United Nations CERF Central Emergency Response Fund

# RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS GUATEMALA RAPID RESPONSE DROUGHT 2016

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| **RESIDENT/HUMANITARIAN COORDINATOR** | **Diego Recalde** |

## REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

UNICEF did not carry out an evaluation process due to the short implementation period. Only regular monitoring activities were performed.

WFP's monitoring and evaluation regulatory framework give minimum monitoring requirements for the implementation of its programs. For the CERF proposal, two instruments were designed (one at household and other at community level) to gather relevant information to create corporative and project indicators. A sample of 32 communities and 397 households was taken to grant a 90% confidence level, 5% standard error, and 1.5 design effect. The baseline survey was conducted in March and the post-distribution monitoring in July 2016.

WHO/PAHO have followed up and monitored impacts and results through the Management Information System (SIGSA, for its Spanish acronym) from the Ministry of Health. In addition, a post evaluation workshop was carried out among WHO/PAHO and partners and implementing partners.

As a CERF team, a joint humanitarian verification mission was carried out on July 25-27 participating WFP, WHO/PAHO, UNICEF, OCHA, and the Monitoring & Evaluation RCO's Officer. Some of the most relevant CERF actions were witnessed and/or evaluated, including one cash transfer, one nutrition training with women and pregnant women, workshop with local leaders, meetings with local authorities, representatives from Government partners, implementing partners, and NGOs also implementing relief projects (e.g. ECHO's partners). Relevant discussions, fields evidences, and testimonies were collected from beneficiaries, authorities, and key partners to better close CERF actions and, also, to enrich this report.

Relevant partners and beneficiaries involved in this 2-day mission included Camotan Mayor and his Food Security Officer, representatives from the Ministry of Health (MoH), the Ministry of Agriculture (MAGA), the Ministry of Social Development (MIDES), the Food Security and Nutrition Secretariat (SESAN), projects managers from World Vision, Action Against Hunger, Oxfam, the local Health Center, local leaders including women from 2 targeted communities, local health promoters, UNICEF's facilitators, and other local partners.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| **Total amount required for the humanitarian response**: $57,000,000 | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 4,829,690 |
| | COUNTRY-BASED POOL FUND (*if applicable*) | |
| | OTHER (bilateral/multilateral) | 10,770,310 |
| | **TOTAL** | **15,600,000** |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission:** 19-Jan-16 | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| UNICEF | 16-RR-CEF-005 | Nutrition | 500,014 |
| WFP | 16-RR-WFP-001 | Food Aid | 3,632,115 |
| WHO | 16-RR-WHO-002 | Health | 697,561 |
| **TOTAL** | | | **4,829,690** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of implementation modality** | **Amount** |
| Direct UN agencies/IOM implementation | 4,126,714 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 702,976 |
| Funds forwarded to government partners | |
| **TOTAL** | **4,829,690** |

### *HUMANITARIAN NEEDS*

The strongest El Niño in decades provoked negative rainfall regime in 2015 in Guatemala and the Central America dry corridor, negatively impacting maize and beans harvests on poor and vulnerable population. According to joint EFSA[1]-type information from WFP, FAO, the Ministry of Agriculture, and the Food Security Secretariat, as many as **248,000 families** were identified in need of humanitarian assistance in late September 2015. Particular concern was paid on **68,274 families on moderate to severe food insecurity** status. According to FEWS NET's, the Famine Early Warning System, late-2015 outlook, the states with the highest levels of food insecurity were located in Eastern Guatemala (Santa Rosa, Jutiapa, El Progreso, Zacapa, Jalapa, and Chiquimula) as well as in Central and Western Guatemala (Baja Verapaz, Totonicapan, and Huehuetenango). Around 75 municipalities along this affected area were identified as in Crisis, Phase 3 of the IPC v2.0 of Acute Food Insecurity Index, and around 33 in Stress, Phase 2.

[1] EFSA stands for Emergency Food Security Assessment.


An abnormal number of cases of acute malnutrition were also identified along these food-insecure areas. A task force led by the Ministry of Health (MoH) plus WFP, UNICEF, and NGOs from the Humanitarian Country Team identified around 5,000 cases of children under 5 at risk of acute malnutrition; 981 cases of acute moderate malnutrition, and 144 cases of acute severe malnutrition.

In addition, according to the MoH, levels of infectious diseases, mainly respiratory, and diarrhoea, were far higher than national averages along the dry corridor. Around 9,000 cases of chikungunya; 183,000 cases of diarrhoea; and 800,000 cases of acute respiratory infections (ARIs) were reported by the MoH in late November 2015. These figures were above "chronic levels" and were evidently related to drought conditions. In general, number of cases of diarrhoea and ARIs along the dry corridor were diagnosed as much as 55 per cent higher than other regions with no drought in Guatemala. Drought conditions forced affected people to collect water from different unsecure sources and in several containers. Later on, some of that water ended up acting like mosquito breeders and increasing levels of mosquito infestation.

This humanitarian context driven the decision to formulate **a Humanitarian Response Plan (HRP)** from which, this CERF project, was the first, life-saving package of actions and resources. HRP Western and Eastern target areas displayed on the left map.

## II. FOCUS AREAS AND PRIORITIZATION

From the 248,000 families in need of humanitarian assistance around 68,274 were prioritized to be targeted by the HRP as identified to be in moderate to severe food insecurity status due to heavy crop failure. Out of that number, CERF funded projects (around 126,500 individuals) were prioritized based on the following criteria:

- Areas with a higher incidence of moderate to severe food insecurity,
- Areas with higher rates of poverty and extreme poverty,
- Areas and municipalities with the highest rates of acute malnutrition and severe acute malnutrition at household level,
- Households with women of childbearing age, nursing women, and/or female-headed households with crop failure, elderly or disabled persons, malnutrition cases (in both children and women), and critical diseases (diarrhoea, ARIs, chikungunya, and no vaccines).

