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Response to Hurricanes Eta and Iota Consolidated Emergency Report 2021

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Expression of thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in governments, civil society organizations and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and acronyms

| | |
|----------|---|
| AAP | Accountability to affected population |
| C4D | Communications for development |
| CMAM | Community management of acute malnutrition |
| CP AoR | Child protection area of responsibility |
| CSFS | Child safe and friendly spaces |
| CSO | Civil society organization |
| DANA | Damage assessment and needs analysis |
| ECD | Early childhood development |
| EiE | Education in emergencies |
| GBV | Gender-based violence |
| HAC | Humanitarian action for children |
| HCT | Humanitarian Country Team |
| HAC | Humanitarian action for children |
| HRP | Humanitarian response plan |
| HTF | Humanitarian thematic funds |
| IYCF-E | Infant and young child feeding in emergencies |
| MAGA | Ministry of Agriculture, Livestock and Food |
| MHPSS | Mental health and psychosocial support services |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| NGO | Non-governmental organization |
| NiE | Nutrition in emergencies |
| PLW | Pregnant and lactating women |
| PSEA | Prevention of sexual exploitation and abuse |
| PPE | Personal protection equipment |
| SINAPRED | Prevention, mitigation and attention of disasters |
| VAC | Violence against children |
| WASH | Water, sanitation and hygiene |

Executive summary

In one of the most destructive disasters of the year 2020, Hurricane Eta made landfall on the northern Caribbean coast of Nicaragua as a powerful Category 4 hurricane on 3 November 2020. Just two weeks later Hurricane Iota, a Category 5 hurricane followed a very similar trajectory. Over 9 million people in parts of Honduras, Nicaragua, Guatemala and Belize, among them around 3.6 million children, were affected by life-threatening flash flooding, river flooding and landslides.

Over 5.3 million people were in need of assistance in the most affected countries, with over 1.8 million children in Honduras, Guatemala and Nicaragua. During the first days after the hurricanes, over 170,000 people were hosted in shelters across the most affected communities,ⁱ with more than 183,000 houses damaged or destroyed.ⁱⁱ¹

UNICEF prioritized humanitarian actions in the four most affected countries – Honduras, Guatemala, Nicaragua and Belize – aimed at reaching over 646,000 people including more than 327,000 children. UNICEF's response strategy has adapted to the needs in country and focuses on ensuring that children and families in shelters and affected communities have access to basic services including: protection; health; nutrition; water, sanitation and hygiene (WASH); education and early childhood development (ECD), and prevention of gender-based violence (GBV). With large population groups living in shelters, the risk of COVID-19 spread was significant. Ensuring availability of safe water and adequate sanitation, risk communication and minimum health services, personal protective equipment (PPE) items and implementation of biosafety protocols was paramount.

By the end of 2021, UNICEF had reached over 400,000 people with basic services and supplies. Their communities have benefited from improved and climate-resilient WASH facilities and infrastructures, protection services or improved learning opportunities. Furthermore, some of the most vulnerable families received cash transfers that helped them cover other urgent priorities and nearly 2.5 million people received key information regarding access to services.

1 Humanitarian context

In one of the most destructive disasters of the year, 2020, on 3 November, Hurricane Eta made landfall on the northern Caribbean coast of Nicaragua as a powerful Category 4 hurricane on 3 November 2020. Just two weeks later, Hurricane Iota, a Category 5 hurricane, hit strong, following a very similar trajectory. Over 9 million people in parts of Honduras, Nicaragua, Guatemala and Belize, among them around 3.6 million children, were affected by life-threatening flash flooding, river flooding and landslides.

Back-to-back hurricanes left over 5.3 million people in need of assistance in the most affected countries –: Honduras, Guatemala and Nicaragua, among them over 1.8 million children. During the first days after the hurricanes, over 170,000 people were hosted in shelters,² with over 183,000 houses damaged or destroyed, only in Guatemala, Honduras and Nicaragua.³

Hurricanes Eta and Iota have affected children and families already devastated by the socio-economic impacts of the COVID-19 pandemic such as: school closures, loss of jobs, rising violence against children and women, and disruptions in access to water and sanitation and to key health services, including vaccinations for young children. Prior to COVID-19, millions of people in these countries were already facing significant humanitarian needs related to migration flows, violence, internal displacement, food insecurity and poverty.⁴ Among affected areas, there are remote indigenous communities where access and language barriers challenged relief efforts. The complexity of the situation had resulted in surges in population movements, including internal displacement and cross-border migration.

The mid- and long-term consequences of the natural hazards are of great concern. According to World Food Programme WFP projections, at least 1.7 million people would have required urgent food assistance in 2021 in Central America, among them thousands reporting income and job losses due to COVID-19, and the impacts of hurricanes Eta and Iota, which destroyed more than 200,000 hectares of staple foods and cash crops.

| Population affected by the impacts of Hurricanes Eta and Iota in Central America | | | | | |
|--|--------|-----------|-----------|-----------|-----------|
| Impact | Belize | Guatemala | Honduras | Nicaragua | TOTAL |
| No. of people affected | 60,000 | 2,438,933 | 4,663,244 | 1,800,000 | 9,287,177 |
| No. of children affected | 21,120 | 926,795 | 1,772,033 | 810,000 | 3,617,047 |
| No. of deaths | 1 | 61 | 95 | 21 | 180 |
| No. of missing persons | - | 99 | 10 | - | 109 |
| No. of people in need (as per inter-agency plans)* | | 1,800,000 | 2,800,000 | 730,600 | 5,330,600 |
| No. of children in need (based on inter-agency plans)** | | 684,000 | 874,000 | 333,154 | 1,891,154 |

*According to official sources and inter-agency plans.⁵

**Estimated by UNICEF according to population distribution in country.

² According to official reports as of 24 November 2020.

³ OCHA, 'Central America: Tropical Storm Eta & Hurricane Iota: Humanitarian Snapshot', 4 December 2020.

⁴ OCHA, 'Panorama de las necesidades humanitarias – El Salvador, Guatemala y Honduras', March 2020.

⁵ Sources: Belize (NEMO – Iota preliminary assessment, 23 Nov.); Costa Rica (National Emergency Commission, 16 Nov.); Guatemala (CONRED, 10 Feb.; Plan de Acción UNCT); Honduras (SCGG & COPECO, 3 Dec.; CEPAL Evaluación de daños 18 Dec.; Addendum Flash Appeal HCT); Nicaragua (UN Plan de Acción).

2 Humanitarian results

As outlined in the ‘Response to Hurricanes Eta and Iota’ Humanitarian Action for Children (HAC),⁶ shortly after the onset of the emergency, UNICEF prioritized actions in the four most affected countries in Central America – Honduras, Guatemala, Nicaragua and Belize, aiming at reaching over 646,000 people including more than 327,000 children. UNICEF’s response strategy was adapted to the needs in country and focused on ensuring that children and families in shelters and affected communities had access to basic services including protection, nutrition, WASH, health, education, ECD and prevention of GBV.

With large population groups living in shelters the risk of COVID-19 spread has been a constant concern. Ensuring availability of safe water and adequate sanitation, risk communication and minimum health services, PPE, implementation of biosafety protocols and other measures have been crucial to prevent the spread of the virus and are essential components of UNICEF’s response.

UNICEF worked in collaboration and coordination with governments and existing partners, and where needed has developed new partnerships to deliver urgent assistance for children, women and families. UNICEF has supported local and national governments where capacities have been surpassed, restoring and ensuring the continuity of services in the affected areas.

1.1 Results table

| Sector Indicator Country | UNICEF Target 2021 | Total Result 2021 ⁷ | | | | |
|--|-----------------------|--------------------------------|--------|--------|--------|---------|
| | | Boys | Girls | Men | Women | Results |
| Nutrition | | | | | | |
| # children aged 6 to 59 months screened for acute malnutrition | 287,000 | 58,861 | 59,562 | | | 131,721 |
| Belize | | | | | | |
| Guatemala | 150,000 | 43,258 | 43,257 | | | 86,515 |
| Honduras | 77,000 | 15,603 | 16,305 | | | 31,908 |
| Nicaragua | 60,000 | | | | | 13,298 |
| # pregnant and breastfeeding women receiving micronutrient supplementation | 151,000 | | | | 396 | 8,643 |
| Honduras | 140,000 | | | | 396 | 396 |
| Nicaragua | 11,000 | | | | | 8,247 |
| # primary caregivers of children 0-23 months receiving with IYCF counselling | 65,000 | | | | 51,909 | 51,909 |
| Guatemala | 65,000 | | | | 51,909 | 51,909 |
| Health | | | | | | |
| # children < 1 year receiving three doses of DTP-containing vaccine | 114,236 | 1,504 | 1,565 | | | 3,069 |
| Honduras | 114,236 | 1,504 | 1,565 | | | 3,069 |
| Water, sanitation and hygiene | | | | | | |
| # people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene | 410,836 | 30,559 | 32,023 | 37,186 | 40,172 | 191,302 |
| Guatemala | 75,000 | 9,009 | 8,421 | 9,479 | 10,413 | 37,322 |
| Honduras | 214,595 | 21,550 | 23,602 | 27,707 | 29,759 | 102,618 |
| Nicaragua | 121,241 | | | | | 51,362 |
| # people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services | 410,836 | 23,589 | 24,580 | 25,646 | 30,343 | 191,718 |
| Guatemala | 75,000 | 5,070 | 4,843 | 6,397 | 6,626 | 37,081 |
| Honduras | 214,595 | 18,519 | 19,737 | 19,249 | 23,717 | 81,222 |
| Nicaragua | 121,241 | | | | | 73,415 |

⁶ UNICEF, ‘Humanitarian Action for Children: Response to Hurricanes Eta and Iota Nov 2020 – May 2021’, November 2020, <<https://www.unicef.org/reports/response-hurricanes-eta-and-iota>>.

