RAPID GENDER ANALYSIS
IN HONDURAS
An overview in the face of COVID-19 and Eta / Iota

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National Level
Feed The Children - northern region
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COIPRODEN

Local Level
Promotion of Rural Economic Development for Women and Youth in the Lempa Region of Honduras (PROLEMPA; in Spanish) with the support of the Government of Canada, - western region-.
Project Nourishing the Future, -northern region-.
Project Alliance for the Dry Corridor (ACS-PROSASUR; in Spanish) -southern region-
CEPROSAF
MAMLESIP Coordination
Chinacla Criminal Peace Court Secretariat.
Coordination of the Marcala Network Against Violence.
Leaders and members of communities in the Sula Valley, western region, and southern region of the country.

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Abbreviations

AenA	Ayuda en Acción (Aid in Action)
CAYA	Children, Adolescents and Young Adults
CEPAL	Economic Commission for Latin America and the Caribbean
CESPAD	Center for the Study of Democracy
CODEL	Local Development Council
CODEM	Municipal Development Council
COPECO	Permanent Commission for Contingencies
CREDIMUJER	Solidarity Credit for Rural Women
FOSDEH	Social Forum on External Debt and Development of Honduras
GBV	Gender-Based Violence
GNI	Gross National Income
HCT	Humanitarian Country Team
HDI	Human Development Index
IHDI	HDI adjusted for inequality
ILO	International Labour Organization
INE	National Institute of Statistics
IPC	Integrated Food Security Phase Classification
IUDPAS	University Institute on Democracy, Peace and Security
LAC	Latin America and the Caribbean
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender /Transsexual, Intersex, Queer
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PAHO	Pan American Health Organization
RGA	Rapid Gender Analysis
SAG	Secretary of Agriculture and Livestock
SDG	Sustainable Development Goals
SESAL	Department of Health
SINAGER	National Risk Management System
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
VAWG	Violence against women and girls
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WRC	Women's Rights Center

Executive Summary

The Honduran population, multiethnic and essentially female (51.7%), cohabits in a country that has been ranked as one of the most unequal countries in Latin America in terms of development (Gender Inequality Index of 0.479 versus HDI 0.611), and with a gender gap of 27.8%, according to the World Economic Forum. This condition of inequality particularly affects women and girls, but also the population living in poverty, and the population exposed to any condition of vulnerability, whether physical, psychological, social, environmental, economic, or structural.

As a result, this population lives in conditions of poverty and inequality that directly influence the deepening of aspects related to the feminization of poverty; limitations in access to basic services, resources, economic opportunities, and decent employment (livelihoods); vulnerability to violence, especially Gender Based Violence (GBV); and the continuity of the gender gap that exists in terms of participation at the organizational or political level.

This situation has been aggravated by the circumstances generated in Honduras by the **COVID-19** pandemic, which has registered **164,495 cases** nationwide, and by the devastation caused by **Eta and Iota** that affected more than **4 million people**, and which have uncovered the conditions of violence and vulnerability to which women and girls in Honduras are exposed.

Among the **adverse effects** caused by both crises, those that will affect indicators or structural conditions related to the **feminization of poverty** or that have a direct impact on risk or protective factors for **gender-based violence** are of particular concern. Among the factors that have been affected, and that were evidenced in the Rapid Gender Analysis (RGA) conducted by CARE Honduras and UN Women, the following are the most relevant:

a) In terms of **income and livelihoods**, the business network has been weakened, small and medium-sized enterprises in particular, which has led to job losses, reduced working hours, precarious working conditions, reduced incomes and increased labor demand. As a result, there has been an increase in the number of people who have joined the informal sector, especially women, and value chains have been weakened as well.

b) In the **division of unpaid domestic work**, the time spent on unpaid domestic chores and care work has increased for women (+4 hours). Also, women have seen a reduction in their already weakened control over asset or patrimonial resources, which they have used to survive the crises.

c) In terms of the **vulnerability of specific groups**, it has become evident that the groups most exposed to economic violence or labor mistreatment are domestic and maquila workers; while sex workers are exposed to the loss of their main livelihood.

d) In terms of **access to human rights**, essential healthcare services for children's health, attention of non-communicable diseases and sexual and reproductive health have been weakened or suspended, especially those related to family planning, control of pregnant and lactating women, and treatment of people living with HIV. Classes have been suspended in whole or in part, which will have an impact on deepening the problem in areas such as educational coverage and quality, school dropout rates, development of life skills; food insecurity has increased, especially in municipalities with greater vulnerability to this problem; and there are more limitations to access to and coverage of drinking water, latrines and sewage systems in rural and peri-urban communities.

e) With regards to **security and protection**, the pandemic has **highlighted, deepened, or evidenced** violence against women and girls, especially in the manifestations of direct violence and in those of a cultural and structural nature that have an impact on aspects such as social protection for victims of violence and prevention with groups in situations of vulnerability. One of the manifestations that has shown the greatest increase is domestic and intra-family violence, and there has also been an increase in femicides committed in the private sphere.

In summary, the effects of the COVID-19 pandemic, Eta and Iota will have **negative effects on the achievement of the SDGs,** especially those related to ending poverty, healthcare and well-being, quality education, gender equality, access to water and sanitation, decent work and economic growth, and the reduction of inequalities. In addition, they have shaken social dynamics and **uncovered conditions of violence and vulnerability** to which women, girls and other vulnerable groups in Honduras are exposed.

I. Justification and Methodology for Rapid Gender Analysis COVID-19, Eta and Iota

CARE in a collaboration agreement with **UN Women**, have a common interest in eliminating discrimination against women and girls, promoting women's empowerment - eradicating poverty - and achieving equality between women and men - eliminating social injustice-.

Therefore, they defined a Rapid Gender Analysis (RGA) to assess the impact of the COVID-19 pandemic and the subsequent effects caused by the natural phenomena that devastated the country during the month of November, especially since global evidence (source: UN Women) shows that in contexts of humanitarian crisis, conflicts and healthcare emergencies, violence and risks against women and girls increase.

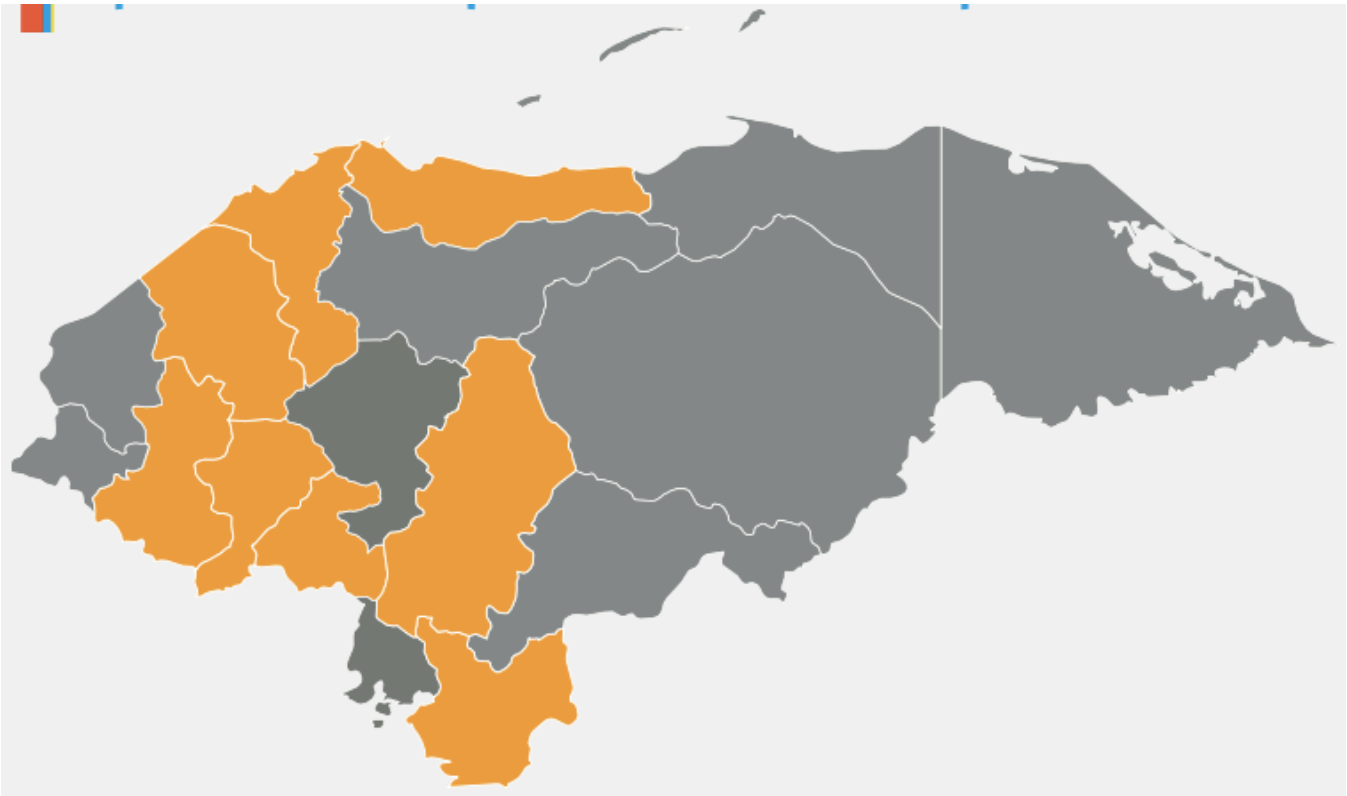
In essence, this RGA seeks **to document the differentiated impact** that the COVID-19 crisis has generated in the lives of women, men, girls, and boys, providing **practical recommendations** to design strategies to provide a differentiated response to the main humanitarian needs and gaps identified, as well as to generate the link between humanitarian aid and assistance for the medium and long term development. In addition, to compile and provide information to various actors in the country to guide public policy actions and political advocacy to substantially increase resources for the welfare of women and girls in the country during and after COVID-19.

The RGA, in seeking to provide information on the different needs, risks, capacities and coping strategies of women, men, boys and girls in the face of the crises faced, especially the COVID-19 pandemic, was developed in an effective work period of 5 weeks that included the following processes as part of the **methodology used**:

a) **Establishing categories of analysis** to guide the information gathering process and the identification of recommendations by areas or topics of interest and ensuring the use of a gender and human rights approach.

b) **Collecting primary information** based on CARE's areas of influence (western region, southern region, northern region and Sula Valley) and organizations with national influence or in other areas of interest for the study. In these regions, we contacted 1) people at the community level with recognized leadership, women producers, coordinators of women's networks, community members, volunteers, etc.; 2) technical and managerial staff of civil society and state agencies related to health, justice, women's empowerment, development, women's movements and LGTBIQ+, among others.

Sates in which primary data were collected



c) **Compilation and review of documentary information** generated prior to or during the pandemic that would contribute to the analysis according to the proposed categories.

d) **Analysis process**. This action focuses on the review, classification, and analysis of the information to prepare the RGA report. During this process, dialogue and exchange processes were carried out with personnel responsible for gender issues in both institutions.

During the development of these processes, it was possible to use the facilities provided by technology and the CARE team's territorial knowledge of organizations and actors at the community level. However, in some cases it was difficult to deepen or complete some interviews, no response was received to requests and calls, or there was no updated or disaggregated information that could contribute to the process.

II. Honduras, demographic profile of a country with unequal human development.

Honduras has a **population**[1] of 9.1 million inhabitants, **51.7% of which are women**, 48.3% are men, 39.7% are young people under 19 years of age (**20.9% girls**) and 11.2% are adults of 60 years of age and older. Of the total population, 54.8% live in urban areas and 45.2% in rural areas.

In terms of ethnic composition (INE, 2013 census), the indigenous and Garífuna peoples represent 9% of the total population - **50.3%** female population, 49.7% male, and 51% young population. The Lenca (63%), Misquito (11%) and Garífuna (6%) peoples are the most represented, with 76.9% in rural areas and 23.1% in urban areas.

HONDURAS IN FIGURES[2]	POPULATION
TOTAL	9,151,940
Male population	4,416,020
Young population	3,633,320
Population >60 years	1,025017
Rural area	4,138,617
Urban area	5,013,323
Ethnic groups (2013)	717,618

HONDURAN WOMEN IN FIGURES[2]	FEMALE POPULATION
TOTAL	4,735,920
Girls between 0-19 years	1,921,701
Rural area	2,047,859
Urban area	2,688,061
Ethnic groups (2013)	361,101

The Honduran population, diverse and essentially female, cohabits in a country that has been ranked as one of the countries in Latin America with the greatest inequality in terms of human development, a condition that especially affects women and girls, the people living in poverty, indigenous and rural communities, and the population exposed to any condition of vulnerability, whether physical, psychological, social, environmental, economic, or structural.

This situation takes on greater relevance if we consider that a significant segment of the Honduran population possesses at least one of the characteristics listed above and that they produce some type of discrimination or combine to aggravate or deepen some inequality (intersectionality). These **living conditions** are expressed in the following indicators[3]:

a) Human development. Classified with a medium human development, it has an HDI[4] of 0.623. This is reflected in a life expectancy of 76.4 years, and there has been an increase in Gross National Income (GNI) per capita of 14.12% and average years of schooling of 2.6 years in the last decade. However, the inequality-adjusted human development index (IHDI)[5] is 0.464. (UNDP 2018[6]).

