

HUMANITARIAN NEEDS OVERVIEW

EL SALVADOR, GUATEMALA AND HONDURAS

ADDENDUM: IMPACT OF COVID-19

HUMANITARIAN
PROGRAMME CYCLE
2020

MAY 2020



About

This document was prepared by OCHA to complement the Humanitarian Needs Overview published in March 2020. Two months after the appearance of the first cases of COVID-19 in the region, it is sought to assess its impact on the most vulnerable population groups. For this purpose, several sources of secondary information were used, as well as the expected projections in each of these countries.

PHOTO ON COVER EL SALVADOR

Photo: UNICEF

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Part 1

Regional Overview

1.1

Introduction

In El Salvador, Guatemala and Honduras, known as the Northern Central American (NCA) countries, the first cases of COVID-19 were confirmed in March 2020, on the same date of the World Health Organization's (WHO) declaration of a global pandemic.

Very quickly the governments of the countries took action to contain the spread of the virus and prevent the collapse of health systems, restricting the movement of people, closing borders and airports in mid-March.

Both the disease and the measures taken are dramatically impacting the health, well-being and livelihood of millions of vulnerable people, among whom, according to the Humanitarian Needs Overview published in March 2020, around 5.3 million people needed humanitarian aid before the confirmation of COVID-19 cases.

In the face of the pandemic, there is evidence that food security and protection have been the most impacted by this unprecedented crisis.

SVL: <https://covid19.who.int/region/amro/country/sv>

GT: <https://covid19.who.int/region/amro/country/gt>

HN: <https://covid19.who.int/region/amro/country/hn>

1 [Humanitarian Needs Overview of El Salvador, Guatemala and Honduras](#). OCHA, march 2020.

TOTAL POPULATION

30.7M

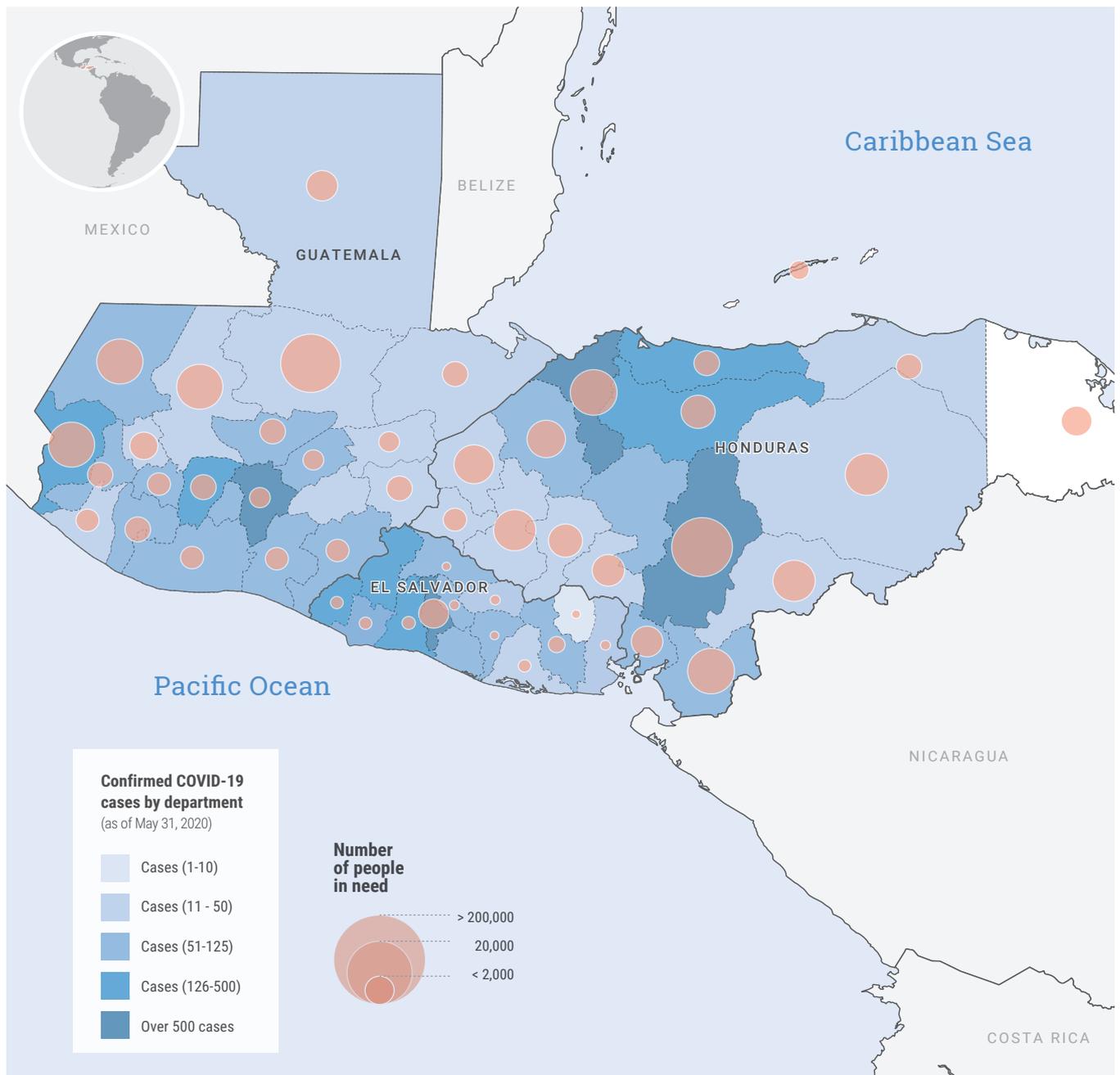
PEOPLE AFFECTED
(HNO WITHOUT COVID)

9.6M

PEOPLE IN NEED
(HNO WITHOUT COVID)

5.2M

General Map



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

1.2

Impact and humanitarian needs

In Northern Central America, the pandemic context is intensifying challenges and increasing COVID-19 vulnerabilities, highlighting the inequities that accentuate the differentiated impact on populations.

I. Impact on health

While the pandemic puts pressure on health systems around the world, its impact is even greater in countries characterized by socioeconomic inequities, low public investment, lack of adequate health infrastructure, and large gaps in access to basic systems, including health care. Despite being categorized as middle-income countries, large segments of the population remain invisible and beyond the reach of potential social measures.

The health systems in the three countries, being weak and fragmented, do not guarantee the universal access needed to address the COVID-19 crisis. They tend to be centralized geographically, with

specialized services and doctors concentrated in a few urban centers. Facilities are insufficient for the level of demand expected in times of pandemic and are heavily dependent on imports of equipment and supplies. In 2018, the date of the last available data, NCA countries were among the 9 countries with the lowest number of hospital beds per 1,000 people in the world, with Guatemala coming in last². In addition, they were already under pressure from the dengue epidemic that intensified in 2019.

Due to containment measures and movement restrictions, immunization services are being disrupted, which can lead to outbreaks. Other basic and essential health services such as sexual and reproductive health services, mental health and psychosocial support, and clinical management of rape are also limited.

	Salvador	Guatemala	Honduras
Number of hospital beds per 1,000 inhabitants	1.3	0.6	0.7
Number of nurses per 1,000 inhabitants	2.3	0.1	0.3
Number of doctors per 1,000 inhabitants	2.8	0.3	1

Source: WHO [Global Health Data Repository](#); PAHO: [Core Indicators 2019: Health Trends in the Americas](#)

Beyond the materials and supplies required to cope with the pandemic, the first assessments highlighted the need to strengthen the capacity not only of health personnel for surveillance and monitoring of cases, but also laboratories, case management, prevention and infection control, as well as water quality and sanitation and hygiene in health services.

Water, sanitation and hygiene: Hand washing is a practice that saves lives and has been socialized as a first measure of prevention against coronavirus. To ensure health and hygiene levels, water supply and waste water treatment should be ensured (SDG 6). However, there is a

deficiency in NCA in safe water and sanitation services, even in urban areas where there's overcrowding in the poorer areas. In Guatemala, it is estimated that some 307 precarious settlements, with about 917,000 people, would be in greater need of these services. In El Salvador, it is estimated that 25 per cent of the population is supplied with water by rural systems, while 11.1 per cent of households lack access to piped water service and are supplied with water by unimproved wells and other sources³.

2 https://repositorio.cepal.org/bitstream/handle/11362/45337/4/S2000264_es.pdf

3 See El Salvador Humanitarian Response Plan. <https://reliefweb.int/report/el-salvador/plan-de-respuesta-humanitaria-covid-19-el-salvador-equipo-humanitario-de-pa-s>

In the areas of the “Corredor Seco” or Dry Corridor, where the drought is hitting the populations, having access to water is a challenge, which often falls on women, exposing them to the risk of being victims of some kind of violence.

Mention must also be made of the increase in hospital waste and waste linked to the pandemic, as illustrated by the case of Lake Amatitlán, near the Guatemalan capital, which is contaminated with waste including masks and latex gloves. Exposure to health care waste increases the risk of infection and poisoning for the population.

II. Impact on food security and nutrition

Food insecurity is a critical area as, according to data collected up to February 2020, some 600,000 people were affected by food insecurity in El Salvador, mostly in rural areas. This figure reached 3.2 million in Guatemala, while 962,000 people were acutely and severely affected by food insecurity in Honduras (equivalent to 18 per cent of the population). In Guatemala and Honduras, food delivery has been the main element of support to the population. The pandemic is worsening the situation as can be seen from the protests that point to lack of food as a major factor of concern among the population.

III. Impact on protection

The pandemic threatens to aggravate the existing protection and forced displacement crisis in NCA countries. Despite general border closures to mitigate the spread of the pandemic, violence continues to spread across entire communities in NCA. The growing situation of chronic violence and insecurity, along with COVID-related restrictions, is putting the lives and well-being of tens of thousands of people in the region at risk, while exacerbating existing difficulties.

Despite COVID-related blockades in Honduras, El Salvador and Guatemala, displaced people and community leaders report that criminal groups are using confinement to strengthen their control over communities, intensifying extortion, drug trafficking, and gender-based violence, and using enforced disappearances, killings and death threats against those who do not comply⁴.

There is also a constant impact on the restriction of the right to freedom of expression through the limitation of public information, a right that is strongly linked to the attention given to the pandemic. Human rights advocacy work, or the right to public participation, has also been restricted by the limitation of circulation, but also by attacks by some governments on critical or dissident speeches.

Displacement: The impact of the pandemic in Northern Central America risks hindering efforts to improve livelihoods and job opportunities for internally displaced persons and to develop the

capacity of state authorities to address their needs, including the creation and implementation of laws and public policies that seek to promote the rights of internally displaced persons in these countries.