⁷ Data disaggregation is not available for all indicators.

| Sector Indicator Country | UNICEF Target 2021 | Total Result 2021 ⁷ | | | | |
|--|-----------------------|--------------------------------|---------|---------|---------|-----------|
| | | Boys | Girls | Men | Women | Results |
| Child protection, GBViE and PSEA | | | | | | |
| # children and caregivers accessing mental health and psychosocial support | 129,953 | 17,710 | 20,370 | 4,802 | 8,177 | 59,430 |
| Guatemala | 9,953 | 2,757 | 2,999 | 1,497 | 3,502 | 10,755 |
| Honduras | 80,000 | 14,953 | 17,371 | 3,305 | 4,675 | 40,304 |
| Nicaragua | 40,000 | | | | | 8,371 |
| # women, girls and boys accessing GBV risk mitigation, prevention or response interventions | 61,753 | 15,404 | 21,969 | 21,003 | 30,573 | 90,543 |
| Belize | 16,953 | 2,757 | 2,999 | 1,243 | 2,908 | 7,761 |
| Guatemala | 29,800 | 12,647 | 18,970 | 19,760 | 27,665 | 79,042 |
| Honduras | 15,000 | | | | | 3,740 |
| Education | | | | | | |
| # children accessing formal or non-formal education, including early learning | 256,234 | 31,356 | 29,904 | | | 95,652 |
| Belize | 38,500 | 19,635 | 18,865 | | | 38,500 |
| Guatemala | 150,000 | 11,721 | 11,039 | | | 22,760 |
| Honduras | 67,734 | | | | | 34,392 |
| Social protection and cash transfers | | | | | | |
| # households benefitting from new or additional social transfers from governments with UNICEF technical assistance | 18,987 | 2,095 | 2,040 | 3,248 | 3,587 | 10,970 |
| Honduras | 18,987 | 2,095 | 2,040 | 3,248 | 3,587 | 10,970 |
| C4D, community engagement and AAP | | | | | | |
| # people reached with messages on access to services | 2,000,000 | 282,695 | 448,986 | 365,840 | 565,390 | 2,498,868 |
| Honduras | 1,000,000 | 282,695 | 448,986 | 365,840 | 565,390 | 1,662,911 |
| Nicaragua | 1,000,000 | | | | | 835,957 |

1.2 Nutrition

Belize

In May 2021, UNICEF and the Ministry of Health and Wellness planned activities on preventing overweight, obesity and stunting. These activities will be implemented nationally, incorporating the most vulnerable communities and particularly those affected by hurricanes Eta and Iota.

Guatemala

Under UNICEF's leadership, 21 nutrition brigades comprised of a nutritionist, three assistants and a driver have been set up to provide support during and after the hurricane Eta and Iota emergency. The brigades screened 47,090 children under 5 years old, all of them received treatment. The brigades also provided micronutrient supplementation (multiple micronutrient powders, vitamin A and zinc) as well as deworming treatment. In addition, counselling on the first 1,000 days of life – between a mother's pregnancy and her child's second birthday – which provide correct nutrition and care during this period were found paramount for the child's survival and growth. Special emphasis has been on breastfeeding during the COVID-19 pandemic and complementary feeding, and culturally appropriate material has been developed in local indigenous languages. UNICEF developed materials for adequate breastfeeding during COVID-19 pandemic including culturally adapted posters. UNICEF also trained Agents of Change (community leaders) in key nutrition actions for children under 2 years old and pregnant and lactating women (PLW).

Honduras

UNICEF and its implementing partners provided critical nutrition support to the most vulnerable people in 15 municipalities of 3 different departments affected by hurricanes Eta and Iota reaching 35,979 children under 5 years old and caretakers of children under 2 years old. Of them, 31,908 children under 5 years old were screened to detect acute malnutrition (16,305 girls). 985 children were diagnosed with acute malnutrition and referred to health centres

for admission and 23,382 children under 5 years old received micronutrient supplementation (11,733 girls). 4,071 caretakers of children under 2 years old received specific Infant and Young Child Feeding in Emergencies (IYCF-E) counselling (3,411 women) and 396 PLWs received micronutrient supplementation. UNICEF supported the development of a simplified protocol for the management of child acute malnutrition which was granted by the Ministry of Health (MoH) to be used in the emergency areas. A total of 70 staff have been trained on the new protocol and all necessary supplies have been delivered to 46 UNICEF-supported health centres.

Nicaragua

With UNICEF's support, 40,839 children under 5 years old were screened and 4,030 of them were diagnosed with acute malnutrition (1,883 severe and 2,147 moderate cases). All of them were treated and have now fully recovered. UNICEF supported the development of a simplified protocol for the management of child acute malnutrition that is now being used by 678 community leaders in the north-central region of the country. In the Northern Caribbean Coast, UNICEF trained 1,415 community leaders in the identification of severe and moderate cases of acute malnutrition and their referral to health posts and health centres for adequate treatment. A total of 39,704 children have benefited from this activity carried out by community leaders and 58,663 children under 5 years old received multiple micronutrient powder and 25,392 pregnant women received supplements (iron and folic acid).

1.3 Health

Honduras

A total of 37,803 women between 14 and 48 years old received prenatal or postnatal care services and 28,640 children under 5 years old (15,043 girls) from the northern part of the country directly affected by hurricanes Eta and Iota received medical services. The beneficiaries were reached through the set up of 22 outreach health teams (each composed of a doctor, a nurse and a promoter) who visited the affected communities for maternal and child health services. The outreach strategy resulted in an increase of maternal and child health coverage. 15,000 people benefitted from the UNICEF-supported rehabilitation of a health centre in the region of Cortes.

Nicaragua

UNICEF contributed to the COVID-19 response on the North Caribbean Coast by implementing a communication campaign for COVID-19 prevention, biosafety measures and mental health support reaching 369,000 people. UNICEF purchased PPE for 1,000 health workers and delivered medical equipment to Waspam and Bilwi hospitals (including flow metres with accessories, oxygen tanks, pressure gauges and disposable nasal cannulas). UNICEF secured cold chain equipment within the framework of the national COVID-19 vaccination plan, including five electric-combination refrigerators and two solar refrigerators. COVID-19 prevention activities have been implemented in close coordination with WASH.

1.4 Water, sanitation and hygiene

Belize

In May, UNICEF handed over 160 sanitization stands and 380 litres of hand sanitizer to the Ministry of Education (MoE) to be used in schools directly impacted by flooding caused by hurricanes Eta and Iota. The hygiene materials supported over 5,000 students in Cayo, Orange Walk and Corozal Districts. After a year of school closure, MoE proceeded with a gradual return to face-to-face classes on 12 April 2021. Priority was given on safe school reopening protocols implemented through the UNICEF/MoE work plan.

Guatemala

UNICEF supported 40,572 people in 104 communities by providing access to water. In addition, UNICEF helped 18,741 people in 41 communities which are now certified as open-defecation free. Hygiene and sanitation kits were provided to 37,081 people in 99 communities affected by hurricanes Eta and Iota. WASH services were rehabilitated in 13 schools serving 2,061 students. A promotion campaign for hygiene and sanitation practices reached 143,304 people in 195 communities.

Honduras

Some 102,618 beneficiaries (23,602 girls, 21,550 boys and 29,759 women) were provided with access to safe water. Among them, 81,222 benefitted from sanitation and hygiene supplies and risk communication messages at 28 health centres, 77 shelters, 175 communities and 428 households in 26 municipalities. UNICEF improved 30 community WASH systems in hard-to-reach areas (including rural areas) where water trucking was unfeasible, strengthening the link among development and humanitarian assistance. The response included the improvement of WASH facilities (including handwashing) in 70 schools in an attempt to address the fact that only 12 per cent of schools had basic access to hygiene services (water and soap).⁸ Gaps beyond the initial WASH response remain. Further information is available [here](#).

Nicaragua

With UNICEF's support 103,338 people have safe and equitable access to and use sufficient quantity of safe water to meet their drinking and domestic needs. This was achieved through the provision of family home filters, construction or rehabilitation of water supply infrastructures including the installation of water handpumps or solar energy pumps. A total of 31,030 people were reached with basic and safely managed sanitation, 64,713 people with hand washing behaviour change messaging and 111,916 with critical WASH supplies. A total of 4,692 girls and women had access to menstrual hygiene information and material.

1.5 Child protection, gender-based violence, and prevention of sexual exploitation and abuse

Belize

A mapping exercise was conducted to identify services available to GBV survivors in the Cayo, Stann Creek and Belize Districts, during and after emergencies such as hurricanes. Some 21 communities across these 3 districts were identified and assessed. As a result of the findings from both the mapping exercise and virtual consultations, UNICEF strengthened the partnership with the Ministry of Human Development to implement a gender-based services across the affected communities and expand services to rural areas. The designation of focal points served as a support for survivors of GBV, and strengthened the safety and protective spaces for GBV survivors while enhancing capacities of key actors within the sector on child protection and GBV response.

Moreover, UNICEF developed a C4D strategy to raise awareness on the types of gender-based services available within each community, with contact information for focal points. Among other activities, over 3,000 flyers were distributed at pivotal locations in 21 communities to ensure beneficiaries had accessibility to the information

⁸ Estimates on water, sanitation and hygiene in schools by region (2000–2019). Updated August 2020. Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. WHO-UNICEF. www.washdata.org; Estimates on water, sanitation and hygiene services in schools in Honduras (2000–2019). Updated July 2020. Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. WHO-UNICEF.

Guatemala

UNICEF and partners prioritized intervention in affected communities and shelters to provide psychosocial support with the "Return to Happiness" methodology,⁹ through psychosocial brigades and mobile units in the departments of Alta Verapaz and Izabal for 3,352 girls, 3,040 boys, 1,465 mothers and 2,037 family members. In close coordination with the Municipal Child Protection Offices, cases were followed up with the Special Protection System for situations of violence, separated or unaccompanied children.

Honduras

UNICEF provided critical protection assistance reaching 40,304 children, adolescents, parents and primary caregivers (10,396 girls, 10,642 boys and 13,471 women) through the installation of child friendly spaces in shelters and communities. The assistance included mental health and psychosocial support (MHPSS), and psychological first aid, among others. Mental health assistance was also provided through outreach to municipal psychologists in communities affected by hurricanes Eta and Iota. The protection response included activities to mitigate, prevent and respond to GBV reaching 79,042 children and women (20,942 girls, 20,947 boys and 23,983 women). Activities included identification and referral of GBV survivors, awareness campaigns and training sessions on GBV at community level.

Nicaragua

Some 29,381 children and adolescents received psychosocial support for emotional recovery in the most affected areas, where 47 child friendly spaces were installed. 49,062 people from affected communities had direct access to channels for reporting situations of violence, mainly sexual violence. In addition, 14,024 children and adolescents affected by GBV had access to social assistance services and specialized care.