CERF- funding was targeted to states were those 3 out of 6 of the most affected and labelled to be in Crisis, Phase 3 of the IPC v2.0 FEWS' NET Food Insecurity Index: Chiquimula, Jutiapa, and Baja Verapaz (see map). Specific analysis was carried out by CERF implementing agencies to prioritize municipalities within each state to be benefited by CERF funds. Such analysis was carried out in close coordination with each State Food Security Commission (CODESAN by the acronym in Spanish) and validated by the Municipal Food Security Commissions (COMUSAN). Each of those coordination structures, comprised the relevant institutions and organizations dealing with agriculture, health, and humanitarian assistance in case of food insecurity and nutrition crisis, including the Ministry of Agriculture, the MoH, the Ministry of Social Development, and specialized NGOs working at each territorial level. Both coordination structures are led by formal authorities as the Governor (CODESAN) and Municipal Mayors (COMUSAN) therefore, analysis and decisions at both levels are highly representative, official, and validated. As discussed later at the "Project Results" section, WFP and UNICEF prioritized and targeted 12 municipalities from the 3 states and PAHO/WHO prioritized and targeted 28 (see tables A and B).

**Table A.** Geographic areas targeted by WFP and UNICEF's CERF funds. Since integral food assistance and nutrition recovery was provided at family scale, these two sectors worked together at the same areas and targets – see map on next page.

| State | Municipalities | # of communities | | # of beneficiaries | |
|---|---|---|---|---|---|
| | | WFP | UNICEF | WFP | UNICEF |
| Baja Verapaz | Cubulco | 34 | 3 | 11,305 | 608 |
| | Purulha | 12 | 2 | 3,235 | 646 |
| | Rabinal | 32 | 4 | 10,395 | 873 |
| | San Miguel Chicaj | 30 | 3 | 6,990 | 493 |
| Total | | **108** | **12** | **31,925** | **2,620** |
| Chiquimula | Olopa | 27 | 7 | 10,855 | 1,026 |
| | Jocotán | 44 | 2 | 14,895 | 646 |
| | Chiquimula | 47 | 4 | 12,465 | 768 |
| | Camotán | 40 | 12 | 12,425 | 1,633 |
| Total | | **158** | **25** | **50,640** | **4,073** |
| Jutiapa | Comapa | 51 | 9 | 12,270 | 798 |
| | Conguaco | 47 | 5 | 8,440 | 798 |
| | El Adelanto | 11 | 3 | 2,790 | 721 |
| | Pasaco | 28 | 5 | 4,295 | 836 |
| | Zapotitlan | 21 | 8 | 2,400 | 1,140 |
| | Jutiapa | 40 | -- | 4,145 | --- |
| Total | | **198** | **30** | **34,340** | **4,293** |
| **Totals** | **14** | **464** | **67** | **116,905** | **10,986** |

**Table B.** Geographic areas targeted by PAHO/WHO's CERF funds. Since health-related actions were focused at facilities level, PAHO/WHO had to include extra municipalities and areas – see map on next page.

| State | Municipalities | # of communities | # of beneficiaries |
|---|---|---|---|
| Baja Verapaz | Rabinal | 7 | 650 |
| | Purulha | 11 | 1,001 |
| | Cubulco | 14 | 1,192 |
| | Samalá | 12 | 1,019 |
| Total | | **44** | **3,862** |
| Chiquimula | Camotán | 5 | 6,906 |
| | Chiquimula | 10 | 12,001 |
| | Concepción Las Minas | 2 | 1,609 |
| | Esquipulas | 7 | 7,370 |
| | Ipala | 3 | 2,382 |
| | Jocotán | 6 | 7,631 |
| | Olopa | 2 | 3,209 |
| | Quezaltepeque | 5 | 3,290 |
| | San Jacinto | 2 | 1,557 |
| | San José La Arada | 2 | 1,014 |
| | San Juan Ermita | 2 | 1,666 |
| Total | | **46** | **48,635** |
| Jutiapa | Jalpatagua | 5 | 2,546 |
| | Comapa | 6 | 2,829 |
| | Conguaco | 6 | 1,985 |
| | Jutiapa | 15 | 14,746 |
| Total | | **32** | **22,106** |
| **Totals** | **19** | **122** | **74,603*** |

* These figures do not included mother of children under 5 treated by acute malnutrition, acute respiratory infections, and diarrhoeas who also got awareness and advisement sessions. Mothers were not included since the Health information system only allow recording treated children.

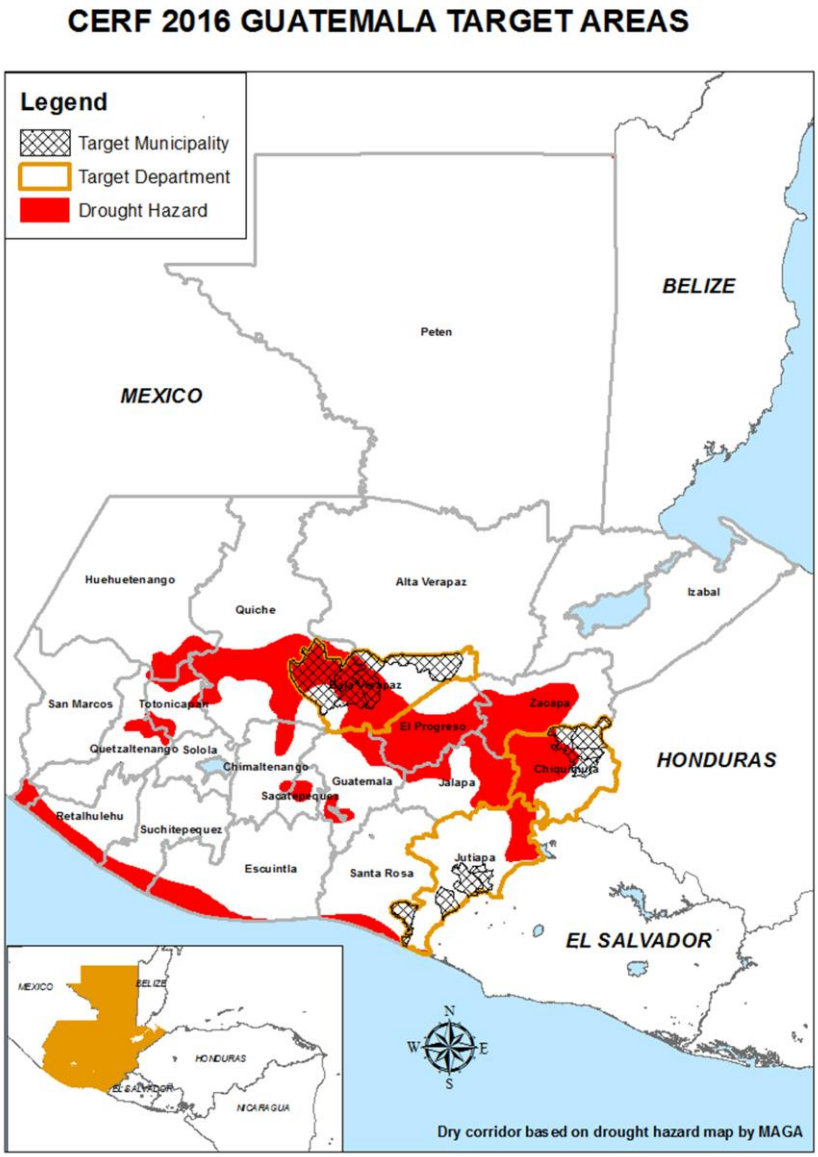
## III. CERF PROCESS.

