6.1 per cent after ten years of uninterrupted expansion.

On the other hand, due to the contraction of fiscal income stemming from actions and incentives to deal with the pandemic and the fall in economic activity, the balance of total public sector debt of countries in the subregion as of the third quarter of 2020 registered an average increase of 9.4 percentage points of GDP compared to the same quarter of 2019.

Given the prevalence of violence in all three countries, humanitarian operations are not exempt from dangers such as crime, robbery and traffic accidents, among others.

B. OPERATIONAL STRATEGY

Overall Operational Objective

To contribute to prevent and respond to the hurricanes Eta and Iota in affected countries in Central America, reaching 102,500 people in Guatemala, Honduras and Nicaragua through activities focusing on:

- Shelter
- Livelihoods and basic needs
- Health, Mental Health and Psychosocial Support
- Water, Sanitation and Hygiene Promotion (WASH)
- Protection, Gender, and Inclusion
- Migration
- Disaster Risk Reduction

Proposed strategy



Guatemalan Red Cross

³⁹ [The effects of COVID 19: an opportunity to reaffirm the centrality of the human rights of migrants' human rights in sustainable development, November 2020](#)

⁴⁰ [Preliminary assessment of the economies of Central America and the Dominican Republic in 2020 and outlook for 2021, February 2021](#)



The general objective of the Emergency Appeal launched by the Guatemalan Red Cross (GRC) is to attend the most urgent needs of the population affected by hurricanes Eta and Iota in the departments of Alta Verapaz and Izabal.

The specific objectives proposed are: (1) Provide assistance in livelihoods and basic needs to the families most affected by disasters; (2) Provide health assistance to the population most affected by disasters; (3) Implement water, sanitation and hygiene promotion actions in the communities most affected by the impact of Eta and Iota; (4) Support the recovery of families affected by their homes, given the impact of Eta and Iota; (5) Promote the protection, gender and inclusion of the communities most affected by disasters; (6) Address the most urgent needs of the migrant population affected by Eta and Iota; (7) Strengthen the resilience of the communities most affected by the impact of disasters; (8) Contribute to the integral well-being of the volunteers and staff of the GRC in the fulfilment of its humanitarian mission.

In this sense, the GRC's goal is to assist 4,500 families (22,500 people) through the prioritization of communities in the two prioritized departments (Alta Verapaz and Izabal), focusing humanitarian assistance in the sectors of a) housing, b) livelihoods, c) health, d) water, e) sanitation and hygiene, f) protection, gender and inclusion, and g) migration. Likewise, the GRC seeks that the actions are implemented strategically, ensuring that the communities receive the pertinent humanitarian assistance and thus contribute to their recovery in the medium and long term.



Honduran Red Cross

The overall objective of the operation was to assist 10,000 families (50,000 people), at the national level, HRC's response plan included 20,000 families (100,000 people) from the departments of Cortés, Colón, Santa Bárbara, Atlántida, El Paraíso, Olancho and Choluteca.

The operation covers emergency/life-saving assistance and basic needs of the affected population, as well as lays the foundations for early recovery through actions focused on covering shelter, livelihoods, health, WASH, PGI, migration, and disaster risk reduction needs. Prior to implementing activities, each sector identified and reviewed the actions to be carried out together with community authorities (community boards, water boards, committees, municipalities), promoting engagement of local governments (formal or in the process of being formed).



Nicaraguan Red Cross

The hurricanes caused disasters and severe damage to multiple sectors in the communities of the Autonomous Region of the Northern Caribbean Coast of Nicaragua (RACCN), Jinotega and Nueva Segovia. The main objective of the Eta - Iota operation was to contribute to the reduction of the effects of the humanitarian crisis caused by the hurricanes by supporting the response, attention and recovery of the most latent needs of the families in the communities of the RACCN, Jinotega and Nueva Segovia.

The Eta - Iota operation action plan was multidimensional in order to address each of the main areas affected by the hurricanes. It was composed of six lines of intervention: 1) shelter, 2) health and care, 3) livelihoods and basic needs, 4) water, hygiene and sanitation, 5) protection gender and inclusion (PGI) and 6) Disaster Risk Reduction (DRR). In addition to these components, the action plan included interventions aimed at strengthening the National Society's institutional capacity to respond to future natural disasters.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached⁴¹: 122,140

Male: 59,849

Female: 62,291

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	National Society	Target	Actual
<i># of people provided with safe, adequate and lasting shelter for recovery as well as settlement assistance.</i>	Guatemala	10,000	25,495
	Honduras	23,845	23,845
	Nicaragua	68,000 ⁴²	72,800
	Total	101,845	122,140

Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.

Indicators:	National Society	Target	Actual
<i># of families provided with emergency shelter and settlement assistance.</i>	Guatemala	2,000	4,601
	Honduras	4,769	4,769
	Total	6,769	9,370
<i># of families receiving household items: Kitchen kit, blankets, hygiene kit, tents, shelter kit</i>	Nicaragua	8,500	9,100

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

Indicators:	National Society	Target	Actual
<i># of households provided with technical support and guidance appropriate for the assistance they receive</i>	Honduras	1,000	1,146

Narrative description of achievements

⁴¹ For all focus areas, the % of men/women reached was calculated using data from the Statistical Institutes of each country on the number of people in a family and the percentage of men and women out of the total population.

⁴² NRC's action plan aimed to reach 8,500 families. To be consistent with the number of family members per household as shown in other indicators for Nicaragua's plan of action (8), the number of people reached has been updated to reflect this.

Guatemala



Distribution of food kits in the Quíneles community, municipality of Puerto Barrios, Izabal. March 2021. Source: GRC.

Throughout the emergency, the Guatemalan Red Cross (GRC) has assisted people from different communities in the departments of Alta Verapaz and Izabal, the two most affected departments. During the response phase, the GRC supported 36 shelters and 6,745 people (1,349 families) who suffered partial or total damage to their homes, most of whom had to move to official and unofficial shelters.

Subsequently, the GRC assisted 6,250 people (1,250 families) with the distribution of blankets and 12,500 people (2,500 families) with the distribution of food kits (white corn, black beans, vegetable oil, fortified flour, white rice, and white sugar), according to the recommendations issued by the Institute of Nutrition of Central America and Panama (INCAP) regarding the type, quality and quantity of food.

To date, everyone else has returned home and continue with actions for the recovery of their livelihoods but living conditions and access to basic services and income have worsened considerably. In this regard, during the analysis for the Humanitarian Needs Overview report, it was determined with CONRED that there were no longer any relevant needs in terms of shelters derived from Eta and Iota.

Honduras

At the beginning of the operation, kitchen kits, tarpaulins and tool kits were delivered, benefiting a total of 1,020 families. A multisectoral assessment was conducted in 71 communities located along the Ulúa and Chamelecón rivers including 58,958 families and 46,139 homes. The Accommodation Sector prioritized 6 communities for its intervention and is in the process of rebuilding at the family level and repairing damage at the home level in the communities of Poza del Riel (67 families), Lupo Viejo (136 families), Cruz de Valencia (281 families), Bordo Los Limones (62 families), Democracia (371 families) and Samaritana (97 families).

The intervention was made to the selected communities through the money transfer program, and a unified amount of L7,500 per family, this delivery was made in two stages to allow supervision and technical assistance in a better way. The housing-related intervention was complemented with latrine rehabilitation to ensure a safe return, implementing a comprehensive response strategy that includes factors such as gender, diversity and disability. With the aim of developing local capacity to reduce the risks related to housing through sensitivity and the development of skills for joint analysis, learning and decision-making at the community level, PASSA activities were completed in the communities of San José and Samaritana in La Lima, Cortés, 280 families were reached. Its purpose is to raise awareness about the vulnerabilities and risks related to the built environment and practices to promote safe and appropriate shelter and settlement at the local level.



Workshop on PASSA methodology; February 2022. Source: HRC.

Nicaragua

The NRC has provided assistance to **9,100 households** to restore the housing conditions of families affected by hurricanes Eta - Iota through the distribution of 23,843 items in 80 communities and neighbourhoods. The items distributed were 9,015 blankets, 3,473 tarpaulins, 2,913 kitchen kits, 2,538 tool kits, 1,956 water filters, 1,799 jerry cans, 1,055 plastic buckets, 775 water bags, 319 home reconstruction kits. The distribution of humanitarian assistance has been carried out in an equitable manner from a gender perspective, with 55.93% of the beneficiaries being women and 44.07% men.

Likewise, interventions have been carried out in cooperation with other non-profit organisations such as the American Nicaraguan Foundation (ANF) and Habitat for Humanity, with which 40 families in the community of Awaskira km 43 have benefited from roof reconstruction kits (zinc, wood, nails and tools). In these interventions, ANF was in charge of raising awareness among the community members together with Habitat, while NRC carried out the distribution and monitoring of the repair of the houses.



Distribution of roof reconstruction kits to families in the communities of Awaskira, Bilwaskarma, Boom Sirpi, Cocal, Kisalaya, Klisnack, Koom, Naranjal, Ulwas, Wasla, Truskusirpi and Truskutara, Waspam, between May 2021 and April 2022. Source: NRC.

Through the Eta - Iota operation, the NRC has not only assisted the population by distributing items to restore the housing conditions of families affected by the hurricanes but has also contributed to strengthening community resilience through a safe shelter approach. In order to ensure the implementation of the

Participatory Approach for Safe Shelter Awareness (PASSA) methodology in RACCN communities, the NRC **trained 23 volunteers and Eta - Iota operation staff as PASSA facilitators.**

A total of **15 people** (8 women, 7 men) from the Bilwaskarma community in Waspam municipality were trained in the PASSA methodology in order to orient the population on safe construction. The PASSA methodology in Bilwaskarma was implemented in the recovery period of the Eta - Iota operation with a community-based approach and particularly aimed at improving shelter safety. This community was selected because of its high levels of risk to flooding in housing due to its proximity to the Coco River, its exposure to natural disasters and the availability and commitment of the villagers to strengthen their community resilience. Preliminary achievements that have been evidenced in the Bilwaskarma community from the implementation of the PASSA workshop are as follows:

- Awareness has been raised on safe techniques for the construction of wooden houses.
- Community knowledge on safe and unsafe shelter has been reinforced.
- Community organisation has been strengthened for decision-making on community land-use planning to minimise risk.
- Community members have collectively identified the needs and potential risks to which families in the community are exposed.