1.6 Education

Guatemala

UNICEF supported MoE in the repair of 95 schools with damaged WASH infrastructure and classroom roofs allowing children to return to school. UNICEF, Parents Organizations and the community contributed to building schools resilient to climate change.

Honduras

A total of 22,760 children and adolescents (11,039 girls) were reached with the education in emergency response. Of them, 14,000 benefitted from the Educational Bridge methodology which includes learning levelling, delivering learning materials and biosecurity kits, and psychosocial support in five affected municipalities. The remaining 8,760 children and adolescents were reached through minor rehabilitation works of 40 schools in 6 municipalities. Material was delivered to 10,616 children (4,774 girls) while safety protocols were implemented in schools for COVID-19 infection prevention and control reaching 1,587 children (809 girls). In addition, 596 teachers were trained (399 women) in psychosocial support, preparedness and response in emergency education.

Nicaragua

As schools were never closed during the pandemic in Nicaragua, 30,000 children (3 to 18 years old) from affected communities were supported to continue attending schools by providing them with school materials, school furniture and temporary learning spaces. Some 595 teachers were trained on Education in Emergencies (EiE) which includes

⁹ Return to Happiness programmes are UNICEF programmes where children are given the space to explore any trauma they have experienced through the use of play, poetry, drama, songs and other creative activities.

strategies on how to provide psychosocial support to students, as well as on the application of COVID-19 related health protocols. To complement learning materials in indigenous languages lost during the emergency, 5,000 books containing more than 200 stories and legends from 5 different indigenous groups were reproduced and distributed in schools.

1.7 Social protection

Guatemala

UNICEF, in support of the *Estipendios por Acciones* programme promoted by the Ministry of Agriculture, Livestock and Food (MAGA), developed an application for mobile phones that allowed the collection of information from 800 agricultural workers in affected municipalities of Morales and El Estor in Izabal. The workers benefited from a monetary transfer of GTQ 1,000 (approximately USD130). This instrument also allows the registration of technical visits made by MAGA extensionists in support of recovery. Beneficiaries included 1,663 children and adolescents, and 1,594 adults and older adults.

Honduras

UNICEF supported 49,039 people (10,970 households) who received in-kind social support, including 9,317 were girls, 9,317 boys and 16,183 women. This was achieved through the partnerships with the 35 municipal governments with which UNICEF works through its regular programmes, and the alliances developed with Plan International and Save the Children. The regional scheme of work with municipalities reduced the administrative time for transferring funds to reach the municipalities. Municipal technicians were trained to respond to the humanitarian crisis, and the municipalities made local purchases of food, medicines and supplies to affected families.

1.8 Cross-sectoral (communications for development, risk communication and community engagement, and accountability to affected populations)

Guatemala

In coordination with MoH, community video methodology identified damages to water systems and managed solutions in two municipalities in Huehuetenango and four in Alta Verapaz. Community media representatives and local leaders in these municipalities were trained in the use of smart phones to collect the concerns of affected people and link them with response institutions. U-Report also was implemented to identify immediate needs of affected populations through the dissemination of a survey, which accelerated the response and the collection of key information for follow-up actions. Subsequently, an informative ChatBot was created, including advice from the National Coordinator for Disaster Reduction during an emergency caused by rain. Local U-Reporters provided photographs of affected environments.

Honduras

UNICEF partnered with *Fundación Llaves* to develop and implement a communication strategy for community mobilization and education with an emphasis on sexual and reproductive health, and to reduce HIV-related stigma and discrimination reaching 1,054 million people through digital platforms and 24 radio and television stations. The objective of the communication strategy was to sensitize the population and to include parents, adolescents, and young people nationwide through actions carried out by implementing partners and the U-Reporters, hip hop artists and young influencers. To enhance the impact of this work, 10 virtual events were held with children and adolescents with participation of 16,000 young people and adults.

Nicaragua

Some 1,5 million people received messages regarding access to basic services and 155,005 people participated in behavioural change activities. A total of 17,192 participants of activities organised by UNICEF and its partners were consulted through Accountability to Affected Population (AAP) mechanisms. Communication on risk prevention focused on improving hygiene habits to prevent the transmission of COVID-19, improving water use and storage, and positive parenting practices including mental health and GBV prevention. To generate an effective monitoring process of the communication actions implemented by the partners, a digital dashboard was developed. UNICEF held a C4D/AAP learning programme with participation of 57 staff from 10 organizations and local government.

1.9 Regional support

UNICEF Latin America and the Caribbean Regional Office (LACRO) provided direct support to Country Offices to respond to the humanitarian needs of children and families affected by the hurricanes Eta and Iota, who were also affected by multiple and protracted crisis in the region, as well as the socio-economic impacts of COVID-19 pandemic. The support included technical assistance, quality assurance and oversight to ensure timely and effective humanitarian response as outlined in the Core Commitments for Children (CCC), including cross-cutting programming (i.e. gender, early childhood development, adolescents and disabilities).

Through different platforms, UNICEF actively communicated on the changing narrative of the humanitarian situations in affected countries and the neds to address the root causes, which are increasingly linked to structural preconditions in their countries of origins. More than ever, there is an urgent need and compelling reasons to strengthen the links between humanitarian and development interventions and build the shock responsive systems of countries in the region.

From the regional level, UNICEF led high-level advocacy to increase the visibility and importance of nutrition interventions for young children in affected countries, in order to avoid irreversible long-term negative effects on children. UNICEF advocated at all levels for nutrition cluster coordination mechanisms, separate from food security cluster: there are frequent confusions about goals and objectives of the food security and nutrition interventions.

In order to raise visibility of the children's situations in the affected areas, which contributes for advocacy, awareness raising, and resource mobilization, an [official visit by the Regional Director](#) to the most affected areas to alert key issues, such as how the hurricanes left about 500,000 people with limited access to drinking water. High-quality multimedia materials were produced and made available on UNICEF's [weshare](#) including photographs, B-roll and [videos](#). An associated [press release](#) was broadly disseminated and picked up by key international media such as [EFE](#). The Regional Office provided constant support in the development of proposals for the mobilization of funds to address the impacts of the hurricanes, and provides close monitoring of the progress at the country level through the financial implementation monitoring and the use of Humanitarian Performance Monitoring indicators.

The regional support also included ensuring solid capacities and resources for emergency preparedness – in compliance with UNICEF's Minimum Preparedness Standards – to provide effective humanitarian coordination and collaboration with governments and other partners, mobilize surge capacity, supplies and implement cash-based interventions at the onset of emergencies. The Regional Office also provides technical assistance and closely involved in the selections of sectorial professionals in the Country Offices to ensure the highest standard of UNICEF professionals at the country levels.

The Regional Office organized exchanges among affected countries and through the inter-agency humanitarian response groups with special emphasis on advocacy and implementing actions for the care of children, adolescents and their families. In child protection, UNICEF supported: actions on psychosocial support and psychological first aid; violence against children (VAC) and GBV prevention and response strategies; actions on prevention and response of Sexual Exploitation and Abuse (PSEA); appropriate alternative care arrangements; and engagement of regional partners.

In social protection, the Regional Office provided technical expertise with the adjustments of the social registry and vulnerability assessments to adapt the instruments, developed during COVID-19 to the hurricanes in Guatemala, and with updating the targeting strategy for the cash assistance for affected families in Honduras.

1.10 Innovations and lessons learned

Belize

UNICEF adapted its 2021 programming to the evolving COVID-19 pandemic context. The extended emergency procedures have been instrumental in fostering adaptive processes in responding to emerging needs especially around mental health and GBV: innovative approaches to better tackle new challenges were required. As a result, UNICEF strengthened its digital transformation agenda through developing and scaling-up apps, tools and platforms for virtual engagement with partners at national, subnational and community levels. The importance of the United Nations agencies working together to maximize limited resources was learned as a key lesson.

Guatemala

UNICEF provided technical assistance to MAGA to develop an application for (android) mobile phones. This new application helps streamline the registration of vulnerable agricultural producers and the maintenance of the cash transfer programme "Stipends for Actions" in the municipalities of Morales and El Estor in the department of Izabal. An important lesson learned is that both MAGA and the Ministry of Social Development should improve their information management systems to ensure that, in the event of an emergency, cash transfers can be delivered in a timely manner to the affected population.

Mobile units, which provided psychosocial support at community level, were among the main innovations. They reached many remote communities and through provision of psychosocial support with the Return to Happiness methodology.

In education, the return to schools was UNICEF's priority, thus actions were undertaken to repair school infrastructure damaged by the hurricanes Eta and Iota. A lesson learned was the importance of the partnership with MoE, the Education Cluster, municipalities, and the engagement with the communities and the School Management Committees.

Given the absence of a functional primary health care system in Guatemala, it was imperative to implement a community-based health and nutrition strategy to reach the most vulnerable, rural and remote communities in the affected areas. Under this framework UNICEF, as leader of the nutrition cluster, provided technical assistance to the government for the creation and implementation of nutrition brigades.

UNICEF supported the implementation of the Sustainable Total Sanitation and Hygiene methodology in rural areas which links improved sanitation with improved water quality and hygiene practices, applying the triple nexus (humanitarian, development and peace) leveraging the comparative advantage of the WASH sector to reduce risk of and vulnerability to future disasters.

Honduras

Hurricanes Eta and Iota emergency planning was based on a risk/needs analysis using the INFORM platform linked to the WASH prioritization matrix. This allowed to reach the most vulnerable population at community level in an informed manner, and implementation of advocacy actions with the humanitarian country team and relevant donors. A few weeks after the emergency, affected families were encouraged to abandon their improvised shelters and return to their communities despite most of them not having started a reconstruction process. UNICEF and its partners adapted the child safe and friendly spaces (CSFS) strategy to be implemented in the communities where the families were located. Thanks to the activation of the nutrition sector, an in depth needs analysis showed a crisis in nutrition that had remained invisible until then. To respond to the most critical needs a simplified protocol to treat acute malnutrition cases among children under 5 years old was elaborated and validated by MoH to be used in the emergency affected areas. This is the first Community Management of Acute Malnutrition (CMAM) protocol

elaborated for the country and is currently implemented in 15 affected municipalities. UNICEF also set up health outreach teams inside the affected communities which allowed the most vulnerable to access critical health services.