The available data used for planning indicate that internal displacement in the three countries can be significant. In El Salvador, the number of internally displaced persons caused by violence is 71,500; in Honduras, the figure is 247,000; and in Guatemala, where there are no official data on internal displacement, an estimated figure of 242,000⁵ was used.

Despite the containment measures, displacements caused by violence continue, particularly from El Salvador and Honduras. In Guatemala and Mexico, although at lower levels due to the closure of the border, people continue seeking asylum⁶. While the weekly average number of applications for asylum registered in Mexico in April has fallen by 90 per cent due to the border restrictions implemented in Central America, there are still hundreds of people submitting their applications for refugee status in this country⁷.

Blocked by border closures, hundreds of asylum-seeking migrants are in dangerous situations because of their health, such as in the case of the border between Mexico and Guatemala, where children play exposed to waste and garbage. The accumulated waste is a danger on account of the pollution of rivers and the use of their waters in the domestic environment for populations on both sides of the border, increasing the risk of COVID-19 vulnerability.

Due to the intra-urban nature of internal displacement in Northern Central America, and the fact that it often involves one person or family at a time, it can be difficult to detect new forced movements. UNHCR regularly relies on a network of community leaders in high-risk areas to identify possible internal displacement. Leaders have told UNHCR that they expect a rapid increase in forced displacement as soon as containment measures are lifted.

Deportations/returns: The reception of deported and expelled persons in NCA countries represents a particular protection challenge during the COVID-19 response, which also challenges the public health response in this region. Most of the countries in Central America have implemented mobility restrictions and border closures as mitigation measures to prevent the spread of infection. However, during the months of March and April the deportation of nationals, including unaccompanied children and adolescents, from Mexico and the United States to Guatemala, Honduras and El Salvador, with the exception of some cases, have continued even though the United Nations Migration Network has urged that collective expulsions, such as the arbitrary repatriation of migrants and asylum seekers at the borders, be stopped. Since the beginning of March, at least 1,000

4 [La crisis de desplazamiento interno en Centroamérica se ve agravada por el COVID-19](#). UNHCR, May 15, 2020.

5 Ibid.

6 [North of Central America Situation](#): Fact Sheet. ACNUR, abril 2020.

7 <https://www.acnur.org/noticias/briefing/2020/4/5ea818924/a-pesar-de-las-restricciones-por-la-pandemia-las-personas-que-huyen-de.html>

unaccompanied migrant children have been forced to return from the United States to Mexico and the Northern Central American countries (El Salvador, Guatemala and Honduras), despite the fact that their communities of origin present serious risks to their protection, now compounded by COVID-19. During the same period, at least 447 migrant children have been returned from Mexico to Guatemala and Honduras. There are also reports that some have been transferred from detention centers on the northern border of Mexico to the southern border with Guatemala. In fact, in NCA countries there have been documented cases of deported or expelled persons with coronavirus.

Upon arrival in their countries of origin, deported persons are transferred to mandatory quarantine facilities. Despite the governments' efforts to establish adequate reception in light of this situation, these centers often lack the capacity and conditions to accommodate people in line with the public health measures taken in response to the pandemic. The lack of prevention measures such as physical isolation and basic hygiene practices in precarious sanitary conditions contribute to the spread of the virus and increase pressure on public health systems, which already have limited capacity of response. Likewise, they do not have reliable mechanisms to identify protection needs and ensure a comprehensive and effective response. Due to the context of already fragile and limited public health systems, people in need of protection and deported migrants are being subjected to strong stigmatization in their own countries, as they are being pointed out as virus carriers increasing the number of infections⁸.

Gender-based violence (GBV): Available evidence about other epidemic outbreaks and health emergencies show that vulnerability and the risk for women and girls increases in this type of scenario, and the global COVID-19 outbreak and pandemic, as well as confinement measures, are not the exception. This situation has led to a significant increase in the number of GBV cases, including cases of sexual violence⁹. In a region characterized by some of the highest rates of GBV, women are even more vulnerable in a pandemic context. Moreover, given the limited access to basic services such as medical care, drinking water, legal services, and/or psychosocial care, among others, many persons increasingly resort to negative survival mechanisms, becoming victims of commercial sexual exploitation, which places them at greater risk both in terms of health and exposure to violence and exploitation by gangs.

IV. Socioeconomic impact

While El Salvador, Guatemala and Honduras are classified as middle-income countries, a majority of the population works in the informal sector without any social protection and has not benefited from the limited economic growth that has characterized the region in recent years. On the contrary, real per capita income decreased for the most vulnerable sectors¹⁰.

The specter of economic recession is becoming increasingly visible as the impact of internal and external movement restrictions imposed by the authorities to curb the pandemic grows. In all three countries, unemployment has increased, generating large revenue losses and affecting the already limited livelihoods of many people. At the same time as food prices have increased in several places, COVID-19 movement restrictions have also made access to food more difficult in both urban and rural areas.

NCA labor markets are dominated by small and medium enterprises (SMEs) and an informal economy, characterized by low income and the absence of social security: in the three countries, around 70 per cent of the population works in the informal sector. Consequently, many people are thus unable to receive benefits or other kinds of financial support due to not being listed on any payroll.

The crisis generated by the pandemic occurred when the trend in remittances was already downward. These remittances from family members working abroad often constitute a lifeline for many Central American families, particularly single-parent families¹¹. According to the World Bank, remittances should fall sharply during the year, due in large part to the collapse of wages and employment of migrant workers¹². In the context of the COVID-19 crisis, the costs of transferring remittances to the region tend to rise due to operational difficulties facing the providers of these services. With the restraint or almost standstill in economic activity in all countries, the poorest groups no longer receive such support, with the risk of falling into an even greater critical situation. In Guatemala, there were already reports in March of a 25 per cent to 30 per cent contraction in remittances from the United States¹³.

Furthermore, with the closure of commercial and productive activities, it is projected that tax collection, already low in all three countries, will decrease, further reducing public investment capacity.

8 [Los Riesgos de las Deportaciones y Expulsiones a los países del Norte de Centroamérica en el marco de la Pandemia de Covid-19](#). REDLAC Protection Group, May 2020.

9 [Atención en Salud Sexual y Reproductiva y Planificación Familiar durante la emergencia sanitaria por la COVID-19 en América Latina y el Caribe](#). UNFPA, April 22, 2020.

10 [Ante los desafíos externos, fortalezcas internas: Entorno económico de Centroamérica y República Dominicana](#)/ coordinators, Arnoldo López Marmolejo and Marta Ruiz Arranz - Inter-American Development Bank, 2019.

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

12 [El Banco Mundial prevé la mayor caída de remesas de la historia reciente](#). World Bank, April 22, 2020.

13 Guatemala Response Plan. <https://guatemala.un.org/es/40890-plan-de-respuesta-humanitaria-covid-19>

V. Impact on education

As COVID-19 has expanded in the Latin American and the Caribbean (LAC) region, Ministries of Education have begun to close schools at all levels. To date, countries of the Northern Triangle - El Salvador, Guatemala and Honduras - are part of the twenty-three countries and twelve independent states in the region that have closed their schools. As a result, it is estimated that more than 8 million children in these countries have had their rights to education affected as a result of the pandemic. Many education institutions lack a digital technology infrastructure. There are also gaps in household access to computers and Internet. With the closure of schools, the impossibility of enjoying the right to education is added to the disruption of face-to-face educational services, as well as the lack of access to other important basic services: school feeding, recreational programs, extracurricular activities, pedagogical and psychosocial support, as well as school health and water, sanitation and hygiene services. This situation, which has extended beyond what was initially foreseen, increases the

risk of permanent school drop-out, especially for the most vulnerable children such as migrants, refugees, children with disabilities, children from indigenous communities, and at risk of exclusion.

In view of the situation generated by the pandemic, pre-existing socioeconomic malaise has exploded into various protests against authorities who, as in other regions, are unable to contain the spread of the virus and also to meet the needs of the population. In the face of overwhelmed governments, where in some instances cases of corruption and/or conflict between institutions have come to light, the crisis of confidence in the democratic model is becoming more acute.

1.3

Vulnerable Groups

The pandemic has a discriminated impact on various groups of population and their response capacity. The inability to work from home, overcrowded conditions and lack of access to water and sanitation increase the risk of infection in the population in situations of poverty and vulnerability. All the vulnerabilities of the population groups identified in the Humanitarian Needs Overview from March 2020 have been exacerbated by the pandemic.

Women: Women are often in the frontline, in charge of the care of children, older persons as well as sick people, exposing themselves even more to the risk of getting the virus. The pressure on health systems significantly affects women, as, according to a survey by the Economic Commission for Latin America and the Caribbean (ECLAC), they represent the vast majority of the total number of people employed in this sector¹⁴. Women also work mainly in the services sector, which has been particularly affected by the crisis. On the other hand, a dramatic increase in gender-based violence, including at the hands of their partners, can be seen in the three countries, which have already recorded the highest GBV rates in the world. In a context of confinement, school closures and the need for care in the possible presence of one or more infected persons in the home, the burden of unpaid domestic work assumed by women, adolescents and girls, as well as cases of violence against them, are significantly increased.

Indigenous and rural pregnant women, who often live in a situation of poverty and with limited or no access to health services, accumulate several critical vulnerabilities in the face of the pandemic.

While the crisis affects the entire workforce, the situation of informal workers of both sexes, and especially women and young people, indigenous people, Afro-descendants, and migrants stems from the confluence of the axes of inequality and constitutes a strong core of vulnerability. Paid female domestic workers (11.4 percent of employed women), many of them migrants, indigenous or Afro-descendants, are in a particularly complex situation. Few have access to social security, and are more unprotected in scenarios of sustained unemployment. Physical distancing measures prevent them from carrying out their activities and generating income to allow them to remain outside of poverty.

Children and adolescents: Due to lack of food, acute malnutrition should increase, particularly in children under 5 years of age. Additionally, the disappearance of educational opportunities and their exposure to all types of violence accentuate the vulnerability

of children and adolescents and seriously undermine their immediate future. In the poorer households, distance learning is often impossible so if the suspension period is extended, the risk will increase of school dropouts, particularly for those affected by a drastic drop in family income. The risk for the mental health of children and adolescents also increases due to confinement and family stress. An increase is also likely in the risk of child labor and/or the risk of abandonment due to the contraction of family income.

Populations on the move: For displaced persons, the challenge of protecting themselves from the virus is greater because of less access to supplies, health facilities or simply decent housing. They are also at greater risk of seeing their rights violated and find it more difficult to access migration regularization and protection services, including the possibility to access international protection.