The HRP was formulated in collaboration with the Humanitarian Country Team assembly and with full participation of representatives from Government institutions, NGOs, Red Cross, the United Nations Emergency Team (UNETE), and some donors. Critical and particular needs were identified for the poorest and more vulnerable affected people. Such humanitarian needs included food assistance, with specific food and supplies for children under 5, identification and treatment of active cases of acute malnutrition (in children under 5 and women), provision of basic health aid to treat and recover from the drought-related diseases (diahrrea, respiratory infections, chikungunya/dengue, among others), and follow-up and malnutrition recovery in health facilities for children and women. 25,000 families were identified as the most vulnerable and in need of integrated response through humanitarian CERF package.

CERF implementing agencies and partners were working together along 2015 with Government institutions (MAGA, SESAN, MoH) in joint EFSA-type assessments, surveys to identify acute malnutrition cases, first response support on health facilities, etc., therefore, full information was available to highlight and prioritize areas and affected people as CERF targets. Broad decisions on beneficiaries and municipalities to be targeted by CERF funds were taken at HCT's scale. However, specific details on families, communities, and health facilities to be supported by CERF funds were discussed at CODESAN and COMUSAN levels with full involvement of local authorities (Governors, mayors, and auxiliary mayors), local leaders, representatives from Government institutions at territorial level, and other humanitarian actors. Minor adjustments were applied to each project since in January 2016 new National authorities took chair. Formal communication was established between PAHO/WHO and UNICEF with the CERF Secretariat to discuss and approve such adjustments.

As stated before, significant attention was paid on those households with reported acute malnutrition cases (children under 5 and women), with women of childbearing age, nursing women, and/or female-headed households. Since food and nutrition issues are normally managed by women, CERF funded actions mainly targeted women and girls.

CERF funds were the jump-start funds to save lives and alleviate drought crisis with the most affected. While the HRP, launched in early December 2015, allowed to mobilize resources along 2016, CERF funds allowed to start supporting the more affected families in the target areas. Bi-lateral and multi-lateral negotiations with donors started by agencies and clusters in parallel. There was no country-based pooled fund to respond in Guatemala.




**Map 1.** Showing States and Municipalities targeted by WFP/UNICEF and PAHO/WHO's CERF funds along the dry corridor in Guatemala.

## IV. CERF RESULTS AND ADDED VALUE.

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total number of individuals affected by the crisis**: 1,500,000 | | | | | | | | | |
| **Cluster/Sector** | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| Food Aid | 18,483 | 41,139 | **59,622** | 17,185 | 40,098 | **57,283** | 35,668 | 81,237 | **116,905** |
| Health | 21,416 | 32,608 | **54,024** | 20,577 | 18,350 | **38,927** | 41,993** | 50,958 | **92,951** |
| Nutrition | 3,129 | 3,736 | **6,865** | 2,888 | 1,233 | **4,121** | 6,017 | 4,969 | **10,986** |

* ** represents total number of children under 18 included 978 treated by acute malnutrition; 27,850 treated by acute respiratory infections, and 13,165 treated by acute diarrhoea.

### *BENEFICIARY ESTIMATION.*

Between 23,000 and 25,000 drought-affected families were targeted with CERF funds. This total target represents around 116,905 beneficiaries receiving food aid. WFP used its recently implemented SCOPE system to register and validate families and beneficiaries individually identified by a plastic card with magnetic chip. Among these families, individuals (female, pregnant women, and children under 5) with acute malnutrition were identified and treated. These figures are included into the Nutrition beneficiaries (Table 4) but they were not included into the total numbers in Table 5. Additional beneficiaries from Nutrition sector included around 150 adult individuals, both men and women, who were involved as "community agents of change" either getting trained in nutritional aspects or actively interacting with health centres and supporting health promotors. Around 9,500 children and 22,000 adults were also included from the Health sector into Table 5 because PAHO/WHO targeted 5 additional municipalities than WFP and UNICEF.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2] | | | |
|---|---|---|---|
| | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Female** | 23,295 | 52,368 | 75,663 |
| **Male** | 21,808 | 50,887 | 72,695 |
| **Total individuals (Female and male)** | **45,103** | **103,255** | **148,358** |

### *CERF RESULTS*

### WFP

- 23,381 women-headed households sensitized about use of cash, nutrition, community organization, family planning, and gender equity,
- Field Level Agreement with COOPI for the monitoring and evaluation service,
- 464 communities assisted in the states of Baja Verapaz, Chiquimula and Jutiapa.
- 3 cash transfers delivered timely to 23,381 households.
- Local capacities and coordination strengthen in the municipality of Camotán by creating a market to allow targeted individuals to acquire food, grains, and supplies after getting cash-transfers assistance,
- Coordination within UN agencies and NGOs to deliver a better, effective assistance,
- Collaborative alliances with small farmer's organizations for grain sale in the municipality of Camotan.