In education, UNICEF implemented two innovative strategies: 1) educational bridges that provided children and adolescents with materials designed for learning recovery and remedial strategies to enable them to continue learning; and 2) Tutorial Learning System which is an alternative and flexible modality serving adolescents especially in rural areas with high scaling potential as a public policy.

Taking advantage of an extended network of municipalities with which UNICEF had been developing its regular programming, UNICEF was able to quickly activate a social protection response. Through 5 regional municipalities, unused development funds were reprogrammed to benefit 37 municipalities in agreement with donors. The municipalities were trained in social protection in emergencies allowing them to implement the beneficiaries targeting process and oversee the logistics of the response. The municipalities set up shelters and quickly made social transfers to households including both food and non-food items. Goods were purchased from local suppliers helping the local economy to recover. Alliances with influential young people to promote a communication strategy on sexual and reproductive health and reduction of HIV stigma and discrimination has been one of the most relevant innovations. Accessing their digital platforms and spreading key messages to young people resulted in reaching more than 1 million people.

The importance of localization and outreach strategies including close collaboration with municipalities and community networks, capacity building of decentralized institutional staff and the strengthening of community volunteers to reach invisible vulnerable populations was one of the main lessons learned. The presence of UNICEF personnel in municipalities and communities at the sub-national level enabled close monitoring of the humanitarian response and strengthening of the early warning system. To better attend the protection needs of children in emergencies there is a need to urgently train municipal governments and institutions to ensure the response includes a child sensitive approach. A good preparedness work allows to kick-start the response to a sudden crisis. In the WASH sector, a strong preparedness work through the WASH Board in Emergencies led by the government water agency and coordinated by UNICEF, contributed to a timely WASH sectoral response and a smooth transition to the WASH cluster. The preparedness work included regular meetings, mapping of stakeholders and capacities, templates for Rapid Damage Evaluation Assessments, WASH humanitarian standards, preliminary data on damage, regular updates, etc). In education, one of the main challenges remains the identification of out-of-school children and adolescents, their reintegration into education programmes and monitoring the return to the educational service in any modality (distance, radio, blended, in-person or hybrid). In this context, alliances with state institutions, non-governmental organizations (NGOs), the private sector, municipalities, communities and other actors have a major impact and will guarantee sustainability.

Working in highly volatile security zones, UNICEF security team contributed substantially to the safe implementation of programmes and increased capacity during field operations. In an emergency context it is imperative that staff recruitment and selection processes are expedited to be able to respond at short notice.

Nicaragua

The establishment of an Automatic System for Reporting and Follow-up of indicators stands out as an innovation. This system provides reliable and up-to-date information about the activities of the implementing partners who are technically and financially supported by UNICEF. For the first time monitoring the response to an emergency involving many partners in a complex geographical area has been managed from an automated platform in real-time. This has facilitated a flexible and precise response, both for UNICEF and for its partners, and has increased the confidence of donors in UNICEF's management skills in emergencies. Having data on the population affected by the emergency is at times challenging especially in remote areas where information is not readily available: it slows implementation. UNICEF should now be better able to map vulnerable communities with disaggregated information on population and services available before an emergency hits to respond in a quicker fashion. This information can always be revised when required before or during the emergency.

1.11 Grand Bargain commitments

In line with Grand Bargain commitments to donors, UNICEF invests efforts to mainstream humanitarian cash-based transfers; community engagement, two-way communications and/or feedback and complaint mechanisms; localization and working with first responders; and strengthening the humanitarian-development nexus programming. This section describes some of the efforts of country offices to contribute to these commitments throughout 2021.

Belize

To strengthen the humanitarian-development nexus, UNICEF, in partnership with key United Nations agencies, government and community-based organizations continued advocacy for inclusion of crucial wrap-around services to expand and scale-up service delivery. UNICEF also made important investments in strengthening the national capacities and systems in child protection and education for long-term national resilience. Over 500 frontline workers including law enforcement officers, court officials, social workers and immigration officers were trained on basic child rights and gender, best interest principles, child friendly justice delivery, child protection in migration and child friendly interviewing. UNICEF's communication efforts were integral to the national advocacy on the vulnerabilities affecting children within the COVID-19 context. This included continued advocacy on: reopening schools; raising awareness on the long-term impact of learning loss; heightened vulnerabilities in nutrition; and exposure to violence, abuse and safety. Additional communication efforts focused on reducing the stigma and discrimination of mental health among adolescents and youth, increasing parenting support to tackle the challenges of the COVID-19 pandemic, dispelling myths and misinformation on the COVID-19 virus and promoting vaccine equity, efficacy and trust.

Guatemala

The social policy intervention strengthened the institutional capacity of MAGA by providing capacity building on the use of technological tools and better organization of field work at the local level. As an added value based on the previous work carried out by the government and United Nations agencies, "Stipends for Actions" was institutionalized as a regular cash transfer programme. UNICEF also supported MoE in the provision of timely and accurate information on the needs of the sector and children. Capacity building activities on WASH were conducted for government officials at the municipal and central level. Through this training, trainees will be able to replicate the process in other municipalities, communities or areas of the country.

Concerning localization, engagement with community leaders and School Management Committees increased and the safe return to schools was the priority of the sector and families. Teachers participated significantly in the emergency response plan. An important commitment made by the authorities was to incorporate child protection measures into municipal plans for emergency response. UNICEF supported the implementation of a strategy to improve the capacities of "Agents of Change" community leaders by strengthening their skills to timely identify cases of acute malnutrition, to recognize symptoms for referral to the health service and to guide other families in improving infant and young child feeding and hygiene practices.

Honduras

UNICEF placed a special emphasis on developing AAP mechanisms and monitoring results to adjust programming. In WASH, local stakeholders were trained to participate in UNICEF's rapid damages assessments as per [AAP guidelines](#) jointly defining customized humanitarian assistance. AAP mechanisms implemented have been [assessed](#) every month through focal groups. Results were processed and analysed by UNICEF and implementing partners indicating zero reported incidents of PSEA and the need to train more community volunteers on the use and access to safe water which was fully integrated in the humanitarian response. Durable and sustainable (gravity fed systems without fossil energy use) WASH humanitarian solutions, as well as minor repairs to water catchment facilities beyond immediate response as water trucking and production of Water Security Plans, led to strengthening the humanitarian development nexus programming.

UNICEF worked in close collaboration with the Red Cross to reach all affected populations. During the implementation of IYCF-E, first responders from the National Red Cross were trained on appropriate use of breastmilk substitutes to manage uncontrolled donations of milk formula. During implementation of CSFS, volunteers were trained in psychosocial support first aid, PSEA and AAP. UNICEF had been working on strengthening and promoting

local protection systems before the emergency and counted on officials from municipal child protection offices and implementing partners to visit hard-to-reach communities bringing protection services to the population, identifying possible violations and activating the special protection subsystem. UNICEF in close coordination with MoH activated 22 health volunteer groups who were trained in the “Work with individuals, families and communities’ strategy”. This aimed to increase access to health care for children and families through door-to-door and community awareness campaigns on maternal and child health care, family planning, and sexual and reproductive health, among others. At the local level, UNICEF, together with directorates of education in prioritized municipalities, facilitated coordination interventions in support of rehabilitation of schools through participation mechanisms such as the Municipal Committees for Educational Development.

UNICEF also partnered with the implementing partner *Fundación Llaves* to develop and implement a [communication strategy](#) to raise awareness on sexual and reproductive health, reducing HIV-related stigma and discrimination reaching a total of 1,05 million people. Adolescent volunteers have implemented action plans through digital platforms reducing barriers that prevent facilitators from working with peers in person at the community level.

Nicaragua

UNICEF promoted spaces for reflection with its implementing partners to collaborate, learn and adapt practices, and to collect good experiences and lessons learned from communities affected by hurricanes Eta and Iota. As a part of this process, a workshop was held on AAP. More than 60 frontline staff, technicians and decision-makers from child-focused organizations participated in the workshop to share their knowledge and tools on how to approach social responsibility during emergencies. UNICEF worked with the National System for Disaster Prevention, Mitigation and Response (SINAPRED), the institution in charge of coordinating all emergency efforts in the country. SINAPRED works with national, departmental, municipal and local teams, mostly providing first responder volunteers – UNICEF contributed to their training. UNICEF’s emergency response is closely linked to its programmes – child survival, education and protection. UNICEF works with local institutional partners to develop their capacities to respond to emergencies and provides support through long term investments that ensure access to basic services such as health, WASH, nutrition, education and child protection. For example, an interinstitutional strategy for girls and women accessing justice due to VAC/GBV with a community engagement and intercultural approaches was developed. Community spaces (mostly schools) used as temporary shelters have been better equipped to be prepared for future emergencies. Teachers have been trained on EiE including how to provide socio-emotional support to children during emergencies.

1.12 Cluster/sector leadership

Belize

UNICEF plays a key role on the United Nations Emergency Technical Team where it leads the education, nutrition, WASH and child protection sectors with cross-sectoral programming in ECD, gender equity and C4D. Coordination meetings include planning for close monitoring and organization of the response in coordination and communication with national authorities and civil society organizations (CSOs). UNICEF also continued its partnerships with government and built new partnerships as its advocacy role scaled up. A key lesson learned during this year is the supportive role of a wide range of organizations in responding at community level to VAC cases.

Guatemala

UNICEF’s participation in the Cash Working Group has been increased within the Humanitarian Country Team (HCT), as cash interventions continue to show a positive impact on the population, improving their resilience and recovery. Coordination with sectoral ministries and governing bodies was important to strengthen public institutions and local governance processes. The child protection subgroup of the protection cluster was activated, coverage of the affected territory was distributed with the NGOs that participated in the subgroup, psychosocial methodology applied was the result of consensus and all the intervention was coordinated with the national and local child protection authorities. Under the leadership of UNICEF, the emergency education cluster supported MoE in the development and implementation of the emergency response plan. Cluster partners supported different strategic areas that provided a comprehensive approach to the response, including: repair of school infrastructure; MHPSS for teachers,

students and families; development of learning material; and preparedness plans at the local level with the participation of community and education authorities. The nutrition cluster, led by UNICEF, coordinated the design and implementation of the emergency response for nutrition. The various members of the cluster supported MoH with the development of guidelines for the implementation of a nutrition brigade under the leadership of UNICEF. As a result of UNICEF's efforts to standardize processes, the quality of the services provided by the nutrition brigade was maintained across the different municipalities. By ensuring MoH's ownership of the process, this strategy was adopted as the main nutrition emergency response by the government. As lead of the WASH Cluster, UNICEF coordinated efforts of the various cluster members including governmental institutions at central and municipal levels, and CSOs to design and implement the emergency response for WASH. UNICEF also established sub-national clusters in Alta Verapaz and Izabal. These clusters collected key information on the affected areas and coordinated the efforts from various NGOs to address WASH-related needs in accordance with humanitarian principles. In addition, UNICEF supported the development of a dynamic sub-national information system that was key during the prioritization stage.

