



UNITED NATIONS

Flash Appeal El Salvador 2009

Humanitarian Context

On November 7th 2009, the combined effect of Hurricane IDA and a low-pressure system off the Pacific Coast led to heavy rainfall in El Salvador, causing severe flooding and landslides in seven of the country's 14 departments.

In just a few hours thousands of Salvadorans lost their homes and their livelihoods. Almost 200 people lost their lives and 76 were reported missing. United Nations and other partners have estimated that around 120,000 people were affected by this event.

In the first days of the emergency around 15,000 people fled their homes and were housed in emergency collective centers. More than four weeks later, over 3,000 people remain while many others have returned to what is left of their homes or are being sheltered by host families.

United Nations and other humanitarian actors launched a Flash Appeal for USD13.1 million on November 18th 2009 to attend the urgent needs of the affected population in areas of camp management, shelter, food assistance, agriculture, health, water, sanitation and hygiene, education, protection, coordination and early recovery, for a period of six months.

A preliminary Post Disaster Needs Assessment suggests that the damages and losses caused by the event are around USD240 million.

Cover Photography: Jorge Colindres

Food Assistance

In the immediate response phase, emergency food assistance will be provided, over a 3 months period, to 6,000 food insecure families (30,000 people) at the community level, including those whose livelihoods have been weakened and displaced populations returning from shelters to communities.

An additional group of 5,000 people who still remain in shelters is also being attended. In the immediate recovery phase and for another 3 months, humanitarian partners will support the restoration of the livelihoods of up to 8,000 families (40,000 people) through Food for Work and Food for Training activities. Finally, supplementary feeding will also target 6,000 people with special nutritional needs in 7 of 40 most affected municipalities with very high and high prevalence of chronic under-nutrition. Nutritional education, communication activities as well as the distribution of micronutrient supplements will complement this intervention.

Seven departments suffered agricultural losses amounting to over USD32 million. The current bean harvest was particularly affected by the humidity leading to an estimated loss of around USD21 million. Maize production was affected to a lesser extent, incurring around USD5 million of losses.

Production and transportation of coffee and sugar cane has also been affected. Tools and small equipment, as well as poultry and small ruminants were also lost. Agencies seek to enhance food security and restore farming capacity by providing livestock inputs, bean seeds, vegetable inputs and tools and equipment to vulnerable farmers in affected areas. Storage capacity will also be increased.

Agriculture



**Food Assistance
& Agriculture**

Photo: WFP



Camp Management & Shelter

Photo: WFP

Shelter

It is estimated that over 4,000 houses have been affected by the floods and landslides. Many families have lived or are currently living in collective centres or are being sheltered by host families. Many others have simply returned to the ruins of their lost home. Due to damages incurred to the surrounding landscape, around 1,250 homes in vulnerable areas are currently at risk. Families need assistance to repair, rebuild or relocate.

Agencies are distributing household items to those families who have lost their possessions, working to complete temporary shelters and to provide materials and technical assistance. The local authorities are maximising their efforts to find temporary or final land to build transitional or final housing solutions and resources must be secured to reach all families in need.

Camp Management

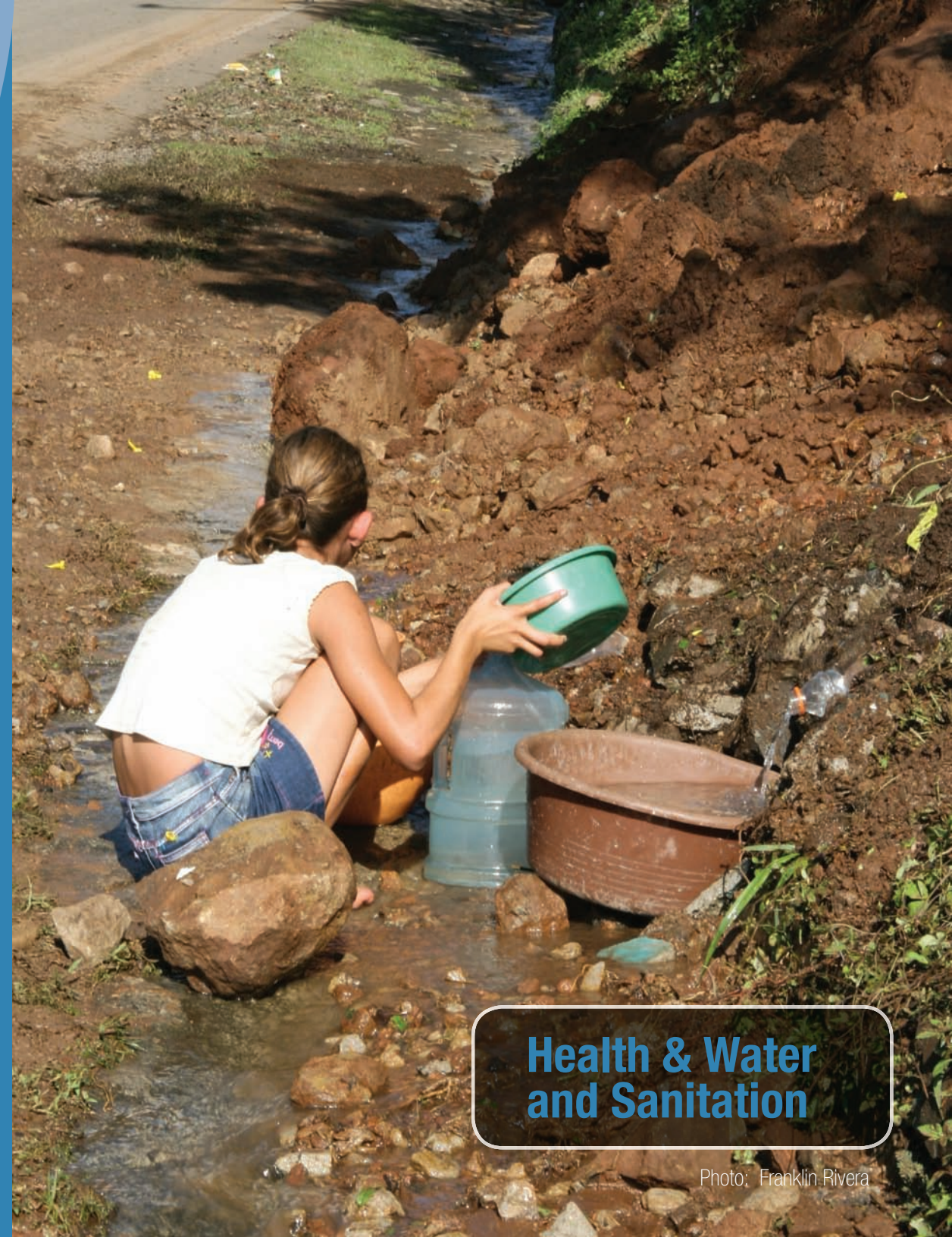
One month after the event, 3,240 people remain in 47 collective centers. More than 900 of which are women and 1,548 are under 18. Lack of water and sanitation services are reported in many collective centers, access to showers is particularly scarce. Humanitarian actors are improving collective camp management by increasing monitoring systems and coordination capacity, while promoting women's empowerment. Essential non-food items have been provided during the first weeks but further support is needed in order to ensure adequate living standards in the collective camps until more sustainable housing conditions are available.