Community participants of the PASSA Workshop in Bilwaskarma community, between late 2021 and early 2022. Source: NRC.

While the Eta - Iota operation has assisted a significant portion of the population to ensure minimum housing conditions for the hurricane-affected population, high levels of vulnerability in many of the homes in the RACCN communities persist due to structural factors for a large part of the population. Basic deprivations to minimum conditions of safe shelter require sustained actions to facilitate the construction of safe housing.

Challenges

Guatemala

- Long distances between communities and poor road conditions during and after hurricanes.
- National and local restrictions by COVID-19 for the development of planned activities.
- Exposure of personnel and volunteers to COVID-19.
- Increased fuel costs for frequent mobilization.

Honduras

- Access to the communities due to floods.
- COVID-19 restriction.
- The insecurity to which the staff and volunteers was exposed to.

- Difficulty in obtaining materials for home repairs.

Nicaragua

- High transport costs to bring humanitarian assistance to communities.
- Language barrier to transmit knowledge.
- The infrastructure of many of the houses (roof, walls, floor) is made of precarious materials, which makes it difficult to guarantee the rehabilitation of safe housing, given that the ideal solution would be to replace the house.
- The insecurity to which the staff was exposed to.

Lessons Learned

Guatemala

- Continue with quality control procedures for the procurement and distribution of food kits.
- Continue the detailed needs analysis to ensure that the needs of vulnerable groups are considered.
- Apply the Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches always.
- Always provide personal protective equipment to staff and volunteers.
- Conduct ongoing cost analysis and propose alternate plans for cost increases.

Honduras

- The implementation of the PASSA methodology should be carried out in future projects.
- The needs assessment should be more detailed.
- Implementation of a monitoring and evaluation process of the housing repair process.
- Better coordination with key actors to carry out beneficial cooperation.
- The selection criteria should focus on the most vulnerable people through a prior evaluation.

Nicaragua

- Carry out a pre-selection process to verify that humanitarian aid is delivered to the most vulnerable households.
- Agree and validate the list of people to benefit with municipal and local authorities to give legitimacy to the process of delivering humanitarian aid.
- Providing awareness-raising talks on safe shelter prior to distribution ensures that the humanitarian aid delivered is used to repair the roof of the house.
- Accompaniment with at least one volunteer from the northern Caribbean coast and community leader who can translate key messages from Miskito into Spanish.
- The updating of the community census.
- The commitment of the beneficiary to carry out the repair of the roof of their house within a maximum period of 15 days after the delivery of the kit.
- Post-verification of the roof repair ensures that the houses are rebuilt.
- The delivery of the repair kits after the completion of the PASSA workshop ensures the attendance and commitment of the participants.



Livelihoods and basic needs

People reached: 273,847

Male: 134,185

Female: 139,662

Livelihoods and basic needs Outcome 2: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	National Society	Target	Actual
<i># of people reached with livelihoods assistance for basic needs</i>	Guatemala	25,055	25,375
	Honduras	5,245	6,048
	Nicaragua	68,000	243,024
	Total	98,300	273,847
<i># of volunteers and staff trained in CVA</i>	Guatemala	20	20

Livelihoods and basic needs Output 2.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities.

Indicators:	National Society	Target	Actual
<i># of micro-enterprises whose livelihoods have been restored/improved compared to pre-disaster levels</i>	Honduras	85	133
<i># of families receiving assistance (food packages) to meet their basic needs.</i>	Nicaragua	8,500	30,378

Livelihoods and basic needs Output 2.2: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)

Indicators:	National Society	Target	Actual
<i># of families who have received livelihood recovery supplies</i>	Nicaragua	5,000	5,923

Livelihoods and basic needs Output 2.3: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	National Society	Target	Actual
<i># of people supported with CVA for basic needs.</i>	Guatemala	11,500	11,670
	Honduras	5,000	5,755
	Total	16,500	16,825
<i># of volunteers and staff trained on CVA</i>	Guatemala	20	31
	Honduras	160	160
	Total	180	191

Narrative description of achievements

Guatemala



People assisted with the multipurpose cash transfer program, in the municipality of El Estor, Izabal. Source: GRC

(pots, plates, cups, spoons, forks, and knives).

Finally, to promote the protection of livelihoods, training was held on mass selection in corn cultivation, and best practices for raising small animals and pigs, among others.

As part of the actions in the recovery phase, the Guatemalan Red Cross (GRC) conducted a community needs assessment, as well as feasibility studies in the communities of the departments of Alta Verapaz and Izabal to identify relevant humanitarian aid for the populations. As a result of these processes, it was identified that for the department of Alta Verapaz, people requested agricultural kits (seeds, fertilizers, insecticides, herbicides, fungicides, backpack pump and personal protection equipment) and in the case of the department of Izabal, people requested assistance through the multipurpose cash transfer program.

In this context, 11,670 (2,334 families) have been assisted through the multipurpose cash transfer program and 4,505 people (901 families) with the distribution of agricultural kits. During and after each distribution, the CEA (community participation and community accountability) mechanism it was used to adapt the distributions according to the needs of the people. In parallel, to guarantee a better service in distributions of this type, 31 GRC staff and volunteers were trained in February 2022 in topics related to the cash transfer program.

Likewise, 9,200 people (1,840 families) have been assisted through the distribution of kitchen kits

Honduras

A pilot was carried out applying the Red Rose tool for the implementation of CTP (Cash Transfer Program) in the communities of Monte de Sion, La Lima and Puerto Escondido, San Pedro Sula, Cortés, reaching 64 and 55 families respectively. The pilot consisted in the participation in the "Use and Management of the IFRC card" training to carry out ATM transactions and purchases in stores, and thus strengthen the financial education component oriented to households.

During the operation, 1,151 families were reached through a cash transfer program in 8 communities in the municipalities of La Lima and Choloma. Non-conditional funds were delivered to 160 volunteers with the PTM program to volunteers affected by hurricanes Eta and Iota. Through the cash transfer program, 133 microentrepreneurs were reached with the objective of restoring and strengthening their capacities through training and technical assistance; This process was carried out with the support of the Cortés Chamber of Commerce and Industry. Follow-up and monitoring were provided to microentrepreneurs to ensure an improvement in their livelihoods. 160 volunteers were trained in Cash Transfer Program.



Event held for the delivery of PTM to microentrepreneurs, San Pedro Sula. February 2022 Source: HRC.

Nicaragua

The livelihoods component was divided into two stages. The first stage focused on immediate assistance during the response in which actions were aimed at guaranteeing food security for affected families. While the second stage focused on strengthening livelihoods.

1. Food security assistance to affected families was amply covered in relation to the initial targets of the operation's action plan. This was largely thanks to the trust placed in the NRC with the donation of financial and in-kind resources to deliver humanitarian assistance to the families affected by the hurricanes. In total, the operation has reached **30,378 families** with the distribution of food kits, which is 357.39% of the initial target of 8,500 families. This achievement has involved a formidable effort of the National Society to receive, collect, prepare, transport and distribute the donations received from private companies, non-profit organisations and external donors.
2. The NRC has also strengthened the main livelihoods of the vulnerable population. The identification of 1,021 vulnerable livelihoods affected by the hurricanes Eta - Iota in Puerto Cabezas was carried out. A survey was carried out to determine the appropriate inputs to support the re-establishment of each enterprise. The inputs distributed were basic grains (455 households with 1 quintal of rice, beans, 1 quintal of sugar and 1 quintal of maize for community grocery stores), thermos flasks (283 delivered to fishermen), display cabinets (94 delivered to grocery stores), stoves (54 delivered to restaurants), cooking pots (42 delivered to single mothers), refrigerators (39 delivered to restaurants), tool kits (21 delivered to mechanics), sewing machines (11 delivered to tailors) and dryers (1 delivered to hairdressers).

Another relevant livelihood's strengthening intervention was the distribution of 50 livelihoods kits in Prinzapolka to support the local community economy and improve the population's access to items not commonly found in the communities.

In addition, 19,211 trees were distributed to 4,907 families in 22 communities and neighbourhoods. In addition to strengthening the livelihoods and food security of families affected by the hurricanes, the fruit trees are part of a cross-cutting strategy of the project to promote environmental care. The delivery of the trees to the community members was carried out in conjunction with talks on the importance of protecting the ecosystem and its importance for livelihoods, thus contributing to the reduction of the ecological footprint both with the distribution of fruit trees and with the sensitisation of the affected population.

Although livelihood restoration inputs have had a significant impact in supporting livelihood restoration, the high levels of poverty and its effects on the RACCN population require sustained efforts of long-term livelihood strengthening with in-kind, but also technical assistance.

The high levels of vulnerability of the population require the implementation of solutions aimed at increasing productivity and adaptability to climate variability in the region. We have identified the need to analyse the value chain of the region's main economic activities in order to design strategies that allow producers to obtain a higher profit margin per production or identify alternative products with high sales potential. In addition, a supply chain must be organized from the urban center to the community grocery stores to minimize the high prices caused by transportation and ensure access to basic consumption items that are not produced in the communities.



Mechanic using tools to repair aquatic engine, November 2021. Source: NRC.



Restaurant owner using refrigerator, November 2021. Source: NRC.



Community grocery store having basic grains for sale, November 2021. Source: NRC.



Delivery of support kits to 50 community grocery stores, Prinzapolka, May 2022. Source: NRC.



Mobilization and distribution of fruit trees in Halouver community, 11 October 2021. Source: NRC.

Challenges

Guatemala

- Long distances between communities and poor road conditions during and after hurricanes.
- Exposure of personnel and volunteers to COVID-19.
- Finding a banking institution present at the distribution sites offering services that respond to people's needs.
- Ensuring the safety of staff, volunteers, and community members during multipurpose cash transfer program distributions.
- Locating companies that can provide agricultural kits that meet minimum quality standards.

- Limited funds for the multipurpose cash transfer program, to reach more people.

Honduras

- Access to the communities due to floods.
- COVID-19 restrictions.
- The insecurity to which the staff and volunteers were exposed to.
- The use of ATM by the people reached.

Nicaragua

- The collection center and warehouse did not have the necessary infrastructure for the reception, storage and distribution of the humanitarian aid needed to cover the magnitude of the population's needs.
- Intensive interventions were required to ensure the preservation of the food prior to delivery.
- Transporting the fruit trees to communities whose only access is by water was extremely costly due to their weight and fragility.
- Language barrier to transmit knowledge.
- The absence of a regional Red Cross warehouse in the intervention area made it difficult to store the assistance.