**WHO.**

**From Output 1: Save life of children under 5 who suffer acute `malnutrition` and to prevent the appearance of new cases, including other priority groups as the women.**

- In this result the identification of 600 cases of children expected with acute malnutrition in the municipalities of intervention. At the end, the project was reached a total of 978 cases identified and treated in the health posts, health centers and nutritional recovery centers. With this, it can be established that with the support of the hired staff a greater detection and case-finding are achieved. For example, in the AH of Chiquimula, approximately 72 cases more in comparison with the report of the year 2015 were detected in the same months.
- Of the total of pregnant women and in period of supplemented lactation, it was hoped to provide care to 5,000, at the conclusion of the project were served 32,608 that received iron and folic acid as part of her comprehensive care during and after the pregnancy in order to prevent low birthweight of the baby, in addition to supporting that during the lactation, receives greater number of nutrients of the mother and that at the same time, this is not decompensated more of what is normal.
- In order to increase the possibility of giving primary health care to boys and girls with acute malnutrition and pregnant women and in lactation period, it was hoped to complete 56 equipment outside distributed in the municipalities of intervention. In total it was achieved the formation of 53 teams, which were made up of regular staff of the Ministry of Health and Social Welfare - MOH- and the staff hired for the project.
- Capacities of the National Information System, to report cases of acute malnutrition, including active surveillance, were strengthened. Jointly actions with the Ministry of Health included training workshops and field validation of tools and formats to effectively and timely record and report cases of acute malnutrition, acute respiratory infections, acute diarrhea diseases, pregnant women, and lactating women. MoH's staff as well as emergency health teams attended training and workshops.
- Essential supplies were supplied with health and equipment for the adequate detection of acute malnutrition and other critical diseases. Among these deliveries there was included the provision of storerooms and inputs to the NRC and hospitals, the NRC's de Rabinal, Purulhá, San Ixtán (Jalpatagua, Jutiapa), El Hospitalito (El Progreso Jutiapa) and that of Bethania (Jocotán Chiquimula) and the 3 national hospitals of the 3 AH received the 5 deliveries programmed.
- Logistics support and mobilization to supplies, food, and materials delivered to the MoH in the directions of area of health, municipal districts, and nutritional recovery centers. To health workers of the central level, of the directions of health area and municipal districts of intervention for supervision of field work, the identification, treatment and monitoring of cases of boys and girls with acute malnutrition.

**From Output 2: Prevent, detect, and treat morbidity that contributes to the deterioration in the health and the nutritional status, mainly in children under 5, pregnant women, and women of childbearing age.**

- The 53 extramural equipment that gave primary health care, in addition to the identification of the children with acute malnutrition, was also evaluated and diagnosed other warning signs and/or characteristic complications of malnutrition. Part of the responsibilities of the personnel extramural equipment, also include the active search and monitoring of cases that should be referred to second health services or third level.
- The goal of identification and attention of cases of ARI'S and ADD'S was established in 3,000 for the 3 departments of intervention, at the conclusion of the project, they were taken care of to a total of 27,850 cases of ARI'S and 13,165 cases of ADD'S.
- There also was provided the support for the logistics and mobilization of personnel of the central MoH and health workers to the areas of intervention for the prevention, identification and treatment of the boys and girls that suffer from foodborne diseases and acute respiratory infections that have greater incidence during the drought.
- For this result, health promotion at the grass roots level was also worked on in order to protect and promote the adequate practices of feeding and the health of the infant through the educators who filled the profile with nursing auxiliaries; who they were part of the extramural equipment that there made visits household, gave talks at schools, in friendly spaces for young people and counseling to mothers of family who attended at the service of health for care of they themselves and that of her sons and daughters.

**From Output 3: Activity coordination and preparation with the Ministry of Health and counterparts**

- For the development of all the activities of intervention in the areas, there started processes of coordination with the then Vice Ministry of Primary Care and the General Directorate of Comprehensive Health Care System in Health–SIAS-, product of these meetings of socialization of the approved project and in light of the change of authorities of the Ministry of Health and the National Government by the electoral process of the end of the previous year and beginning of this year, the MoH, requested that was given greater coverage in the department of Chiquimula, to be one of the 8 departments priority by the National Government. When the agreements were established, the SIAS delegated two focal points for the follow-up and coordination of all the actions in the three areas of health that they were subject to intervention.
- There was carried out and letter signed agreement with the Foundation of the Caficultura for the Rural Development–FUNCAFE, that it had under its responsibility the process of convocation, selection, contracting, induction, monitoring and follow-up of nursing auxiliaries and educators that they were part of the extramural equipment. Based on contracting of the personnel, it was established your distribution in the different beneficiary Municipal Health District –MHD-, according to local priority and for the purpose of completing the equipment of each territory; managing with this to benefit to 53 territories, 16 municipal health districts–MHD- and 7 centers of nutritional recovery –CNR-, as there is shown in figure 3.
- As a part of the selection process of the personnel, there were socialized and they validated the terms of reference of the personnel that it would be contracted with the SIAS and there were established the range of fees for the hired staff, with the wage range that there has established the MoH, this with a view to trying to absorb part of the personnel for the next year with resources of the MoH.

## UNICEF:

- 917 children within the 3 targeted departments and 3,366 in the other departments of the dry corridor were treated with therapeutic formulas, reducing the high mortality risk associated with acute malnutrition.
- Diagnosis of acute malnutrition in children under 5 was improved within 200 health facilities
- 200 Health facilities were equipped with supplies for acute malnutrition treatment and anthropometric equipment
- 989 health personnel were immediately trained to follow up acute malnourished children
- 289 Leaders were trained in timely identification and referral of children with acute malnutrition and protection of infant and young child feeding (recognized by communities now as ***"agents of change").***
- Trained community leaders conducted screening of 1,734 children
- 865 midwives were immediately trained to identify danger signs of acute malnutrition and infant feeding protection.
- 100% of children timely identified for acute malnutrition were adequately treated.
- Community leaders replicated training in their own communities to 1,560 families to identify danger signs of acute malnutrition and to protect infant and young child feeding.
- Mortality rate among children identified and treated for acute malnutrition was reduced to 0%.

## *CERF's ADDED VALUE*

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

Most of the humanitarian gaps were covered with CERF funds. In two of the most affected municipalities (Camotán y Jocotán), proper and quick identification of beneficiaries through existing coordination structures (mainly the Municipal Commission for Food Security and Nutrition, COMUSAN) allowed CERF funds to alleviate suffering and quickly deliver food assistance and nutrition/health benefits. Around 50% of the humanitarian gap (not covered by the Government or other organizations) in Jocotán, were covered by CERF funds (around 3,000 families). The MoH had no funds to quickly and effectively deliver emergency health services in early 2016 along the most affected areas. CERF funds from WHO/PAHO allowed to hire extra (and dedicated) staff to achieve quick results and outputs. "*I did not know what we would have done at the beginning of this year with no CERF projects*", stated the Health Division Senior Chief in Chiquimula along the focal group in July. CERF funds also allowed to actively involve local leaders into the life-saving actions. These "agents of change", as called by UNICEF at first and by themselves at the end, were relevant to timely identify children with acute malnutrition in their communities.