Honduras

UNICEF ensured leadership in humanitarian clusters activated in WASH, education, child protection and nutrition sectors contributing to the coordination of the response, advocacy, update of sectoral needs, information management, capacity building of sector partners, production of sector strategic plans, resource mobilization and design of transitional strategies. UNICEF ensured a strategic participation in the inter-cluster, humanitarian network and HCT contributing to raising awareness, advocating and taking action to alleviate situations of extreme vulnerability. [WASH cluster](#) consisting of 25 partners constantly monitored gaps in early recovery and identified damage at community level through a WASH prioritization matrix that supported informed decision making for stakeholders at all levels. WASH cluster produced and monitored specific information on [WASH indicators](#) which supported strategic advocacy activities as per identified gaps and humanitarian targets. In May 2021 after a cholera alert in Yojoa Lake, WASH cluster supported the elaboration of a cholera protocol (prevention and response) in coordination with the regional health department of San Pedro Sula and the World Health Organization.

Throughout 2021, UNICEF led the [child protection area of responsibility](#) (CP AoR). The CP AoR developed a guideline for standardized CSFS which is being implemented nationwide. In addition, four workshops were held to strengthen competencies for the implementation of CSFS where each organization shared best practices, lessons learned and methodologies. A [dashboard](#) was developed with mapping and identification of stakeholders' capabilities, among others, and bulletins and situation reports were produced.

In May 2021, UNICEF led a [nutrition sector](#) embedded in the food security cluster led by UNICEF and MoH, during the process of a Humanitarian Response Plan (HRP), where a committee was created to review all partners' projects ensuring they are aligned to the priorities agreed for the sector. 19 organizations regularly participate in nutrition sector activities, and conducted an in-depth analysis of the nutrition situation based on data from the 2019 National Survey of Demographics and Health. The analysis showed an invisible nutrition crisis with an increase – compared to the 2012 survey – of the prevalence of acute anaemia among children under 5 years old and PLW, and also showed a deterioration on infant and young child feeding practices.

[The education cluster](#) was activated in January 2021 led by Save the Children and co-led by UNICEF and MoE. Humanitarian, development and state partners, including members of the roundtable on external cooperation in education, met on a monthly basis to support the efforts of MoE and enable coordinated response, policy dialogue, harmonized planning, gaps analysis and monitoring of the response plan.

UNICEF is actively participating in the regular sessions of the Cash Working Group and is also part of the small committee that has prepared the Minimum Expenditure Basket as a reference for programmes that involve cash and in-kind transfers.

Nicaragua

UNICEF partnered with government institutions, international CSOs, local organizations and United Nations agencies to deliver humanitarian assistance. UNICEF played the role of coordinator in the emergency. UNICEF coordinated efforts with United Nations agencies for resource mobilization and reporting purposes. SINAPRED is the institution

that leads emergency response efforts, serving as a funnel for most of the international aid provided to the government. In this regard, UNICEF could only work directly with the institutions with which UNICEF already has a working plan, having SINAPRED as an interlocutor for the emergency response. Clusters are not operational in the country.

2 Results achieved from humanitarian thematic funding

Thematic funding remains a critical source of resources to ensure timely and flexible humanitarian action. This section highlights some of the achievements reached by Country Offices with humanitarian thematic funding during 2021. These results may be attributed to: new global thematic funding allocated in 2021; thematic funds carried over from 2020; or allocations received by Country Offices in 2021 from thematic funds available from previous year at regional level.

Honduras

UNICEF received allocations from humanitarian thematic funding (HTF) of USD 200,000 in addition to USD 157,000 carried over from 2020. This amount contributed to 6.5 per cent of the total funding received for the response. HTF was key to kickstart the humanitarian response at shelters which was later scaled up through various donors.

In the WASH sector, HTF contributed to 4 per cent of the overall sector results (around 4,105 beneficiaries) and supported the prepositioning of emergency WASH supplies as well as the funding of two dedicated WASH cluster coordinator and information manager positions during 2021.

Using HTF, UNICEF was able to fund the first six months of a nutrition specialist/cluster coordinator. This was critical to start the nutrition in emergency response and for the establishment of the nutrition technical group embedded in the food security cluster. The group was key to highlighting the critical nutrition situation in Honduras to estimate urgent needs and to agree on essential interventions. Strong UNICEF advocacy enabled additional funds to implement nutrition activities in the most affected areas of the country. HTF also helped purchase nutrition supplies to increase coverage of the community management of the acute malnutrition programme (supplies were sent to more than 70 health centres in 12 municipalities). HTF represented 18 per cent of the total funds received for the nutrition response to hurricanes Eta and Iota (reaching approximately 6,500 children under 5 years old and caretakers of children under 2 years old).

In the child protection sector, HTF contributed to provide critical protection services to 4,634 children (3,629 girls).

HTF also allowed access to primary health care including vaccinations for 15,000 people (around 50 per cent children) in the community of Calan in the department of Cortes, fully funding the rehabilitation of the health centre that was partially destroyed by the hurricanes.

Guatemala

In social policy, the registration process using the digital tool in the municipalities of Morales and El Estor in the department of Izabal, resulted in the incorporation of 800 agricultural workers allowing the Ministry of Agriculture to make a monetary transfer of USD130 to 735 producers benefiting 1,673 children and adolescents in their households. Of the total number of beneficiaries, 10 per cent were livestock producers and 90 per cent agricultural producers; 81 per cent self-identified as Mayan, 18 per cent as Mestizo and 1 per cent as Xinca.

In child protection, a total of 6,392 children were assisted in the departments of Alta Verapaz and Izabal: Alta Verapaz 4,565 (2,459 girls) in the municipalities of Coban, Santa Catalina La Tinta, San Pedro Carcha, San Juan Chamelco, San Cristobal Verapaz; Izabal 1,827 (893 girls) in the municipalities of Los Amates, Puerto Barrios and Morales. In addition, 1,465 mothers or primary caregivers were assisted with training to increase positive parenting skills and prevent violence or separation.

In education, 11,263 students from Alta Verapaz and Izabal (5,519 girls) benefited from repairs in 95 schools in remote areas. The 95 schools were distributed as follows: 78 in Alta Verapaz and 17 in Izabal – Alta Verapaz being the department most affected by hurricanes Eta and Iota. In addition, 13 temporary classrooms were installed in Alta

Verapaz and one in Izabal. Several schools in the municipalities of San Pedro Carcha, Coban, Chisec, San Juan Chamelco, Lanquin, Senahu, Tamahu, San Cristobal Verapaz and Santa Cruz Verapaz received emergency support as well as the municipalities of Puerto Barrios and Morales in Izabal. Teachers in Alta Verapaz also benefited from MHPSS training.

In nutrition, funds allowed UNICEF to screen 29,376 children under 5 years old for acute malnutrition of whom 228 were diagnosed and treated for acute malnutrition. The nutrition brigades reached 165 communities with life-saving nutrition services in 5 municipalities in the departments of Alta Verapaz and Izabal. These funds were complemented with other resources available for the response enabling UNICEF to reach a total of 86,515 children. UNICEF reached the mothers and caregivers of 18,735 children with counselling activities on IYCF-E, WASH, micronutrient supplementation, nutrition during pregnancy and acute malnutrition. The nutrition brigades provided multiple micronutrient supplements to 13,560 children, while 9,185 children received deworming tablets. To empower communities, UNICEF implemented capacity building activities for 754 community leaders who became agents of change at the community level.

A total of 40,572 people received WASH services in 104 communities of 9 municipalities in the departments of Peten, Alta Verapaz and Izabal. A communication campaign on hygiene, sanitation and water quality issues reached 143,300 people. UNICEF supported the rehabilitation of water and sanitation services in 13 schools, 268 women participated in community sanitation boards and UNICEF rehabilitated 23 water systems and cleaned 58 wells. The funds mobilized by UNICEF were complemented with contributions from municipalities or other organizations given that the needs were large. Despite all efforts not enough resources were mobilized to meet all humanitarian needs.

3 Assessment, monitoring and evaluation

Belize

UNICEF and implementing partners performed field monitoring activities during programmatic visits. These activities complemented and verified quarterly reports submitted by partners on their achieved results. Direct feedback from beneficiaries gained through focus group discussions was also used to inform programme decisions and adapt the accelerated plan for implementation. Currently there is an ongoing study on parenting in the COVID-19 context aiming to assess the implementation and evaluation of national parenting interventions through better understanding of key parenting practices, drivers and family dynamics. The information will be used to enhance better programme reach. Sectoral, mid- and end-year reviews were conducted to analyse progress and regular internal meetings were held to assess the progress of Humanitarian Action for Children (HAC) indicators while addressing bottlenecks and constraints for alternative solutions.

Guatemala

UNICEF contributed to the preparation of database reports so that MAGA staff would have information to follow up on as well as monitoring data collection in the field. In child protection, the field follow-up was carried out by the coordinators of the psychosocial care brigades and the evaluation of the intervention was carried out with the members of the child protection subgroup of the protection cluster both at mid-term and the end of the intervention. Monitoring of the education interventions was carried out jointly by UNICEF and MoE. The School Management Committees played a significant role in monitoring progress at the school level together with teachers and school principals. Relevant data on school repairs and temporary classrooms were recorded at MoE's Planning Unit and documented through photographs. Hurricanes Eta and Iota provided MoE with a unique opportunity to strengthen the accuracy and reliability of information for decision-making which also allowed the education sector's own institutional monitoring system to track compliance with the response and recovery plan. UNICEF monitored the nutrition interventions implemented by the nutrition brigades in coordination with MoH on a weekly basis. Data was recorded using official forms as well as through a database that was supported by UNICEF. Having an ad-hoc information management system remains one of the major challenges for the nutrition cluster given the quality issues that affect the national health information system. To inform WASH programming, monitoring was done based on municipal and community information sources obtained from the National Coordinator for Disaster Reduction and the Ministry of Public Health and Social Assistance. Data was entered into a format established and agreed upon

with WASH cluster members which subsequently fed into a dashboard. The information generated by the dashboard was used by UNICEF and other cluster members to coordinate emergency response at departmental level.