Lessons Learned

Guatemala

- Strictly follow safety protocols for staff, volunteers, and community members during each distribution.
- Sign an agreement with a banking institution that meets the minimum requirements of accessibility, transparency, and quality of service.
- Always apply the Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches.
- Always provide personal protective equipment to staff and volunteers.

Honduras

- The initial evaluation must be detailed to define if the funds will be conditioned or not for the CTP.
- Implementation of a monitoring and evaluation process for the CTP.
- Better coordination with key actors.
- The selection criteria should focus on the most vulnerable people through a prior assessment.
- Efficient complementation of the support provided through CTP and in-kind support.
- Support for micro-entrepreneurs generates greater employment generation and indirect beneficiaries.

Nicaragua

- Improve the organization of humanitarian aid collection and storage.
- Acquire a forklift that would facilitate storage and preparation in the warehouse.
- Identify suppliers capable of delivering to the urban centres of the municipalities in the intervention area to mitigate this operational and human cost.

- Have a volunteer from the region who is able to speak the Miskito language in each of the interventions.



Health

People reached: 83,287

Male: 40,811

Female: 42,476

Health Outcome 3: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	National Society	Target	Actual
<i># of families that reduce the immediate risks to their health posed by the emergency</i>	Guatemala	900	904
	Honduras	3,434	3,434
	Nicaragua	8,500	9,103
	Total	12,384	13,441
<i># of people assisted in the ERU's Clinic</i>	Honduras	8,000	5,018

Health Output 3.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	National Society	Target	Actual
<i>Population health needs assessed in the selected communities</i>	Honduras	1	1
	Nicaragua	1	1
	Total	2	2

Health Outcome 3.2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	National Society	Target	Actual
<i># of people reached by pre-hospital care, search and rescue services.</i>	Guatemala	1,500	4,522
<i>Damage assessment of affected health centres performed.</i>	Honduras	1	1
<i># of health centres established (ERUs or medical units)</i>	Honduras	1	1
<i># Health facilities restored or provided with equipment/ material</i>	Honduras	3	3

Health Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	National Society	Target	Actual
<i># of people reached through health promotion and disease prevention campaign</i>	Guatemala	5,000	5,577
	Honduras	3,434	17,710

	Nicaragua	60,000	60,000
	Total	68,434	83,287
Health Output 4.1: Community-based disease control and health promotion is provided to the target population			
Indicators:	National Society	Target	Actual
<i># Of people reached through community-based epidemic prevention and control activities (activities aimed at controlling vector-borne diseases)</i>	Guatemala	5,000	5,577
	Honduras	3,434	10,736
	Total	8,434	16,313
<i># of volunteers and population adopt knowledge and skills to perform health actions in emergencies in the affected communities.</i>	Nicaragua	1,500	1,500
<i># of communities with an early warning system for dengue, malaria and COVID-19</i>	Honduras	15	16
<i># of volunteers trained in Epidemic Control for Volunteers (ECV) + Community-Based Surveillance (CBS) + First Aid</i>	Honduras	500	594
Health Output 4.2: Vector-borne diseases are prevented			
Indicators:	National Society	Target	Actual
<i># of mosquito nets delivered to affected families</i>	Nicaragua	7,400	7,603
Health Output 4.3: Improved knowledge about public health issues among the targeted population and in the targeted area			
Indicators:	National Society	Target	Actual
<i># of people reached with Community-Based Health and First Aid (CBHFA) activities</i>	Honduras	8,000	11,502
<i># of volunteers and staff trained in CBHFA</i>	Honduras	250	290
<i># of community leaders trained in CBHFA</i>	Honduras	100	164
<i># of people reached through a health promotion and disease prevention campaign</i>	Nicaragua	60,000	60,000
Health Output 4.4: Control of endemic transmissible diseases during emergencies			
Indicators:	National Society	Target	Actual
<i># of people reached with activities aiming to control vector-borne diseases</i>	Nicaragua	15,000	20,856
Health Outcome 5: Strengthened capacities of the community and local authorities to improve food and nutrition of vulnerable populations.			
Indicators:	National Society	Target	Actual
<i># of people directly reached to improve food and nutrition of vulnerable populations at community level (children identified with acute malnutrition for referral and timely treatment, people participating in educational sessions and community leaders trained).</i>	Guatemala	1,565	1,926
Health Output 5.1. Capacities of the community and local authorities are strengthened to improve food and nutrition of vulnerable populations.			
Indicators:	National Society	Target	Actual

# of children identified with acute malnutrition for referral and timely treatment.	Guatemala	45	0
# of family referents participating in educational sessions related to diet and nutrition.	Guatemala	1,500	1,875
# of community leaders trained in actions to improve nutrition and feeding.	Guatemala	20	51
Health Outcome 6: The psychosocial impacts of the emergency are lessened			
Indicators:	National Society	Target	Actual
# of people reached by psychosocial support	Guatemala	10,050	11,283
	Honduras	6,500	7,942
	Nicaragua	4,500	41,547
	Total	21,050	60,772
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff			
Indicators:	National Society	Target	Actual
# of volunteers trained in psychosocial support and psychological first aid	Honduras	250	273
# of psychosocial support kits delivered	Guatemala	20	30
	Honduras	1,500	1,533
	Total	1,520	1,563
# of people reached by psychosocial support (communities)	Guatemala	10,000	11,219
	Honduras	2,000	7,942
	Nicaragua	4,000	42,336
	Total	16,000	61,497
# of people reached by psychosocial support (staff and volunteers)	Guatemala	50	64
	Honduras	250	273
	Nicaragua	500	544
	Total	800	881
# Containment spaces in prioritized branches	Honduras	4	4
Narrative description of achievements			
Guatemala			



Members of the Health Commission participating in an educational session in El Estor, Izabal. Source: GRC.

As part of the actions of the first emergency response, the Guatemalan Red Cross (GRC) carried out 679 search and rescue actions and 3,843 pre-hospital care in the departments of Alta Verapaz and Izabal. The most frequent consultations were related to medical emergencies, traumatology, and gynaecology.

As part of the actions in the recovery phase of the communities, the Guatemalan Red Cross (GRC) formed 30 Health Commissions: 10 in the department of Alta Verapaz and 20 in the department of Izabal, which were trained in first aid and in the 5A methodology (activation of community organization, self-diagnosis of health emergencies, analysis and search for solutions,

community action and evaluation of achievements). They also prepared community emergency plans together with representatives of the Community Development Council -COCODES-, and materials were distributed to support their day-to-day operations. With these actions, the Health Commissions are ready to be registered with the Ministry of Health.

Community rounds were conducted in the municipality of El Estor, Izabal to identify cases of acute malnutrition in children under 5 years; however, only 3 cases were identified, but they had already been referred by another organization. In addition, 658 parents participated in demonstration sessions for the preparation of healthy and nutritious food for children under 5 years of age. At the same time, 51 community leaders participated in educational sessions on topics related to strengthening nutrition and food, based on their role in their communities.

As part of the first response phase actions, GRC provided mental health and psychosocial support services to 3,459 people during the first 72 hours of the emergency in assisted communities and shelters, using a community-based psychosocial approach. Subsequently, the GRC also conducted community diagnostics to identify psychosocial support needs, which made it possible to plan actions related to psychosocial support according to people's needs, ensuring the relevant accompaniment.

Subsequently, the GRC also distributed psychosocial support kits to the Health Commissions and to the representatives of the COCODES and family kits for occupational therapy (plants, soil, water sprayers, fertilizer, paintbrushes, paints, flowerpots, etc.). These actions reached 4,746 people. In addition, 64 people (personnel and volunteers) of the GRC, who directly supported the operation actions, received psychosocial support through ventilation sessions and educational sessions on self-care. Also, as part of the actions to strengthen GRC staff and volunteers to provide an efficient and timely response in psychosocial support, the National Intervention Team (ENI) course was developed with the specialty of psychosocial support, in which 22 people participated.

Also, the CRG held educational sessions for community members on topics related to maternal and child health, exclusive breastfeeding, complementary feeding, sexual and reproductive health, prevention of COVID-19, self-care, and control of emotions through occupational therapy by means of medicinal and horticultural gardens and ornamental gardens. The GRC also distributed 1,500 family kits for COVID-19 prevention/protection and 2,107 vector prevention and control kits in the communities of the departments of Alta Verapaz and Izabal.

Finally, the family emergency plans, and life plans were also developed with the people of the communities, and the GRC distributed family kits for COVID-19 prevention/protection and vector prevention and control kits in the communities of the departments of Alta Verapaz and Izabal.

Honduras

Transfer process to HRC carried out, donation of supplies and medicines from the clinic to the Mario Catarino Rivas Hospital, and of equipment and supplies to the Cortés Health Region.

The three health centers of El Milagro, Flores de Oriente and El Calan; were provided with surgical materials, sterilization equipment (autoclave), desks, dental chairs, IT equipment (computers, printers), freezers, cabinets, air conditioners, prehospital and clinical laboratory supplies, three-chair sofas for waiting rooms, and hygiene materials; With this contribution, it is expected that health services will improve for the beneficiaries, obtaining quality care and giving the population the opportunity to have adequate access to health.

3,005 families benefitted - 1,216 through community actions by the ERU and 1,789 by the community health sector. The ERU- Emergency Care Clinic, set up in a park in La Lima, Cortés, operated from 27 November 2020 to 13 February 2021, offering medical, emergency, and prenatal care services, general medical consults, emergency pharmacy services, outpatient stabilization, psychosocial support services, PGI services, promotion and primary disease prevention, and community health.

515 individual first-aid kits were delivered to the communities of La Venta, Nuevo Plan and Barrio Callejas. In addition, 13 community kits to 13 health committees, Ebenezer, Chotepe Sector 2, Chotepe Sector 3, Lempira 1, Zorzales, Germany, La Venta, Barrio Abajo, Barrio Callejas, Canada, Jesús de Nazareth, Colonia Valle (El Milagro), New Plan.

Through the Community Health and First Aid (CBHFA) approach, communities were approached, training in health promotion and disease prevention, with the aim of promoting healthy communities, carrying out activities such as campaigns to eliminate mosquito breeding sites, cleaning and health fairs, accounting for 13 health campaigns CRH volunteers and community volunteers were trained in CBHA and CEV issues and the volunteering of different councils of Region 3 in First Aid has been strengthened, with workshops on First Aid Assistants (FAA), basic life support, Emergency Vehicle Management Course (EVMC) training 976 community and council volunteers.