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1. Permanent Multipurpose Household Survey 2019. INE
2. Indicator's country figures according to Permanent Multipurpose Household Survey 2019. INE
3. Permanent Multipurpose Household Survey 2019. INE
4. Human Development Index
5. Considers inequality in the three dimensions of the HDI (life expectancy, unsatisfied basic needs, and level of schooling), and "discounts" the average value of each dimension according to its level of inequality
6. Information note on the Human Development Report 2019, Honduras. UNDP

Gender inequality is manifested in the different dimensions of sustainable development, making it an ongoing challenge for the implementation of the 2030 Agenda, especially considering the effect that the COVID-19 pandemic will have on the progress and achievement of the Sustainable Development Goals (SDGs) in relation to the dimensions of economic growth and social inclusion.

b) Inequality and gender gap. According to UNDP (2018) the Gender Development Index[7] is 0.611, and the Gender Inequality Index[8] is 0.479.º The gender gap is 27.8%[9].

c) Poverty conditions. About 64.7% of the population lives in poverty, 41.7% in extreme poverty, 38.5% live in households with per capita income of one dollar or less per day, and 8.3% of households are categorized as structurally poor[10].

Considering the total number of households, 59.3% live in poverty[11] and 36.7% in extreme poverty. Most of the poor live in rural areas (68.2%).

d) Access to basic services. There are 2.1 million homes (56.7% located in urban areas) -2,207,992 households, **33.5%** of which are led by a woman.

Of the total number of households, 12.5% do not have adequate water service, 4.7% do not have an adequate sanitation system (a percentage that is higher in rural areas: 9% because they use latrines with simple pit latrines or without any form of adequate excreta disposal), 10.6% do not have access to electricity from the public system (a percentage that is higher in rural areas with 62.9%).

e) Education. The primary school coverage rate is 91.2%, with an average of 8 years of study and a repetition rate of 5.2%. The illiteracy rate is 11.5%.

In summary, the Honduran population is characterized by being mostly female, with a high percentage living in poverty and inequality. Conditions that directly influence the deepening of aspects related to the feminization of poverty; limitations in access to basic services, resources, economic opportunities, and decent employment (livelihoods); vulnerability to violence, especially Gender-Based Violence (GBV); and the continuity in the gender gap that exists in terms of participation at the organizational or political level.

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7. Inequality-adjusted human development index (IHDI) based on the three basic dimensions of human development.
8. Reflects gender-based inequalities in reproductive health, empowerment and economic activity. Reproductive health is measured by adolescent maternal mortality and fertility rates; empowerment is measured by the percentage of seats by women and gender-specific attainments in secondary and higher education; and economic activity, from the labor market participation rate for women and men.
9. 2020 data from the Global Gender Gap Index developed by the World Economic Forum, which compares the gap in four categories: economic opportunity and participation, educational attainment, healthcare and survival, and political empowerment.
10. Households that show at least one unsatisfied basic need and have income above the poverty line.
11. Indicators - 2019 figures. INE.

HONDURAS IN NUMBERS (INE 2019)	POPULATION
POVERTY	
TOTAL	5,776,460
Extreme poverty	3,725,049
Poor households	1,244,688
Extreme poverty households	770,622
People living on less than one dollar a day	3,432,746
EDUCATION	
Total enrolled (3-17 years)	2,835,053
Out of the school system (OUDENI, 2019)	900,000
Dropouts	87,378
Repeat	739,667
Children 3-17 attending school	1,769,196

HONDURAS IN NUMBERS	POPULATION
HOUSING	
TOTAL	2,188,849
No access to water	273,131
No access to sanitation	102,782
Head of household	703,195
HONDURAN WOMEN IN NUMBERS	**FEMALE POPULATION**
EDUCATION	
Illiteracy rate	11.3
5-18 years of age attending school	1,309,563
Average years of study	8.8
NEET population	682,334

III. 2020, the scenario that generated a sanitary and environmental crisis in Honduras

The COVID-19 pandemic, declared since March 2020 by the World Health Organization (**WHO**), had reached just over 110.7 million confirmed cases worldwide and 2,455,131 million deaths (2.22% of confirmed cases) by February 2021.

If only the American continent is considered, the total number of cases amounts to **49.2 million**, which represents 44.51% of the total number of cases. However, it is noteworthy that although Latin America and the Caribbean (**LAC**) reports **20,268,965** million confirmed patients, representing 18.3% of positive cases worldwide, it is affected with 26.14% of reported deaths, indicating that the level of lethality is high in this region.[12]

In the specific case of **Honduras, 164,495 cases** have been reported nationwide and **3,992 deaths**, with Francisco Morazán (24.1%) and Cortés (31.4%) being the most affected states. Of the total affected population[13], more than half of the confirmed cases are women **(51.1%)**, 15% are older adults and 34.5% are children, adolescents, and young adults (CAYA). The latter correspond to age groups that require care normally assumed by women.

In an attempt to control this situation, the Government of Honduras, aware that the healthcare system will be put to the test, established a period of **mandatory quarantine** as a preventive measure to reduce contagion in the population that was extended from March to June 2020, and subsequently a period of **social distancing with controlled circulation** that has been maintained for the past few months. Additionally, a permanent curfew was decreed to avoid circulation at nights and weekends.

These measures have had adverse effects, as in other regions of the world, on issues related to increased unemployment and underemployment, poverty, gender-based violence and insecurity. In addition, there has been a decrease or setback in indicators related to access to basic services, business and economic stability, education, remittances, profitability in productive processes and economic empowerment, and food and nutritional security.

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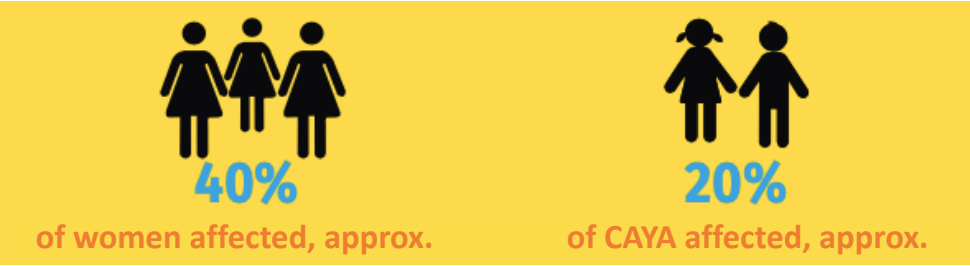
12. Official data from the WHO website. Revised on February 21, 2021. https://covid19.who.int/.
13. Data as of November 20 taken from the UNAH Demographic Observatory Portal (ODU) and COIPRODEN.

Natural phenomena, a cyclical crisis that aggravates the vulnerability scenario

The conditions generated by the COVID-19 pandemic were aggravated in November 2020 by the devastation caused by **Eta and Iota**, which has affected more than **4 million people**, forcing many of them to evacuate their homes. To date, approximately **96,000 people have been sheltered and 494,000 evacuated, 330,000 people have been cut off and 98 people have died**[14]. Of the total number of people affected[15] and being attended by the Humanitarian Team, at least 40% are women and 20% are children; however, these data are not conclusive due to the lack of disaggregated and updated records.



This population has sought refuge in **shelters or temporary shelters** that for the most part do not provide adequate conditions for dignified and safe housing - they live in overcrowded conditions with limited or no access to basic services, few conditions to ensure personal and family safety, and little or no access to biosafety measures in the face of COVID-19.

Both crises have particularly affected the most populated **municipalities**, specifically San Pedro Sula, La Ceiba and other municipalities in the Sula Valley (Choloma, El Progreso, La Lima and Puerto Cortés). In addition, COVID-19 has affected Tegucigalpa and communities in the states of Santa Bárbara, Yoro, Gracias a Dios, Colón, El Paraíso, Olancho, Intibucá, La Paz, Lempira, Copán and Ocotepeque. And among the affected population are the communities of the Miskito, Lenca and Garífuna peoples.

Essentially, this crisis has highlighted and deepened the pre-existing structural gaps, the deficiencies and weaknesses of the healthcare and social protection systems, the weaknesses of the productive systems and the fragility of the country's economic processes. This has especially unvcovered the conditions of violence and vulnerability to which women and girls in Honduras are exposed.

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14. People living on the Atlantic coast, Sula Valley, and communities in the states of Gracias a Dios, El Paraíso, Olancho, Copán, and Ocotepeque. Among the affected population are communities of the Miskito, Lenca and Garifuna peoples.
15. These data correspond to the population assisted by the Humanitarian Country Team, there are no data disaggregated by sex and age in the official government data.

IV. Findings and analysis

4.1 Gender roles and responsibilities

4.1.1 Income and livelihoods

Honduras has been ranked as one of the most unequal countries in Latin America.
This condition is no different in relation to access to **livelihoods** and economic security for its population, as corroborated by the **Gini coefficient of 52.1** (17) (WB, 2018), and which is related to the richest 25 percent of the population concentrating 47 percent of the income, and that the condition of inequality in access to resources is also high when comparing men and women.

HONDURAS IN NUMBERS (INE 2019)	POPULATION
LABOR MARKET	
Working age population	7,360,067
Economically active population	4,220,294
Working population between 5-19	2,472
Participation rate	57.3
Employed male population	3,979,761
Male salaried population	1,914,339
Open unemployment rate[16]	5.7
Unemployed male population	240,533
Male unemployment rate	5.7

HONDURAN WOMEN IN NUMBERS	FEMALE POPULATION
LABOR MARKET	
Employed	1,472,437
Wage earners[19]	647,344
Domestic	98,320
Unpaid family work	191,881
Unemployed	130,009
Visible underemployment	241,246
Invisible underemployment	579,041
Child labor	95,840
Youth labor	523,492

This can be better understood if we consider that according to the Honduran **labor market,** only 46.1% of the working age population (80.4%) is economically active: 94% are employed, 62% of which are men, **38% are women**, 48.1% are salaried workers (**33.8%** are women), **2.7%** are domestic workers (**92.1%** are women) and 12.3% are unpaid family workers (**39.2%** are women). Unemployment is concentrated in the young population; of the total of 240,533 unemployed people in the country, 48.0% are young people under 25 years of age.

This trend is maintained in the analysis of most of the indicators related to the country's labor activity, and evidences the **gaps** faced by the female population in terms of income in the labor market, receiving a fair salary or their own income for their work, not having access to job security and social protection, and having a high burden of unpaid domestic and care work. These gaps are reflected in the following aspects:

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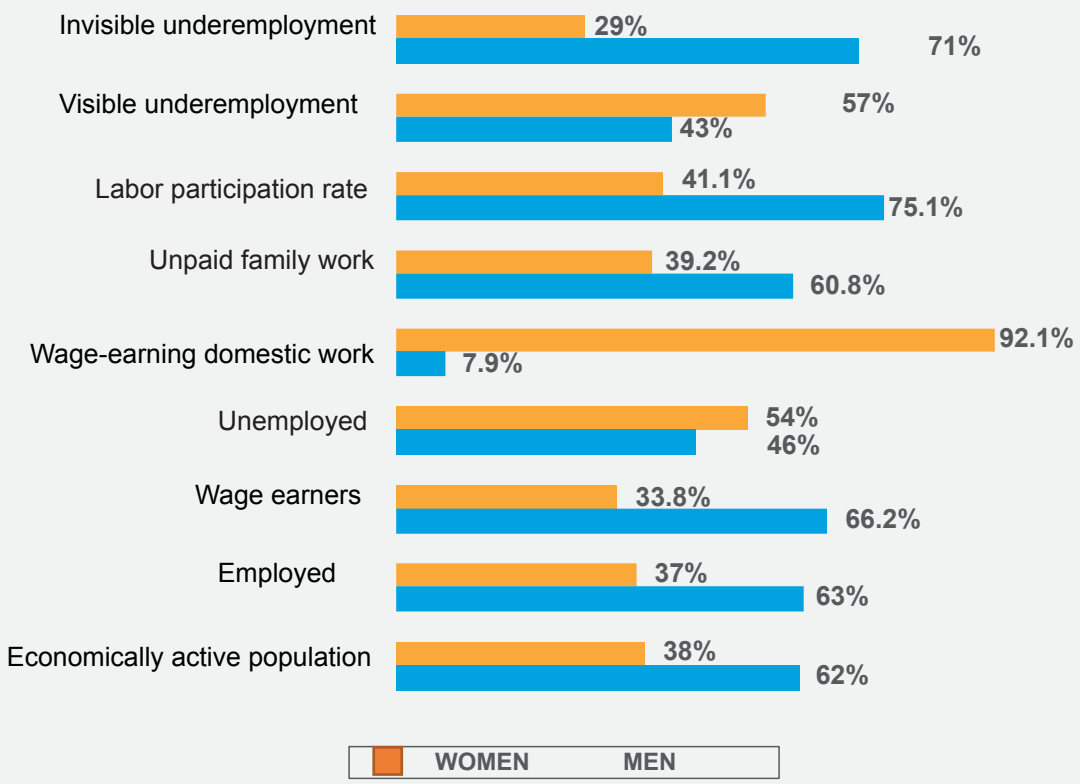
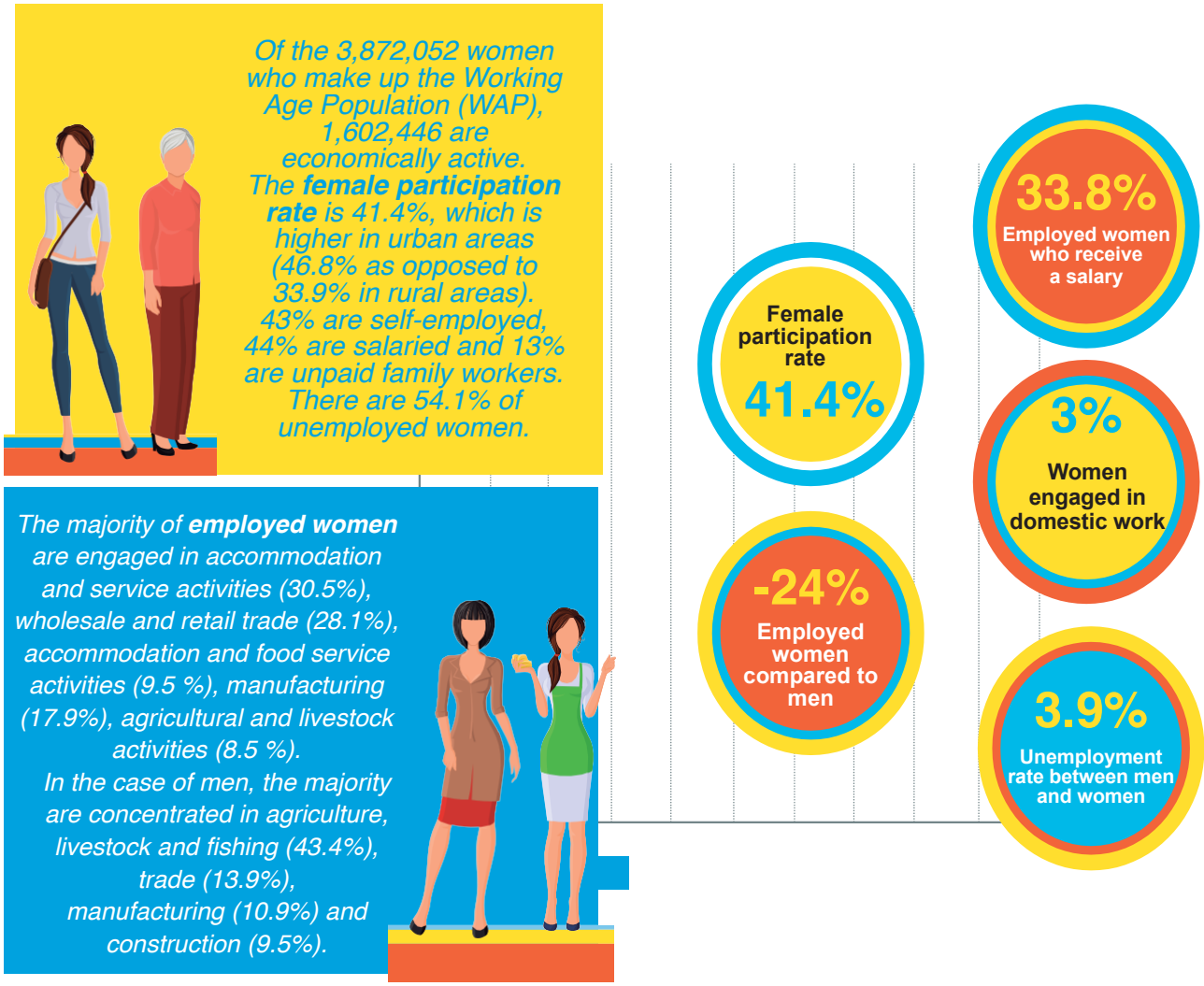
16. Unemployment is concentrated in the young population; of the total of 240,533 unemployed in the country, 48.0% are young people under 25 years of age.
17. Economic measure used to calculate the income inequality that exists among the citizens of a territory, usually a country.
18. Data from the Multipurpose Household Permanent Survey 2019. INE
19. 66.8% earn less than the minimum wage.