Honduras

UNICEF participated in the preparation of the Multisector Initial Rapid Assessment in the aftermath of the hurricanes led by the National Contingency Coordination Agency with the support of the humanitarian network. UNICEF contributed to the design of data collection instruments and data analysis, focusing on differentiating the needs of children and adolescents.

UNICEF and the education cluster coordinated key data collection regarding the impact of hurricanes Eta and Iota on the national education system, mainly concerning damage to infrastructure. This information was used to plan actions with MoE for school rehabilitation. The UNICEF nutrition, child protection and WASH sectors also participated in the preparation of the Multisector Initial Rapid Assessment in Guanaja, a northern island affected by fire, while several organizations and institutions were in the field responding to affected areas of the hurricanes Eta and Iota. Additionally, UNICEF contributed to the development of the 2021 Humanitarian Needs Overview and the Interagency Humanitarian Response Plan 2021–2022, leading the analyses of the WASH and education clusters, the CP AoR and the nutrition working group. Information was collected with the highest level of disaggregation possible, and analyses and calculations were made to identify the most vulnerable populations and territories focusing on children. To analyse nutrition needs, the matrix developed by the Global Nutrition Cluster for Humanitarian Needs Analysis was used and harmonized with the United Nations Office for the Coordination of Humanitarian Affairs indicators and international thresholds. This tool supported the identification of needs and prioritization of areas of intervention. To follow up on trends on acute malnutrition in municipalities affected by the hurricanes, detection with Middle Upper Arm Circumference tapes was implemented and a live dashboard was created based on that information.

UNICEF, with the Honduran Municipal Association, updated the INFORM index. This index assessed humanitarian crisis and disaster risk levels in 298 municipalities with data linked to the COVID-19 pandemic and hurricanes Eta and Iota. INFORM contains multisectoral information disaggregated at the municipal level and has been used by both the government and UNICEF partners for geographic targeting of vouchers, estimation of the population in need, risk-based planning, and others. This includes the development of a user-friendly dashboard with smartphone view to facilitate access to the information by several actors.

UNICEF HAC and HRP were the basis for programme monitoring and included more selected standardized monitoring indicators to focus tracking and consolidation of progress data from implementing partners. UNICEF designed and implemented an integrated mechanism to monitor and report on the performance of all humanitarian implementing partners. The KoBo Toolbox¹⁰ was used to design an online form to capture disaggregated information from UNICEF partners with bi-weekly or monthly reporting. As a complementary tool, PowerBi was used to develop a centralized dashboard to monitor the performance of each partner as well as the overall performance of the sector tracking progress against HAC hurricanes Eta and Iota targets. Continuous field visits, including those with donors' staff and at least quarterly programmatic checks were undertaken by UNICEF to monitor programme progress, verify implementing partners reports, providing technical assistance and accompanying key processes of the programmes. A subregional evaluation of the humanitarian response in Guatemala, Nicaragua and Honduras was planned at the end of 2021 and will be carried out during the first semester of 2022 under coordination of the Regional Office.

Nicaragua

Monitoring the humanitarian response after hurricanes Eta and Iota contributed to a better understanding of its effectiveness as well as to generate the evidence required to keep donors well informed, reaffirming UNICEF's position as a partner of choice in emergencies. A fast and complete Damage Assessment and Needs Analysis (DANA) provided a first picture of the situation. DANA was implemented by UNICEF, together with the 13 international CSOs that make up the World's Movement for Children – Nicaragua chapter. An emergency response plan was drafted with 11 implementing partners already in the hurricanes' affected zones under exceptional circumstances (isolated communities, multicultural settings) but with the support of a robust monitoring system in place partners were able to deliver effective assistance to affected populations. An automated monitoring

¹⁰ KoBoToolbox is a suite of tools for field data collection for use in challenging environments.

management platform and georeferencing tools contributed to the effectiveness and efficiency of the monitoring activities. These tools helped to avoid duplication of efforts and ensured that the humanitarian aid reached the most vulnerable. During the process, UNICEF was able to strengthen capacities of its partners including government institutions.

Risk monitoring and georeferencing capacities were shared at local level with a potential for escalating them to the national level. Likewise, at regional level, the UNICEF Regional Office incorporated real-time monitoring and georeferencing aspects of Nicaragua's experience. To verify the effectiveness of the interventions, perception surveys were carried out among beneficiaries which resulted in reviewed and adjusted interventions when needed. Weekly emergency team meetings, monthly assessment of key emergency indicators and a final regional (Guatemala, Honduras and Nicaragua) external evaluation were key elements of the monitoring and evaluation processes.

4 Financial analysis

By the end of 2021, UNICEF had USD 21.1 million available against the US\$42.6 million Humanitarian Action for Children (HAC) appeal. In 2021, non-thematic humanitarian funds were the main sources of funding for the Eta/Iota emergency response, with main contributors being Japan, the European Commission's Civil Protection and Humanitarian Aid Operations (ECHO) and BHA (OFDA).

These funds have been critical to restore services and to support local and national authorities in their response and recovery response. UNICEF's support has been pivotal in some of the most underserved areas in the affected countries, where the humanitarian response has served to mobilize additional social services. Some of the areas affected by Eta and Iota are still facing multiple needs and risks, hence UNICEF will build on the achievements of the Eta/Iota response to leverage further disaster preparedness and recovery funding for these communities.

Table 1: 2021 Funding status against the appeal by sector (Revenue in USD)

| Sector | Requirements | Funds available against appeal as of 31 December 2021* | | Funding gap | |
|--------------------------------------|-------------------|--|-------------------|-------------------|------------|
| | | Funds received in 2021 | Carry-over | USD | % |
| Nutrition | 2,711,209 | 1,752,236 | 100,000 | 858,973 | 32% |
| Health | 1,388,523 | 970,048 | 970,048 | | 0% |
| WASH | 30,854,673 | 3,435,000 | 3,435,000 | 23,984,673 | 78% |
| Education / ECD | 2,296,800 | 1,689,189 | 255,688 | 351,923 | 15% |
| Child protection, GBViE and PSEA | 3,572,200 | 2,092,716 | 2,092,716 | | |
| Social protection and cash transfers | 1,263,000 | 0 | 0 | 1,263,000 | 100% |
| Multi-sector | | 150,000 | 4,044,987 | | |
| Regional office technical capacity | 500,000 | 121,359 | 0 | 378,641 | 76% |
| TOTAL | 42,586,405 | 10,210,548 | 10,898,439 | 21,477,417 | 50% |

*Funds available include funds received against current appeal and carry-forward from previous year.

Table 2: Funding received and available by 31 December 2021, by donor and funding type (in USD)

| Donor Name/Type of funding | Programme Budget Allotment reference | Overall Amount* |
|---|--------------------------------------|------------------|
| I. Humanitarian funds received in 2021 | | |
| a) Thematic humanitarian funds | | |
| See details in Table 3 | SM189910 | 265,580 |
| b) Non-thematic humanitarian funds | | |
| Bureau for Humanitarian Assistance | SM200831 | 4,629,630 |
| Bureau for Humanitarian Assistance | SM200818 | 3,009,259 |
| Spain | SM210971 | 1,564,064 |
| Total non-thematic humanitarian funds | | 9,202,953 |
| c) Pooled Funding | | |

| | | |
|---|----------|------------------|
| NA | | |
| d) Other types of humanitarian funds | | |
| NA | | |
| Total other types of humanitarian funds | | |
| Total humanitarian funds received in 2020 (a+b+c+d) | | 9,468,533 |
| II. Carry-over of humanitarian funds available in 2021 | | |
| e) Carry over thematic humanitarian funds | | |
| Thematic Humanitarian Funds | SM189910 | 558,608 |
| Thematic Humanitarian Funds | SM209910 | 25,913 |
| f) Carry-over of non-thematic humanitarian funds | | |
| Japan | SM200864 | 1,111,111 |
| European Commission / ECHO | SM200859 | 1,083,653 |
| USA (USAID) OFDA | SM200831 | 1,020,466 |
| Japan | SM200862 | 740,741 |
| UNOCHA | SM200857 | 467,290 |
| UNOCHA | SM200842 | 413,848 |
| Canadian UNICEF Committee | SM200707 | 316,554 |
| Spain | SM210006 | 276,561 |
| Japan | SM200863 | 185,185 |
| USA (USAID) OFDA | SM200818 | 50,849 |
| UNOCHA | SM200837 | 1,668 |
| USA USAID | SM200785 | 201 |
| Total carry-over non-thematic humanitarian funds | | 5,668,128 |
| Total carry-over humanitarian funds (e + f) | | 6,252,649 |

* Programmable amounts of donor contributions, excluding recovery cost.

Table 3: Thematic humanitarian contributions received in 2021 (in USD)

| Donor | Grant number | Programmable amount (in USD) | Total contribution amount (in USD) |
|--|--------------|------------------------------|------------------------------------|
| Luxembourg Committee for UNICEF | SM1899100935 | 115580 | 121,359 |
| Allocation from global thematic humanitarian | SM189910 | 150,000 | 150,000 |
| Total | | 265,580 | 271,359 |

* Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.

5 Future work plan

With multiple protracted crises in the region, an increased number of families continue to be affected by the residual impacts of the hurricanes Eta and Iota. UNICEF will continue to support the recovery efforts in the affected areas. As a part of UNICEF's 2022 Humanitarian Strategy, UNICEF invests in building local capacities and shock-responsive systems and ensures that cross-cutting issues (including protection from sexual exploitation and abuse, and accountability to affected populations) contribute to building the humanitarian-development nexus.

Guided by the Core Commitments for Children in Humanitarian Action, UNICEF will ensure that vulnerable children are protected from exposure to and the impacts of COVID-19 and other situations such as violence and the effects of climate shocks. Although on a smaller scale than 2021, UNICEF's COVID-19 response will: provide support to public health responses for prevention; complement and strengthen the efforts of governments and partners to maintain/restore/scale-up essential services in health, nutrition, WASH, child protection, GBV, early childhood development, education and social protection; disseminate key information to reduce disease transmission and its impact; and make services equally accessible for people with disabilities and available in local languages.