Rural populations, often mainly indigenous as in Guatemala, have the highest rates of poverty and extreme poverty. In rural and remote areas, it is also difficult to access health services that are often insufficient.

Indigenous people and afro-descendants: In Northern Central America, as in other regions of the world, these populations belong for the most part to the poorest and/or most invisible groups. The situation of indigenous peoples in most aspects is much worse than other non-indigenous people with similar characteristics, such as the same level of education, age, place of rural or urban residence, type of work, and home typologies. Having little access to means of sanitation, overcrowding and other factors increase morbidity, and poor health conditions make them a population at high risk of mortality from epidemics¹⁵. Risk communication also represents a challenge in multicultural and multiethnic regions where different languages are spoken. In Honduras, for example, the outbreak is concentrated along the northern coast of the country, where a large part of the Garifuna population resides. In this community, which has roots both among indigenous people and African descendants, many households are headed by women or grandmothers, and one or both parents work abroad to send money home. As in other Afro-Honduran and indigenous communities, some neighborhoods and homes lack electricity, Internet access and piped water. Food insecurity is common and many cannot access health services due to distance or availability.

Older and/or chronically ill people are more vulnerable to the coronavirus.

¹⁴ https://repositorio.cepal.org/bitstream/handle/11362/45337/4/S2000264_es.pdf page13.

¹⁵ [Impacto y situación de la población indígena latinoamericana ante el Covid-19](#). UNDP, May 14, 2020.

people with disabilities: As people with disabilities are dependent on the care of others or have difficulty moving or getting help, they are also particularly vulnerable to the spread of the virus and neglect. In Guatemala, 10 per cent of the population has at least one difficulty to perform everyday activities¹⁶.

LGBTIQ+ people systematically face obstacles in accessing health care and related support services, especially in places where their identities are considered a crime or are persecuted, and where they are often denied essential treatment or suffer abuse. This can lead people to avoid critical health services for fear of arrest or violence. In addition to the social and economic impacts of the COVID-19 crisis that further restrict access to livelihoods and housing, quarantine measures result in LGBTIQ+ people, particularly youth, being placed at risk in hostile homes or abusive relationships.

Persons deprived of liberty: There are particular risks related to COVID-19 in confined populations for which physical distancing is not possible, in particular due to the lower level of health of the prison population (UNODC, COVID-19 preparedness and responses in prisons - position paper, 31 March 2020). In this context, and taking into account the level of prison overcrowding, it is necessary to implement measures to ensure the health and well-being of persons deprived of liberty in prisons, detention centers, quarantine facilities or other, as well as the protection of prison officers, prison personnel and visitors, in accordance with the fundamental safeguards set forth in the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules).

16 2018 INE Census.

1.4

Projections

The Economic Commission for Latin America and the Caribbean (ECLAC) projects that the fall in gross domestic product (GDP) in Central America could reach -2.3 per cent, as a result of the fall in tourism - as has already been seen in Guatemala and El Salvador, where the sector represented 20 per cent of GDP in 2018¹⁷ – and the reduction of activity in the United States, the main trading partner in the region and the largest source of remittances. Other entities expect the contraction of economic activity to be greater. The Inter-American Development Bank (IDB), for example, projects that in the event of severe prolonged effects of the pandemic on El Salvador, the economic contraction in the country could reach up to -3.9 per cent¹⁸.

In addition to the increase in poverty and extreme poverty by several percentage points, ECLAC also forecasts growth in inequality in all countries of the region. The Gini index, which measures inequality, could see increases of between 0.5 per cent and 6.0 per cent.

According to World Food Programme projections, due to the pandemic the number of severely food insecure people in the Dry Corridor could rise from over 1.6 million to close to 3 million in 2020¹⁹.

Furthermore, the risk of socio-natural disasters remains significant in the region as the recent fires and volcanic activities in Guatemala have shown, especially with tropical storms Amanda and Cristobal that affected the three countries of the Northern Triangle and caused flooding, landslides and population displacements in early June. Humanitarian actors fear they will not be able to respond to these multiple disasters because of the difficulty of mobilizing assistance on the ground and the complexity of implementing sufficient social isolation measures in temporary accommodations. Additionally, water from storms and hurricanes can disperse sanitary (including biological/infectious), domestic and hazardous wastes, entailing risks of water pollution and adding to COVID-19 risks and the dengue epidemic in the region. The poor air quality in the region, due to forest fires, slash and burn practices, and the layer of smoke and ash generated by volcanic eruptions, is another factor of concern as it causes lung diseases, putting exposed people at greater risk to the pandemic. Forecasts of an active hurricane season in 2020 mean that there is a greater probability of being forced to carry out multiple responses at the same time, within the context of the pandemic.

1.5

About the Analysis

This complementary analysis of the COVID-19 impact on the Northern Central American countries was carried out in a fluid situation where humanitarian actors were trying to identify the priorities for action and mobilize funds to meet this challenge, unprecedented in both magnitude and breadth. Given the complex context for data collection

and the urgency to act, there are information gaps which are expected to be filled in the future. Information drawn up by the humanitarian country teams as well as secondary information has been used.

¹⁷ [FUSADES, 2020](#).

¹⁸ [El impacto del COVID-19 en las economías de la región \(Centroamérica\)](#), Inter-American Development Bank, April 2020.

¹⁹ [Millones en riesgo de inseguridad alimentaria en América Latina y el Caribe](#), WFP, May 28, 2020.

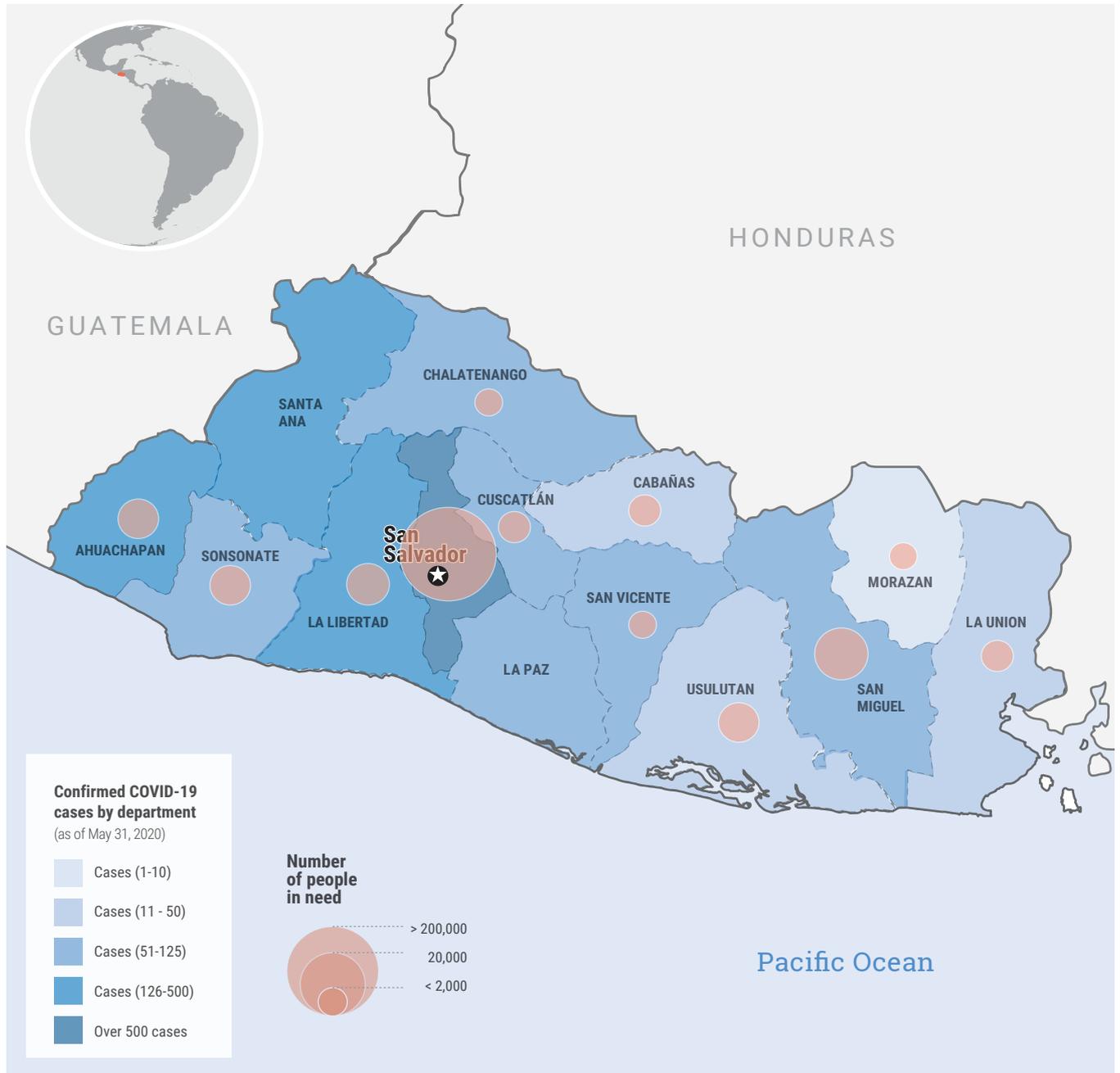
Part 2

El Salvador

Photo: WFP/Carlos Soriano



General map of El Salvador



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2.1

Context

The first case of COVID-19 in El Salvador was announced by the President of the Republic on 18 March 2020²⁰. With a total population of 6,643,000, the country has a high population density (316 inhabitants per km²), which represents a great vulnerability during a pandemic. In response to COVID-19, the Salvadoran government was one of the first in the world to implement early containment measures such as border closures and expanded quarantine to prevent a rapid collapse of the health care system. The state of emergency, which was decreed on 14 March 2020 at the national level, imposes rigid movement restriction and social distancing measures, impacting on labor, commercial and educational activities.

This reality imposed by COVID-19 deteriorates an already weakened context, as described in the [HNO of Central America](#). The new crisis occurs within a context where 30.9 per cent of the total population lives in multidimensional poverty (6.7M), with a weak health system and low coverage (only 2.5 per cent of GDP is invested in public health, which is not enough to meet the demand for care). In addition, the country has one of the highest rates of violence and crime in the world.

According to the HNO, an estimated 643,000 people need some form of humanitarian assistance or protection (PIN), the equivalent of 10 per cent of the Salvadoran population. The calculation that was made before the pandemic includes vulnerable groups requiring protection (26 per cent), the rest (74 per cent) covers population groups facing various adverse conditions (problems of food insecurity for 331,000 people; WASH, education, among others).