Labor market indicators by gender



** It is important to consider that this indicator includes the rural male population working in agriculture, livestock and other similar family businesses (which include activities traditionally attributed to men), and which generally do not establish a salary for owners and family members who work in them.*



This information shows that women enter the labor market in unequal and precarious conditions, marked in many cases by the traditional distribution of roles and work. As a result, they are often exposed to unfair conditions in terms of minimum wage payments, access to labor and social protection services, access to resources when they work on their own, or mistreatment manifested in different ways depending on their line of work.

In addition, the combination of these characteristics weakens the processes and bases for women's **economic empowerment**, making it difficult for them to earn income to meet their essential needs and those of their families, a key aspect considering that one third of Honduran households are led by a female head of household.

This situation of vulnerability is common for most women who have managed to enter the labor market; however, it is necessary to consider that there is an important percentage of the working age population that has not been able to enter the labor market, which is reflected in the fact that the unemployment rate for women is 8.1 versus 4.2 for men. In addition, there is a high percentage of women with visible underemployment and invisible underemployment (working more than 36 hours for less than the minimum wage).

One of the most representative groups of those in the invisible underemployment sector are **women domestic workers,** who in Honduras number close to 116,000 women (including minors and the elderly), representing 87% of the people who work in this sector[20]. These women are engaged in one of the least valued jobs, with the highest risk of having their labor or social rights violated, and which exposes them to situations of violence in any of its different manifestations. Especially if we consider that it is one of the least regulated areas in terms of wages and mandatory social protection.

Understanding the conditions that have characterized the labor market in Honduras, and particularly the conditions for those groups that are most vulnerable, facilitates sizing the **impact of the COVID-19 pandemic** on the labor situation and income generating economic activities at the national level, and consequently, the effects that this will have on related factors or indicators such as social, economic, and developmental issues. Among the **main effects** are:

a) The **business network has been weakened**, especially small and medium-sized companies, which has led to employee layoffs, reduced working hours, precarious working conditions, reduced income and increased labor demands. This aspect has especially affected the areas of commerce, services, tourism, agriculture, infrastructure, and transportation, among others. In addition, the business mortality rate has increased, especially in subsistence businesses and micro and small enterprises.

Likewise, companies have been affected with economic losses, permanent or temporary closure of businesses (38% up to April, TMS), increase in operating costs due to investments derived from biosafety, increased investment to adapt the business model, and assuming the payment of various services or labor benefits, especially during the time of mandatory confinement.

b) It has led to the loss of permanent, hourly, and informal sector jobs with daily pay. This action responds to the need of keeping companies operating with a minimum of fixed costs and to the forced closure of companies. In many cases, the cancellation of employment contracts is carried out without assuming the payment of labor benefits. In addition, the suspension of employment contracts without payment of salaries and benefits has been used for the duration of the pandemic[22].

This has led to a decrease in personal and family income, which endangers the survival, well-being, and quality of life of Honduran families. One visible effect is the increase in begging in peri-urban areas, especially by women and children.

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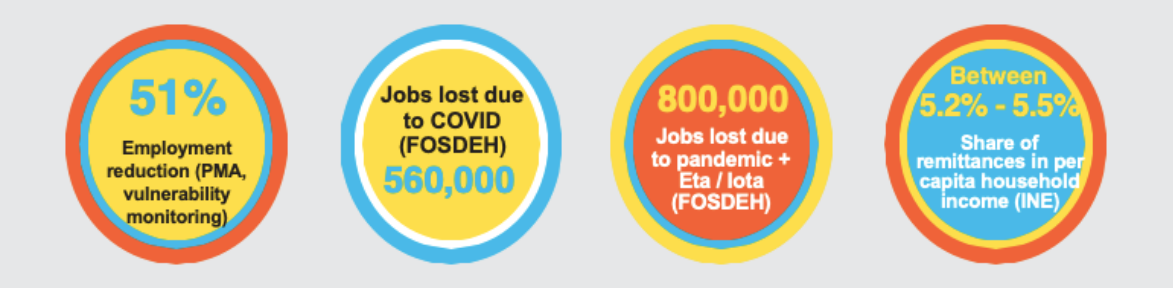
20. According to the report Situation of Domestic Work in Honduras, prepared by CARE in 2019. Based on data from IN, 2018.
21- Law for assistance to the productive sector and workers in the face of the effects of the pandemic caused by Covid-19; which proposes the voluntary payment of a "temporary solidarity contribution" of L 6,000.00 to suspended employees (paid between employer and State).
22- Suspended workers will be eligible for a six thousand lempiras bonus in the Private Contributions Regime (RAP; in Spanish) as long as the company they work for is contributing. As of May 5, authorities of the Ministry of Labor reported that 102,832 workers had availed themselves of the economic relief contemplated in Decree 33-2020. The measure covers only 8.64 percent of the working population.

This reduction is not only due to the loss of jobs, but also to the reduction of salaries as a measure to alleviate losses in the companies. Another aspect that influences family income is related to the decrease or interruption of remittances.

The loss of jobs or the difficulty in finding work, especially in urban areas, has forced many to return to their homes in cities or communities in the interior of the country (return of internal migrants) or to migrate to look for work in other cities or communities.



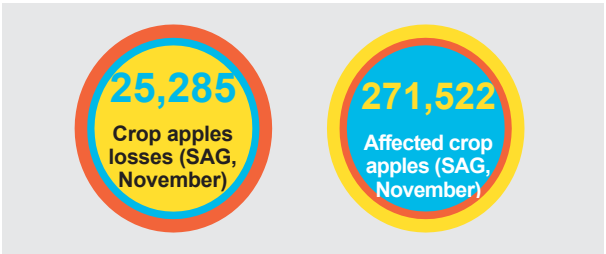
Before COVID-19 began, I worked and contributed financially to the household. Because of the situation, the female maquila workers receive a proportional salary according to the negotiation with the maquila owners, these maquilas were stopped for 3 months. Female domestic workers, who work for maquila personnel, were suspended for 3 months.

Woman, northern region of the country

c) There is an increase in the informal sector of the economy because of the search for income generating options that the population has implemented in response to the loss of employment. This aspect is more related to the female population and the young population who have ventured into establishing home-based businesses focused on services, food, and commerce.

In rural areas, this was evidenced in the return to productive activities to respond to basic family needs, especially home gardens and vegetable crops. These actions were assumed either as a family subsistence option or as an opportunity to generate some income or facilitate the exchange of goods in the form of barter (in this case, they focused on small livestock and basic grains).

d) Weakening of value chains due to production losses, reduced harvests, disruption of transformation processes and interruption of marketing processes. In addition, jobs were lost, especially in seasonal crop cycles that depend on the migration of temporary employees.



People could not go out to work and earn money to buy the chinaste or corn and bean seed for planting, so there are not many crops and the little that was planted was damaged by the strong storms and hurricanes. Nor were the people able to earn money to fertilize the corn and bean fields.

Community leader

According to the Secretary of Agriculture and Livestock, the crops with the greatest total losses are beans (14,920 mz) and corn (6,428 mz). The largest affected crop areas are concentrated in African palm (218,112 mz), sugarcane (29,697 mz), rice (9,200 mz) and citrus (6,884 mz). In addition, livestock losses are estimated at more than 1 million liters of milk.

These aspects affect women and young people the most, especially those working in the informal sector, and will have an impact on aspects such as access to resources, the loss of assets, the economic empowerment of women, the survival and profitability of businesses, internal and external migration, increased unemployment and underemployment, an increase in the informal economy and an increase in poverty.

Eta / Iota

The devastation caused by both natural phenomena has caused **damage to family, community, and business property,** especially in the productive and maquiladora zones of the northern region, in various value chains and in the productive system at the national level.

This situation will deepen the effects caused by COVID-19, especially in terms of business mortality, unemployment, labor conditions and the loss of resources or access to them (micro and small businesses).

In addition, both natural phenomena have **affected the national agricultural sector**, especially by damaging crops, lengthening or postponing the planting or harvesting season, causing structural damage to farms, damaging soils, causing loss of machinery, generating losses of livestock and by-products, and making the living conditions of producers, mainly those engaged in subsistence agriculture, precarious.

48%

Represents the agricultural sector in relation to the employed population at the national level (INE).

10.3%

Women in the agricultural sector (INE)

In the case of women producers, this situation is more complex because it implies a **setback in terms of economic empowerment and access to decent livelihoods,** the main effects of which are related to the loss of assets and patrimonial resources -especially considering the difficulties they face in accessing, using, controlling, and transferring them-, the loss of the investment made and putting the credit record at risk. The use of negative coping strategies that has been more persistent in female-led households should alert us to the deeper challenges that women will face in recovering their livelihoods given that many of them have had to make use of their scarce resources to feed their families.

In the specific case of women and young people, the expected effects are greater, especially if we consider that in the most affected areas there are maquilas and other productive enterprises whose work force is made up especially of these population groups; and also in rural areas, considering that women depend to a greater extent on natural resources for their survival, which have been severely affected by the storms, mainly soils and crops.

4.1.2 Division of domestic work and unpaid care work

Honduras, like other countries in the region, due to its cultural and social characteristics, still maintains and reinforces gender relations in which women are associated with **care work** and reproductive roles, and men with productive and supplying work.

4.4

Hours per day spent by women for reproductive work (2017).

The existing distribution of roles, influences the time men and women spend on work in the domestic sphere. Up to 2017, **the time spent on housework and unpaid care work** was estimated at 17.8% per day (4.4 hours) for women versus men who spend only a quarter of this time. This difference increases in rural areas, where women spend between 6 and 8 hours a day on this work.

This condition is maintained both for women who do not perform paid work in the formal system and who "stay at home", as well as for those who contribute income and combine paid work with the development of their activities in the home. It is important to note that this average time may increase for women who work full time in the home and are heads of household, and who in many cases carry out activities to generate income and contribute to the household. Which they generally do in the informal economy sector and oriented to services, artisanal manufacturing, agriculture, and livestock (the latter in rural areas).

34%

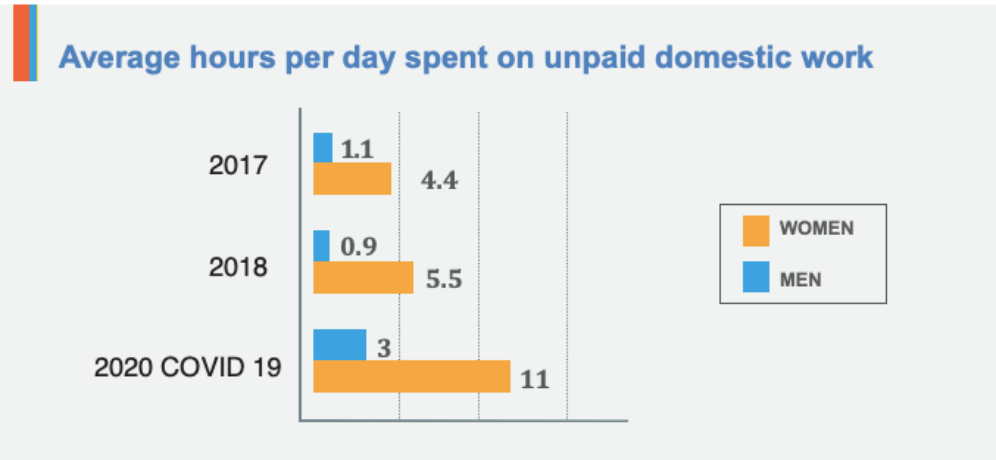
Approximate percentage of women who own housing (INE, 2018).