In support of the communities, CBHFA and CEV activities carried out for the prevention of diseases and epidemics, providing families with different Kits including thermometers, (1000 families) Kits for correct hand washing and (300 families) Kits for washing batteries (benefiting 500 families with kits of the spread) for the prevention of Dengue, first aid kits reaching 1,424 families.



Delivery of supplies and medical equipment at the Milagro Health Center, January 2022. Source: HRC.

Training sessions for volunteers in epidemiological control for volunteers (CEV) and community-based surveillance were developed for 327 volunteers from both councils and communities. 17 health committees trained in community surveillance with early warning system tools, with a focus on COVID-19, vector-borne diseases (dengue, malaria, leptospirosis) and waterborne diseases.

273 volunteers from the Councils of Region 3 have been trained in basic life support, haemorrhage control, use of pre-hospital medical equipment, first aid assistant (APA) and emergency vehicle driving course. Implementation of community brigades such as cleaning campaigns and elimination of mosquito breeding sites, developed in Protección, Lupo Viejo and Poza del Riel, La Roma, Filadelfia, Guaruma 2, El Paraíso, La Metálica and Cruz de Valencia, La Lima reaching a total of 3,434 families. 267 volunteers trained in CBHFA, who have developed their action plan for replication in each of the community councils. 164 volunteers 16 communities trained with the material of the SPAC approach, emphasizing health promotion issues, and complementing with epidemiological control (Dengue, COVID-19, IRAS and EDAS).

In Mental Health and Psychosocial Support, 6,884 people have been assisted, distributed as follows: 1,269 men, 2,177 women (including affected people from the communities and CRH volunteers) 1,799 children, 2,062 girls, older adults (238 men and 338 women), population with disability addressed in SMAPS (4 boys, 5 girls, 22 men and 16 women). 6, 483 people have been treated through follow-up in psychosocial support at the community level, through the MHPSS intervention it has been possible to mitigate the psychological symptoms that arose because of the emergency.

273 CRH volunteers from 12 councils, from region III, trained in "Basic Psychological Support" aimed at improving the learning process incorporating an active-participatory theoretical and practical methodology, effective in emergency situations due to traumatic events with immediate intervention. Through the early recovery strategy at the community level aimed at children, 1,533 psychosocial kits were delivered, of which 500 were delivered in temporary accommodation centres that added to the response for immediate confrontation through the identification and expression of these emotions. Aimed at boys, girls, men, women and the elderly, with the delivery of kits, it was possible to strengthen the post-emergency response by establishing assertive response mechanisms to cope with the psychosocial and mental health consequences of the target population; the psychosocial kits for children are composed of 1 notebook, 1 interactive game, 1 mandala book, colours, markers, pencil, 1 rubber ball, 1 COVID-19 drawing and painting book and a stuffed animal; The psychosocial kits for adults are made up of: board games (cards and Bingo), exercise rope, notebook, mandala book, colours, markers, Rubik's Cube, Sudoku book, body massager and bag to store the Kit in addition to the instructions for its proper use; distributions are subject to the community work plan.

Volunteers and personnel receiving psychosocial support through 10 sessions with an average of 15 to 20 people in each of them, with a total of 371 people reached. 4 reconditioned self-care rooms in HRC councils, self-care rooms have been created with the aim of having a physical space for the self-care of volunteers who need a space for emotional support, rest, and relaxation. At the community level, work is being done on the conditioning of 4 toy libraries in educational centers directly affected by hurricanes Eta and Iota to promote the development and strengthening of skills in the intellectual, physical, emotional, social and creative aspects of children. 36 people have participated in workshops on mental health with a focus on self-care and strengthening of psychosocial skills, thereby preserving a healthy lifestyle, and finding an adequate balance between life and work.

Nicaragua

The Autonomous Region of the Northern Caribbean Coast (RACCN) has a severe malaria problem which intensified with the passage of the hurricanes. As of August 2021, almost 25,000 people had suffered from malaria in the areas hit by Eta and Iota according to data from the Local System of Integrated Health Care (SILAIS). Given this reality, one of the most important interventions of the health component has been the actions focused on mitigating the rates of vector-borne contagion such as malaria. For this purpose, the campaign "Dale un Chance a tu Salud... Winamba" (Give your Health a Chance) was designed.

Within the framework of this campaign, four actions were implemented simultaneously in two areas of action to mitigate the high rates of contagion of these deadly diseases. The first was disease prevention through the distribution of mosquito nets and the dissemination of key messages through radio and television media, and the distribution of shirts and flyers (other common diseases in the area, such as diarrhoea and dermatitis, were also covered). The second focused on fumigation and cleaning campaigns and the delivery of trash cans to eliminate the vectors that spread the disease.

The "Give your health a chance...Winamba" campaign reached 20,856 people in Bilwi. In addition, 7,603 mosquito nets were distributed to families in Bilwi, Waspam and Prinzapolka. The overall achievements of the campaign were successful, according to a report from the Ministry of Health (MINSa) shared internally, a 31% reduction in Malaria rates in the intervened neighbourhoods of Bilwi was achieved. Other actions within the framework of this campaign were the distribution of vector control nets. These nets are placed on the doors and windows of homes to prevent the mosquitoes from entering the house. In total, 2,610 meters of vector control nets were distributed to 825 families in 6 communities of Prinzapolka.

For the third action, the main goal was to reduce vector-borne diseases. It included raising awareness on the importance of solid waste management for community health. This sensitization was accompanied by the distribution of 49 waste baskets with bins for the three main types of solid waste (organic, plastic and glass) which have been delivered in Waspam (15), Prinzapolka (10), Bilwi (21) and 3 at Headquarters. These bins are intended to reduce the creation of infection sources in the urban area and at the same time contribute to the preservation of the environment.

The "Give your health a chance" campaign represented an important lesson learned for the National Society. Its effectiveness demonstrates that to eradicate these deadly diseases, it is not enough to implement actions aimed at reducing the sources of vector spread, such as fumigation and cleaning campaigns, but also actions aimed at instructing on the main prevention measures and early identification of cases of contagion. Malaria and vector-borne diseases continue to be a severe problem in the RACCN. It is clear that until efforts are united to eradicate this deadly disease, it will continue to overwhelm thousands of families in the RACCN. The achievements made so far are relevant, however, it is the continuity of these actions that can have a decisive impact on the health conditions of the region.

And, the last fourth action for improving capacities to carry out emergency health actions in the communities affected by the hurricanes have been the delivery of 6 medical support kits (containing 12 glucometers, 3 wheelchairs, 12 saturation meters, 18 tape measures, 3 long spinal splints, 12 infrared thermometers, 12 cervical immobilizers, 60 70% alcohol bottles, 12 blood pressure monitors with stethoscope, 60 liters of alcohol gel, 12 scales, 30 mercury thermometers, 12 paediatric nebulizers, 12 adult nebulizers, 60 latex gloves size M and 60 latex gloves size L) and 25 entomological kits (containing 1 medium-sized transparent plastic sheet with hermetic cover, 1 small 1+8 LED hand lamp, 1 circular measuring tape one meter long, 1 3 cc plastic pipette, 2 entomological nets with galvanized wire support structure, 1 plastic brush with handle, 1 60mm magnifying glass and 1 metal picket).

In order to mitigate the psychological impacts caused by the hurricanes, PSS sessions were held in communities. These sessions were commonly carried out with children from the communities through dynamics, games, painting, mandala delivery and other activities. The PSS sessions created a recreational space that was widely valued by the community members for its impact on their emotional well-being. Due to the lack of activities and recreation centres in the communities, these sessions brought the community together and created the conditions for families to interact with their children.

PSS sessions were commonly integrated into each of the humanitarian assistance interventions so that a total of 41,980 people have been reached with these services. The largely number of assistances was related to the high number of children living in RACCN communities. Other activities carried out to alleviate the psychological impacts on families affected by the hurricanes have been the distribution of 532 PSS backpacks and psychological first aid workshops to volunteers, staff, and community members.

Other actions carried out as part of the health component during the year have included data collection and systematization for the preparation of a diagnosis of living conditions in the RACCN, which has identified the main difficulties in access to emergency health care suffered by rural and urban communities and the main diseases that usually affect the population.

"Give your health a chance" campaign actions. Source: NRC.



Challenges

Guatemala

- Long distances between communities and poor road conditions during and after hurricanes.
- National and local restrictions by COVID-19 for the development of planned activities.
- Exposure of personnel and volunteers to COVID-19.
- Increased fuel costs for frequent mobilization.
- Constant road blockades due to social unrest in some of the places where actions were being carried out, which delayed planning.

Honduras

- Access to the communities due to floods.
- COVID-19 restriction.
- The insecurity to which the staff and volunteers was exposed to.
- Cleaning and repair of the health centers for the rehabilitation
- Misinformation about diseases.

- Lack of employment in the health sector.

Nicaragua

- Insufficient human resources to deal with the high number of cases requiring individual psychosocial support for children and adults.
- Many of the neighbourhoods where fumigation campaigns were carried out did not have electricity, which made fumigation campaigns difficult during the night.
- High levels of insecurity in the neighbourhoods, which represented a risk for the fumigation campaigns.
- The Miskito language made it difficult to provide psychosocial care.
- Exposure to vector-borne diseases.

Lessons Learned

Guatemala

- Always provide personal protective equipment to staff and volunteers.
- Conduct ongoing cost analysis and propose alternate plans for cost increases.
- Strictly follow safety protocols for staff, volunteers, and community members during each activity.
- Constantly monitor social unrest with local authorities and the media and follow their recommendations.
- Continue to ensure the quality of humanitarian aid through the application of Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches always.

Honduras

- Increased involvement in psychosocial support for disabled people.
- Establish a monitoring system in health centres.
- Establish a communication structure in the health promotion processes.
- Generate a database of health services provided by the HRC in coordination with the Secretary of Health.
- The deployment of Health ERUs was effective for the operation.
- The involvement of volunteers helped provide a more efficient response for health care to the affected population.

Nicaragua

- Open sessions were held to mitigate the collective stress caused by the hurricanes and training was provided to the communities to provide psychological first aid in the event of a disaster. A Comprehensive MHPSS response (Included with all the other interventions) allowed to reach more people.
- Each member must have a flashlight during fumigation campaigns.
- Police accompaniment was requested during the spraying operations to ensure the physical integrity of the personnel.