El Salvador ranks among the top vulnerable countries, with an index of 6.9 according to the LAC INFORM 2019 index and the highest level in the region in the lack of institutional capacity category, which implies limited capacity for disaster risk reduction, governance, social protection, security, and containment of violence, highlighting the country's fragility to deal with the COVID-19 pandemic.

²⁰ [El Salvador: Respuesta a la pandemia COVID-19, Situation Report No. 02 \(18 al 20 de marzo de 2020\)](#). CCCM Cluster, IOM, 23 March 2020.

2.2

COVID crisis humanitarian needs and impact on people and services

Impact on the economic system

In a country where the vast majority of the active economic force works in informality, a business survey of a sample of 300 companies of all sizes, sectors and geographical areas shows that micro and small enterprises are the most negatively affected. Of that group, 58.3 per cent mention being completely affected. The study also reports that, of the total number of companies, 62.3 per cent have had to close temporarily, 14 per cent permanently and only 23.7 per cent were active during the month of April. Lastly, 31 per cent of active businesses have been forced to cut back on jobs in order to manage overhead expenses.

The economic impact of the standstill in business activities in the country due to COVID-19 could reach around \$100 million per day, according to estimates made by the Chamber of Commerce and Industry of El Salvador (Camarasal).

In April, tax revenues fell 31.9 per cent, according to the Finance Ministry. The accumulated tax collection from January to April, meanwhile, shows a drop in income of 18 per cent and a decrease of 1.4 per cent in VAT. The economic recession is expected to cause a drop of up to US\$1 billion.

In addition to the contraction of the tourism sector (which represented 20 per cent of GDP in 2019), the Asociación Cafetalera de El Salvador (Coffee Producers Association of El Salvador) reports a 26.17 per cent drop in the 2019-20 harvest, estimating a loss of 15,000 jobs for the next coffee harvest if the situation continues. In view of this situation, the sector requested the Government to be included in the US\$1 billion package approved for support to the production sector (ENLACE).

The fall in remittances, which represented 21 per cent of GDP in 2019²¹, could reach -11 per cent²², impacting the most vulnerable sectors of the population, which depend on these remittances from abroad for their survival.

Impact on health systems: El Salvador is a country with a health system facing challenges, and this situation is further exacerbated by a pandemic such as COVID-19. Only 2.5 per cent of GDP is invested in

health while WHO recommends 6 per cent and the demands on this system are great. The impact of the COVID-19 pandemic also impacts the nutritional status and health of families, especially vulnerable groups such as children under the age of 5 and pregnant women. The nutritional profile of the country indicated that prior to the crisis there was a double burden of malnutrition, i.e., the tangible coexistence of conditions of malnutrition, hidden hunger, overweight, and obesity.

Impact on food security and livelihoods: The fall of income in households constitutes an immediate, almost generalized impact, due to the containment measures implemented. This has a greater impact on poorer households, most of whom engage in subsistence livelihoods, earning the income they need to live day by day. Nationally, 26.3 per cent of households are in condition of income poverty. This figure reaches 30 per cent in rural areas and 24.1 per cent in urban areas (Digestyc, 2019), for a total of 491,396 households nationwide.

In 2018, among the most significant hardships endured by Salvadoran households were the absence of social security (68 per cent), underemployment and job instability (62 per cent), lack of access to sanitation (43 per cent), and overcrowding (41 per cent)²³. These conditions further highlight the vulnerability of important segments of the population.

According to estimates of the Inter-American Development Bank (IDB), in 2020, the consolidated middle class would decrease from 22 per cent to 17 per cent of the population, the vulnerable middle class from 47 per cent to 43 per cent, and poverty would increase from 28 per cent to 39 per cent, which would represent about 600,000 thousand people at the national level at risk of poverty. The most impacted and vulnerable livelihoods are those of small producers and laborers of coffee, basic grains, aquaculturists, and fishermen. The population experiencing food insecurity (INSAN) represents 126,000 households, which depend on corn and bean consumption and are therefore much more vulnerable to the negative impact and market fluctuations brought about by the economic restrictions imposed due to the pandemic.

21 <https://www.knomad.org/data/remittances>

22 [El impacto del COVID-19 en las economías de la región \(Centroamérica\)](#). IDB, April 2020.

23 [El Salvador COVID-19 Humanitarian Response Plan](#). Humanitarian Country Team, United Nations, April 2020.

EL SALVADOR

Impact on protection and rights: The country has recorded very high levels of violence in recent years. The country registers some 71,500 internal displacements caused by violence²⁴. Now, the impact of the pandemic has the potential to delay further progress towards protection and solutions for internally displaced persons.

Additionally, the extraordinary prevention and containment measures of COVID-19 cases that led the government to close both air and land borders and the implementation of quarantine centers (QC) for the mandatory quarantine of all Salvadorans returning to the country are affecting the capacity of assistance in the country.

Despite the Government's efforts to stop the return of migrants from the United States, the return flow from that country through federal flights has remained constant.

More than 1,100 people have been returned, mostly from the United States (97.2 per cent), in the period since the official declaration of national quarantine on March 11 until April 30²⁵. Some 26.7 per cent of them report being displaced due to widespread violence in their places of origin.

Having to provide attention to a greater number of returnees and the correlative increase in quarantine centers for returnees complicates their management and care. The following information is available as of April 26: 3,989 people housed in 92 QCs, of whom 90 per cent are adults (2,662 men and 926 women plus 18 pregnant women), 5 per cent children (83 girls and 106 boys), and 5 per cent elderly people (55 women and 139 men). In the case of QCs for returnees, there are 9 QCs for returned migrants housing 778 returnees (670 men and 108 women).

People living in the 90 shelters, (in this context, quarantine centers²⁵) often face challenges and specific vulnerabilities. They are often neglected, stigmatized and may face difficulties in accessing health services that are otherwise available to the general population. Likewise, the psychological impact and emotional state can be seriously affected by the emergency situation. In situations of temporary accommodation or similar, it is extremely important from a protection point of view that the human rights and public health of people affected by humanitarian crises are not violated.

At community level, there are general protection risks that are accentuated by the threat of coronavirus infection. Among the main risks identified based on an analysis of the sector, there is a risk of misinformation (collective panic or unfounded fear), risk of shortage of essential products and services (water, hygiene products, basic food basket products, price increases in the basic food basket and inability to purchase), risk of not being able to mobilize (illegal detention, risk of lack of community mobilization to carry out prevention and information activities, risk of isolation of

unaccompanied people, risk of not having access to asylum at the border or on the territory), health risks (lack of access to medical consultations and treatments for patients with pathologies other than those of the COVID-19 virus, risk of increase in cases of gender-based sexual violence, risk of high transmission of the COVID-19 virus), and other risks associated with the "authority" role of criminal groups ("gangs").

In addition, there are risks associated with the actions of organized crime, which continues to commit crimes such as murder, disappearance of persons, extortion, drug trafficking, and others that affect communities, while institutional capacity has been reduced in response to the emergency. By its nature, criminal structures adapt to new circumstances to take advantage of these and diversify their criminal activities, leading to additional risks of cybercrime, money and asset laundering, increase in sexual violence and other crimes.

Vulnerable people: Vulnerable profiles under COVID-19 include children and adolescents, women, LGBTIQ+ population, elderly people, survivors of violence, people with pre-existing medical conditions, disabilities or functional diversity, deported in quarantine, who left due to violence, and people deprived of liberty in prisons and juvenile detention centers.

Impact on humanitarian access: One of the greatest challenges of the COVID-19 pandemic are the mobility restriction measures and curfew enacted by the government to contain the spread of the virus. These restrictions are a limitation for humanitarian actors to reach rural and remote areas in the country. Access to be able to obtain official authorization to get out of confinement is bureaucratic and complicated. Another problem is the poor access to personal protection products and cleaning supplies, medications and other supplies needed for the response, as the local market is insufficiently supplied and there is also a great demand in the international market.

There is a lot of questioning about the way in which containment measures are being implemented through military forces, and the international community is concerned about possible human rights violations.

Impact on Education: The closure of education systems has directly impacted the student population of El Salvador (approximately 1.1 million people). COVID-19 has driven the need to initiate a process of educational continuity from virtual platforms, which make evident limitations such as: limited capacity of immediate adaptation to virtual/online education systems or schemes, teacher training, curriculum development, access to virtual platforms and/or digital devices to ensure virtual education (only 61 per cent of students have access). The impact on their learning will depend on how much they can rely on other learning tools such as printed guides, availability of educational television or radio programs.

24 Caracterización de la movilidad interna a causa de la violencia en El Salvador. Informe final, marzo 2018. Ministerio de Justicia y Seguridad Pública, Government of El Salvador. <https://www.refworld.org/es/pdfid/5ab96d624.pdf>.

25 Encuesta de medios de vida a población migrante retornada en El Salvador en el marco del COVID-19. IOM, May 27, 2020.

2.3

People affected and most in need

- **People suffering from chronic diseases:** According to the latest survey of chronic non-communicable diseases (ENECA), 39 per cent of the population over 20 years of age (1,648,856 people) is hypertensive, 12.5 per cent of the population (528,480 people) is diabetic and 27.3 per cent of the population (1,154,200 people) is obese.
- **Adults 60 years and older:** According to UNFPA's socioeconomic diagnosis as of 2020, the population over 60 years of age represents 11.75 per cent of the population.
- **People living in poverty:** 30.9 per cent of the total population lives in multidimensional poverty and according to IDB estimates, about 600,000 people could fall into poverty in 2020, increasing the latter by up to 11 percentage points.
- **People with vulnerable nutritional and health profiles:** Index of children with low birth weight of 9.92 per cent, with adolescent mothers giving birth to 18.36 per cent of these children, which poses a public health problem as it puts the life of the mother-child at risk; children under 5 years of age with nutritional problems, 91,521 with stunting (16.3 per cent), 33,052 underweight (5.9 per cent) and 14,356 acutely malnourished (2.5 per cent), and 35,731 overweight and obese (6.4 per cent) children under 5 years of age.

Expected development of the situation

According to the transmission dynamics that have been observed in other countries, where there are 145 cases per 100,000 inhabitants, it would be expected that between 90,000 and 120,000 people could be affected by the disease in El Salvador in 2020.

The International Labour Organization (ILO) estimates that the economic crisis associated with the COVID-19 pandemic will impact 1.3 million jobs in El Salvador, which is equivalent to 46.6 per cent of all workers in the country.

At the economic level, projections of decline range from -2 per cent to -4 per cent according to the Central Reserve Bank in 2020 and up to -5.4 per cent according to the IMF.

According to ECLAC, poverty rates could rise from 33.7 per cent in 2019 to 37.3 per cent in 2020, while extreme poverty could reach 9.6 per cent of the population in the year, compared to 7.4 per cent in 2019²⁶.