Another element associated with the gender relations established in our society is related to **access to and control of resources**, which is traditionally and mostly managed by adult men. They have the power to decide on the assets and patrimony that the family has available for investment in terms of production, access to property, access to credit, among others. Women are considered mainly for making decisions about the domestic sphere and that have to do with investment in family expenses, access to basic services, health, and education.

The **COVID-19 pandemic** has exacerbated this situation of inequality in the distribution of caregiving responsibilities within the household. As a result, the **following effects** can be observed:

a) Increased **time invested in household chores and unpaid care work,** especially if it is considered that the total or partial confinement of the family increases the demand for time invested in caring for the family, the development of maintenance tasks and work in the home, accompanying children to school during their classes, and caring for relatives who are positive to COVID-19.

23. Data from 2017, taken from: 2018, Human development indices and indicators: statistical update. UNDP



One element that must be considered in calculating the daily workday of women is that those who have a job in the formal system have had to assume "at home" the development of their functions virtually. This **teleworking** option, although it is an adequate preventive measure to avoid the spread of COVID-19, increases the hours dedicated to productive paid work, since it normally exceeds the time limit legally assigned to a working day.

The fact that care work falls "naturally" on women is so ingrained that if a woman has some complication and needs support for the care of the sick or the family, in many cases the responsibility falls on girls or young women. In the case of working women and if there is no woman who can assume this responsibility, some pay someone outside the family to help.

This aspect is relevant if one considers that women and girls, on whom unpaid domestic work generally falls, being located full time at home, must combine their productive and reproductive roles, which finally results in the extension of their working hours and the need to dedicate night hours to advance in the kitchen work or reduce their free time.

In addition, and because of the effects generated by the pandemic in terms of access to income and livelihoods, especially for the female population, many women have decided to establish or **enter economic activities** that allow them to generate additional income for their families or to supplement their income in the event of the loss of their job or that of a partner. These activities, which are normally oriented towards the informal sector of the economy and in areas traditionally associated with women's reproductive role, also increase the time required for processes such as food processing, sewing and jewelry making, and small-scale commerce, among others.

Household chores have been duplicated for women because men do not give up the belief that he is the man of the house and therefore the woman must do all the housework. Men contribute little or nothing during this time, and the fact that they are permanently in the house increases the work load because they demand care and attention.

Coordinator of the network against violence

b) The **management of family resources**, whether assets or patrimony, are still mostly managed by men, specifically adult men. However, the pandemic has required women to **use the resources** they possess to meet their family's basic needs. This aspect is more evident in rural areas, where women who manage poultry or various crops have had to use their produce for family consumption or to sell it to meet family subsistence and emergency expenses.

This practice of using resources under women's control first to sustain the family economy and meet basic family survival needs puts their long-term economic stability at risk, undermines the gains in economic empowerment they had achieved prior to the pandemic, and may affect the gap in access to resources. In the medium and long term, this can affect their and their families' quality of life, access to credit, and economic security.

Eta / Iota

The rain, floods, landslides, and mudslides generated by the passage of these natural phenomena have damaged business and housing infrastructure in different areas of the country. Although there is still no disaggregated data on the owners of these structures, it is expected to directly affect Honduran families in the impacted areas, especially those living in the most vulnerable conditions.

26,828

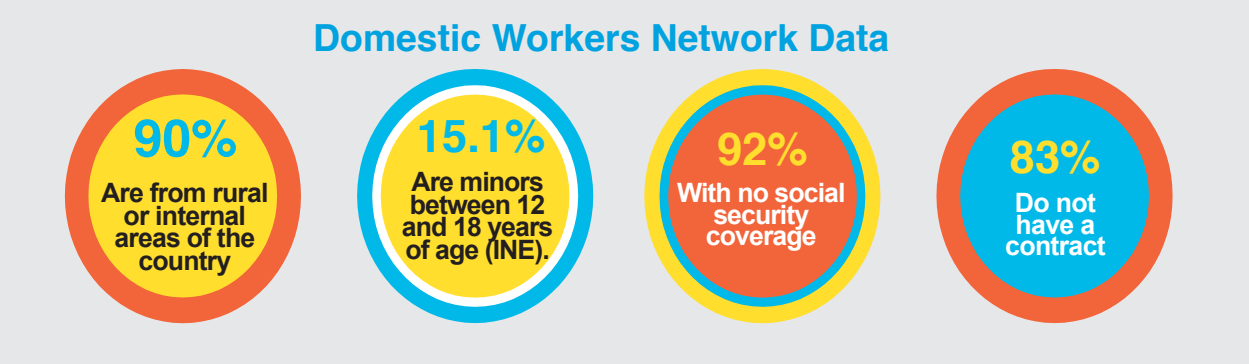
Affected households. COPECO Data (16.11)

This situation will contribute to deepen the condition of inequality of the most vulnerable groups, especially in terms of access to resources such as housing, land, and credit. This is worrisome, especially when their access to livelihoods and conditions of individual and family well-being were already precarious because of the prevention measures taken before COVID-19, especially in the northern part of the country, which is the territory most affected by Eta and Iota.

4.2 Needs and vulnerabilities of specific and at-risk groups

The female population in Honduras faces conditions of inequality that are more evident during times of crisis and that deepen the effects that these can cause to women and to other population groups. In the face of the COVID-19 pandemic, this aspect is especially evident in the following groups:

1. **Domestic workers**. According to INE (2018) in Honduras there are more than 116,714 women (87%) and girls (12.4%, 14,527 girls between 12 to 18 years old) who perform this type of work (72.1% in urban areas and large cities), this represents 87% of the total population engaged in this line of work.



According to the labor code, domestic work includes housekeepers, wet nurses, cooks, maids, private chauffeurs, servants, nannies, laundresses, and other similar activities. Activities that are assumed almost entirely by women domestic workers, depending on the characteristics of the family to which they provide services.

This group is particularly vulnerable to the inequalities of the labor and social system, especially if we consider that it is made up of people from rural areas, from the interior of the country or from peri-urban areas living in poverty, a representation of minors with a low level of education or in the process of finishing their studies, and representatives of different ethnic groups. These women perceive domestic work as their only opportunity to enter the labor market and ensure their livelihood and that of their families; however, the majority (94.8%) receive less than the minimum wage established for this item, which corresponds to $377, and are not legally included in the social and labor protection system.

The **COVID-19 pandemic** has made visible the impact that the absence of public policies to protect the fundamental rights of domestic workers can have in times of crisis, especially one as prolonged as the current one. This is reflected in that many of them have been exposed, especially during the confinement process, to more demanding and precarious working conditions than in normal times.

The **effects** of the pandemic on domestic workers include and increase in working hours and workload, deprivation of free time, reduction or suspension of wages, and the impossibility or prohibition of mobilization to visit their family, especially for those who come from communities in the interior of the country and who were forced to remain in their jobs during the entire quarantine process. These conditions, in some cases, were established arbitrarily by the employers and with the threat of potential job loss if these conditions were not accepted.

2. **Maquila workers**. One sector that has grown in Honduras in recent years as a generator of employment is the maquila industry. The Honduran Maquila Association reports 322 affiliated companies, which provide employment to more than 150,000 workers (El Salto, 2020), most of them women.

53%

Maquila employees are women (CDM)

Within this group of employees, perhaps those who suffer the most precarious conditions and health risks due to work demands are women who work as operators, especially in the garment and textile area. This area is characterized by long working hours; payment of the minimum wage, which is the lowest compared to other areas; working in spaces that do not always meet the criteria of ventilation, health, distance, and basic ergonomics; and facing a permanent struggle to ensure that their legal rights to social and labor protection are respected.

Given this situation, **the COVID-19 pandemic** has exacerbated some of these problems, placing maquila women in a situation of greater vulnerability, especially if one considers that it has had the following effects:

a) Job instability and decreased income that is caused by job loss or temporary suspension of contracts without pay, as a measure taken by the maquilas during the confinement period.

In addition, there has been a **setback in terms of compliance with labor rights**. In this regard, women's organizations have denounced that there have been unjustified and illegal dismissals, even of pregnant women; the use of the forced resignation mechanism to pressure women to agree to resign in exchange for the payment of a percentage of their benefits or to give up their days off for vacations and holidays to make up for the mandatory closing days has increased.

105

Companies that adhered to the "temporary solidarity contribution" initiative.

b) Many women have declared **domestic calamity**, especially to protect their family's assets and to have access to economic mitigation mechanisms, such as the temporary solidarity contribution approved by decree 33-202. This action responds not only to the loss of the source of their income, but also to the fact that many of them have acquired responsibilities with financial instances linked to their work in the maquila (loan from cooperative).

In addition, having lost social security coverage, they are concerned about how to access medical care for themselves and their families during the pandemic, especially considering that access to public healthcare services has been difficult. Some need follow-up care for prenatal, postnatal, healthy-baby care and care for occupational illnesses.

c) **Legal and healthcare processes for the issuance of labor relocation and occupational disease qualification reports have been delayed**. In addition, adequate follow-up has not been provided to ensure compliance with labor rights, this is because the responsible state agency was closed for more than 6 months.

Eta / Lota

The damage caused at the structural level, on the roads and in the communities hinder the mobility of the maquila workers who were already facing this situation with the suspension of the public transportation service during the process of confinement and reduced circulation established to prevent COVID-19.

In addition, an **increase in COVID-19 infections** is expected (33% positivity rate in shelters, SESAL), and the emergence of other diseases related to the sanitary conditions faced by the families of maquila workers, especially those living in flood zones.

Another element to consider is that many women, living in peri-urban areas in the Sula Valley, may have suffered the total or partial loss of their homes and therefore be forced to seek refuge in shelters, which pose challenges in terms of safety, sanitation, access to basic services and the risk of losing their jobs due to absences from work.

3.**LGTBIQ+ people**. Although there is no data, this population group faces problems due to labor instability caused by the pandemic, and many have seen their livelihoods destroyed because they work in the informal sector. According to OUTRIGHT, most LGTBIQ+ people in LAC, including Honduras, depend on daily wages and survive without labor protection, which makes them especially vulnerable to the economic slowdown and restrictions on movement. They also face a social and cultural environment of extreme discrimination, violence and violation of their human rights as has been denounced by human rights agencies and organizations that defend their rights.

4.**Female sex workers**. The conditions of vulnerability to which this population group is exposed are related to the type of service they provide, which focuses on aspects of sexual reproductive health, exposure to potential situations of violence and insecurity, and the fluctuation in terms of income received. In addition, they do not have labor and social protection, as sex work has not yet been recognized and regulated in the country.

As an **effect** of the **COVID-19 pandemic**, this group, in addition to the health effects common to the entire population, has faced 1) economic consequences due to the **total suspension of their working hours**, and therefore, the **loss of their main means of income** since one of the main COVID-19 prevention actions is physical distancing. As a result, many are in a situation of calamity, or have worsened their condition and quality of life and that of their families, which in many cases was already precarious; and 2) difficulties in accessing some healthcare services, specifically sexual and reproductive health services.

4.3 Health, including sexual and reproductive health and rights

Honduras has a healthcare system that is perceived as weak and insufficient to respond to the needs and demands of the population in general, and of the chronically ill population groups, specifically. This is reflected in problems such as insufficient coverage, availability of general or specialized medicines, loss of medicines or equipment due to poor management, problems with the quality of care, lack of equipment and medical personnel, deficient and obsolete hospital and health center infrastructure in some cases, and limited capacity to respond to the needs of the population.

However, and contradictorily, in recent years, **budget cuts have been contemplated for investment in healthcare**. This trend is maintained even in the proposed budget for 2021, at a time when the COVID-19 pandemic and the devastation caused by Eta and Iota create high demands on the healthcare system for the coming year, particularly because COVID-19 has not been controlled and a new wave of contagions is predicted.

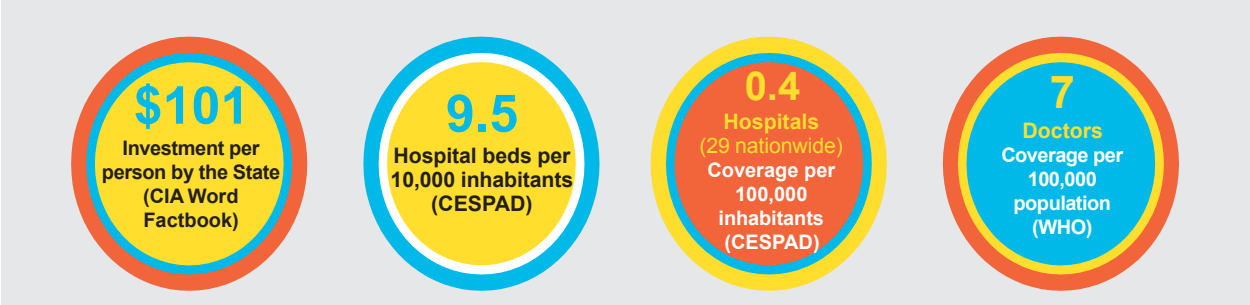
2.9% vs 2.7% of the GDP

Investment in healthcare sector for 2020 vs 2021 (ICEFI)

This healthcare system is **conformed** by the Ministry of Health **(SESAL),** which is the state agency responsible for providing healthcare services to the entire population and which has a coverage of approximately 60%. Likewise, the Honduran Social Security Institute **(IHSS)** provides healthcare services to workers and employers who pay mandatory contributions for its operation; this coverage corresponds to 12%. These two structures have become the main mechanism to respond to the COVID-19 pandemic.