**b) Did CERF funds help respond to time critical needs?**
YES ☒ PARTIALLY ☐ NO ☐

One of the critical, first actions from CERF projects were the active identification of cases of acute malnutrition in children under 5 and women. As stated in the original CERF proposal, resources and capacities from the MoH and other key Government players were heavily deteriorated at the beginning of 2016. Number and location of potential (or corroborated) cases of acute malnutrition were under estimated and under treated. Identification of acute malnutrition cases, both in children and women, was a priority for all CERF teams, including the WFP teams delivering food aid. As expected, due to the fact that seasonal huger problem overlapped with El Niño drought crisis, starvation, acute malnutrition indexes, and health needs were abnormally higher than last year, thus, humanitarian needs were critical and evident. "*Food delivered by the WFP was critical to alleviate this significant crisis*", commented the Mayor of Jocotán along the field visit. UNICEF's CERF funds allowed to support local leaders to actively participate and support their own community to face acute malnutrition issues.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY ☐ NO ☐

The Humanitarian Response Plan (HRP) launched in late 2015 to support humanitarian needs in Guatemala, Honduras, and El Salvador guided efforts and investments from relevant donors like ECHO, USAID, and bilateral donors like Germany, Canada, and Korea. Actions already being implemented on the field with CERF funds allowed WFP and UNICEF to quickly validated data and identify extra needs to apply to ECHO and other donors' funds. While Mr. John Ging, OCHA's CRD Director, visited Guatemala and El Salvador, CERF actions were in place therefore, Mr. Ging's advocacy with donors based in Guatemala may be crucial.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed targeted COMUSAN to better coordinate relief actions and effectively prioritize and target most affected families. Weekly meetings were held in all COMUSAN along the Eastern dry corridor in early 2016 to better distribute all resources and relief coming from UN, ECHO, USAID/OFDA, humanitarian NGOs, and the Government. CERF funds allowed to kicked-off actions in communities in critical needs. Organizations like Save the Children, Oxfam, AAH, and World Vision sat around COMUSAN's table to support by CERF funds to be involved into a better coordinated humanitarian actions.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

Integrated CERF-funded humanitarian package (including food aid, identification and treatment of acute malnutrition cases, and emergency health services) allowed to consolidate local community networks along the targeted area who were actively involved in the whole operation. These community networks created a platform to continue working in early recovery and community development. In fact, players like WFP and FAO already started with actions of livelihoods recovery and diversification, soil conservation, reforestation, creation of vegetable gardens with women, among others.

In some communities, humanitarian relief was delivered in parallel with awareness messages and information workshops to engage affected families into productive projects, to update information about children nutritional practices with women, to promote alternative livelihoods, show benefits of organic recycling, and other recovery actions.

As planned, women were actively involved in most of the CERF actions, including cash transfer reception, food aid reception, and participating in workshops and recovery activities. These women, remained empowered and are currently part of early recovery projects, livelihoods recovery and diversification, with full coordination and cooperation with their local and municipal authorities.

Practices and knowledge related to nutrition protection for children under 2 were delivered to local women and consolidated with health practitioners and MoH staff. Groups of women and local leaders were trained on these matters.

## V. LESSONS LEARNED.

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| Life-saving criteria (or actions) in slow onset crisis (drought, food insecurity) are totally different from those from sudden emergencies (earthquakes, hurricanes). | To modify or to rethink criteria to approve CERF actions under the life-saving approach in slow onset humanitarian crisis. Paying salaries of health emergency teams was critical in CERF funded intervention in Eastern Guatemala. Full involvement of local leaders and individuals improved results from health emergency teams. Quick emergency training for these leaders and individuals empowered them to actively participate with all CERF-funded teams. | CERF Secretariat may carry a consultation process with CERF's implementating agencies and managers |
| Donors, both local and international, did not respond enough on this humanitarian crisis. | The Humanitarian Response Plan had 12 month coverage while CERF funds only responded for 4 months. Improving strategies of resource movilization and informing about humanitarian needs will allow to better face the other 8 months of the intervention. | OCHA |
| It was so difficult to start CERF actions with new authorities (Government took chair in early 2016). New officers showed lack of commitment and misappropiation of CERF actions. | Better advocacy from CERF Secretariat and/or RC with Government authorities, thorugh a letter and meetings, respectively. | OCHA & RC |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| Coordination and situation analysis may be constantly promoted to optimize time and resources. | Frequent inter-cluster coordination meetings | OCHA |
| Purchase of drugs for the treatment of acute malnutrition. | In light of the announcement of the event of slow tract as droughts and prolonged dog-star, institutionally, it will be started up the managerial process of the international purchase of the drugs, since in the country, there does not exist any entity that fills the standards WHO for the manufacture and distribution of drugs and thus to ensure that at the beginning of the implementation of the field actions, already is had this input for the attention of acute malnutrition. | PAHO/WHO |
| Actions to save lives in situations from drought and prolonged dog-star. | The support that was given to the MoH for contracting of personnel that to complete extramural equipment for the active search, follow-up, and case management of acute malnutrition, increased the report and institutional registry, reflecting an increase in the report and treatment of boys and girls under 5. | PAHO/WHO |
| Actions to save lives that direct sustainable processes. | During the process of approval of the project to the Secretariat, to carry out a second round of approval of actions with the responsible authorities of the MoH.<br>In processes of change of central and ministerial authorities as a result of an electoral process, to consider at least 1 month additional of beginning of actions in field. | PAHO/WHO |