Since March, the country has been implementing social protection measures for the population in a situation of poverty and vulnerability in order to face the pandemic; however, there is uncertainty about the possible lack of economic solvency to address the health and economic crisis, which will affect the most vulnerable even more.

26 [El desafío social en tiempos del COVID-19](#). ECLAC, May 12, 2020.

Part 3

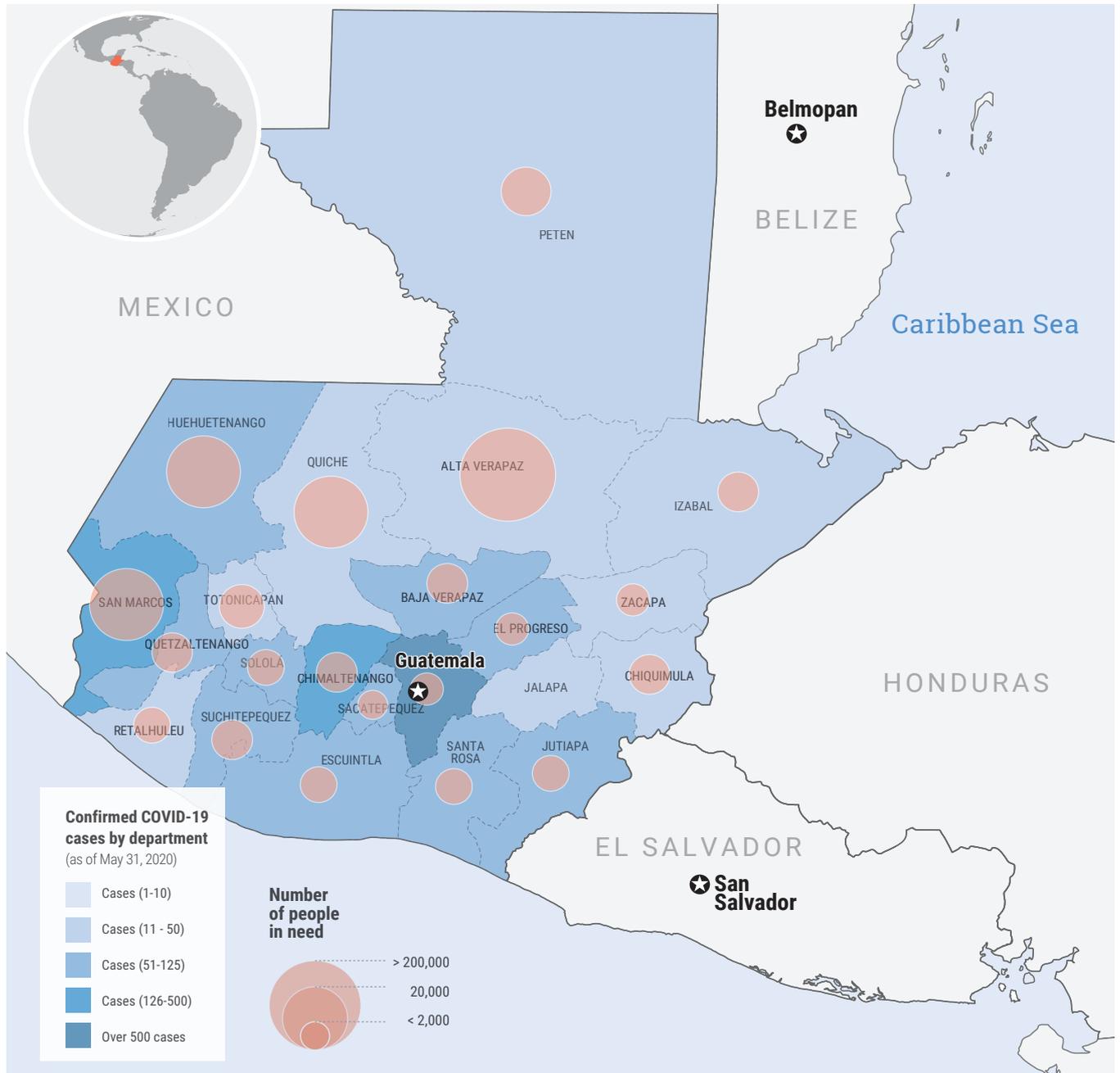
Guatemala

Photo: UNICEF/Daniele Volpe



GUATEMALA

General map of Guatemala



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3.1

Context

The first case of COVID-19 was reported in Guatemala on 13 March 2020. Eighty-seven percent of the cases are distributed in the central, northwestern and eastern regions of the country, where a higher incidence of vulnerability is concentrated, aggravated by the coronavirus crisis.

To prevent the spread of the virus, the Government of Guatemala quickly declared a state of emergency and imposed rigid measures restricting movement and commercial activity, which collaterally deteriorate an already fragile socioeconomic context, as described in the [HNO of Central America](#).

In a country characterized by vulnerability to climatic shocks, high economic inequality and significant protection gaps, the humanitarian and socioeconomic impact of the pandemic has been greatest on the most vulnerable groups within a population of 14.9 million people.

In recent years, levels of food insecurity and acute malnutrition in Guatemala have increased not only along the Dry Corridor, but also in other departments with high rates of poverty and underdevelopment. Fifty-nine percent of the population is in poverty (10M), rising to 77 per cent in areas with indigenous populations; and half of the children under 5 years of age suffer from chronic malnutrition²⁷.

According to the World Risk Report, 2019 prepared by the United Nations University, Guatemala is the eighth country with the highest level of exposure to disaster risk in the world and is among the top most vulnerable countries, according to the INFORM global index. The strong influence of the El Niño phenomenon has strongly impacted Guatemala by prolonged drought conditions and heavy irregular rainfalls resulting in crop failure and the death of livestock and domestic animals among poor and vulnerable farmers, generating a very severe food insecurity situation. According to the most

recent HNO, the country already had a total of 3.3 million people with humanitarian needs, with 2.3M people in food insecurity, 446K migrants and evicted people, 520K affected by crime, and 68K prematurely pregnant girls and adolescents. This scenario is further aggravated by absent or insufficient basic health services, social security programs and safety net strategies, especially in the most rural areas of the country, and the country's capacity to confront this pandemic is extremely limited.

The HNO has estimated that around 2 million people in border and rural areas far from urban centers do not have access to quality health services, and this is where the highest rates of maternal and infant mortality and the largest number of cases of acute malnutrition are identified.

²⁷ <http://www.siinsan.gob.gt/siinsan/desnucion-cronica/>

3.2

COVID crisis humanitarian needs and impact on people and services

As of 21 May 2020, there were 2,133 confirmed cases and 43 deaths

Due to containment measures and the poor response capacity of the health system, outpatient consultations have been suspended in public hospitals and it is projected that the rest of public health services will be disrupted or fragmented, leading to a decrease in coverage, higher maternal and infant mortality and an increase in malnutrition rates.

The current situation, where there is loss of livelihood, unemployment and a drop in the receipt of remittances in dollars, is increasing levels of food and nutritional insecurity and therefore of acute malnutrition.

At the national level, 15,332 cases of acute malnutrition were reported in 2019, representing a 24 per cent increase compared to 2018 (2,950 more cases). In the first months of 2020, an increase of 3.7 per cent per epidemiological week 4 is noted compared to the same period in the previous year. With the loss of livelihoods and the contraction of remittances, an increase in food insecurity is looming, in a situation that coincides with the time of the so-called "seasonal hunger" between May and September. According to data from the Ministry of Health as of April 25, 13,740 infants are suffering from malnutrition, a figure that has tripled compared to the 4,575 cases reported during the same period in 2019. The most affected departments are Alta Verapaz, Huehuetenango, San Marcos, and Escuintla.

Impact on the economic system: At the national level, an economic slowdown can be observed due to measures restricting the movement of people (curfew) and the closure of productive commercial activities. The severe impact that the pandemic is having on the U.S. economy - where GDP fell by 4.8 per cent in the first quarter²⁸ and unemployment reached 14.7 per cent at the end of April (18.9 per cent for Hispanics) - has already begun to manifest its effects on the Guatemalan economy as the northern country is the main trading partner and recipient of migrants who send family remittances to the country²⁹. Thus, imports of goods from the United States to Guatemala decreased 7 per cent during the first quarter of 2020 (in line with observed disruptions in local economic activity).

In the case of remittances (13.8 per cent of GDP in 2019), figures released by the Bank of Guatemala indicate that in April, remittances received fell by 20 per cent. The decrease in remittances is directly impacting the most vulnerable populations, considering that: i) 88 per cent of beneficiary households are poor or at risk of falling into poverty; and ii) the proportion of remittances with respect to household income reaches 44 per cent (48 per cent in rural areas and 39 per cent in urban areas); where, additionally, 69 per cent of remittance recipients in Guatemala are women³⁰. In terms of geographical location, Guatemala is the department with the highest number of remittance beneficiaries, followed by Huehuetenango, San Marcos and El Petén. Together, these four departments are home to almost half of the country's remittance beneficiaries.

Furthermore, the standstill in economic activity is already beginning to show its effects on businesses, which report a loss in turnover of 20 per cent in March and 40 per cent in April 2020³⁰.

Lastly, due to the high rate of labor informality, close to 70 per cent, a large number of workers are very vulnerable to the effects of the pandemic and the measures taken to deal with it. The effects of complying with the measures to contain the spread of the coronavirus impact these workers to a greater extent than the rest of the population, as they do not have greater social protection resources or surplus own resources to cope with emergency situations, where the majority live on the wages earned each day.

Impact on health systems: The situation of the health system in Guatemala presents various limitations related to the health steering role of the Ministry of Health (MSPAS), changes in care models, fragmentation and limited coverage of health services, and the lack of a culturally relevant system. The Ministry of Health has reported a deficit of 3,000 health centers in rural areas.

According to the Pan American Health Organization (PAHO), public investment in health should be at least 6 per cent of GDP to achieve universal health. Guatemala only invests 2 per cent of GDP in health. Therefore, the levels of pandemic preparedness were categorized by WHO in early March as level 2, which means that Guatemala has less than 40 per cent response capacity. Epidemiological

²⁸ <https://www.bea.gov/news/2020/gross-domestic-product-1st-quarter-2020-advance-estimate>

²⁹ According to IOM figures, 97 per cent of remittances come from the United States: <https://bit.ly/2Z09ktl>

³⁰ Economic cost of confinement in Guatemala. CABI, April 2020.

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surveillance capacities are minimal and must be expanded. Due to the containment measures and response capacities of the health system, outpatient consultations in public hospitals have now been suspended, which will impact coverage, malnutrition rates, maternal mortality, and family planning, among others. Moreover, comprehensive care services, especially clinical management of cases of sexual violence, are limited by workloads, lack of supplies and permanent personnel that is now being used for the fight against the pandemic.