With regards to the **network of the first level of care**, SESAL has 1,078 Rural Healthcare Centers (CESAR), 436 Healthcare Centers with Physician and Dentist (CESAMO), 74 maternal and child clinics, 3 Peripheral Emergency Clinics (CLIPER) and 15 Dental School Centers (CEO). The IHSS has only two hospitals, one located in Tegucigalpa and one in San Pedro Sula.

For the operation of this public healthcare system, Honduras has one of the lowest levels of investment in the Americas at $101 versus the LAC average ($392). An aspect that influences the installed capacity to attend to the population (0.7 beds /1000 inhabitants), the human resources available for medical care (0.31 /1,000 inhabitants), the availability of adequate infrastructure and equipment, and the required coverage.



In terms of the provision of services in response to the pandemic, SESAL has not had a leading role in decision-making in response to the pandemic; it has been led by the National Risk Management System **(SINAGER),** which is responsible for decision-making in sanitary and preventive management, and by **INVEST Honduras** (Honduras Strategic Investment), the management unit attached to the General Coordination of Government. These agencies have mainly assumed the investment related to the hiring of healthcare and humanitarian assistance human resources, medical equipment, protection equipment, transport of samples, biosafety inputs, reagents, medicines, training, infrastructure improvements, clinics, mobile hospitals, and so on.

17.88%

Resources used by SESAL and Hospital Escuela of the total allocated to tackle the emergency due to COVID -19 (SEFIN)

With these starting conditions, it is not surprising that with the arrival of COVID-19, the Honduran healthcare system was saturated, overwhelmed and insufficient to respond to the care demand of the population affected by this virus. This was due, among other things, to: 1) the interruption of its work dynamics for regular, specialized care and prevention programs aimed at groups in vulnerable situations, including those in which progress had been made in recent years; 2) the lack of personnel or the assignment to attend exclusively to COVID-19 actions; 3) healthcare personnel carrying out community follow-up or prevention work had limited mobility; 4) the difficulties for the population to mobilize; 5) the closure or restriction in the operation of some centers to focus on emergency care and COVID-19 care; and 6) the population's fear of becoming infected when going to healthcare centers where patients who tested positive were being treated.

As a result, **the COVID-19 pandemic** has made visible and highlighted the pre-existing problems in the healthcare system and has caused concrete effects that make access to the right to health difficult, especially to **essential services that have been totally or partially interrupted**, in particular in rural areas. These **effects** are expressed in the following aspects:

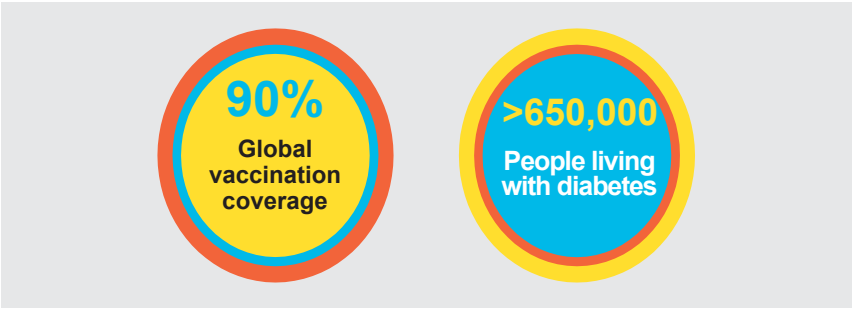
1) Hospital care. By prioritizing emergency cases in hospitals and healthcare centers, regular care processes are delayed, such as general and specialized medical consultation, surgical procedures -which were already significantly delayed-, provision of medicines and application of treatments for some chronic conditions such as dialysis and chemotherapies.

2) Preventive children's health programs and attention to non-communicable diseases. The country was hit by the pandemic during an epidemiological emergency caused by dengue that reported more than 112,000 cases and 200 deaths in 2019 (Humanitarian Response Plan, UN), and an alert due to the confirmation of a measles case in a neighboring country.

At least 40% of the population has limited access to healthcare services, especially for those whose costs are high due to the distance and difficulty of access from their communities. It is the indigenous and Afro-Honduran populations that have less access to healthcare units due to high costs and long distances traveled.

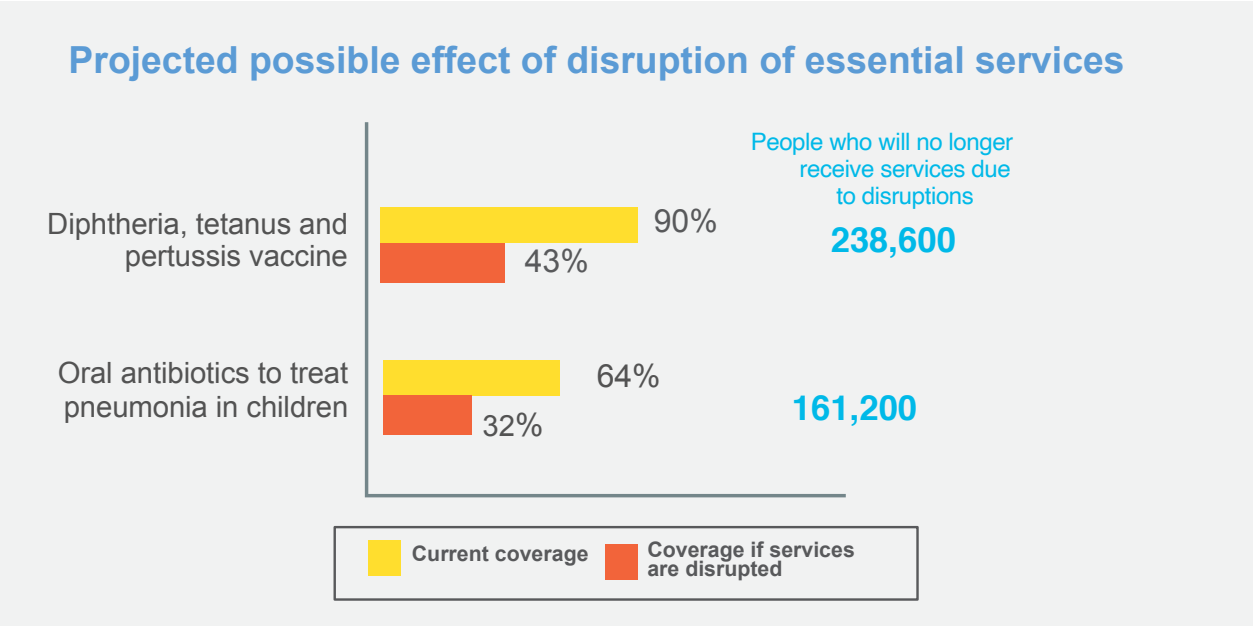
Neglected regions, Ayuda en Acción

These conditions require continuity in the processes of promotion and community follow-up of programs to prevent dengue; the promotion and implementation of actions for vaccination and control of healthy children; and keeping functioning and accessible all treatment services for diseases such as diabetes and related diseases, hypertension, cancer and cardiovascular diseases -a condition that makes people more vulnerable to becoming seriously ill from COVID-19, and dying.



However, the premise that consultations should only be made in case of emergencies complicates the follow-up and treatment of these conditions, especially because control actions for healthy children were interrupted for a couple of months, follow-up appointments for people suffering from non-communicable diseases have been discontinued, “non-essential" laboratory tests have been suspended, surgical treatments have been postponed indefinitely, the supply chain has been interrupted, and supplies that are offered privately have become more expensive, which is further complicated when the income of many families has been reduced.

These conditions may cause a **setback in the coverage of essential healthcare services for non-communicable diseases and children’s health**, and if effective actions are not taken, there may be an **increase in morbidity and mortality** due to preventable and treatable diseases. This situation, according to projections of the potential impact on Honduras if disruptions in essential health services due to COVID-19 were like other epidemics, could be reflected as follows (Global Financing Facility):

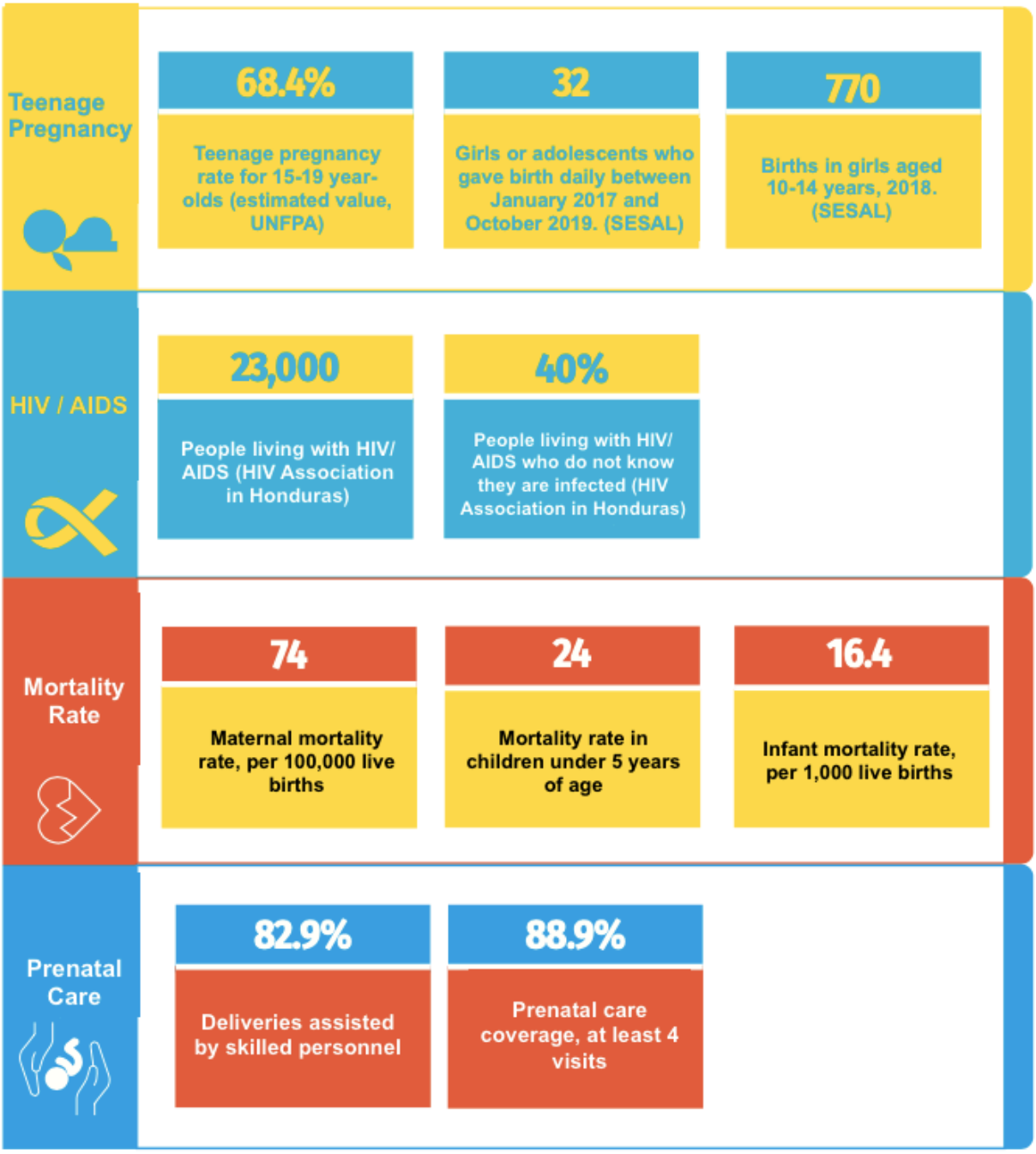


3) **Sexual and Reproductive Health (SRH)**. The provision of this essential healthcare service to women, adolescents, and girls (especially poor, rural, and ethnic), and other vulnerable groups, has been a priority in recent years. This has led to progress in SRH-related issues, especially by reducing the infant mortality rate, reducing the fertility rate, increasing the use of contraceptives, improving the identification and treatment of people living with HIV/AIDS, and increasing the percentage of births attended by qualified healthcare personnel, which has had an impact on the reduction of maternal and neonatal mortality.