UNICEF's humanitarian response and recovery efforts are led by country offices in affected countries building local knowledge, existing partnerships and extensive networks. They are closely supported by the Regional Office through technical assistance, quality assurance and oversight. UNICEF mobilizes its regional and global network to ensure

that adequate staff capacity is made available including as the Global Cluster Lead Agency in WASH and nutrition, and co-lead for education and child protection. In Guatemala and Honduras, UNICEF's humanitarian action is also aligned with these countries' inter-agency multi-crises/multi-sectoral Humanitarian Response Plans (HRPs).

UNICEF's evidence-based advocacy is guided by needs-assessment, Humanitarian Performance Monitoring indicators and evaluations. Grand Bargain commitments are mainstreamed including for localization, strengthening government and local actors' capacities, accountability to affected population mechanisms and ensuring the quality of humanitarian cash transfers.

Belize

With the continued COVID-19 emergency and residual effects of hurricanes Eta and Iota, in addition to humanitarian priorities related to the migration dynamics in country, UNICEF will prioritize strengthening GBV services by ensuring safe referral of cases to service providers ensuring quality, sustainability and timely responsiveness in humanitarian situations; access to education/alternative learning in emergencies and after-school support for literacy and numeracy including development of materials for remote learning during emergencies and provision of material to support continuity of learning at home and in other safe spaces in the community; capacity building for administrators/teachers in psychosocial support; provision of gender- and age-appropriate WASH supplies for schools/communities of migrant populations; nutrition counselling and capacity building for health educators including C4D interventions for complementary feeding and exclusive breastfeeding; and cash transfers through an existing government system where UNICEF provides technical assistance and funding, and UNICEF funded multipurpose humanitarian cash transfers.

Guatemala

In 2022, it is expected that MAGA will be able to institutionalize the cash transfer programme that resulted from the emergency of hurricanes Eta and Iota as a regular social protection mechanism for agricultural producers and their households and UNICEF will continue to provide technical assistance. In child protection, a psychosocial follow-up proposal was prepared to work with the affected communities on the importance of community organizations and resilience focused on the protection of children being reviewed for implementation in 2022. The 2022 strategies and action plan prioritized by the education sector, together with the emergency education cluster led by UNICEF for rapid recovery after the emergency include: 1) recovery of basic school infrastructure; 2) pedagogical learning, material and MHPSS; 3) teachers' training; 4) school feeding programme; 5) community participation; 6) educational information system; 7) communication and awareness; and 8) partnership and coordination among other actors. The strategy of the nutrition brigades was designed with UNICEF leadership and has been widely recognized and adopted as the main nutrition emergency response by the government. While this strategy was entirely funded by development partners with UNICEF being the main partner, MoH has requested support for its systematization. MoH is now therefore planning to develop a more sustainable model that is fully institutionalized and more comprehensive including vaccination services. Based on lessons learned, UNICEF is planning to support the government to improve the WASH dashboard and develop a more agile information system that can be used in emergency situations.

Honduras

In 2022, UNICEF will continue with the response to climate disasters and support for recovery after the emergencies that occurred in 2020/2021. UNICEF will pursue cross-cutting integration in its emergency programming to ensure gender approach, inclusion, AAP, climate resilience, child sensitive services and PSEA. A lesson learned from the previous response is the importance of strengthening linkages between the humanitarian and development agenda. UNICEF will support municipal and community child and climate-sensitive preparedness and response. UNICEF will promote multisectoral and coordinated emergency response to achieve better impact on multidimensional child humanitarian needs. UNICEF will also strengthen its own capacity to respond to emergencies by increasing its level of preparedness within the Country Office including context and risk monitoring and analysis. Rapid response teams will continue to play a key role in responding to sudden crisis. UNICEF plans to influence and join efforts with private sector, international cooperation, municipalities, and national and international NGOs to support the plans, programmes and projects of the government. UNICEF will continue to advocate for WASH humanitarian gaps beyond the initial response to hurricanes Eta and Iota towards climate resilient solutions and to strengthen the humanitarian-development nexus. UNICEF will work on harmonization of indicators across reporting lines to ensure coherence

and effectiveness as a lesson learned from 2021. UNICEF will also support the transition from WASH cluster to the national WASH board in emergencies once clusters become deactivated. UNICEF will continue to strengthen its CSFS model in municipal governments and UNICEF will support the construction of referral pathways and the case management system at community and municipal levels to ensure its applicability during emergencies. UNICEF will also develop and strengthen its partners capacity on MHPSS in emergencies. In nutrition, future work plans encompass the provision of nutrition supplementation to children under 5 years old and PLWs, detection of acute malnutrition among children under 5 years old and referrals, provision of IYCF-E, and capacity building and material to front-line workers and medical/nutrition MoH staff. In health, UNICEF will continue supporting MoH in the deployment of the vaccine against COVID-19 emphasizing the paediatric population and vulnerable groups. Considering the high impact the COVID-19 pandemic had on health, UNICEF will support MoH on improving child and maternal health services including vaccination coverage. In education, UNICEF will develop and implement strategies that promote the opening of schools and the recovery of learning. UNIECF will support the government to reach out-of-school children and will promote and strengthen educational technology so that children can have connectivity in the most vulnerable areas. Teachers will be trained on violence prevention including GBV and psychosocial support. In social protection, UNICEF plans to expand the coverage of social protection programmes, focusing on families with children in extreme poverty.

Nicaragua

Devastating impacts of hurricanes Eta and Iota brought back the most vulnerable communities from the Caribbean Coast of Nicaragua to UNICEF's agenda, and plans for the next few years are to work with regional governments and other local actors to help communities be more resilient to emergencies related to climate change. UNICEF will contribute to strengthening the capacities of local governments including indigenous leaders to monitor the situation of children and families so that there is a better understanding of the issues affecting them and ways to overcome challenges, particularly related to emergency situations. UNICEF will consider climate change as a cross-cutting issue so that programme interventions are designed to enhance the resilience of communities especially on the Caribbean Coast. UNICEF will be engaging in a process to share/train humanitarian partners on the Core Commitments for Children so that partners are knowledgeable of what is needed in order to respond to children's needs during emergencies in a more effective manner. For 2022, UNICEF is planning a mapping of interventions related to humanitarian cash transfers and social protection systems.

Annexes

Thematic funding case studies

The following case studies illustrate some of the achievements reached by Country Offices with humanitarian thematic funding during 2021. These results may be attributed to: new global thematic funding allocated in 2021; thematic funds carried over from 2020; or allocations received by Country Offices in 2021 from thematic funds available from previous year at regional level.

Return to Happiness in Guatemala

Top level results:

Alta Verapaz was the department most affected by the tropical hurricanes Eta and Iota with an estimated 35,840 people taking shelter of whom more than 7,000 were children. In addition to flooding, the department was affected by multiple landslides leaving entire families and their homes buried. It is estimated that more than 150 people disappeared in the Queja community in the municipality of San Cristobal Verapaz which was declared a cemetery in November 2020. (Queja is an indigenous community where the predominant language is Q'eqchi).

Issue/background:

UNICEF Guatemala, together with its implementing partners, provided psychological first aid to affected children in the municipalities of Coban, Santa Catalina La Tinta, San Pedro Carcha, San Juan Chamelco and San Cristobal Verapaz in addition to offering psychosocial support through the UNICEF Return to Happiness methodology which favours the expression of feelings and ideas of affected children through play therapy and group activities, as well as support in mourning processes.

Resources required/allocated:

With funds provided by HTF, psychologists and social workers were hired to provide psychosocial support to children and their families. The funds also supported the purchase of kits for the development of recreational and therapeutic activities and materials were developed for the prevention of violence in the shelters and the prevention of GBV.

Progress and results:

UNICEF, with partner organizations IsraAID, WorldVision and *Refugio de la Niñez*, provided psychosocial care to 4,565 children in shelters providing follow-up at the community level in the department of Alta Verapaz.

Criticality and value addition:

Children who have been affected by disasters regularly show alterations in mood (anxiety and sadness), difficulty sleeping and constant fear that the tragedy will happen again. Therefore, it is important to provide therapeutic spaces for the expression of those ideas and feelings to support their emotional recovery.

UNICEF Guatemala together with its partners uses the Return to Happiness methodology with children from 6 to 15 years old which includes group activities, games and participation in artistic spaces. It also promotes orientation spaces for care and attention especially for mothers of younger children. In the case of children who have lost a family member, the methodology includes work on the grieving process led by psychologists and social workers who develop safe spaces for listening and provision of guidance, validating the children's feelings and fears. The psychosocial support provided promotes emotional recovery which is evidenced by the change in the behaviour of the children and also of their families. The intervention provided by UNICEF lasted six months from December 2020 to April 2021 and was carried out in the department of Alta Verapaz.

Challenges and lessons learned:

Among the good practices developed within the psychosocial response were: adequate coordination with partners for coverage of the five affected municipalities of the Department of Alta Verapaz; having prepositioned material for the implementation of the Return to Happiness methodology; and follow-up at the community level for the most affected children.

Another lesson learned is that it would be beneficial to have more people trained in the Return to Happiness methodology as well as strengthening the ability to adapt play materials to the emergency context and having professionals who speak the language of the region.

Moving forward:

Future UNICEF humanitarian interventions include the proposal to identify professionals from governmental (Ministry of Public Health and Social Assistance and the Social Welfare Secretariat of the Presidency) and non-governmental agencies for capacity building in the implementation of the methodology and the prepositioning of materials ready to be dispatched as needed according to the cultural characteristics of the country's regions.

Photograph 1

Luisa Maria in a group activity in the Pancorral Community, San Cristobal Verapaz



@IsraAID/2021

Photograph 2

Recreational activities in San Cristobal Verapaz shelters



@IsraAID/2021

Top level results:

For the first time in decades through HTF and UNICEF's strong positioning and advocacy efforts, Nutrition in Emergencies (NiE) interventions have been implemented in Honduras reaching a total of 35,979 beneficiaries with critical nutrition. Nutrition activities included: detection and treatment of acute malnutrition; micronutrients supplementation for children under 5 years old and PLW; and Infant and IYCF-E counselling. This first batch of NiE interventions in country was only possible because of the focus put on the nutrition situation prompted by UNICEF.