Water, sanitation and hygiene

People reached: 169,132

Male: 82,875

Female: 86,257

WASH Outcome 7: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	National Society	Target	Actual
<i># of people who receive safe water services that meet agreed standards based on the specific operational and programmatic context.</i>	Guatemala	10,000	29,325
	Honduras	30,000	34,795
	Nicaragua	15,000	105,012
	Total	55,000	169,132
<i># of people provided with essential hygiene items and hygiene promotion activities.</i>	Guatemala	10,000	72,080

WASH Output 7.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	National Society	Target	Actual
<i>Assessment of water, sanitation, and hygiene.</i>	Honduras	1	1
	Nicaragua	1	1
	Total	2	2
<i># of volunteers and personnel trained in WASH</i>	Honduras	250	266
	Nicaragua	60	60
	Total	310	326

WASH Output 7.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	National Society	Target	Actual
<i># of people provided with safe water services</i>	Guatemala	10,000	29,325
	Honduras	30,000	34,795
	Nicaragua	75,000	105,012
	Total	115,000	169,132
<i># of people trained in safe water storage, use of water treatment products, and water quality control.</i>	Nicaragua	15,000	18,480
<i># of water wells cleaned and disinfected</i>	Guatemala	300	297
	Nicaragua	150	167

	Total	450	464
<i># of families that receive water containers</i>	Honduras	3,785	4,769
WASH Output 7.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population			
Indicators:	National Society	Target	Actual
<i># of people with access to an improved sanitation facility</i>	Honduras	5,000	7,260
	Nicaragua	960	2,544
	Total	5,960	9,804
<i># of latrines installed or repaired.</i>	Honduras	50	223
	Nicaragua	120	318
	Total	170	541
WASH Output 7.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population			
Indicators:	National Society	Target	Actual
<i># of people reached with fumigation, cleaning, well disinfection and waste management sessions</i>	Nicaragua	15,000	20,856
<i># of facilities fumigated</i>	Honduras	200	274
<i># of people who receive key personal and community hygiene promotion messages</i>	Guatemala	10,000	13,687
	Honduras	16,000	19,408
	Nicaragua	15,000	19,625
	Total	41,000	57,720
WASH Output 7.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population			
Indicators:	National Society	Target	Actual
<i># of families reached with hygiene items</i>	Guatemala	2,000	14,416
	Honduras	4,769	4,769
	Nicaragua	7,500	10,162
	Total	14,269	29,347
WASH Outcome 8: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase			
Indicators:	National Society	Target	Actual
<i># of families that reduce their risk of waterborne diseases</i>	Honduras	10,000	10,736
WASH Output 8.1: Community managed water sources giving access to safe water is provided to target population			

Indicators:	National Society	Target	Actual
<i># of people who receive safe water services that meet agreed standards based on the specific operational and programmatic context</i>	Honduras	30,000	44,080
<i># of repaired pumping facilities in community water systems</i>	Honduras	30	37
<i># of families receive water access kits</i>	Honduras	900	900
<i># of water wells cleaned and disinfected</i>	Honduras	20	22
WASH Output 8.2: Hygiene promotion activities are provided to the entire affected population.			
Indicators:	National Society	Target	Actual
<i># of people reached with key personal and community hygiene promotion messages</i>	Honduras	35,000	35,351
<i># of campaigns of community cleaning, drainage, and solid waste management</i>	Honduras	100	113
WASH Output 8.3: Improved access and use of adequate sanitation by the target population is provided to the target population			
Indicators:	National Society	Target	Actual
<i># of hand washing facilities installed or repaired</i>	Honduras	50	525
<i># of latrines installed or repaired</i>	Honduras	700	725
<i># of people with access to an improved sanitation facility (latrines and toilets equipped with hand washing, water and menstrual hygiene disposal facilities)</i>	Honduras	5,000	7,260
Narrative description of achievements			



Volunteer supporting the cleaning of an artesian well in a community of Puerto Barrios, Izabal. Source: GRC.

Guatemala

The Guatemalan Red Cross (GRC) has carried out various actions from the response phase to the recovery phase. Among the main actions is the distribution of water; cleaning and disinfection of 297 artesian wells; distribution of 5,068 water filters; 4,140 jerry cans; 840 mosquito nets; 4,279 of family hygiene kits, 2,127 Infection control protection kits and 1,637 cleaning kits for water containers to 14, 415 families (72,080 people).

At the same time, educational sessions, and socialization of key messages on topics related to personal, household and community hygiene, cleaning and disinfection of wells, household water treatment and vector control were carried out using the PHAST methodology as a basis, with the participation of 13,687 people.

In addition, during the response phase, safe water was provided to communities in immediate need. Also, in some communities in the departments of Alta Verapaz and Izabal, where water system rehabilitation needs were identified, the GRC proceeded with the rehabilitation through water commissions or the formation of these commissions to lead and follow up on the process. With these actions the GRC were able to assist 29,325 people.

Finally, 8 water commissions were formed in the departments of Alta Verapaz and Izabal to manage, operate, and maintain drinking water systems. These commissions were equipped to promote their day-to-day operation.

Honduras

The ERU (Emergency Response Unit) M15+40 and the MSM20, in support of the HRC, were deployed to the department of Cortés, to aid in Water, Sanitation and Hygiene Promotion to the affected population of the country after the passage of hurricanes Eta and Iota.

266 volunteers trained in the areas of well-cleaning processes, physical, chemical, and bacteriological analysis of water, National Intervention Teams spatiality of water, sanitation and Hygiene promotion, Hygiene Promotion, use and management of control equipment vector. 4,769 jerrycans were delivered as part of the delivery of the Hygiene or cleaning Kits.

274 days of vector control, in the municipalities of La Lima, Choloma, Villanueva, San Manuel, El Progreso, Pimienta. It was coordinated with the SESAL (Secretary of Health), for the accompaniment of the EHT (Environmental Health Technicians), who approved the processes of implementation of chemicals in the thermos pray pumps.



Well cleaning in the community of Guaruma 1, March 2022. Source: HRC

Distribution points were successfully closed, as wells and water systems have been restored by water management boards or local governments. 113 cleaning campaigns, in the municipalities of La Lima, Choloma, Villanueva, San Manuel, El Progreso, Pimienta. Local coordination was carried out with the patronatos or city halls to carry out this activity with dump trucks or tractors from the city halls, to make cleaning days effective.

35,251 people were reached in hygiene promotion; the talks consist of correct hand washing, food washing and hygiene at home, with the aim of changing bad hygiene habits in the families reached.

23,845 people were reached with a personal hygiene kit, cleaning kit and drums, ensuring that the affected families would have the basic supplies for adequate personal and household hygiene. The cleaning and disinfection of 22 wells, the rehabilitation or construction of 37 drinking water pumping systems have been carried out, benefiting 34,795 people who have drinking water systems in optimal conditions for the continuity of access to water.

The HCR has a general basic package, distributed to the entire population of the identified communities. This mode of operation has proven to be the fastest and most efficient way to reach the affected population and meet basic needs in one go. This package includes: a family cleaning kit, a hygiene kit to cover the needs of 5 people for a month, and a water container. These deliveries have been made jointly with the Relief department.

725 latrines were installed through the Monetary Transfer Program, reaching 4,495 people. In addition, 525 hand washing facilities (batteries) reaching 2,625 people, who will have a suitable place for proper hand washing.

Nicaragua

Two days after the passage of Hurricane Eta, the NRC's technical water team mobilized water purification plants to the municipalities of Prinzapolka, Waspam and Bilwi to supply drinking water to families in the neighbourhoods that had suffered interruptions in service as a result of the the hurricanes. During the three months of the operation's response, the NRC provided this service in the area reaching 19,980 families, mainly in Prinzapolka where the demand for the service was greater and widely appreciated by the inhabitants.

Faced with the obstruction of drinking water supply channels and the exposure of wells to contaminants, the NRC, thanks to its equipment with water purification plants and its volunteers, was one of the main sources of drinking water supply in the urban areas of these municipalities during the immediate response. Likewise, the NRC was one of the main organizations that carried out well cleaning campaigns after the hurricanes. A total of 52 wells were cleaned and disinfected during the emergency stage. These well cleanings were accompanied by physical-chemical and bacteriological analyses to determine whether the water was safe for human consumption.

To accomplish each of these achievements in the immediate response of the Eta - Iota operation, the National Society required the training of 20 volunteers from the Bonanza, Bilwi and Rivas branches in rapid water response teams. These same volunteers, together with the technical team of the NRC, provided the service during the response.

During the recovery phase of the Eta - Iota operation, continuity was given to many of the interventions carried out during the response. A total of 115 community wells were cleaned and disinfected (167 wells cleaned and disinfected in the entire operation) in 33 communities/neighbourhoods benefiting 4,908 families.

The NRC also delivered 8,740 hygiene and disinfection kits (2,447 families reached), 2,842 bars of soap (968 families reached) and 12 gallons of liquid soap. In total, the operation has reached 10,162 families with hygiene items in 33 communities.

Other WASH interventions have been the construction of 137 latrines in the communities of Wawabar and Karatá in the municipality of Bilwi (60 in Wawabar and 24 in Kárata) and 53 in the urban area of Alamikamba, Prinzapolka. These 137 latrines have been built following the technical specifications of the RACCN state institutions that guarantee the acceptability of the beneficiaries and their resistance to future natural disasters. In addition to these 137 latrines, 2 zinc sheets have been delivered to 181 families who had latrines in a defective state in order to support the reestablishment of their conditions before the hurricanes.

Also, 40 volunteers have been trained in the Participatory Health, Hygiene, Water and Sanitation Transformation (PHAST) methodology, with which the operation has trained a total of 60 volunteers in water, hygiene and sanitation who are part of the strategy to strengthen the institutional capacity of the NRC to respond during emergencies.

Many of these PHAST trained volunteers put their knowledge into practice by giving talks on emergency health, COVID-19, use of latrines, blocking transmission routes, importance of hand washing, use of P&G water purifiers, use of chlorine tablets to 3,925 people directly (19,625 indirectly) in communities in the municipalities of Bilwi, Waspam and Prinzapolka. Other activities included fumigation and cleaning campaigns that have reached 20,856 people. The population was also provided with about 14,810 items for household water treatment, including water chlorination tablets and P&G water purifiers to 2,310 families in the municipalities of Waspam, Prinzapolka and Waspam. The distribution of these items was carried out in conjunction with talks on the correct use of these products and the importance of household water sanitation for family health.