However, there is still much work to be done, especially if we consider, on the one hand, that there are significant gaps to achieve the goals in terms of coverage, reduction of incidence rates, and reduction of risk factors that have an impact on SRH. Therefore, it is necessary to take immediate actions to counteract the effects generated by **the total or partial interruption in the provision of essential SRH services** because of the measures implemented to address COVID-19. This may result in stagnation or setbacks in the fulfillment of sexual and reproductive health goals, especially indicators related to vulnerable groups. This interruption in sexual and reproductive healthcare has the following **effects**:

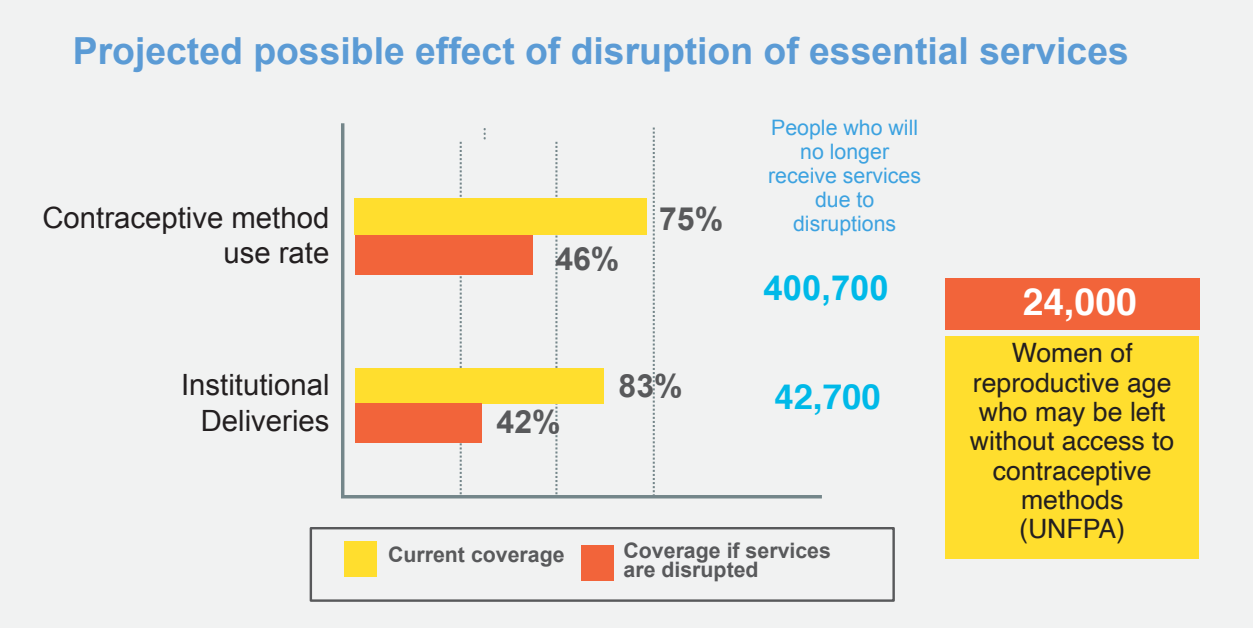
a) Women and adolescents do not have timely access to i) diverse, safe, and reliable family planning methods, which increases the risk of unwanted pregnancies and can lead to an increase in sexually transmitted infections for women, men, and adolescents; and ii) the process of gynecological screening and early detection of cervical cancer is lengthened.

b) People living with HIV/AIDS do not have timely access to screening procedures and adequate treatment, which increases the risk of decompensation, and leaves them more exposed to complications in the case of infection with COVID-19. This group includes women and lesbian, gay, bisexual, trans and intersex (LGBTIQ+) people living with HIV, who face a higher risk of infection with COVID-19.



c) STI screening and treatment processes are suspended or discontinued.
d) Pregnant women are unable to undergo prenatal follow-up, institutionalized delivery, and postnatal follow-up adequately and systematically.
e) Training, sensitization, and community approach processes to raise awareness on SRH-related issues are suspended, especially related to adolescent pregnancy prevention, safe motherhood processes, family planning and STI and HIV/AIDS prevention.

The magnitude of the effects generated by the interruption in the provision of SRH services will depend on how long it is prolonged, but according to projections by the Global Financing Facility, it can represent a setback of up to 40% in some key indicators, as shown in the following graph:



24,000

Women of reproductive age who may be left without access to contraceptive methods (UNFPA)

4) Healthcare personnel. They are responsible for the provision of services and care to the population, however, since before the arrival of the COVID-19 pandemic, in Honduras there was a deficit of healthcare professionals and healthcare specialties to respond to the regular demands in the country. This was at the level of registered physicians, licensed nurses, auxiliary nurses and technical personnel.

62.6%

Of the population engaged in healthcare activities are women (INE)

$15.8 Million

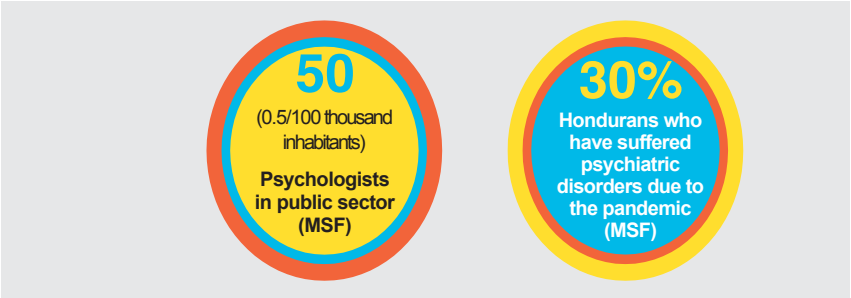
Budget allocated for hiring health personnel for COVID-19 response

To support the healthcare response to the pandemic, the Government of Honduras is hiring 3,595 healthcare professionals of various specialties through the Green Code Program. Most of these professionals are allocated to hospitals where people infected with COVID-19 are being treated, and to the service brigades coordinated by the Permanent Contingency Commission **(COPECO).**

This group of professionals becomes the first line of healthcare response to COVID-19. However, they perform this task with a **high degree of epidemiological risk**, especially considering that they do not have access to biosafety equipment that meets the required quality requirements and is supplied on a recurrent and consistent basis. They work in inadequate physical and environmental conditions; they do not have access to first-rate technological equipment, and they work long hours. In addition, many of them report that they have had to face delays in the payment of their salaries and that they have had difficulty in training and updating themselves in other areas of professional interest and usefulness according to their positions.

In addition, they have become a **group at risk of suffering violence**, in its various manifestations, due to the **social discrimination** generated by the fact that they are considered carriers of the virus. As a result of this stigmatization or their own fear of infecting their families, many have established as a preventive measure to maintain social distancing within their homes, which has caused **psychological problems** in addition to the physical effects of the amount of work they have taken on in the past 6 months.

5) Mental health. The characteristics of the COVID-19 pandemic and the measures taken in the country to prevent its spread have **generated** high levels of fear and uncertainty about infection or death from the virus, have caused high levels of stress and anxiety due to the demands at the family and professional levels, and have led to sadness due to any of the above causes or due to loss of employment, conflicts within families or loss of family members due to the virus. In addition, decompensation has been observed in patients (accentuation of mental disorders and psychological relapse), somatization due to chronic stress and preoccupation with the new disease, suicide, and alcoholism.



SESAL has established virtual and face-to-face options (when necessary) to respond to this demand for attention generated by the population; however, it does not have the structure to respond to the totality of the demand. This is why a series of options have been generated to provide psychological support and accompaniment by women's organizations, cooperation organizations such as Doctors without Borders, the Association of Psychologists and other organizations.

With respect to mental healthcare and psychosocial support (for stress, anxiety, tension), psychological care lines have been created for COVID-19 by SESAL; created greatly due to the fear generated by the information and misinformation during the pandemic; the abrupt paradigm shifts in the dynamics of work, coexistence, study, and health have also affected the emotional health of the population; the impact at the community level is unknown.
However, with regard to other mental health issues there is a gap in general psychosocial support, and community conflict resolution and mediation mechanisms.

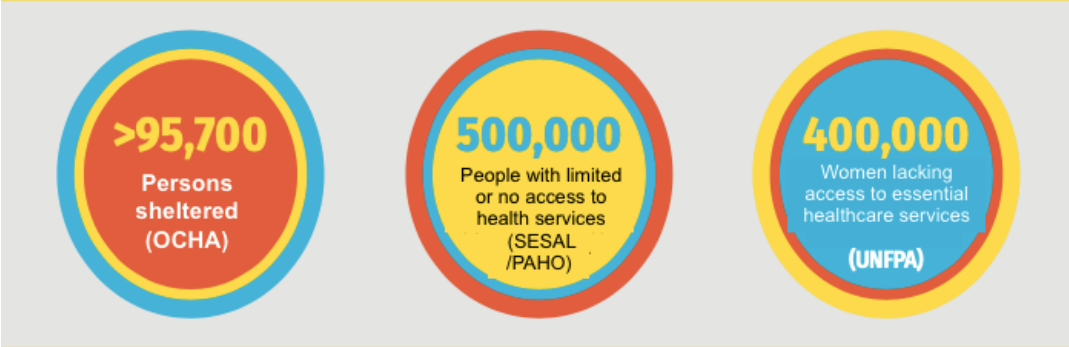
Director, Feed The Children

Eta / Iota

The disasters generated by both meteorological phenomena will **exacerbate the sanitary demands** of the affected population to which the State must respond. Especially if we consider that many shelters have precarious conditions in terms of protection, security and sanitation; the unhealthy conditions in which communities and houses were left, and where people will return; and the lack of access to drinking water and sanitation services. These conditions especially affect pregnant women and adolescents, children, the elderly and people with disabilities.

This **will generate an increase in** gastrointestinal **diseases**, dengue fever, skin conditions, respiratory diseases and psychological conditions. In addition, an increase in COVID-19, violence and sexual abuse is expected.

Another effect of Eta / Iota is the **total or partial destruction of healthcare system infrastructure**, which will difficult access to timely and permanent care services, especially at a time when they are needed.

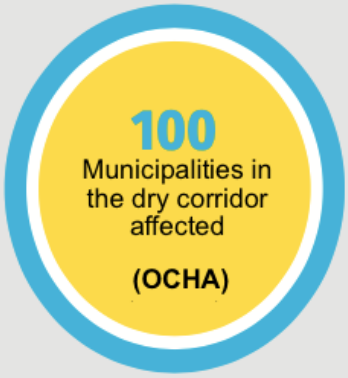
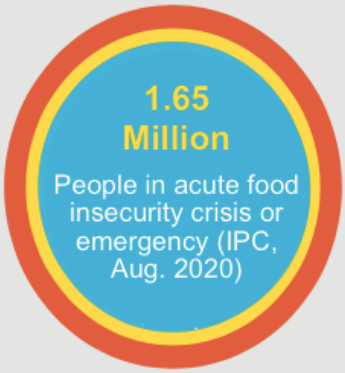


Both the increase in illnesses and the impact on the already weak healthcare system **will increase the burden on women** due to their role in caring for the sick in the family and community.

4.4 Access to services and resources

In the country, there are other issues related to the quality of life that are a priority and in which the pandemic has had an adverse effect, which will be aggravated by the devastation of natural phenomena, these are essentially related with the right to food, education and a dignified life. These aspects were affected as follows:

Aspects	Effects of the Crisis
Education	-**Total suspension of classes** (at the beginning of the confinement) and later partial suspension. This will deepen the problem in aspects such as educational coverage and quality, school dropout, development of life skills, and progress in obtaining the skills prioritized in the national basic curriculum. In the case of schools for adult or technical-vocational education, they are closed; they are only functioning with those that have administrative careers or that can offer online classes. -**Substitution of the face-to-face for online processes**. This aspect evidenced the gaps in terms of digital and communicational access that exist in the country (which is less in rural areas), and the little development of capacities that exist at the teaching level to assume this challenge in an effective, pedagogical and didactic way. As a result, efficiency in teaching and learning depends on the resilience of teachers and the availability of resources. The WhatsApp has become one of the most effective support tools for the teaching process, which implies that teachers and students must ensure access to technology and connectivity on a permanent basis. **With schools closed, classes in the public system operate via WhatsApp messaging or normal messaging, and where there is no cell phone access via photocopying, radio and TV.** **Regional Project Technician** - **School dropout** specifically motivated by the difficulties of the most vulnerable families to adapt to the demands of online education, especially if we consider that approximately more than 50% of children are without physical-digital connectivity to achieve the continuity of their school learning processes (Ayuda en Acción).

Aspects	Effects of the Crisis
Food Security	**Increased food insecurity,** especially in the municipalities of the dry corridor that are most vulnerable to this problem. This is due to the lack of or limited availability and access to food, the deterioration in access to livelihoods or sustenance, the interruption in the start of production cycles or the loss of crops, access to products for production that has been reduced due to the deterioration and decrease in the purchasing power of producers, as well as the lower yield or total closure of small businesses and/or enterprises led by women.   **This aspect is complex, because of the economic factor, there is no employment and we supply with the daily wage. From the little that is earned per day, 150.00 lempiras, which is what the men generate with their labor and what the women do at home to reinvent the economy to feed their family (they sell eggs), because due to the pandemic they cannot sell typical foods, which is what we are used to do, all this is stopped for now.** **Man from the community**
Hygiene and First Necessities	**Increased limitations to access and coverage** of drinking water, latrines and sewerage in rural and peri-urban communities. This is due to the difficulties in carrying out operational maintenance processes and water quality caused by the difficulty in mobilizing to purchase the necessary supplies. In addition, processes to ensure access to these basic services have been suspended. This has an impact on women because of their role in household hygiene. **There is no drinking water project. The existing one is 22 years old, the pipes are broken and there is no treatment. Most of the families get their water from hoses, and other families carry water from wells, springs or streams.** **Community leader**

Eta / Iota

The catastrophe generated by these storms has particularly aggravated the issues related to **access to basic services and food security**, mainly because problems related to the loss of productive land, loss of crops, access to food, interruption of food distribution lines, loss, or damage to drinking water and sanitation systems, interrupted processes to ensure the quality of drinking water, among others, will worsen.