On the other hand, and considering that there is a need for water to fight the spread of the virus through hand washing, it must be said that water, sanitation and hygiene (WASH) services are also almost absent or deficient. Only about 61 per cent of the national population has access to water. This figure decreases dramatically in rural and poor areas.

According to an impact analysis survey conducted by CARE in central and northwestern Guatemala, 98 per cent of people reported that their greatest need is for food. In this order, people also highlighted the need for hygiene products (91 per cent) and safe water (61 per cent). The same trend of results was obtained by Helvetas in a survey conducted in the western highlands of the country, where the number one concern of people is the food crisis they are already experiencing.

Impact on the education system: This crisis and the measures taken by the Government have had a direct effect on the education system with the closure of 34,718 public schools serving over 2.9 million students. More than 1 million students have also been affected by the temporary closure of 17,562 private schools. A total of 53,380 education centers are closed and more than 4 million children and adolescents do not receive educational services. Classes that had begun on January 8, 2020 were suspended. Work stoppage in the education sector may particularly affect girls and adolescents as, being out of school, they lose this means of protection and are exposed in situations of quarantine or confinement to gender-based violence, forced pregnancy, abuse, and sexual violence. Similarly, school canteens in all closed schools have been disrupted with a consequent negative impact on the food security of these students.

Impact on the protection and rights of vulnerable groups

Among the groups in situations of greater vulnerability, the

Cluster has identified the Guatemalan returnee population - many of whom are indigenous people and unaccompanied children and adolescents in many cases - due to their limited access to differentiated protection mechanisms and protocols and appropriate forms of alternative care, under conditions of dignity and safety, and appropriate health care. As of May 6, according to official data, a total of 12,399 people, including 11,145 adults and 239 unaccompanied children³¹, had been returned from the United States by air. For land returns from Mexico, data is only available up to March, with 9,683 returnees (including 1,960 children), a 30 per cent increase over the same period last year³². Returns have also been reported in different parts of Guatemala's borders that do not comply with international human rights standards, both of Guatemalans and persons of other nationalities³³.

Social tensions have been reported in some places and communities of return following a worrying increase in episodes of discrimination and stigmatization³⁴, even fostered by limited information in the communities and statements from public officials that have associated the increase of COVID-19 cases in the country with the flights of returnees³⁵.

The situation of persons in need of international protection as refugees is of concern, as the COVID-19 emergency has made the receipt and assessment of asylum and protection applications more difficult, while the development of a protocol is still pending to ensure effective access to this right, and the implementation of health protocols by the authorities. The situation of vulnerability of these people is further increased by the limited employment options due to restrictions (on movement, etc.) linked to the state of calamity and the limited assistance capacity of humanitarian actors. The reduction in personnel and working hours in institutions have lengthened the processes of refugee status determination, leaving some people without proper documentation.

Despite the closure of borders, the flow of people in transit through Guatemala does not stop those who flee their countries because of gang ("maras") violence, organized crime, gender-based violence, and violence against LGBTIQ+ people, as well as poverty. In the absence of protection mechanisms at the border and during regular transit, many are forced to turn to migrant smuggling networks.

There is concern about the lack of specialized health and protection care and accessible information for people with disabilities, in

31 [Guatemaltecos deportados vía aérea de Estados Unidos de Norte América, enero a mayo 2020](#). Instituto Guatemalteco de Migración, Government of Guatemala.

32 When 7,418 returns were recorded: <https://mic.iom.int/webntmi/guatemala>

33 OCHA, COVID-19 - Situation Report Number 4, page. 9, April 30, 2020.

34 Ibid.

35 <https://republica.gt/2020/04/14/vuelos-retornados-covid-19/>

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particular the situation at the "Federico Mora" Mental Health Hospital³⁶ and the situation of people deprived of their liberty, with an emphasis on adolescents and mothers³⁷, due to overcrowding in detention centers and barriers to full access without discrimination to information and the right to health.

Impact on Humanitarian Access

One of the major challenges with the COVID-19 pandemic is the time and interdepartmental mobility restrictions that the government is imposing as an action to contain the spread of the virus. These restrictions are an obstacle for humanitarian actors as much of the response is implemented in rural and remote areas of the country. Currently, there are 4 departments where people cannot move freely and there are sanitary cordons in some municipal jurisdictions.

The mobilization and purchase of supplies, mainly personal protection equipment and medicines, are being affected by the reduction in air freight and the closure of borders, as well as a substantial shortage of personal protective equipment, which is having an impact on saving lives. No supplies are available locally, regional stocks are limited and no globally available stocks have been received.

36 OCHA, COVID-19 - Situation Report Number 4, page. 1, April 30, 2020

37 OCHA, COVID-19 - Situation Report Number 3, page. 8, April 18, 2020

3.3

People affected and most in need

People who already suffer from chronic diseases such as diabetes or heart complications, suppressed immune systems (children with chronic malnutrition, for example), older adults and pregnant women. Guatemala has about 1.2 million people aged 60 and over. Also at high risk are displaced persons, rural and indigenous communities in poverty or extreme poverty with limited access to health services. It is estimated that some 2 million people do not have access to primary public health services. In recent days, COVID-19 cases have been reported in the returnee migrant groups that the United States and Mexico are sending to the country at a rate of 2 planes (about 400 people) per day, constituting a high risk for the country³⁸. The Protection Cluster has also identified other groups in a situation of vulnerability, such as persons with disabilities, indigent persons, persons deprived of their liberty, evicted communities, and children and adolescents in protection institutions. People who depend on the informal economy, street vendors, underemployed or unemployed women total about 4 million and have lost their low incomes due to mobility restrictions and the closure of businesses and industries. Women, girls and adolescents stand out as they also have inadequate access to social protection programs, limited or no access to key technology and information. Considering risk factors such as discrimination, it is also important to take into account women victims and survivors of violence, people living with HIV, as well as LGBTQ+ people.

According to estimates from the Food Security Cluster, the COVID-19 pandemic has affected some 461,000 families (about 2.8M people) due to loss of livelihoods, impact on remittance income, informal work affected by restrictions, increase in food prices, and decline in agricultural and non-agricultural exports.

The other item of great interest in situation analyses is the issue of the increase in acute malnutrition in children under 5. Preliminarily, although not all the data are available, it is estimated that the rebound could be around 40 per cent or 50 per cent over 2019. Considering that in 2019, 15,395 children were registered with acute malnutrition (118 deaths), we can expect more than 25,000 cases this year throughout the country.

Expected development in the situation

With the arrival of the first confirmed case of COVID-19 in Guatemala and the subsequent increase in the number of people infected and under observation, the measures taken by the Government for the containment of the virus will continue to have a negative impact on the economy.

In April, international financial institutions (IFIs) reviewed their forecasts for economic growth which would be about -2 per cent for this year³⁹, while the Bank of Guatemala forecasts a drop of about -0.5 per cent (in a range of between -1.5 per cent and 0.5 per cent) with an impact on almost all economic activities. Expected effects are therefore anticipated to be greater than those observed in the global crisis over a decade ago⁴⁰.

The strong impact of the virus in the U.S., Guatemala's largest trading partner, will continue to have a negative impact on the demand for national exports, as well as the flow of remittances and investments to the country. On the other hand, initial forecast revisions for Guatemala (which do not include the recent measures announced by the Government) already point to a reduction of about -0.8 percentage points of GDP for 2020 (from an original projection of economic growth of 3.3 per cent to 2.5 per cent). According to a study by the Inter-American Development Bank (IDB), the formal sector of Guatemala would lose between 97,500 and 177,000 jobs as a result of COVID-19, depending on whether the health emergency is contained in the first half of the year or extends to the end of 2020 (with much greater impact if the crisis extends beyond the year)⁴¹.

The role of remittances is particularly important in terms of social protection networking for individuals and families in a situation of vulnerability and source of foreign exchange for the country. The reduction in the flow of remittances will continue to affect the purchasing power of these families.

Informal workers, who represent 70 per cent of the economically active population, will be affected by the containment measures for the spread of COVID-19, mainly due to not having greater social protection resources or own surplus resources to meet emergency situations, where most people live on their day-to-day income.

38 <https://edition.cnn.com/2020/04/17/americas/us-migrants-guatemala-coronavirus/index.html>

39 See IMF figures at <https://bit.ly/2LlaNmA> and World Bank <https://bit.ly/2SVYHED>

40 In the case of the global crisis in 2009, the Guatemalan economy decreased its growth rate by 2.8 percentage points (but did not decrease), remittances fell by 10%, exports were reduced by 7%, and foreign direct investment flows were reduced by 30%.