Water distribution in Prinzapolka, November 2020. Source: NRC.



Cleaning and disinfection of wells in Bilwi neighborhoods, October 2021. Source: NRC.



Construction of community latrine RACCN, December 2021. Source: NRC.



Training of volunteers and staff in PHAST methodology, Jinotega, November 2021. Source: NRC.



Talk on the proper use of chlorine tablets and P&G water purifier, Bilwaskarma, November 2021. Source: NRC.



Challenges

Guatemala

- Scarce suppliers of materials for the reestablishment of water systems that meet the minimum quality and time requirements.
- Long distances between communities and poor road conditions during and after hurricanes.
- National and local restrictions by COVID-19 for the development of planned activities.
- Exposure of personnel and volunteers to COVID-19.
- Increased fuel costs for frequent mobilization.

Honduras

- Access to the communities due to floods.
- COVID-19 restrictions.
- The insecurity to which the staff and volunteers were exposed to.
- Lack of suppliers for the repair of water systems
- Rainfall after hurricanes.

Nicaragua

- Many of the main wells in the communities were handmade and lacked curbstones, which meant that they did not have the minimum conditions for cleaning and disinfection.
- A large part of the population preferred not to use water treatment supplies because they did not like the taste of chlorine or because they preferred to drink water directly from the source.
- Long distances between wells, which increased operating costs.

Lessons Learned**Guatemala**

- Update the mapping of suppliers that meet minimum quality and timeliness requirements.
- Always provide personal protective equipment to staff and volunteers.
- Conduct ongoing cost analysis and propose alternate plans for cost increases.

Honduras

- The Cash Transfer Program was effective for latrine repair.
- The delivery of water filters facilitated access to safe water in the communities.
- Establish a communication structure in the hygiene promotion processes.
- The deployment of WASH ERUs was effective for the operation.
- The involvement of volunteers helped provide a more efficient response for WASH activities.
- A database of suppliers must be made at the local and regional level.

Nicaragua

- Raise public awareness about the importance of water treatment for health.
- Provide supplies such as P&G and chlorine tablets for families to perform water treatment at home, in cases where the water source is not safe.
- Carry out a prior identification with municipal authorities of the main wells that supply the population in order to have a greater impact and coverage.
- Guarantee all equipment for cleaning and disinfection and safety measures to be followed.



Protection Gender and Inclusion

People reached: 27,219

Male: 13,337

Female: 13,382

Protection, Gender & Inclusion Outcome 9: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	National Society	Target	Actual
# of people reached with PGI activities (activities, training, kit distributions, etc.)	Guatemala	5,000	12,194
	Honduras	500	15,025
	Total	5,500	27,219
# of community structures that implement actions to include and protect vulnerable populations	Honduras	8	11

Protection, Gender & Inclusion Output 9.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	National Society	Target	Actual
# of volunteers, staff and community members trained on PGI and/or gender and minimum standards	Guatemala	70	152
	Honduras	150	260
	Nicaragua	60	220
	Total	280	632
# of youth networks that carry out culture of peace activities in their communities in line with their plans of action	Honduras	8	8
# recreational activities to strengthen coexistence.	Honduras	8	10

Protection, Gender & Inclusion Output 9.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

Indicators:	National Society	Target	Actual
# of people reached with issues related to protection, gender and inclusion (through educational sessions, workshops, training on PGI standards and/or campaigns).	Guatemala	5,000	12,042
	Honduras	500	15,025
	Total	5,500	27,067
# of members of community organizations and institutions trained in PGI standards	Honduras	150	260

Protection, Gender & Inclusion Output 9.3: NS educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicators:	National Society	Target	Actual
# Of school kits delivered to families	Honduras	500	500
# Reactivated schools	Honduras	8	8
# Communication campaign on children's rights	Honduras	1	1

Narrative description of achievements

Guatemala



Induction on the uses of the portable solar charger to women assisted in Puerto Barrios, Izabal. Source: GRC.

The Guatemalan Red Cross (CRG) conducted a rapid PGI assessment in the communities served in the departments of Alta Verapaz and Izabal, allowing vulnerable populations (children, women, people with disabilities, LGTBIQ+ people, the elderly, etc.) to be prioritised during the distribution of humanitarian aid and other activities.

It was also possible to obtain first-hand information for the implementation of community campaigns for the prevention of sexual and gender-based violence, as well as other types of violence. It was also the basis for the development of key messages to address the causes, risks and consequences of violence, discrimination, and exclusion in an integrated manner, according to the context of each community/population, achieving the participation of 12,042 people.

In addition, GRC distributed 1,734 differentiated hygiene kits for women and 2,000 portable solar chargers so that women could have access to energy to charge cell phones, radios, flashlights, etc. In addition, 1,000 solar chargers were purchased to be used by the communities.

Finally, to ensure the implementation of the Protection, Gender, and Inclusion (PGI) approach in the operation and in future operations led by the GRC, 152 people, including staff and volunteers, participated in workshops on PGI minimum standards, as well as the construction and validation of a protocol for safe referrals in cases of gender-based sexual violence.

Honduras

Adaptation and construction of 5 common spaces that facilitate coexistence and community participation based on the DAPS (Dignity, Access, Participation and Safety) approach. 8 training sessions developed for volunteers and Honduran Red Cross personnel in order to implement practical tools for the implementation of humanitarian strategies with a focus on Protection, Gender and Inclusion, the activities are oriented to the use of the DAPS framework that allows for promoting an community participation approach.

The inter-institutional strengthening has been carried out, promoting a response referral system through the protection cluster and the sub-cluster of protection of gender-based violence (GBV) and children, this has served to work with vulnerable populations such as migrants, women, older adults and children; This has facilitated the construction of contingency plans to attend to the needs resulting from the socio-political crises that emerge in the country. Participation for the note of public support in safe houses addressed to the national congress. Regional course training in PGI and WASH.

Dissemination in regional conferences on mental health and PGI. Reactivation of 8 educational centres through the tutoring program with an emphasis on emergency. 500 school kits, 11 didactic boxes, as well as the adaptation of educational material in 6 spaces have been distributed. Creation and reactivation of 8 youth networks with work plans that promote a culture of peace and community coexistence. Socialization of comprehensive care routes for survivors of gender-based violence through 3 sectors: protection, health and justice, as well as the dissemination of directories for the referral of GBV cases with service providers: health personnel, Red Cross, prosecutors and national police.

Dissemination of campaigns to promote the rights of the child. Development of campaigns to eradicate stigma and discrimination, promote access and participation. Active participation in tables 1 and 2 of the Gender-Based Violence sub-cluster for capacity building and inter-institutional linkage and the creation of early warning through 911. The children's rights communication campaign will be carried out in conjunction with the health and WASH campaigns, in order to promote a complete package of education and reach the largest number of beneficiaries. For the reactivation of schools, the tutoring program was created which, through school reinforcement, was aimed at promoting continuous learning. An assessment was previously carried out, weaknesses were identified in the areas of mathematics and Spanish, which were reinforced with an addition of a PGI focus on migration, inclusion and non-discrimination, promotion of rights and duties. Likewise, educational materials, school kits and technical furniture equipment were delivered.

Nicaragua

23 volunteers and staff were trained in code of conduct and gender methodologies. The gender methodologies taught have strengthened the capacity of the subsidiary to address these issues in the community context in the Miskito communities. There is a significant need for training on these issues in order to build egalitarian and inclusive societies.



Common space in the community of Guaruma 1, March 2022. Source: HRC

Another important achievement was the invitation to the XIII Wangki indigenous women's forum. In this forum, 550 indigenous women participated for four days to address different topics related to the situation of indigenous women. NRC was invited to address the issue of gender and inclusion from gender roles to 220 of these indigenous women.



Gender session at Wangki indigenous women's forum, 4 October 2021. Source: NRC.

Challenges

Guatemala

- Long distances between communities and poor road conditions during and after hurricanes.
- National and local restrictions by COVID-19 for the development of planned activities.
- Exposure of personnel and volunteers to COVID-19.
- Increased fuel costs for frequent mobilization.

Honduras

- Access to the communities due to floods.
- COVID-19 restrictions.
- The insecurity to which the staff and volunteers were exposed to.
- National policies that made it difficult to reactivate schools.
- Rainfall after hurricanes.

Nicaragua

- Addressing gender issues in the region is operationally delicate because many indigenous community members value gender roles as part of their culture.
- Most of the men were not very receptive to the issue, which is why it is necessary to approach it from a masculinity perspective.
- Few organizations address the issue, especially in rural indigenous communities.

Lessons Learned

Guatemala

- Continue the detailed needs analysis to ensure that the needs of vulnerable groups are considered.
- Apply the Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches always.
- Always provide personal protective equipment to staff and volunteers.
- Strictly follow safety protocols for staff, volunteers and community members during each activity.
- Conduct ongoing cost analysis and propose alternate plans for cost increases.

Honduras

- The common spaces encouraged the participation of the population in recreational activities.
- The needs analysis should include all aspects related to PGI and CEA.
- Participation in the gender-based violence roundtables helped to strengthen the implementation strategies.
- PGI's involvement in all focus areas was active and effective.
- School kits are an essential tool for reintegration activities.
- The involvement of volunteers helped provide a more efficient response for PGI activities.

Nicaragua

- Staff should be trained on how to address gender and inclusion issues in each setting.
- An analysis of the socio-economic context in which families develop should be carried out.
- It is ideal to separate the groups by sex in order to address the roles from the perspective of each group and create an environment of trust.