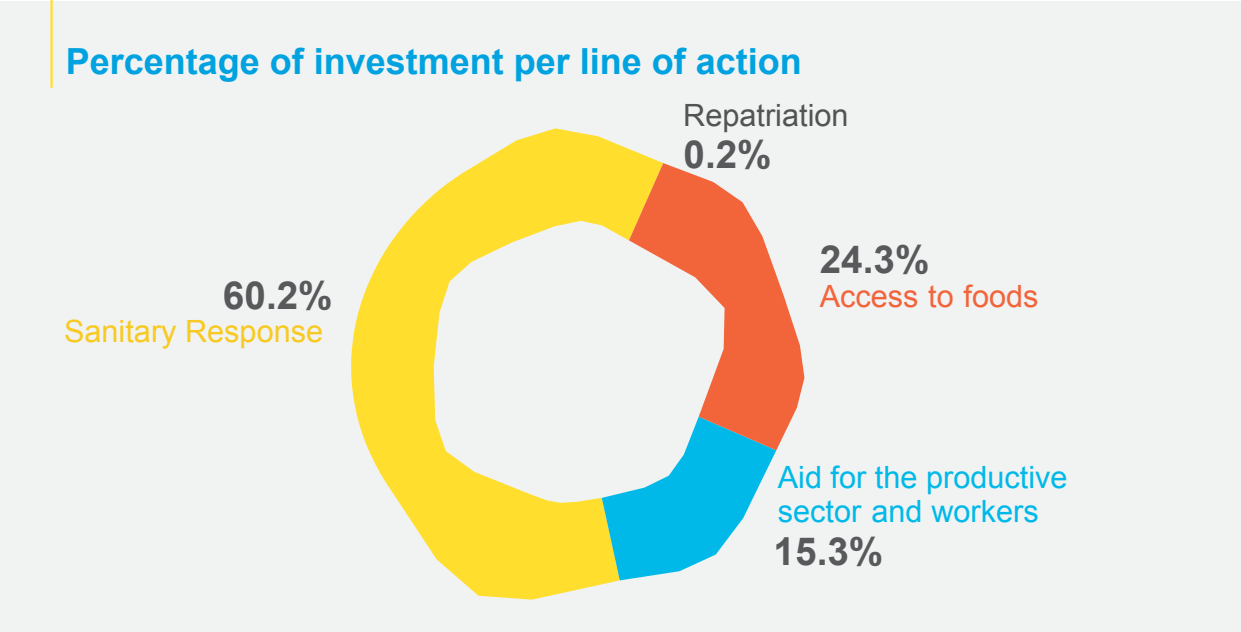
Also contributing to this situation are losses and decreases in income, job losses and the increase in the cost of basic foods. The impacts on education will be seen later in aspects related to the loss of or damage to educational centers, or access to them if they are still being used as shelters at the beginning of in-person classes.

In the particular case of shelters, there are problems of access to basic water and sanitation services, health, education and access to food due to structural and physical conditions (availability and access to minimum and healthy supplies).

4.5 Coping Mechanisms

To respond to the demands posed by the COVID-19 pandemic, actions have been proposed from different intervention levels and actors; among the main ones are:

- The **Government of Honduras** has allocated a total of $ 230,791,442.70 (L 5,996.7 million lempiras) which has been invested in four lines of action: healthcare and sanitary response (including the Fuerza Honduras Program), ensuring access to foods through the Honduras Solidaria Program, aid for the productive sector and workers, and repatriation.



- **The humanitarian response**, according to data from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as of September 2020 corresponded to more than $67 thousand invested mainly in food and nutritional security, health, protection, water and sanitation, and others.
- At the **community and municipal level**, COVID preparedness and response actions are undertaken by local bodies at the rural level, such as the municipal technical committee, the Local Development Councils (CODEL), Municipal Development Councils (CODEM), boards of trustees, police, auxiliaries, and local organizations.

Everything is limited. Education, the institutions would not come and the mayor's office hardly attends, they say that there are no municipal transfers, there is nothing for the communities.
A group presided over by members of the patronage and auxiliaries formed a group called 24/7 to minimize the afluence of people from outside the community, and thus be able to slow down the pandemic a little, with the participation of 6 women and 15 men.

Women from the community

- **At the family level**, options for income generation have been sought through entry into the informal sector of the economy (urban sector) or a return to productive activities (rural sector). This is to ensure access to food and payment of basic services.

The women have dedicated themselves to produce food in the family garden, to generate income and for consumption, some have established plots of pataste, beans, squash, ayote, pipianes and many more and the women have returned to bartering. Some men are planting vegetable and pataste plots.

Woman from the community

Eta / Iota

The response from the government has not been quantified, however COPECO and other state agencies are developing rescue actions, supporting the management of shelters and others.

The humanitarian response is provided by the Humanitarian Country Team (HCT) made up of 29 organizations that serve 93 municipalities in 17 states of the country in the areas of water, sanitation and hygiene, protection, temporary housing, food and nutritional security, health, education, logistics and coordination and information.

4.6 Security and Safety

Honduras is a complex, unequal, insecure and vulnerable country in political, environmental, social, and economic terms. These conditions are more challenging for groups living in vulnerable situations, especially Honduran women, and girls, especially if we consider that a high percentage of these groups have two or more characteristics that can lead them to be discriminated against or are more likely to have their rights violated. These characteristics have to do with being a woman, poor, a minor, a single mother, belonging to an ethnic group, and from a rural area, among others.

10.5% GDP

Cost of violence (UNDP)

Therefore, and because of the way in which violence affects women, girls and other vulnerable groups, tackling them has been a priority for the work of women's organizations, women's networks and collectives, development organizations and cooperation organizations that are committed to an approach based on human rights and sustainable development, especially because they are aware of the repercussions that violence has at the personal, community and state levels. However, the efforts and affirmative actions implemented so far have not succeeded in eradicating this "invisible" pandemic; rather, in some cases, their situation of vulnerability has been deepened by structural, cultural and gender relations aspects that are still present in our society.

This is why the crisis generated by the COVID-19 pandemic, and the measures implemented to try to stop the contagions and reduce the impact at the healthcare level, has come to shake the social dynamics in the areas in which women and girls interact; and has allowed:

64%

Femicides occurred in private spaces during the first months of confinement (IUDPAS).

i) to **show** the conditions of vulnerability, inequality and risk in which women live, many of them even within their own homes.

ii) to **make visible** the effect that the unequal structural, economic, social, and cultural conditions that characterize the country can aggravate existing gaps in times of crisis and place women and girls in positions of greater vulnerability; and

ii) to **highlight** the role and dynamics that women take on in the response to the crisis in the different spheres in which they interact.

In essence, the management of the pandemic has **deepened the structural** and cultural **gaps** related to poverty, sexual division of labor, access to and control of resources and gender roles. It has also proven the **fragility of the economic and productive processes** that sustain the livelihoods of the most vulnerable population, especially women producers.

But more worrying is that it has put to the test and perhaps **weakened the protective factors against GBV**, an area where so many efforts have been made to strengthen in recent years, for example, the advances in the economic empowerment of women, the struggle for the respect of universal rights and the progress to strengthen complaint and protection mechanisms on violence against women and girls in all its manifestations.

Among the **adverse effects** caused by the COVID-19 pandemic, those that will affect indicators or structural conditions related to the **feminization of poverty** and those that directly affect risk factors or protective factors related to **gender-based violence** are of particular concern. Among these are:

Related to the vulnerability of fundamental rights:

The exacerbation of gender-based violence and insecurity, the decrease in coverage rates and quality of education, and the increase in food and nutritional insecurity.

Related to the impoverishment of women:

The deepening of poverty and extreme poverty, the incursion of women into the informal economy, the business and economic instability that jeopardizes the livelihoods of the salaried and self-employed population, the setback in the processes of economic empowerment of women.

Related to the worsening of living living conditions

The increase in the unemployed and underemployed population, the increase in the population without access to basic services, the loss or decrease in the flow of remittances, the loss of profitability or stability in productive processes.

These conditions have directly influenced the **underlining, deepening, or evidencing of violence against women and girls**, especially in the manifestations of direct violence and in those of a cultural and structural nature that have an impact on aspects such as social protection for victims of violence and prevention with groups in situations of vulnerability to violence. The main effects of the pandemic are:

a) <u>Violence.</u> Honduras, continues to be considered one of the most violent countries, ranking fourth among countries with the highest homicide death rates in 2018 (InSight Crime 2018). However, the homicide rate has decreased from 90.4 (2012) to 44.7 (2019), affecting 90% of men and 9.9% of women and affecting mainly the population aged 25 to 29 years (17.5%) according to IUDPAS data.

77%

Victims of violence aged 15 to 44 years (IUDPAS)

The population also faces other manifestations of violence such as threats, extortion, murders, the presence of gangs, sexual and gender-based violence, forced displacement (247,000 internally displaced persons), which puts their lives and personal integrity at risk.

5.6%

Children victims of violence (IUDPAS)

103,063

911 emergency calls for domestic or intra-family violence in 2020

b). <u>Gender-based violence</u>. This problem has been exacerbated by the prevention measures implemented in response to the spread of COVID-19. This is because women are forced to remain in their homes with their aggressors at a time when economic and social tensions have increased and access to channels for complaints and public services for attention, prevention and punishment of violence have been weakened.

+22%

Increase in injuries to women (National Police)

The most affected are young women between 15 and 24 years of age (30%) and girls and adolescents from 0 to 19 years of age (20.6%). Lesbian, bisexual, and transgender women are also victims of violence with specific protection needs. This can be evidenced in the following aspects:

Increase in cases of domestic and intra-family violence, including sexual violence in some cases, which is reflected in that during the first four months of the year, 290 municipalities of the national territory registered complaints of domestic and intra-family violence (IUDPAS); emergency calls to the 911 line increased, for example the daily average of calls, between March and April, increased by 5%; and the demand for assistance in shelter houses increased; and there has been an increase in injuries to women, while injuries to men have decreased by -16.7% (Infosegura).

10

Safe houses nationwide

According to Association Calidad de Vida, the safe houses need an annual investment of 4 million lempiras to ensure their effective and sustainable operation. This represents approximately 1% of the budget approved for military spending.

However, these data may not express the real dimension of the problem, especially considering the difficulties women have had to face in accessing **<u>channels for complaints</u>**, and the fact that that the culture of filing complaints has not yet taken root. Among the difficulties they have faced are mobility restrictions, little or no digital access, and the fact that the legal mechanisms for filing complaints[28] at the community or state level totally or partially interrupted the response to complaints and the follow-up of legalized cases.

98%

Impunity rate (Coalition Against Corruption)

19.6% (65)

Cases prosecuted for death of members of the LGTBI community (CATRRACHAS)

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28. 90% of women who seek help for violence do not want to file complaints for fear of reprisals and lack of access to and credibility from the institutions of justice, given the high levels of impunity in the country. /Women's Peace Movement "Visitación Padilla".

In most cases, security issues have been left to the attention of the community associations called patronatos" or auxiliary mayors of the communities; in some municipalities, violence cases are dealt with according to the seriousness of the cases. They also turn to women's organizations.

The justice system pays little or no attention to the cases of violence faced by women. There is no efficient attention, as if violence against women would not interest them, even knowing that violence against women is also a pandemic.

In addition, the cases of alimony suits are not taken care of even when they are aware of the irresponsibility's that occur, nor do they follow up on the complaints filed by the women, not even a copy of the complaint is given to the women for follow-up.

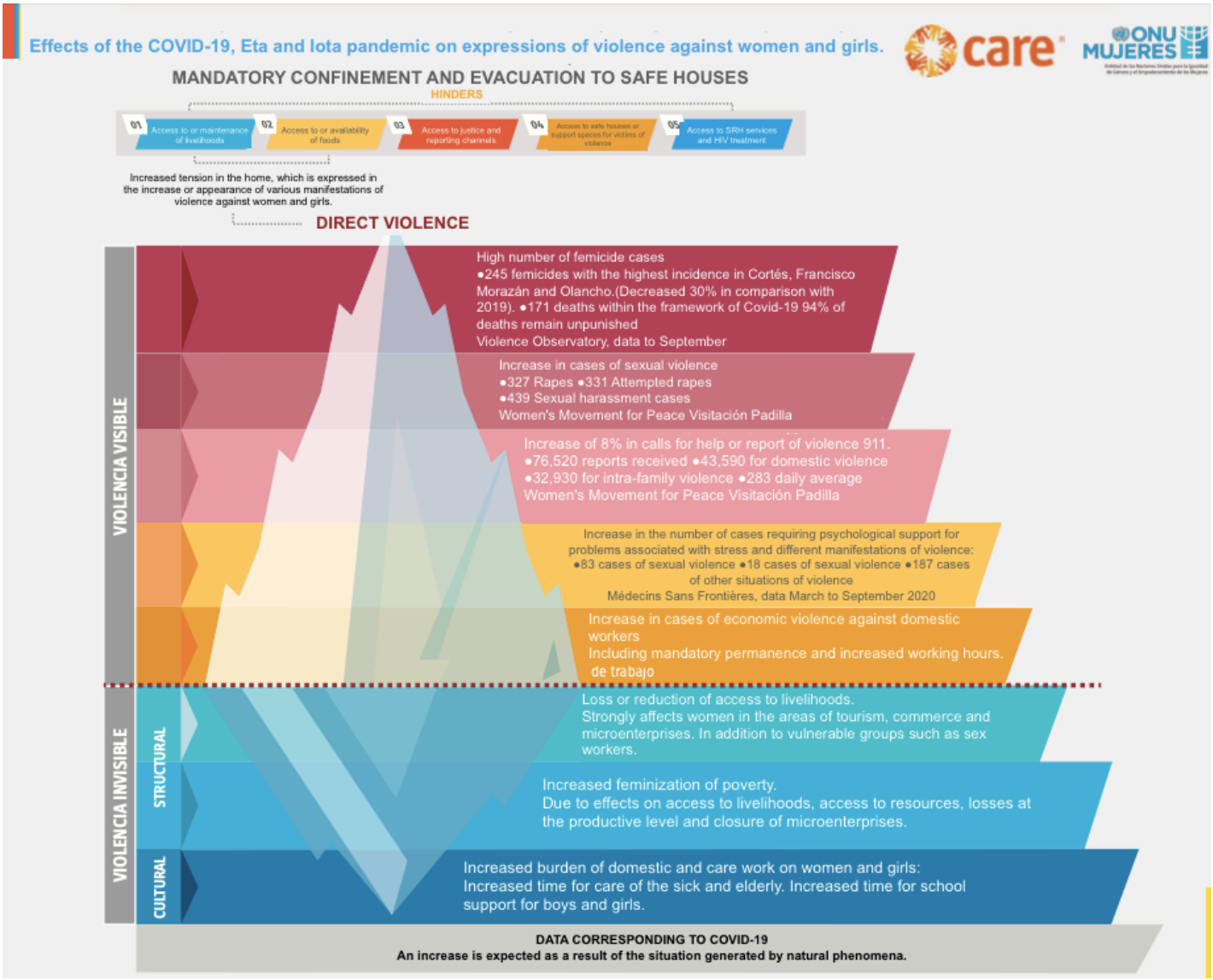
Women's Network Coordinator

Increase in femicides in the private sphere:

- In 2020 there was an increase in violent deaths of women (+11) compared to the first quarter of 2019, while those of men decreased (-32), according to data shown by Infosegura.