41 <https://bit.ly/3fDKC8p>

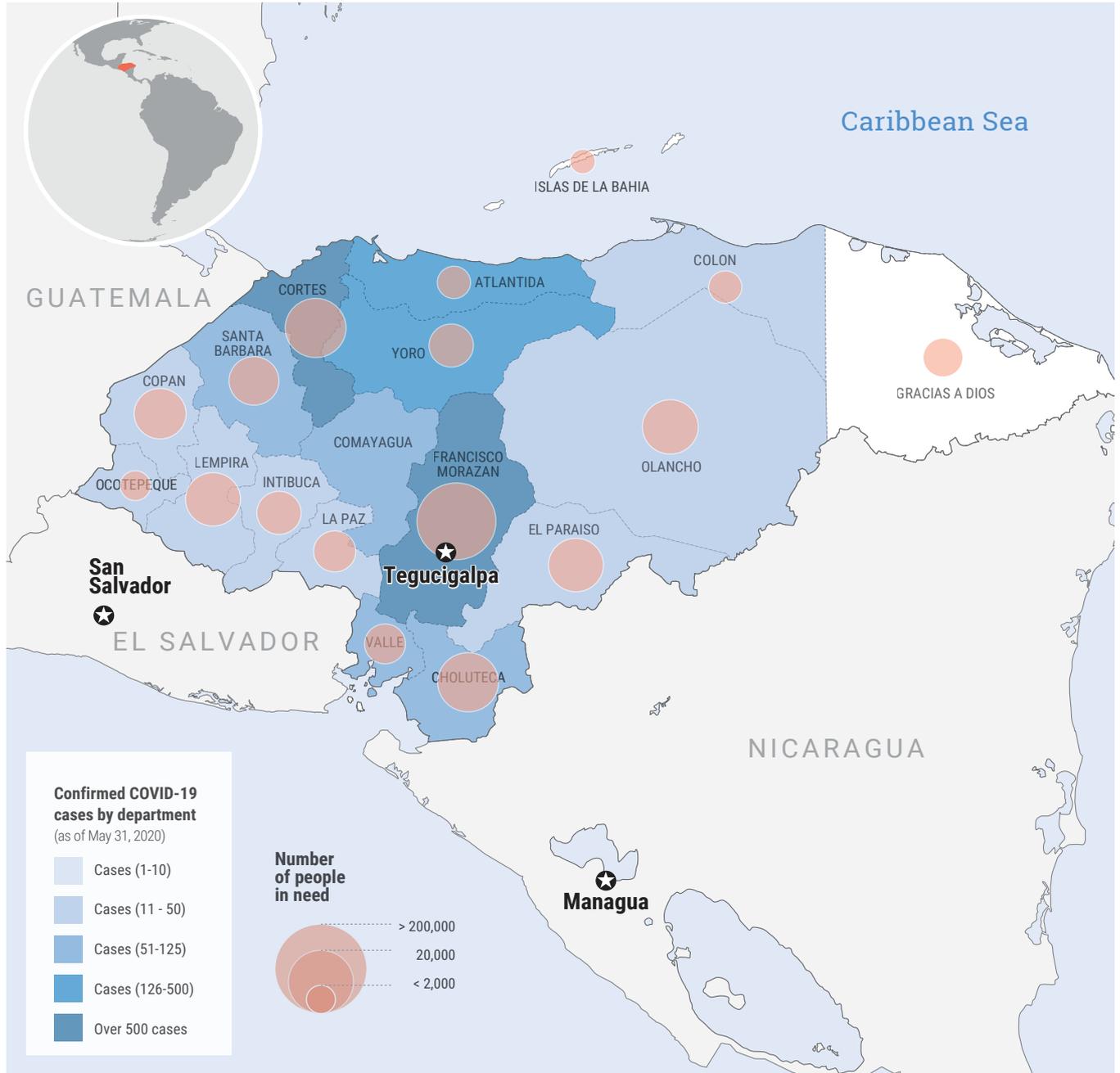
Part 4

Honduras

Photo: UNHCR



General map of Honduras



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4.1

Context

On March 11, 2020, the first two cases of COVID-19 were confirmed in Honduras. As of May 31, 5,094 confirmed cases and 201 deaths were registered, the highest figures in NCA.

Honduras receives the coronavirus pandemic in the midst of one of the most severe dengue emergencies on record in the country. During 2019, more than 112,000 cases were recorded, causing the death of 180 people. That emergency revealed the low response capacity of the integrated medical care networks, as a result of insufficient human resources (doctors, nurses and health promoters), their deficient and inadequate distribution in primary care, low percentage of drugs and supplies in health care facilities, and poor availability of tools and equipment for timely diagnosis and treatment. According to the latest Humanitarian Needs Overview⁴² of the country, around 1.3 million people have humanitarian needs, of whom some 794,000 are affected in their access to services and therefore at risk during the COVID-19 health crisis.

In Honduras, most of the deceased suffered underlying medical conditions, such as high blood pressure, heart problems or diabetes. Of the 46 confirmed deaths, 35 correspond to people over 40 years old, the average age at death is 55 years (74 per cent men). Deaths have also been reported of 2 postpartum women and 2 women from medical staff.

The country has been on red alert since March 14, 2020 and since March 20, a curfew has been in place throughout the national territory. Similarly, air, sea and land borders have been suspended for the movement of people.

⁴² Humanitarian Needs Overview - El Salvador, Guatemala and Honduras, OCHA, March 2020.

4.2

COVID crisis humanitarian needs and impact on people and services

The health care system is limited and not prepared to respond effectively to the coronavirus emergency. There are also logistical constraints for health personnel to perform activities in health facilities, and availability of tests (PCR) to allow effective monitoring of suspicious and infected people. It also requires expanding risk communication as many people still do not see the magnitude of the problem and strengthening training for personnel of the Secretariat for Security and Permanent Contingency Commission (COPECO), including care personnel. Additionally, there is a shortage of appropriate tools and PPE (such as biosafety equipment) for the protection of health personnel and further training is needed in its use⁴³.

The health system has about 8,000 beds and 37 Intensive Care Units (ICUs) with occupancy of over 70 per cent in the network of public and private hospitals, which represents a great challenge in responding to the emergency. The COVID-19 mortality rate in the country continues to rise daily.

Medical equipment is also needed for the specialized wards enabled to attend cases in the different hospitals and medical centers, especially mechanical ventilators for critical cases. Epidemiological monitoring at the regional level requires enabling Rapid Response Teams to provide more effective epidemiological surveillance and case monitoring.

The social confinement decreed by government institutions has a significant impact on the microeconomy and availability of cash, especially for the population living in urban and peri-urban areas, most of whom depend on daily income to meet their needs, mainly related to the food context. The situation is compounded because these areas are considered areas of high social vulnerability and lack basic services.

Impact on the economy: The restriction on mobilization by the state of emergency both at borders and in cities has a direct negative impact on the generation of income and livelihood opportunities for an important segment of the population. Moreover, the level of underemployment is high, generating a decrease in income due to loss of job opportunities, restricted mobility (domestic and international), loss of access to productive inputs, loss of access to markets, decrease in productivity due to illness, and increase in

health care costs. If the duration of this crisis is extended, private businesses will find it difficult to bear the cost without cash returns, which can lead to an increase in unemployment, affecting access to food by an important percentage of the population.

The Independent Federation of Workers of Honduras (FITH) indicates that so far more than 200,000 employees have been suspended and fired due to the COVID emergency. Before the pandemic, the country had 1.5 million unemployed people, 26 per cent in the formal sector and 74 per cent in the informal sector, which means that, including the 200,000 workers, there are already about two million unemployed people. The economic recession in the United States is already having a strong impact on Honduras with a decrease in exports, a sharp reduction in remittances and a contraction in the services sector, including tourism. As an effect of COVID-19, during the first quarter of the year, the economy has contracted by 1.3 per cent, for the first time since the economic crisis of 2009.

Impact on food security

According to mVAM⁴⁴ vulnerability monitoring (6,183 households in the 18 departments) carried out by the World Food Programme (WFP) to identify the COVID impact on households, all economic income-generating activities have been affected in the country due to the restrictions implemented to control the spread of the virus, especially affecting trade, services, informal employment with daily pay, tourism, and artisanal fishing in fishing areas; having an impact of a 51 per cent reduction in employment of the population.

Due to lack of availability and access to food, 40 per cent of respondents, on average, face severe economic vulnerability. These spend more than 75 per cent of their income solely on purchasing food, reducing their investment in other basic need areas such as health, education, housing, water, and hygiene. Eighty-nine percent of respondents have no food reserves, leading more than 79 per cent of respondents to rely entirely on market purchases as the only source of obtaining food resources. Five out of every ten surveyed households have access to food products through savings or credit to meet basic needs, forcing them to employ negative coping strategies.

43 [Honduras COVID-19 Humanitarian Response Plan](#). Humanitarian Country Team, United Nations, May 2020.

44 Situación SAN por Efectos del COVID-19, WFP, April 2020.

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The eventual impact of the COVID-19 emergency at the national level on food systems will depend on the availability of food, affected time period and containment strategies, as well as restriction on the supply of food that each country imposes in trying to mitigate and lessen its impact.

Impact on protection and rights

According to UNHCR, the number of asylum seekers in Honduras increased globally by 35 per cent in 2019. The increase in figures are due to the deterioration of the internal situation and to organized crime and violence, which have prompted many people to abandon the country⁴⁵.

In the context of containment of the epidemic and measures to be taken, there is a strong probability of aggravation of existing gender inequalities, increasing the harm and risks for women, girls and people of sexual diversity, both at home and in the community.

While a drop in the homicide rate in Honduras was noted in the first 11 weeks of the year compared to 2019, there was an increase in domestic and gender-based violence. Thus, in March 2020, 80 cases per day have been reported, while in March 2019 there were 59 reported cases. The restrictive measures imposed by the Government to address the current health crisis force women and children to remain in their homes along with their aggressors. This situation has led to an increase in domestic and intrafamily violence in the country. An analysis of the number of complaints per epidemiological week shows that, in the first 11 weeks, when confinement had not yet begun, 18,936 complaints were recorded; this is equivalent to 1,721 complaints a week. From week 12 to 18, when mobilization restrictive measures already existed, 12,544 complaints were reported, i.e., 1,792 complaints a week. These data show that weekly domestic and intrafamily violence complaints increased by 4.1 per cent (71) following the implementation of measures to reduce the impact of the pandemic⁴⁶.

According to estimates by the Honduran Council of Private Enterprise (COHEP) in 2019, a significant number of small businesses have been affected by extortion and violence. Extortion is a key source of income for known criminal groups locally known as "maras" or gangs. Many businesses have closed or have lost income during the pandemic, which has prevented them from paying extortion fees ("renta") to gangs. As a result, income from extortion has declined in the region. However, in Honduras, economic pressures have led to increased competition, and battles between gangs and recorded deaths from gang-related violence have skyrocketed, reaching their highest levels in the year⁴⁷ (see graph below). Although extortion decreased by nearly 80 per cent in the country in March 2020 compared to 2019, reports suggest that gangs have threatened transport companies, warning that extortion payments will be charged retroactively after COVID-19 restrictions are lifted.

Impact on education

In Honduras, the education sector is one of the most affected sectors by the pandemic; the suspension of face-to-face classes has led to confinement, lack of access to complementary services such as school feeding, psychosocial support, health services, plus lack of access to economic resources that prevent Internet access (only 42 per cent of the population) and therefore to the proposed educational continuity through digital platforms.

The suspension of classes has disrupted the educational and training processes for children and adolescents. This puts at risk school life for many of them (who might not return due to the impact of the crisis in the family economy), the expected achievement in the development of their life skills (academic, work, etc.), and their emotional stability.

Impact on humanitarian access

A major challenge of the COVID-19 pandemic are the mobility and time restrictions that the Government is imposing as a measure to contain the spread of the virus. These restrictions are proving to be an obstacle for humanitarian actors since a large part of response actions are implemented in rural and remote areas of the country. Mobilizing and purchasing supplies, mainly personal protective equipment and medications, are being affected by the reduction in air freight and border closures. No supplies are available locally, regional stocks are exhausted and no globally available stocks have been received.

⁴⁵ [UNHCR Fact Sheet, January 2020](#).

⁴⁶ Homicides in the context of COVID-19 in Honduras. National Violence Observatory, UNAH/IUDPAS, May 2020.

⁴⁷ [Central America and COVID-19: The Pandemic's Impact in Gang Violence](#). ACLED, May 29, 2020.