Migration

People reached: 636

Male: 312

Female: 324

Migration Outcome 10: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	National Society	Target	Actual
<i># of people reached with migration assistance and protection services</i>	Guatemala	300	620
	Nicaragua	13	16
	Total	313	636

Migration Output 10.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations.			
Indicators:	National Society	Target	Actual
# of people provided with migration assistance and protection services	Guatemala	300	305
Migration Output 10.2: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster.			
Indicators:	National Society	Target	Actual
# of RFL cases/services	Guatemala	300	315
	Nicaragua	13	16
	Total	313	331
Narrative description of achievements			
<p>Guatemala</p> <p>As part of the actions during the first phase of response to the emergency, the Guatemalan Red Cross (GRC) assisted 315 people with Restoring Family Links (RFL). It also developed community awareness campaigns in the department of Izabal on the risks associated with migration.</p> <p>In addition, during the first phase of the response, the GRC distributed 305 hygiene kits and provided direct assistance to the same number of returnees and to migrants in transit in nine shelters and two communities in the department of Izabal.</p>			
<p>Honduras</p> <p>The HRC developed the strategies for the migration approach through the population movement DREF operation, guided by the IFRC. The HRC manages the CAMR-OMOA migrant return center through which all those returning by land must pass. The Government granted the management of this center to the HRC through an agreement signed with the Honduran Ministry of Foreign Affairs. It is located about an hour away from San Pedro Sula on the road to Puerto Cortés, very close to the area where the emergency operation was conducted.</p>			
<p>Nicaragua</p> <p>During the immediate response phase, RFL assistance was provided to 16 people who had no news of relatives because of non-functional telecommunications due to the hurricanes.</p> <p>The NRC has a latent need to strengthen its capacity to provide RFL services to families separated or without news as a result of the migratory flow that the country is currently experiencing through technical training to volunteers and staff of the institution and the national dissemination of the service.</p>			
Challenges			
<p>Nicaragua</p> <ul style="list-style-type: none"> The absence of telecommunications services made it difficult to provide RFL services in rural communities. 			

Lessons Learned

Nicaragua

- Consider the acquisition of satellite telephones to be able to provide the service when intervening in areas that are difficult to access.



Disaster Risk Reduction

People reached: 90

Male: 44

Female: 46

DRR Outcome 11: Communities in high-risk areas are prepared for and able to respond to disaster

DRR Output 11.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators:	National Society	Target	Actual
# of community members prepared for disaster prevention	Nicaragua	25	90
# of communities that have a risk prevention plan	Nicaragua	5	5

DRR Outcome 12: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices

DRR Output 11.2: Community awareness raising programmes on climate change risks and environmentally responsible practices are conducted in target communities

Indicators:	National Society	Target	Actual
# of communities that have a risk prevention plan	Nicaragua	5	5
# of community leaders prepared for disaster prevention	Nicaragua	20	90

Narrative description of achievements

Nicaragua

The risk reduction interventions of the Eta - Iota operation were carried out in 5 neighbourhoods of Bilwi (Poza Azul, El Muelle, Libertad, Alemán and San Judas). They were trained with basic workshops on risk conceptualization and formed their respective integral brigades, which are composed of 8 members of the committee for disaster prevention and preparedness (COBAPRED) and 10 members of the integral response brigade (BRIBAR).

A total of 5 brigades and response committees have been created in the aforementioned neighbourhoods of the municipality of Puerto Cabezas. All brigades have been provided with basic risk management equipment, which consists of:

- General response equipment (2 long spinal splints, 1 complete splint for arm, forearm and leg, 1 rechargeable megaphone, 1 Nylon dynamic rope, 10 gallons of alcohol, 5 atomizers, 4 type 8 descenders, carabiner, 1 lifebuoy, 2 lamps with signals, 2 lamps with signals, 1 life ring, 2 lamps with night markers, 6 batteries, 1 perimeter caution tape, 10 machetes, 6 shovels and 6 axes).
- Basic first aid response equipment (14 adhesive plasters, 2 packs of cotton, 6 sterile 4*4 gauze, 26 gauze and elastic bandages, 12 triangular bandages, 2 boxes of latex gloves, 2 units of chlorhexidine gluconate 500 ml, 2 bottles of alcohol for hospital use and 2 boxes of bandages, 2 anti-trauma scissors, 2 blood pressure monitors, 2 stethoscopes, 2 digital thermometers and 1 red bag) with their respective periodical replacement material and equipment for personal protection (10 helmets with their chinstraps and suspenders, 2 mining lanterns, 6 mining flashlights, 2 scissors and 1 red bag), 2 mining flashlights, 6 lamps with rubber protectors, 10 gray sweatshirts, 10 blue overcoats, 10 leather and rubber boots, 10 capes, 10 life jackets, 10 protective glasses, 10 plastic water bottles, 8 helmets with chinstraps, 8 vests, 8 overcoats, 8 capes, 8 life jackets, 8 protective glasses and 2 clamp boards with deposit.

These same brigades and response committees have participated in 3 multi-hazard drills at the national level in the RACCN in conjunction with the UMGIR, national police and the civilian corps in December 2021. Also, community contingency plans and risk maps have been created in these neighbourhoods as part of the process of strengthening community response capacity and resilience to potential future disasters.



Delivery of local response plans and risk map to municipal authorities of the RACCN. Source: NRC.



Disaster risk management training in El Muelle neighborhood, Puerto Cabezas, December 2021. Source: NRC.

Challenges

Nicaragua

- The institutions do not have updated censuses, which made it difficult to create response protocols for the preparation of community contingency plans.
- Volunteers did not have the basic training and tools to facilitate risk management at the community level.
- Neighbourhood divisions are not clearly defined, which made it difficult to delimit the perimeter for the elaboration of community risk maps.
- The Miskito language was a difficulty because not all personnel could speak the language and transmit risk management knowledge.

Lessons Learned

Nicaragua

- The formation of integral brigades instead of independent brigades because the community is better prepared to respond to different risk situations.
- Expand the duration of training workshops from 3 days to 5 days to ensure the quality of risk management training.
- Separate training for the integral response brigades (BRIBAR) and the disaster prevention and preparedness committees (COBAPRED) to focus training according to the functions of each group.
- Carry out the construction of community response plans in conjunction with the disaster prevention and preparedness committees (COBAPRED) to ensure ownership of the existing risks in their neighbourhoods.
- The use of geo-referencing tools for the digitalization of risk maps.
- The layout of the response plans made them more attractive to read and made it easier for the population to take ownership of the measures to be taken.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.

Output S1 1.1: National Societies have effective and motivated volunteers who are protected.

Indicators:	National Society	Target	Actual
<i># of volunteers insured</i>	Guatemala	300	0
	Nicaragua	1,500	1,500
	Total	1,800	1,500
<i># of PPE distributed to volunteers and personnel</i>	Guatemala	1,000	1,000
<i># of volunteers equipped with an institutional uniform</i>	Honduras	500	600

Output S1 1.2: National Societies capacity to support community-based disaster risk reduction, response and preparedness is strengthened.

Indicators:	National Society	Target	Actual
<i># of delegations strengthened through their Emergency Operation Centre</i>	Guatemala	1	1
	Honduras	1	1
	Total	2	2

Output S1 1.3: National Societies have the necessary corporate infrastructure and systems in place.

Indicators:	National Society	Target	Actual
<i># of volunteers and staff trained on CEA</i>	Guatemala	25	136

# of CEA mechanisms implemented to know the needs, perceptions and demands of the communities.	Guatemala	6	6
# of actions implemented to share key messages in the community on different topics	Guatemala	3	3
# of CEA plan created to strengthen GRC's emergency response actions.	Guatemala	1	1

Narrative description of achievements

As part of the actions to strengthen the Guatemalan Red Cross, the GRC provided personal protection equipment (rubber boots, protective glasses, surgical masks, alcohol gel, gloves, etc.) to ensure the safety of volunteers and staff during the development of the different actions, as well as for the prevention of COVID-19.

The GRC was also equipped through the purchase of a truck and a vehicle for the mobilization of humanitarian aid, staff and volunteers in the operation. The GRC was also able to purchase uniforms, portable radios, and solar chargers to guarantee the security and communication of staff and volunteers in the communities. It was also possible to pay for the right to use radio frequencies throughout the country for the next 20 years and improve the internet connection system at headquarters.

Regarding the purchase of health insurance for volunteers, the National Council of the GRC decided to cancel the purchase and instead create a solidarity fund for volunteers active in emergency response. In this regard, the GRC has produced a guide on how volunteers can access this incentive as part of a recognition of their work as volunteers.



Guatemalan Red Cross staff and volunteers distributing humanitarian aid.
Source: GRC

Also, as part of GRC's actions to ensure the relevance of humanitarian aid for the people of the communities, as well as to enforce the principle of do no harm, the implementation of the Community Engagement and Accountability (CEA) approach was strengthened through the creation of 1 CEA plan that served as a reference for this operation, as well as for future emergencies. Also, through the training of 136 staff and volunteers in topics related to minimum actions to integrate CEA in programs and operations.

The CEA approach has been implemented in the departments of Alta Verapaz and Izabal, mainly through the implementation of 6 mechanisms (surveys, interviews, focus groups, nonparticipant observations, suggestion boxes and accompaniment in home visits and distribution of humanitarian aid) to know the needs, perceptions and demands of the population, as well as through 3 main actions (implementation of speaker systems, community theatres and puppet shows) to share key messages on issues related to water, sanitation and hygiene promotion; protection, gender and inclusion; COVID-19 prevention, among others. Children's books have also been distributed to raise awareness about COVID-19 and basic forms of prevention.

Also, a workshop was held on the creation of participatory community videos, with the objective that people use tools to record videos and share their opinions, comments and personal stories to people or other spaces outside the community where they want to be heard and made visible.

With all these actions, the GRC is further strengthened to continue providing humanitarian aid in a relevant manner in all phases to the communities.

Honduras

5,300 volunteers remain active nationwide supporting HRC activities. Volunteers in different sectors were included in those sectors' trainings. 100 per cent of volunteers involved in the operation were insured for the duration of the operation. As part of the strengthening of the volunteers, it was possible to equip 600 volunteers with the institutional uniform. Vehicle rental: two vehicles rented from month 2 to month 6 of the operation. One truck rented for the warehouse from month 3 to month 5 of the operation. Contract for forklifts from month 3 to month 14 of the operation. Two trucks were purchased for the National Society to strengthen emergency response.

Nicaragua

The Eta - Iota operation has brought with it the institutional strengthening of the NRC. On the one hand, the strengthening of the capacities of volunteers in different areas such as shelter, water, hygiene and sanitation, and protection, gender and inclusion. On the other hand, the provision of physical resources that make possible the humanitarian work of the institution through the acquisition of eight 4x4 vans, two trucks, two sedans, a minibus, a boat, a forklift and a sedan vehicle. The acquisition of these vehicles is part of the project's sustainability actions. With the renovation of the vehicle fleet, the NRC has a greater capacity to respond to a humanitarian emergency and bring humanitarian assistance in a timely manner to the most remote communities.