- In 2021, every 17 hours and 36 minutes a woman dies a homicidal death in Honduras. (IUDPAS). Until February 15, 33 violent deaths and femicides were reported, 24.2% of the women were between 18 and 30 years old and the mechanism of death in 54.5% was a firearm. The states with the highest incidence are Francisco Morazán (21.21%) and Cortés (15.15%).

This information highlights the visible effects on violence against women and girls; however, to have a more general vision of how crises, such as the HIV/AIDS pandemic and natural phenomena (where sexual violence is the greatest risk), affect this expression of violence, the effects they produce at the structural and cultural level must be considered. This is summarized as follows:


Effects of the COVID-19, Eta and Iota pandemic on expressions of violence against women and girls.
care
ONU MUJERES
MANDATORY CONFINEMENT AND EVACUATION TO SAFE HOUSES
HINDERS
01 Access to or maintenance of livelihoods
02 Access to or availability of foods
03 Access to justice and reporting channels
04 Access to safe houses or support spaces for victims of violence
05 Access to SRH services and HIV treatment
Increased tension in the home, which is expressed in the increase or appearance of various manifestations of violence against women and girls.
DIRECT VIOLENCE
VIOLENCIA VISIBLE
High number of femicide cases
•245 femicides with the highest incidence in Cortés, Francisco Morazán and Olancho.(Decreased 30% in comparison with 2019). •171 deaths within the framework of Covid-19 94% of deaths remain unpunished
Violence Observatory, data to September
Increase in cases of sexual violence
•327 Rapes •331 Attempted rapes
•439 Sexual harassment cases
Women's Movement for Peace Visitación Padilla
Increase of 8% in calls for help or report of violence 911.
•76,520 reports received •43,590 for domestic violence
•32,930 for intra-family violence •283 daily average
Women's Movement for Peace Visitación Padilla
Increase in the number of cases requiring psychological support for problems associated with stress and different manifestations of violence:
•83 cases of sexual violence •18 cases of sexual violence •187 cases of other situations of violence
Médecins Sans Frontières, data March to September 2020
Increase in cases of economic violence against domestic workers
Including mandatory permanence and increased working hours.
de trabajo
VIOLENCIA INVISIBLE
STRUCTURAL
Loss or reduction of access to livelihoods.
Strongly affects women in the areas of tourism, commerce and microenterprises. In addition to vulnerable groups such as sex workers.
Increased feminization of poverty.
Due to effects on access to livelihoods, access to resources, losses at the productive level and closure of microenterprises.
CULTURAL
Increased burden of domestic and care work on women and girls:
Increased time for care of the sick and elderly. Increased time for school support for boys and girls.
DATA CORRESPONDING TO COVID-19
An increase is expected as a result of the situation generated by natural phenomena.

V. Conclusions

- The crisis has deepened the **vulnerability** of various groups, especially women and girls living in poverty and in situations of violence, sex workers, maquila workers and domestic workers. It has also generated vulnerability and discrimination against healthcare system workers, regardless of their work in the care of COVID-19[29].

- The COVID-19 pandemic, Eta and Iota, will have **negative effects on the achievement of the SDGs,** especially those related to ending poverty, health and well-being, quality education, gender equality, access to water and sanitation, decent work and economic growth, and the reduction of inequalities. The impact on each of these objectives and their targets will depend on the resilience and the establishment of effective strategies for reactivation at the local, territorial, and national levels.

- **Development organizations and women's organizations**, to respond to the pandemic, despite the limited resources, have had to incorporate humanitarian aid actions -distribution of food and biosafety kits-, reinforce or incorporate actions of psychological care and virtual legal advice, refer women to safe houses, and support instances responsible for providing SRH and shelter to victims of GBV.

- The emphasis on COVID-19 care by several state agencies has led to **the neglect of other priority programs or services for prevention and healthcare** and access to justice. In the case of healthcare, the provision of services related to Sexual and Reproductive Health (SRH) has been affected, specifically those related to the provision of contraceptives, pre- and post-natal medical care and STI treatment. Additionally, the pandemic has changed the strategic priorities of government, civil society, and private companies. This may result in placing specific groups such as pregnant women, adolescents, sex workers, etc., in a situation of greater vulnerability.

- Mandatory confinement has exacerbated **gender-based violence (GBV)**. Especially in relation to exposure to intra-family and domestic violence which is reflected in the fact that although femicides decreased compared to 2019, this year the highest percentage of homicides have occurred in private spaces: households (64%).

- The increase in psychological conditions related to stress, anxiety, and depression highlight the need to establish psychological assistance services focused on ensuring the mental health of the population as part of healthcare.

- The **loss of jobs and economic recession** has increased the insertion of women and other vulnerable groups in the informal economy or underemployment. This has caused complications in the access and control of resources. In addition, it makes various populations vulnerable to situations of violence, food insecurity, poverty, access to basic services, migration, etc. In the case of women and girls, the pandemic has highlighted and deepened vulnerabilities in the social, political, and economic systems, which becomes a vicious circle that will have repercussions on aspects such as employment and livelihoods.

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29. in the Region of the Americas according to PAHO and according to available information from 19 countries in the region, as of August 2020 72% of the total number of cases and deaths of COVID-19 in healthcare personnel are women, a situation that could be extrapolated to Honduras, where 62.6% of the population involved in healthcare and social assistance activities are women.

- In terms of **gender roles**, one of the main impacts of COVID-19 for women and girls is in relation to the increase in domestic work and unpaid care. Domestic work has increased because of the need of support for school days at home, the unavailability of domestic support (especially for women who work or could access this service), more dedication to cleaning and hygiene tasks, and the concentration of the family at home throughout the day.

- The effects of the crisis in terms of access to food and nutrition have shown the importance of promoting processes to improve **food and nutrition security**. The pandemic has evidenced the vulnerability to food insecurity, especially regarding availability, access, and consumption. This is increased if we consider structural aspects such as poverty and situational aspects such as forced confinement or evacuations as a response to the crisis.

- The crisis has i) **made visible** manifestations and potential victims of violence beyond the private sphere; ii) **underscored** the importance of continuing to work on addressing risk factors, strengthening protective factors related to GBV and consolidating first-line response actions for victims of violence; and iii) **deepened** the inequality gaps and problems faced by women, girls and other groups in situations of vulnerability to the different manifestations of GBV. These effects can be summarized as follows:

Main effects of the COVID-19, Eta and Iota pandemic on vulnerable groups

COVID-19 + ETA CRISIS
Causes the following

ON THE RISK FACTORS		ON THE PROTECTIVE FACTORS	
An increase in	**A decrease in**	**An increase in**	**A decrease in**
-Feminization of poverty -Food insecurity -Unemployment and underemployment Sexual division of labor: gender roles. -Gaps in social protection systems -Fragility of economic and productive processes	-Sustainability and stability of the business and productive fabric. -Access to stable and dignified employment. -Access to basic services related to quality of life and empowerment. -Access to quality continuing education -Systematic and law-focused labor protection.	-Strengthened crisis management and response capacity in women's organizations.	-Access to channels for complaints and timely response to complaints. -Access to general health services and services for vulnerable groups - SRH, vaccination and monitoring of healthy children, care for chronic diseases and HIV. -Access to first-line services for survivors of violence.

EFFECTS

LIVELIHOODS

-Loss of assets, patrimony or family and business resources (land, housing, patrimony, businesswoman).
-Total loss of livelihood due to the type of work performed (sex workers).
-Precarious working conditions for women, young people and groups in vulnerable conditions (domestic and maquila workers).
-Increase in unemployment rates, invisible underemployment, incorporation into the informal economy.
-Decline in women's economic empowerment related to the increase in time dedicated to domestic and care work, decrease in free time and decline in access to resources.

VIOLENCE AGAINST WOMEN AND GIRLS

-Increase in the burden of unpaid domestic work and care work for women and girls.
-Increase in the rate of domestic, intra-family, economic and sexual violence.
-Femicides maintain their trend, with a higher percentage occurring in the home (private sphere).
-Disrupted channels to file complaints, response to complaints and legal proceedings in cases of violence.
-Economic violence against women working in precarious conditions (domestic and maquila workers).

RIGHT TO HEALTH

-Total or partial suspension of the provision of healthcare services in the areas of SRH, attention to non-communicable diseases, preventive and health promotion programs focused on children, and general and surgical hospital care.
-Discontinuity in the distribution of contraceptive methods, treatments for chronic diseases and HIV.
-Increase in mental health conditions.
-Insufficiency and weak labor and social protection system.

ACCESS TO JUSTICE

-Disrupted channels to file complaints, response to complaints and legal proceedings in cases of violence.
-Weak monitoring process to ensure respect for labor rights.
-Setback in compliance with acquired labor rights, especially in processes of dismissal, work suspension, dismissal of pregnant women, among others. (Maquila workers).

NUTRITIONAL FOOD SECURITY (NFS)

-Increase in women and households declaring domestic calamity or living in conditions of food insecurity.

VI. Recommendations

As a bet on the first line of response:

- **Support development, women's and LGTBIQ+ organizations** to reinforce or incorporate strategies that allow them to guarantee care during periods of crisis and to establish action protocols at the programmatic and operational level to provide such response without jeopardizing their technical and financial sustainability.

- **Strengthen safe houses** as a viable option for the direct and timely care of victims of violence, which implies promoting processes to ensure their permanent and effective operation. To this end, in the short term, it is necessary to advocate for the approval of the Safe Homes Law and the allocation of a budget to ensure their operation as an essential service.

- Strengthen or incorporate into the offer of development, women's and LGTBIQ+ organizations **psychological care and legal advice** as free, immediate, and adequate services to respond to the needs of women, girls and other groups in vulnerable situations during crises. The virtual modality has proven to be a viable option for the first line of response in conditions such as the one established during the period of mandatory confinement.

On women's empowerment:

- Promote processes to **strengthen and make visible women's leadership** in crisis management in order to facilitate their incorporation into organizational structures that assume these responsibilities at the local, territorial or national level.

- Promote processes that contribute to the **economic empowerment of women**, considering actions for productive and economic reactivation, facilitating access to resources, capacity building and access to decent and secure livelihoods. The implementation of the CREDIMUJER Program and the allocation from the General Budget of the Republic for the year 2021 must be enforced.

On human rights defense:

- **Advocate for the creation and implementation of public policies** aimed at improving social protection for vulnerable groups, especially during periods of crisis, for domestic workers, sex workers and maquila workers in particular.

- Establish, during the crisis, **systematic monitoring mechanisms** for labor or emergency spaces that, because of their characteristics and conditions, are classified as at risk for the fulfillment and respect of human rights. In addition, identify mechanisms to file complaints and follow up on cases of economic or psychological violence in the workplace.

- Promote the **ratification of ILO Convention 189**, to promote the process of creating public policies to protect the fundamental rights of **domestic workers**, especially those related to social security, dignified work and just wage.

On crisis management at the state level:

- Establish and implement state **protocols for comprehensive care in times of crisis** to ensure adequate and specialized care is offered to victims of violence, children, pregnant and lactating women, people with disabilities, women, and people from LGTBIQ+ groups. It also involves **work at the level of health, justice, and security agencies** to implement response strategies, support, and accompaniment for the care of groups in vulnerable situations, especially in times of crisis.

- Establish **mental health** as part of essential healthcare. These services should be considered a priority in crisis management and should therefore be integrated at all levels of care, ensuring their operationalization and provision with quality and continuity criteria.

On information management during the crisis:

- Establish **indicators and mechanisms for the collection of disaggregated and truthful information**, especially on aspects related to GBV and compliance with human rights during the crisis. This considering that the underreporting or non-disaggregated registration of information hinders the identification of the real impact of the crisis and the identification of the most vulnerable groups that should be prioritized after the crisis for the provision of services by organizations or institutions.

- Establish **reliable mechanisms for the transparent management and dissemination of information** as a tool to improve the effectiveness of the services provided, and facilitate timely decision making that responds to the operational-strategic demands in times of crisis.

Recommendations per sector:

- **Poverty.** It is necessary to promote **measures aimed at reducing the impact on the intensification of poverty**, especially because this threatens to deepen the feminization of poverty. The application of a gender perspective in policymaking will be fundamental to building a more prosperous, equitable, inclusive, and resilient society.

- **Livelihoods**. Identify a strategy to reactivate the productive and entrepreneurial fabric, especially micro and small enterprises, and focus on promoting women's economic empowerment.

- **Access to justice**. Establish strategies and mechanisms to maintain the **channels for complaints, response to such complaints and access** to justice in times of crisis accessible and functioning. In the case of complaint channels it is necessary to ensure that women and other vulnerable groups have permanent and ideally free digital access during the period of crisis.

- **GBV.** Consider **digital access and communications** as an essential service in times of crisis.

- **Sexual violence**. Establish **protocols for comprehensive care for victims of sexual violence** that allow for adequate and specialized care for girls, women, and people from LGTBIQ+ groups. Both at the healthcare and justice levels.

- **Health**. Establish strategies to reactivate or maintain access to essential healthcare services during crisis, especially for at-risk populations. Among these services, priority should be given to care for victims of violence, sexual and reproductive health, children's health, and the provision of HIV treatment.

  Ensure **access to basic water**, sanitation and hygiene services in gathering spaces or shelters, especially for women, girls and groups at higher risk, as well as prioritizing the urgent restoration of water systems damaged by the storms.

- **Climate vulnerability**. Develop a strategy for managing environmental crises in an inter-institutional manner, with a gender and human rights approach, and focused on the management of the state territory and infrastructure as part of a gear that functions as a timely response to the crisis -for example, schools in areas at risk of flooding must meet minimum conditions to be used as shelters-.

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