4.3

People affected and most in need

Among the people most affected are those living in marginal conditions and extreme poverty in urban areas, and that engage in non-formal jobs with daily wage payments (non-agricultural), without earning income and having to spend their limited savings, such as in the construction, transportation and textile sectors, among others; subsistence farmers affected by the drought are more exposed to getting coronavirus.

Quarantine situations pose a high risk in terms of violence and sexual abuse against women, girls and boys. Health personnel, pregnant women, returning migrants, displaced women, informal vendors, women in prison, rural women, as well as elderly people (over 60 years old), people with chronic diseases, living with HIV or other immune deficiency syndromes, members of the LGBTIQ+ community, indigenous peoples, and Afro-descendants are especially vulnerable to COVID-19 as they often have difficulty accessing quality health centers, goods and services. About 2,600 people from LGBTIQ+ groups have requested humanitarian support.

According to estimates of the HNO on the perception of insecurity due to violence and extreme poverty, there are about 285K people in need in the two departments most affected by COVID-19 and with higher urban population densities: Francisco Morazán (170K) and Cortés (114K).

Returning populations also require humanitarian assistance. More than 21,000 people have been returned this year, about 7,500 between March and May. Temporary accommodation centers (TAC) have received around 18,000 people, including travellers and returnees, and an average of 600 people currently remain there.

Expected development of the situation

While Honduras already had one of the highest poverty rates in Latin America and the Caribbean, at 54.8 per cent, ECLAC estimates that this could reach as high as 57.8 per cent, while extreme poverty could increase from 18.7 per cent to 20.5 per cent. The Central Bank forecasts that, as a result of the pandemic, the Honduran economy will contract between 2.7 per cent and 3.1 per cent to 1.5 per cent -2.5 per cent, a GDP fall of almost 2 points.

The consequences will be felt by all sectors of the economy, from levels of production (supply), demand and impact on income, up to formal and informal employment. The Gross Domestic Product (GDP)

of Honduras will fall by between 2.9 per cent and 3.9 per cent this year due to the contraction in consumption and private investment, as well as the export of goods and services. The reduction is also affected by the "decline" in sectors such as the manufacturing industry, commerce, hotels and restaurants, agriculture, transportation, storage, and construction.

The human rights situation is also expected to deteriorate. With a poor and collapsed health system and scarcity of water supply in the coming months, the demands on health workers will increase. The working class will suffer loss of income due to the continued suspension of contracts. The poverty scenario will increase by about 240,000 more people, due to the lack or decline of remittances.

Protests and riots will continue to increase. Curfew arrests, inadequate conditions and lack of protection measures could also increase, which could result in the spread of infection among detainees. Similarly, the presence of the armed forces may increase to ensure effective curfew enforcement. This situation could also involve incidents of excessive use of force and ill-treatment during arrest and detention.

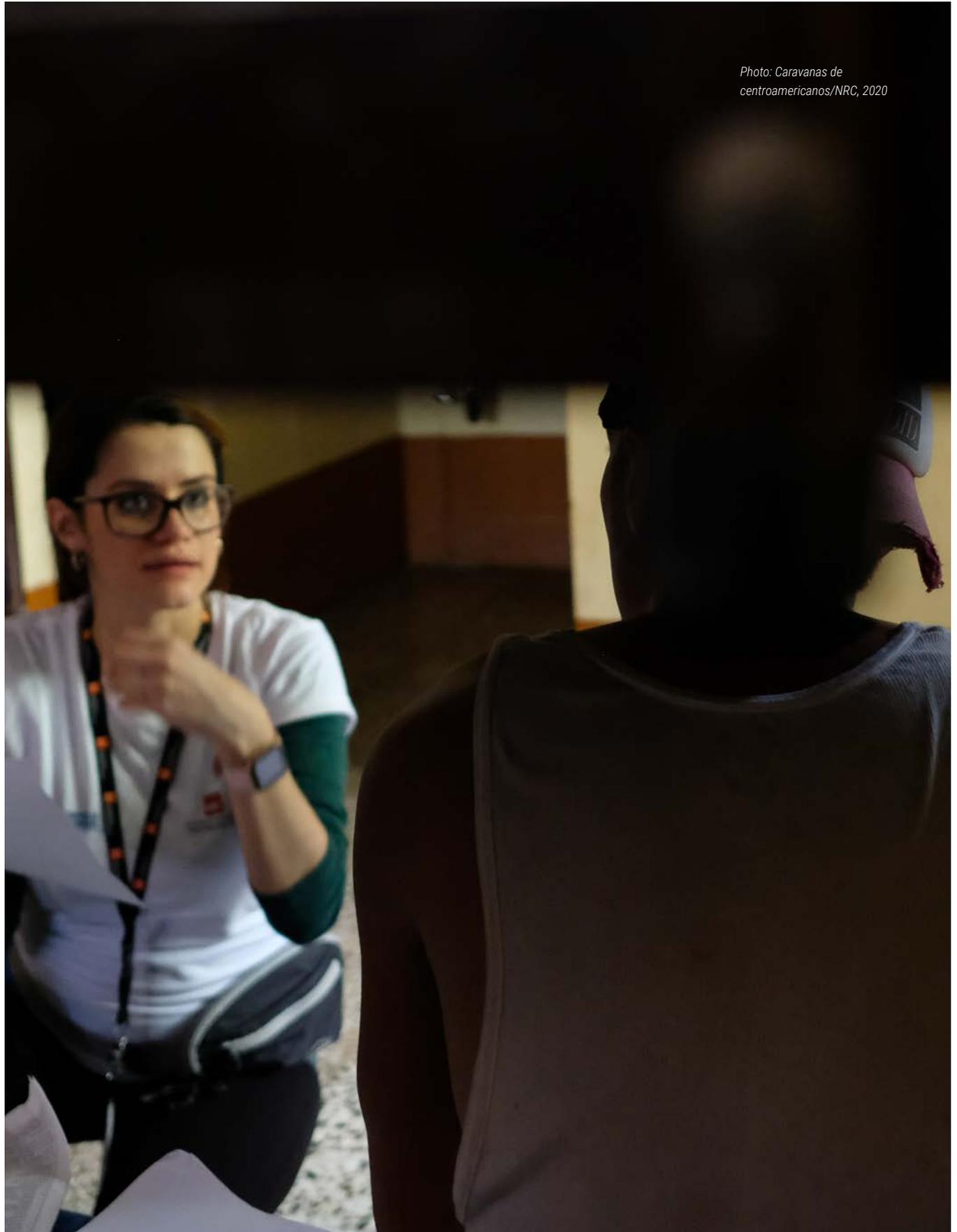


Photo: Caravanas de centroamericanos/NRC, 2020

References

[América Latina y el Caribe ante la pandemia del COVID-19: efectos económicos y sociales](#). ECLAC, April 2020.

[Análisis y respuestas de América Latina y el Caribe ante los efectos del COVID-19 en los sistemas alimentarios Bulletin No. 1](#). FAO, April 16, 2020.

[A pesar de las restricciones por la pandemia, las personas que huyen de la violencia y la persecución continúan solicitando asilo en México](#). UNHCR, April 28, 2020.

[Así se ven los nuevos desplazamientos por violencia y desastres en las Américas](#). OIM, 2020.

[Atención en Salud Sexual y Reproductiva y Planificación Familiar durante la emergencia sanitaria por la COVID-19 en América Latina y el Caribe](#). UNFPA, April 22, 2020.

[Centroamérica unida contra el coronavirus COVID-19](#). CEPREDENAC, SICA, UNDRR, 2020.

[Central America and Caribbean: COVID-19 movement restrictions worsen food access in urban and rural areas](#). FEWS Net, May 2020.

[Central America and COVID-19: The Pandemic's Impact in Gang Violence](#). ACLED, May 29, 2020.

Economic cost of confinement in Guatemala. CABI, April 2020.

[La crisis de desplazamiento interno en Centroamérica se ve agravada por el COVID-19](#). UNHCR, May 15, 2020.

[Dimensionar los efectos del COVID-19 para pensar en la reactivación](#). ECLAC, April 2020.

[Encuesta de medios de vida a población migrante retornada en El Salvador en el marco del COVID-19](#). IOM, May 27, 2020.

[El Banco Mundial prevé la mayor caída de remesas de la historia reciente](#). World Bank, April 22, 2020.

[El desafío social en tiempos del COVID-19](#). ECLAC, May 12, 2020.

[El Salvador Price Bulletin](#). FEWSNet. 1 May 2020.

[The Global Health Observatory](#). World Health Organization, data retrieved on 24 May 2020.

[El impacto del COVID-19 en las economías de la región \(Centroamérica\)](#). Inter-American Development Bank, April 2020.

[Guatemaltecos deportados vía aérea de Estados Unidos de Norte América, enero a mayo 2020](#). Instituto Guatemalteco de Migración, Government of Guatemala.

Homicides in the context of COVID-19 in Honduras. National Violence Observatory, UNAH/IUDPAS, May 2020.

[How COVID-19 restrictions and the economic consequences are likely to impact migrant smuggling and cross-border trafficking in persons to Europe and North America](#). UN Office on Drugs and Crime, May 2020.

[Impacto y situación de la población indígena latinoamericana ante el Covid-19](#). UNDP, May 14, 2020.

[Indicadores básicos 2019: Tendencias de la salud en las Américas](#). PAHO, October 2019.

[Millones en riesgo de inseguridad alimentaria en América Latina y el Caribe.](#) WFP, May 28, 2020.

[North of Central America Situation:](#) Fact Sheet. UNHCR, April 2020.

[Panorama de las Necesidades Humanitarias en El Salvador, Guatemala y Honduras.](#) OCHA, March 2020.

[Plan de Respuesta Humanitaria COVID-19 El Salvador.](#) Humanitarian Country Team, United Nations, April 2020.

[Plan de Respuesta Humanitaria COVID-19 Guatemala:](#) Priorities 3-6 months. Humanitarian Country Team, April 6, 2020.

[Plan de Respuesta Humanitaria COVID-19 Honduras.](#) Humanitarian Country Team, United Nations, May 2020.

[Plataforma de Información y Coordinación para la Emergencia COVID-19.](#) SICA, CEPREDENAC, 2020.

[Protecting kids from the effects of COVID-19 in Honduras.](#) UNICEF, 26 May 2020.

[Los Riesgos de las Deportaciones y Expulsiones a los países del Norte de Centroamérica en el marco de la Pandemia de Covid-19.](#) REDLAC Protection Group, May 2020.

HUMANITARIAN NEEDS OVERVIEW

EL SALVADOR, GUATEMALA Y HONDURAS

ADDENDUM: IMPACT OF COVID-19