## VI. PROJECT RESULTS.

**TABLE 8: PROJECT RESULTS**

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **5. CERF grant period:** | 01/02/2016 – 31/07/2016 |
| **2. CERF project code:** | 16-RR-CEF-005 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Nutrition | | ☒ Concluded |
| **4. Project title:** | Avoiding death from acute malnutrition in areas affected by devastating and prolonged dry spell in Guatemala | | |

| **7.Funding** | | | |
|---|---|---|---|
| | a. Total funding requirements: | US$ 2,400,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received: | US$ 500,014 | ▪ *NGO partners and Red Cross/Crescent:* US$ 328,700 |
| | c. Amount received from CERF: | US$ 500,014 | ▪ *Government Partners:* |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 3,120 | 2,880 | 6,000 | 3,129 | 2,888 | 6,017 |
| *Adults (≥ 18)* | 3,459 | 621 | 4,080 | 3,736 | 1,233 | 4,969 |
| ***Total*** | **6,579** | **3,501** | **10,080** | **6,865** | **4,121** | **10,986** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 10,080 | 10,986 |
| ***Total (same as in 8a)*** | **10,080** | **10,986** |

| | |
|---|---|
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | The number of children targeted stayed nearly the same, the number of >18 was the one increased due that community people wanted to get involved. To become an "agent of change" in their community was an incentive because of community recognition. There were more leaders involved than expected (109 more) and 7 more communities who claimed to participate in trainings. Additionally, all health posts which received supplies included its personnel in trainings to adequately treat acute malnutrition. |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | To save the lives of children under five suffering from acute malnutrition and prevent the appearance of new cases, including other priority groups such as pregnant and breastfeeding women in a 6 month timeframe | | |
| **10. Outcome statement** | Identify, treat and recover children, women of childbearing age, pregnant and lactating women suffering from acute malnutrition in a timely manner in a 6 month timeframe in prioritized municipalities of the "dry corridor". | | |
| **11. Outputs** | | | |
| **Output 1** | Anthropometric equipment and essential supplies for identification and treatment of acute malnutrition and children "at risk" of acute malnutrition are available for prioritized communities | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of communities which have access to health services with adequate supplies to identify and treat acute malnutrition and children "at risk" of acute malnutrition | 60 | 67 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Identification of prioritized communities to be covered by CERF activities | UNICEF, Food and Nutrition Security Secretariat (SESAN), Ministry of Health (MoH) | SESAN, MoH, UNICEF |
| Activity 1.2 | Procurement of anthropometric equipment and essential supplies | UNICEF | UNICEF |
| Activity 1.3 | Distribution of anthropometric equipment and essential supplies | UNICEF,SESAN, MoH | MoH, ASIES (*Asociación de Investigación y Estudios Sociales*)[2] |
| **Output 2** | A logistic and transport system is implemented to ensure availability of supplies for acute malnutrition treatment within the entire health network (from national warehouses to community health centres) | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | A logistic and transport system is implemented | 1 | 1[3] |
| Indicator 2.2 | Number of health services with adequate availability of supplies for acute malnutrition treatment | 60 | 197 |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | Identification of gaps in the availability of essential supplies for acute malnutrition treatment in health services | UNICEF, SESAN, MoH, FANCAP (Food and Nutrition for Central America and Panama Foundation) | MoH |
| Activity 2.2 | Design and ensure a Logistics and transport system | | MoH, ASIES |

[2] This partner was selected instead of FANCAP for the Administrative purposes of the project, due to withdrawal of FANCAP.
[3] No formal logistic and transport system was implemented. The existing one, from the Ministry of Health System was used.

| **Output 3** | 6,000 Children are treated for acute malnutrition | | |
|---|---|---|---|
| **Output 3 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 3.1 | Number of children screened for acute malnutrition | To be determined | 1,734 reached by community leaders. Total number by health services was not registered |
| Indicator 3.2 | Number of children treated for acute malnutrition | 6,000 | 4,283 |
| **Output 3 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 3.1 | Active search of children with acute malnutrition and children "at risk" of acute malnutrition | UNICEF, SESAN, MoH, FANCAP | MoH, other NGOs working in the field, UNICEF, ASIES |
| Activity 3.2 | Active search of pregnant and breastfeeding women with acute malnutrition | | |
| **Output 4** | A community strategy for Infant and Young Child Feeding Protection and Nutrition in emergencies is implemented. | | |
| **Output 4 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 4.1 | Number of communities which implement a community strategy for Infant and Young Child Feeding Protection and Nutrition in emergencies | 60 | 67 |
| Indicator 4.2 | Number of community people who participated in the community strategy | 3,900 | 4,680 |
| **Output 4 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 4.1 | Identification of communities which will implement the strategy | UNICEF, SESAN, MoH | SESAN, UNICEF, ASIES |
| Activity 4.2 | Socialization of strategy with local authorities | UNICEF, SESAN, MoH, FANCAP | |
| Activity 4.3 | Implementation of the community strategy | | |
| **Output 5** | 180 Community leaders improve their skills to identify acute malnutrition and children at risk. | | |
| **Output 5 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 5.1 | Number of Community leaders who are immediately trained to identify acute malnutrition and children at risk | 180 | 289 |
| Indicator 5.2 | Number of Community leaders who improve their skills to identify acute malnutrition and children at risk | 180 | 289 |
| **Output 5 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 5.1 | Identify community leaders who may be immediately trained to identify acute malnutrition and children at risk | UNICEF, SESAN, MoH, FANCAP | SESAN, MoH, UNICEF, ASIES |
| Activity 5.2 | Provide immediate, short term training to community leaders | | |

| | | | |
|---|---|---|---|
| Activity 5.3 | Monitoring of short term trainings and leaders | | SESAN, UNICEF, ASIES |
| **Output 6** | 300 Local actors receive immediate, short term training for adequate treatment of children with acute malnutrition and basic interventions of Nutrition in emergencies. | | |
| **Output 6 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 6.1 | Number of local actors who are immediately trained to treat adequately children with acute malnutrition | 300 | 989 |
| **Output 6 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 6.1 | Identify local actors who may be immediately trained to adequately treat acute malnutrition and children at risk | UNICEF, SESAN, MoH, FANCAP | MoH, UNICEF, ASIES |
| Activity 6.2 | Provide immediate, short term training to local actors | | |
| Activity 6.3 | Monitoring of short term trainings and local actors | | |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Community leaders trained to timely identify children with acute malnutrition and protect infant and young child feeding are recognized as "Agents of Change" within the community. They were given a Mid-Upper Arm Circumference (MUAC) tape to continue surveillance after the project has ended. These "agents of change" have committed to continue working in their communities to prevent new cases of acute malnutrition.

The strategy was attractive to communities since it was different from other traditional trainings, and it permitted them to get involved and actively participate and also they were able to give their commitment to continue working for their communities, timely identifying acutely malnourished children.

The total number of screened children to identify acute malnutrition is not available, as Health services didn´t registered the number of screenings performed by them and other NGOs. However, the community leaders did registered their screening within their communities: 1,734 children screened.