Other achievements have been the acquisition of technological equipment (computers and tablets), which has improved the institutional capacity for information management. This equipment has improved the accountability process of the institution to the population and donors. Other acquisitions that strengthen the humanitarian actions of the Nicaraguan Red Cross, particularly in the RACCN in the long term, are the equipment of basic supplies for the operation of the Waspam and Prinzapolka Relief Stations to be built in the coming months.

The operation has also strengthened staff capacities. NRC's volunteers and staff have been trained to improve the quality of intervention in the components in which assistance has been provided, such as water, sanitation and hygiene (PHAST workshop), health (psychological first aid workshop), protection, gender and inclusion (Minimum Standards Workshop and Gender Workshop) and shelter (PASSA workshop).



Vehicles acquired by the National Society in the framework of Eta – Iota operation. Source: NRC



Volunteer and staff conducting data collection with tablets, Prinzapolka, May 2022. Source: NRC

International Disaster Response

Outcome S2 1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective and respected surge capacity mechanism is maintained

Indicators:	National Society	Target	Actual
# of ERUs mobilized	Honduras	6	6

Output S2 1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	National Society	Target	Actual
Cash transfer intervention study developed	Honduras	1	1

Output S2 1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced

Federation-wide reporting mechanism developed (Yes/No)	Guatemala	Yes	Yes
	Honduras	Yes	Yes
	Nicaragua	Yes	Yes
Leadership and coordination of the Shelter sector (Yes/No)	Honduras	Yes	Yes

Narrative description of achievements

Honduras

Deployment of ERU (Wash M15, M20, M40, Health Clinic, IT Telecommunications, Logistics)

As explained in each sector, the ERU's missions were completed for the operation. A training on concepts and norms was delivered to 19 participants from HRC sectors. Pre- and post-testing showed that participants' understanding improved from 35 to 82 per cent. The training focused on key introductory concepts on inclusion and mainstreaming of CEA throughout the operation. After the training, individualized training and coaching sessions were provided to 14 key people from the WASH, Health and CTP sectors, in addition to continuous technical support to the WASH, Health, CTP and PGI sectors in relation to different aspects of the mainstreaming of community engagement activities.

12 individuals representing all sectors involved in the operation participated in a brief workshop on the launching of the feedback system. Based on HRC's experiences, the WhatsApp platform was selected as a tool, which provides standard answers through video, images and voice messages in response to the most frequently asked questions throughout the operation. It is divided into sectors, which allows users to contact a focal point for other questions, comments, or concerns. Coordination between CEA, CTP, WASH and Health to identify the most frequent questions and the relevant answers. After the tool was launched, messages were tested by communities and revised accordingly. The tool can be scaled up to include direct interactions through volunteer operators.

Focus Groups: CEA and PGI jointly organized focus group discussions and community meetings in five communities to learn about their priority needs, their information needs and their preferred communication channels, as well as community structure and dynamics. Formal and informal leaders were interviewed. The National Society participates in the shelter table, early recovery table, water and sanitation table and in coordination with agencies providing information about assessments, sites and intervention strategies. The HRC leads the Secretariat of the Humanitarian Network in the country. The HRC promoted Do No Harm actions in communities, avoids overlapping actions between agencies, and supports the most vulnerable people in affected communities through inter-institutional relations. It participates in OCHA's early recovery sector roundtable, where the needs assessment conducted by the National Society was presented.

Effective, credible and accountable IFRC

Outcome S3 1: The IFRC enhances its effectiveness, credibility and accountability

Output S3 1.1: An effective NS emergency preparedness and responsiveness mechanism is maintained

Indicators:	National Society	Target	Actual
<i>Lessons learned workshop conducted (Yes/No)</i>	Guatemala	Yes	Yes
	Honduras	Yes	Yes
	Nicaragua	Yes	Yes

Narrative description of achievements

Guatemala

As part of the accountability mechanism, the Guatemalan Red Cross (GRC) developed a lessons learned workshop from the entire operation, with the objective of highlighting the aspects that have worked well and those that need to be improved during the operation, to strengthen the GRC's response system. 26 people participated in the workshop, including representatives from the management team, health, risk management, communication, CEA, PGI, administration, accounting and first aid.

Honduras

The HRC, with the support of the IFRC, developed two lessons learned workshops, one held in Tegucigalpa on 19 May 2022 with management staff and the other in San Pedro Sula on 23 May 2022 with operational staff. During the lessons learned workshop, the achievements were presented, in addition, feedback was presented on the good practices carried out by each focus area and recommendations were provided for other emergencies.

Nicaragua

The NRC conducted an internal Lessons Learned workshop on 25-28 of May 2021, as the National Society was ending the emergency phase of the operation and starting the recovery phase.

Sessions and consultations were held with volunteers who participated in the response during the first session. The second session was attended by the National Executive Committee, Delegates of the Participating National Societies of the Spanish Red Cross, the Italian Red Cross, the ICRC and the IFRC. Finally, the third session was attended by NRC staff who were directly involved in the response. The Regional Governor and the Mayor's Office Manager were also consulted.

A final lesson learned workshop was held in Puerto Cabezas in May 2022, with the participation of volunteers, technical staff, operation coordination staff, representatives from management and IFRC staff.

Regional

From July 13-17, 2022 the 4th meeting of presidents of the National Red Cross Societies of Central America was held in Tegucigalpa, Honduras. The main objectives of this meeting were:

- Generate a space for dialogue between counterparts and the International Federation of the Red Cross for the analysis and joint approach of the main advances and challenges faced by the Central American National Societies.
- Define a framework for regional work in preparedness and response to disasters, epidemics and pandemics and population movements, as well as priority actions.

The Presidents, Directors General and Heads of Risk Management of the National Societies of Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Panama participated. The Regional Director and the team of the Crisis Prevention and Disaster Risk Reduction Unit of the Americas Regional Office and the team of the IFRC Central America cluster delegation also participated in the opening and closing sessions, as well as representatives of the International Committee of the Red Cross in Honduras.



*Participants of the 4th president's meeting of the National Red Cross Societies of Central America.
Tegucigalpa, Honduras, July 2022. Source: IFRC.*

D. Financial Report

Click [here](#) to go directly to the final financial report.

Contact information

Reference documents
Click here for:

- [Previous Appeals and updates](#)

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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.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/11-2022/10	Operation	MDR43007
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 25 Nov 2022

All figures are in Swiss Francs (CHF)

MDR43007 - Central America - Hurricane Eta

Operating Timeframe: 08 nov 2020 to 31 ago 2022; appeal launch date: 08 nov 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	461.000
AOF2 - Shelter	2.776.000
AOF3 - Livelihoods and basic needs	3.357.000
AOF4 - Health	3.837.000
AOF5 - Water, sanitation and hygiene	5.880.000
AOF6 - Protection, Gender & Inclusion	311.000
AOF7 - Migration	213.000
SFI1 - Strengthen National Societies	2.710.000
SFI2 - Effective international disaster management	1.102.000
SFI3 - Influence others as leading strategic partners	408.000
SFI4 - Ensure a strong IFRC	1.085.000
Total Funding Requirements	22.140.000
Donor Response* as per 25 nov 2022	13.082.001
Appeal Coverage	59,09%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	2.887	2.887	0
AOF2 - Shelter	1.495.044	1.507.946	-12.902
AOF3 - Livelihoods and basic needs	3.177.782	3.170.912	6.870
AOF4 - Health	1.553.289	1.542.499	10.790
AOF5 - Water, sanitation and hygiene	1.994.022	1.992.462	1.560
AOF6 - Protection, Gender & Inclusion	324.367	319.387	4.980
AOF7 - Migration	15.640	15.805	-166
SFI1 - Strengthen National Societies	2.731.589	2.736.670	-5.081
SFI2 - Effective international disaster management	1.074.279	1.075.641	-1.362
SFI3 - Influence others as leading strategic partners	162.200	161.839	361
SFI4 - Ensure a strong IFRC	554.519	532.725	21.795
Grand Total	13.085.618	13.058.775	26.843

III. Operating Movement & Closing Balance per 2022/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	13.107.479
Expenditure	-13.058.775
Closing Balance	48.704
Deferred Income	8.358
Funds Available	57.062

IV. DREF Loan

* not included in Donor Response	Loan :	1.000.000	Reimbursed :	1.000.000	Outstanding :	0
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/11-2022/10	Operation	MDR43007
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 25 Nov 2022

All figures are in Swiss Francs (CHF)

MDR43007 - Central America - Hurricane Eta

Operating Timeframe: 08 nov 2020 to 31 ago 2022; appeal launch date: 08 nov 2020

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	549.885				549.885		
Avianca Holdings SA	25				25		
Bloomberg	2.228				2.228		
British Government	12.837	200.215			213.052		
British Red Cross	207.743	44.639			252.382		
British Red Cross (from British Government*)	1.183.670				1.183.670		
Charities Aid Foundation (from PepsiCo*)	135.165				135.165		
Charities Aid Foundation (from Walmart Foundation*)	437.550				437.550		
China Red Cross, Hong Kong branch	1.463	25.210			26.673		
European Commission - DG ECHO	588.203				588.203		
Finnish Red Cross	108.289				108.289		
French Government	54.231				54.231		
Iraqi Red Crescent Society	1.380				1.380		
Italian Government Bilateral Emergency Fund	801.145				801.145		
Italian Red Cross	148.931				148.931		
Japanese Government	976.253				976.253		
Japanese Red Cross Society	42.934				42.934		
Luxembourg Government	106.188				106.188	1.628	
Luxembourg - Private Donors	627				627		
Mondelez International Foundation	1.318				1.318		
Norwegian Red Cross	200.583				200.583		
On Line donations	15.627				15.627		
Red Cross of Monaco	32.514				32.514		
Remitty Inc	13.748				13.748		
Swedish Red Cross	1.820.598				1.820.598		
Swiss Government	500.000				500.000		
Swiss Red Cross	159.000				159.000		
The Canadian Red Cross Society	50.044				50.044		
The Canadian Red Cross Society (from Canadian Gov	374.012				374.012		
The Netherlands Red Cross (from Netherlands Govern	424.897				424.897		
The OPEC Fund for International Development	399.952				399.952		
Turkish Red Crescent Society	20.000				20.000		
UNDP - United Nations Development Programme (fron	17.654				17.654		
United States Government - USAID	3.375.705				3.375.705	6.730	
UPS foundation	73.015				73.015		
Total Contributions and Other Income	12.837.415	270.064	0	0	13.107.479	8.358	
Total Income and Deferred Income					13.107.479	8.358	