Issue/background:

In 2021 UNICEF hired a NiE specialist/sector coordinator. This decision was crucial as it allowed rapid establishment with all key partners to conduct a robust analysis of the nutrition situation. The nutrition sector has estimated that in 2022, 38,000 children under 5 years old could suffer from acute malnutrition and that 352,000 children under 5 years old and 115,000 PLWs were already suffering from anaemia and needed immediate treatment. Without the specialized support of the nutrition in emergencies specialist financed through HTF for the first six months of the position, the critical nutrition situation would have remained unaddressed.

Resources required/allocated:

With USD 100,000 from HTF allocated to NiE activities, one person was hired to quick start UNICEF nutrition interventions and establish a coordination mechanism which highlighted the undetected nutrition crisis. Part of these funds were also allocated to purchase nutrition supplies for the treatment of acute malnutrition while UNICEF developed a CMAM simplified protocol which was approved by MoH to be used in emergency areas of the country.

Progress results:

The nutrition sector led by UNICEF and MoH and co-led by Action Against Hunger was set up in May 2021 and placed under the food security cluster with 19 different organizations participating regularly in its activities. The greatest achievement of the nutrition sector is to have made the nutrition problem visible in addition to developing a specific response strategy that did not exist before. MoH is a key ally in moving the issue of nutrition forward on the national and humanitarian agenda.

Following a first advocacy phase, four donors (including HTF) have committed funds to UNICEF as the leader in nutrition, recognizing its mandate and capacity. A total of USD 701,261 was received, and seven partners have implemented activities in the most affected areas of the country. UNICEF is currently supporting several nutrition programmes in areas affected by hurricanes Eta and Iota. The nutrition activities implemented are shown on the following website:

<https://www.humanitarianresponse.info/en/operations/honduras/nutrition>

From April to December 2021, HTF contributed to: 1) screening 31,908 children under 5 years old for acute malnutrition and detecting cases to be referred to health centres for treatment; 2) providing 23,382 children under 5 years old with micronutrient supplementation; 3) providing 396 PLW with micronutrient supplementation; and 4) providing 4,071 caretakers of children under 2 years old with IYCF-E counselling.

Since November/December 2021, the CMAM simplified approach is being implemented nationwide and 32 children (24 girls) have been admitted. This achievement is low because cases were mainly detected between April and August 2021 and medical staff have not yet been able to make home visits. The end of the year was also very challenging in terms of programme implementation due to elections, prioritization of COVID-19 vaccination activities and general instability. Some 143 medical staff have been trained in the CMAM simplified approach protocol and 189 community volunteers have been trained on detection of acute malnutrition.

Criticality and value addition:

Until 2021, the axes of the national response in food and nutrition security have been articulated only around the availability-access-consumption of food, support to the livelihoods of the population affected by the different crises, and the fight against chronic malnutrition (low weight for age of children under 5 years old). In fact, no intervention was directed towards nutrition

issues in any form, including in response to hurricanes Eta and Iota. Of the USD 22 million raised by the food security cluster for the response after the initial flash appeal in 2020, no resources were directed towards nutrition interventions. When the nutrition sector was created, children and PLW were not included as direct target beneficiaries in the country's humanitarian response. Capacity at the national level is also quite low and there are only a few non-governmental actors positioned to respond to NiE needs in the country. UNICEF has invested time and resources in capacity building in NiE in 2021. As a result, there are two partners who have demonstrated good capacities to implement NiE activities and two others with high potential to become key NiE partners in the coming months. In addition, MoH has taken leadership on the subject and is very committed to move the management of child malnutrition high in the agenda of the new government.

UNICEF is the agency mandated at the global level to ensure leadership and capacity in the nutrition sector to address the nutritional needs of children and women and to act as a provider of last resort. Therefore, UNICEF has allocated resources to fulfil its mandate, reaching children under 5 years old and caretakers with critical nutrition services. In 2022, it is expected that interventions started in 2021 will continue and even expand. More nutrition partners need to be trained to implement NiE. UNICEF will require enough resources to fulfil its coordination role and to continue supporting MoH to provide nutrition support to the most vulnerable groups. Investing in nutrition will help support MoH in the validation of CMAM protocol through the provision of material to health centres and in the generation of nutrition data (nutrition surveys and integration of nutrition information into national information systems). Key nutrition partners will also benefit from capacity building and quality nutrition interventions will be implemented at scale to strengthen the prevention, early detection and management of acute malnutrition and micronutrient deficiencies.

Challenges and lessons learned:

Funding nutrition programmes is a challenge and very limited funds are allocated to specific nutrition interventions. This is aggravated by the lack of recent data to precisely illustrate the severity of the situation. Most of the data comes from the ENDESA-MICs 2019 that was published in October 2021. The survey was undertaken before the COVID-19 pandemic and hurricanes Eta and Iota. It is therefore critical to be able to finance a national nutritional survey in 2022. The main capacity gap in the sector is that very few actors have experience in nutrition and NiE. Another relevant gap is there is a national policy for Comprehensive Community-Based Child Care that contains elements of growth monitoring (weight-for-age and height-for-age) and nutritional education for mothers but it does not address the issue of acute malnutrition. The strategy is currently implemented in only a few departments and needs to be updated and reinforced. Until November 2021, there was no protocol for the management of acute malnutrition cases – the protocol has currently been granted for use in emergency areas but it still needs to be validated and institutionalized at national level.

The nutritional problem goes far beyond access to food. As it is widely known by most organizations with capacity in the sector, it also requires adequate response, addressing environmental issues and access to quality health services. A lesson learned from 2021 while implementing NiE activities for the first time is the importance of designing integrated projects and proposing more holistic programming to beneficiaries. Nutrition is closely interlinked with health, WASH and child protection interventions. Integrated programmes have shown advantages and better impact, and should continue to be implemented.

Moving forward:

Nutrition and food security are two sectors that complement each other although, given the dimension of the nutritional problem of children according to available data and projections, they should work more together to reinforce their complementarity and to ensure an adequate response in terms of visibility and approach to the nutritional issue. UNICEF will continue to advocate for the activation of the nutrition cluster to allow for greater visibility of the problem of child malnutrition and better mobilization of the partnerships and resources necessary for a systematic treatment of acute malnutrition. Nutrition programmes in 2022 will need to be strengthened to enable the development, implementation and monitoring of nutrition projects: increasing the scope of targets; increasing the geographic scope of nutrition projects; forming strategic alliances with state institutions, NGOs and CSOs; advocacy to increase the budget available for nutrition and NiE response; technical strengthening of key partners; and generation of new evidence through nutrition surveys. The ultimate goal is to reduce and prevent morbidity through the provision of quality NiE interventions delivered by trained and qualified health personnel with the provision of necessary supplies (both nutritional, anthropometrical and medical).

| | | |
|---|--|---|
|  |  | |
| <p>Nutrition screening in Gracias a Dios. @HEspinal/UNICEFHonduras/2021</p> | <p>Follow up visit of a malnourished child admitted into the CMAM programme in the Garifona Community of Bajamar (Cortés). @CPaguada/UNICEFHonduras/2021</p> | |
|  |  |  |
| <p>Nurse carrying out an appetite test during the admission process into the CMAM programme of a child with a disability, Occidente. @Mancomunidad de COLOSUCA/2021</p> | <p>UNICEF and Action Against Hunger supervision visit in the Health Centre El Milagro (San Manuel Municipality). @MSierra/UNICEF Honduras/2021</p> | <p>Community sensitization by Medicos del Mundo – Chamelecon (San Pedro Sula Municipality). @GBellocq/UNICEFHonduras/2021</p> |

Human Interest Stories and Communication

- [UNICEF mobilizes its network of implementing partners and strategic allies to provide a timely humanitarian response](#)
- [Friendly spaces, an opportunity to get up and be better prepared for the future.](#)
- [Young community leaders in action after the impact of ETA and IOTA](#)
- [UNICEF promotes safe and resilient access to WASH services in educational centers](#)
- [Support to mothers affected by Eta and Iota](#)
- [Six months after the impact of hurricanes Eta and Iota in Nicaragua, and especially on the North Caribbean Coast, more than 100,000 people have been reached by humanitarian assistance from UNICEF.](#)
- [Families from San José de Bocay and Ayapal, in Jinotega, have access to Water, Sanitation and Hygiene](#)
- [28,200 people are receiving safe water through the intervention of UNICEF and its partners in the North Caribbean Coast](#)
- [Attitudes and Practices Survey-Behavior Changes](#)
- [20,228 people affected by hurricanes Eta and Iota learned how to prevent violence against children](#)
- [UNICEF and its partners, with the support of USAID, have promoted that hundreds of families affected by Eta and Iota have access to Water, Sanitation and Hygiene](#)
- [10,754 primary caregivers of children 0-23 months receive nutritional counseling.](#)
- [Over 9,701 adolescent children received violence prevention messages](#)
- [More than 5,000 people will receive safe water in the community of Ayapal](#)
- [When children have access to safe water and soap to wash their hands at school, they have a more favorable environment for studying](#)
- [Saving lives by improving the nutrition of children affected by hurricanes Eta and Iota](#)
- [C4D Material in Spanish and miskito: violence prevention, nutrition, Menstrual hygiene, malaria prevention and Playful methodology for community participation](#)
- [Community of Ayapal has access to drinking water - YouTube](#)
- [Mejora nutrición de niñas y niños en comunidades indígenas de Waspam](#)
- [Video – “Sergio and Nutrition Brigades”](#)
- [Video “Nutrition in Alta Verapaz”:](#)
- [Child Protection Sector, Alta Verapaz and Izabal:](#)
- [U-Report – “Tormenta ETA - ¿Cómo están los y las adolescentes y jóvenes?”](#)
- [U-Report – “Chat Bot Emergencia por Lluvias”](#)
- <https://www.humanitarianresponse.info/en/operations/honduras/document/honduras-manejo-de-la-malnutri%C3%B3n-aguda-en-occidente-enero-2022>
- <https://www.humanitarianresponse.info/en/operations/honduras/document/honduras-historia-de-beneficiarios-respuesta-de-nutrici%C3%B3n-en-emergencia>

Donor feedback form

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[English version](#)

ⁱ According to official reports as of 24 November 2020.

ⁱⁱ OCHA, ‘Central America. Tropical Storm Eta & Hurricane Iota: Humanitarian Snapshot’, 4 December 2020.