The number of reached children is less than the calculated target because there were less cases than expected. All children identified were timely treated.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Discussions took place with partners to identify the best way to approach the communities to implement activities that would lead to save lives of children during the emergency and beyond, in the "chronic emergency". UNICEF partners agreed that we should work with communities and local actors so they could commit to work for their communities by identifying acute malnutrition in a timely manner. Community leaders and local authorities of affected communities were approached and the project was presented and they were asked if they wanted to participate in the project to prevent death from acute malnutrition. They agreed and got involved in the project implementation. A participatory methodology was adapted for the training. Local authorities were present at the end of the project and gave a diploma to the "agents of change" so they are officially recognized by communities.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| Evaluation was not performed due to the short implementation period. Only regular monitoring activities were performed. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | **WFP** | **5. CERF grant period:** | 04/02/2016 – 03/08/2016 |
| **2. CERF project code:** | 16-RR-WFP-001 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Food Aid | | ☒ Concluded |
| **4. Project title:** | Food Assistance to people in the dry corridor affected by two consecutive years of prolonged dry spell | | |

| **7.Funding** | | |
|---|---|---|
| a. Total funding requirements: | US$ 39,700,000 | d. CERF funds forwarded to implementing partners: |
| b. Total funding received: | US$ 13,500,000 | ▪ *NGO partners and Red Cross/Crescent:* |
| c. Amount received from CERF: | US$ 3,632,115 | ▪ *Government Partners:* |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 35,650 | 33,350 | 69,000 | 36.241 | 35.071 | 71.312 |
| *Adults (≥ 18)* | 23,000 | 23,000 | 46,000 | 23.381 | 22.212 | 45.593 |
| ***Total*** | **58,650** | **56,350** | **115,000** | **59,622** | **57,283** | **116,905** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 115,000 | 116.905 |
| ***Total (same as in 8a)*** | **115,000** | **116.905** |

| | |
|---|---|
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | The number of reached beneficiaries shows little discrepancies from planned. The most evident change was in the number of children under 18; this is due to the fact that actual households' composition was different than the expected/estimated one.<br>The WFP also supported CERF funded operations with internal funding to extend the food assistance period to 180 days for 23,381 beneficiaries in the Departments of Baja Verapaz, Chiquimula and Jutiapa. |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | To provide Immediate food relief to people in the dry corridor affected by two consecutive years of prolonged dry spell with 3 months of unconditional cash transfers. | | |
| **10. Outcome statement** | Stabilized or improved food consumption over assistance period for targeted households and/or individuals | | |
| **11. Outputs** | | | |
| **Output 1** | Cash transfers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of women, men, boys and girls receiving cash transfers, disaggregated by activity, beneficiary category, sex, cash transfers, as % of planned. | 115,000 beneficiaries (23,000 families) | 116.905 beneficiaries (23.381 families) |
| Indicator 1.2 | Total amount of cash transfer value received by household | 135 | $75.00 per month |
| Indicator 1.3 | Number of communities assisted, as % of planned. | 400 | 117% (467) |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Sensitization of beneficiaries on various issues: proper use of food assistance, community organization and women participation | Coordinated with UNICEF, MAGA and NGO partners | Coordinated with UNICEF, SESAN, MAGA, Ministry of Social Development (MIDES) and ONG partners |
| Activity 1.2 | Baseline, process and post distribution monitoring (include final report) | WFP in cooperation with NGO partners | WFP in cooperation with COOPI (M&E) |
| **Output 2** | Cash transfers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | Total amount of cash transferred to targeted beneficiaries (3 transfers over 3 months of $44.88/month for a total of US3,096,720) | $3,096,720 | $ 3,096,720 |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | WFP conducted the Progress report on Community Participatory Planning and Sensitization; this jointly with the Ministry of Agriculture | WFP | 467 reports on Communities Participatory Planning and Sensitization |
| Activity 2.2 | WFP, through the municipal offices of the finance service provider (Rural Development Bank, BANRURAL), delivered 3 cash transfers according to cash release notes | WFP/Rural Development Bank (BANRURAL) | 3 cash transfers according to cash release notes of WFP |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

- Food Consumption Score (FCS): this indicator is monitored before the first cash transfers and after the whole intervention to recollect more specific values. The percentage of household reporting a poor consumption level passed from 10.6% to 11%, those with a borderline consumption level passed from 37% to 14% and those with an acceptable one from 52.4% to 75%. At the end of the project 89.4% of the participants' shows to have at least borderline consumption levels.

**Food Consumption Score (FCS)**

| Indicator | Head of household | Baseline evaluation | Final evaluation |
|---|---|---|---|
| % Households with **acceptable FCS** | Male | 48 | 81.2 |
| | Female | 45.8 | 66.9 |
| | **Total** | **52.4** | **75.0** |
| % Households with **borderline FCS** | Male | 39.1 | 11.6 |
| | Female | 44.1 | 17.8 |
| | **Total** | **37.0** | **14.0** |
| Households with **poor FCS** | Male | 12.9 | 7.2 |
| | Female | 10.2 | 15.3 |
| | **Total** | **10.6** | **11.0** |
| FCS | **General Total** | **100** | **100** |

- The Copying strategy Index (CSI) has been estimated from field surveys. Before the intervention 16.3.3% of the households interviewed did not applying any coping strategies, 35.3% applied stress strategies (less serious), 38.7% applied strategies of crisis (moderate) and 9.7% applied emergency strategies or serious . After the intervention 30.3% of respondents have not chosen to take response strategies, 9.4% apply strategies stress is less severe, 21.4% moderate or crisis strategies and 38.9% severe coping mechanisms applied or emergency strategies. Overall, at the end of the project 61.1% of the households interviewed applied moderate or less severe strategies.