Health

Efforts are being made to ensure access to primary and secondary medical care by the affected population. Health care staff and emergency kits including medicine, disposable materials and instruments have been dispatched to affected communities. More than 44,000 medical attentions have been carried out in affected areas and the Ministry of Health reports more than 2,000 hospital treatments and 500 hospitals admissions. The most common illnesses include diarrhea, respiratory diseases, pneumonia, anxiety and depression, skin diseases and conjunctivitis. Epidemiological surveillance, mental health services, control of vectors and the prevention of the outbreak of disease have been prioritized. Health promotion guidelines have been distributed and healthy habits have been promoted in order to support the prevention of communicable diseases. Sexual and reproductive health problems will also be addressed through a mobile clinic and educational activities will be conducted to prevent HIV infections and gender based violence. Around 25 health facilities have been damaged. It is necessary to restore this infrastructure in order to reinstate regular health care services in affected communities.

Water and Sanitation

Safe and equal distribution of clean water, sanitation service and hygiene awareness campaigns remain key challenges in all affected areas. Total damage to public water systems in the departments of San Vicente, Cuscatlán, La Paz, La Libertad, San Salvador and Usulután has been estimated at over USD3 million. More than 2,000 toilets were either totally or partially damaged by the floods and their content washed away and mixed with storm water. Thousands of wells have been flooded, contaminated with storm water and many of them completely destroyed. Distribution of hygiene kits and provision of safe drinking water through water trucking was provided during the first moments of the emergency. Basic WASH services have been provided in schools, churches and communal centers where more than 15,000 displaced people have settled. The provision of sufficient safe drinking water, adequate body wash and hand-washing facilities in all collective centers remain key challenges. More latrines, showers and hygiene awareness programs are needed. Rehabilitation of key water and sanitation infrastructure has been delayed due to lack of funding. It is estimated that more than 1,000 latrines still need to be re-constructed and more than 600 wells need to be cleaned or repaired in rural areas. Provision of generators and repairing the electrical systems which control the functioning of pumping station is also needed. In order to ensure that all needs are met the WASH cluster is currently revising the Flash Appeal Response Plan.



**Health & Water
and Sanitation**

Photo: Franklin Rivera



Education & Protection

Photo: UNICEF

Education

111 schools have been damaged or destroyed, and it is estimated that the school attendance of more than 43,000 students will be affected in the 2010 intake. School infrastructure, equipment and materials must be rehabilitated and restored as soon as possible in order to facilitate the return to school. Around 1,600 children are still in collective centers, it is important that they receive stimulation through educational and recreational materials. In the next phase, teachers will be trained to deal with post-traumatic stress and community campaigns will be carried out to prevent school dropouts.

Protection

The need for psychosocial rehabilitation remains as a priority to restore the emotional integrity and social networks in affected communities. During the emergency phase, humanitarian actors have initiated the implementation of a community psychosocial programme. It is hoped that this programme will continue during the recovery phase and finally be institutionalized by the key national and local actors.

Child protection campaigns against abuse, violence, sexual exploitation and family separation will also be carried out.

Cross-sectoral coordination is a key element to ensure a quick effective humanitarian response. Coordination of the cluster approach will be achieved by strengthening the capacity of the Humanitarian Country Team and facilitating information management between and among key actors including national and local government, donors, NGOs and UN agencies. Logistical support for the warehousing and distribution of humanitarian aid is also being supported and will continue to require funding during the early recovery phase in order to secure a coordinated, safe and efficient distribution of aid.

Coordination

Early Recovery

Early recovery activities will be coordinated to ensure a smooth transition to recovery in the areas of governance, livelihoods, infrastructure, environment and shelter. Livelihoods will be stabilized by creating emergency temporary jobs, where women and young people will be given priority. Income generation programmes related to the rehabilitation of infrastructure will be implemented through cash for work programmes and affected communities will also benefit from disaster preparedness and mitigation activities. Interventions in this area will be guided by the recently launched Post Disaster Needs Assessment carried out jointly by the UN, World Bank and EU.



Coordination & Early Recovery

Photo: UNFPA