**Copying Strategy Index (CSI)**

| Indicator | Head of household | Baseline evaluation | Final evaluation |
|---|---|---|---|
| % Households not applying any coping strategies | Male | 14.4 | 28.5 |
| | Female | 17.8 | 32.5 |
| | **Total** | **16.3** | **30.3** |
| % Households adopting moderate or stress livelihood coping strategies | Male | 32.7 | 7.7 |
| | Female | 39 | 11.7 |
| | **Total** | **35.3** | **9.4** |
| % Households adopting severe or crisis livelihood coping strategies | Male | 41.7 | 23.9 |
| | Female | 36.4 | 22.1 |
| | **Total** | **38.7** | **21.4** |
| % Households adopting very severe or emergency livelihood coping strategies | Male | 11.2 | 43.0 |
| | Female | 6.8 | 33.7 |
| | **Total** | **9.7** | **38.9** |
| CSI | **General Total** | **100** | **100** |

- Diet Diversity Score (DDS). The indicator was proposed as outcome indicator in the CERF proposal and is worth to analyse as a complete measure to gauge food security. The DDS measures the number of different food groups consumed over a period of time, providing an estimate of the quality of diet. The baseline of 4.5 means that in the surveyed population, households had consumed an average of 4 to 5 food groups during the seven days preceding the interview. After the intervention, male-headed households improved with a diet high diversity (6 food groups) and the female-headed households continued with a medium dietary diversity (5 groups of foods) and total of households have improved the diet diversity from 5 to 6 groups, as a better quality diet.

**Diet Diversity Score (DDS)**

| Indicator | Head of household | Baseline evaluation | Final evaluation |
|---|---|---|---|
| Diet Diversity Score | Male | 4.8 food groups | 6 food groups |
| | Female | 4 food groups | 5 food groups |
| | **Total** | **4.5 food groups** | **5.97 food groups** |

The FCS, CSI, and DDS obtained corporate indicators reveals significant discrepancies between the expected results and those achieved. FCS reflects a level of acceptable food consumption from 52.4% to 75%, which exceeds the proposed goal of 80% of selected beneficiary male-headed households but not the female-headed households that had before the intervention acceptable food consumption from 45.8% and after the intervention 66.9%. This result shows a correlation with CSI from which it is obtained that the 61.9% apply mild or moderate strategies and 38.9% have opted for emergency response strategy.

The achievement of the expected results mainly highlights the significant improvement of the 96.8% of acceptable food consumption, the CSI based on a drastic reduction of the mechanisms of adopting strategies moderated from the 35.5% to 16.6%. Another great achievement is the diet diversity index (DDS) where the total of interviewed households went from consuming 4.5 basic food groups to consume 5 to 6 food groups which are classified as sufficiently diverse diet and considered that households who consume more than 6 food groups are qualified with a good diversified diet.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

WFP established in March 2016 the line direct 1-801-4200101 within the framework of the food assistance of the PRRO-200490 project, whose objective is to ensure the effectiveness of assistance, transparency and accountability. The WFP has received 61 calls which do not have cost to beneficiaries and if has cost to WFP by minutes inbound. Calls received have been classified: exclusion and replacement, refund of CBT, claims of third parties, information delivery and consultations, acknowledgements and references.

This explained the process for collecting and analysing beneficiaries' feedback is in place and is information provided on how this feedback is integrated into programmes in order to improve assistance.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

WFP monitoring and evaluation regulatory framework give minimum monitoring requirements for the implementation of its programs. For the CERF proposal two instruments were designed (one at household and the other at community level) to gather relevant information for the creation of corporative and project related indicators. A sample of 32 communities and 397 households was taken to grant a 90% confidence level, 5% standard error and 1.5 design effect. The baseline survey was conducted in March, while the post distribution monitoring and a final evaluation, including an implementation report, was conducted in July 2016.

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| **1. Agency:** | WHO | **5. CERF grant period:** | 09/02/2016 – 08/09/2016 |
| **2. CERF project code:** | 16-RR-WHO-002 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Health | | ☒ Concluded |
| **4. Project title:** | Emergency health assistance for people affected by the 2015 drought along the dry corridor in Guatemala | | |

**7.Funding**

| | | | |
|---|---|---|---|
| a. Total funding requirements: | US$ 3,500,000 | d. CERF funds forwarded to implementing partners: | |
| b. Total funding received: | US$ 1,142,635 | ▪ *NGO partners and Red Cross/Crescent:* | US$ 374,276 |
| c. Amount received from CERF: | US$ 697,561 | ▪ *Government Partners:* | |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| ***Direct Beneficiaries*** | ***Planned*** | | | ***Reached*** | | |
|---|---|---|---|---|---|---|
| | ***Female*** | ***Male*** | ***Total*** | ***Female*** | ***Male*** | ***Total*** |
| *Children (< 18)* | 6,756 | 6,491 | 13,247 | 21,416 | 20,577 | 41,993 |
| *Adults (≥ 18)* | 3,366 | 3,234 | 6,600 | 32,608 | 18,350 | 50,958 |
| ***Total*** | **10,122** | **9,725** | **19,847** | **54,024** | **38,927** | **92,951** |

**8b. Beneficiary Profile**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 19,847 | 92,951 |
| ***Total (same as in 8a)*** | **19,847** | **92,951** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | As a result of contracting of the personnel that it completed the extramural equipment of de MoH, the total of the population served was much more than what is planned, since this equipment moved up to the communities in order to give primary health care, to carry out active case-finding of acute malnutrition, acute respiratory infections and acute diarrheal diseases, supplementation of pregnant women and in period of lactation. | |

| CERF Result Framework | | | |
|---|---|---|---|
| **9. Project objective** | Contribute to the reduction of the death in children by acute `malnutrition` and associated diseases to the drought, in childhood less than the 5 years through primary health care and implementation of the strategy of the window of the thousand days, in departments of the dry corridor of Guatemala. | | |
| **10. Outcome statement** | Help to save life of children under 5 who they suffer from acute `malnutrition`, including other priority groups as the women, to prevent the appearance of new cases, to identify and to treat the diseases associated with the drought through primary health care and the strategy of the window of the thousand days. | | |
| **11. Outputs** | | | |
| **Output 1** | Save life of children under 5 who suffer acute `malnutrition` and to prevent the appearance of new cases, including other priority groups as the women. | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Identification, registry, and case management of acute `malnutrition` in 600 children under 5 in the municipalities of intervention, for the end of the sixth month of the execution. | 89% (306 girls and 294 boys) | 978 |
| Indicator 1.2 | Timely supplementation of 5,000 pregnant women and in lactation period at the conclusion of the intervention. | 12% (5,000) | 32,608 |
| Indicator 1.3 | local mobile health teams to the identification, reference, and treatment of boys and girls with acute `malnutrition` in communities of 28 municipalities of the area of intervention. | 100% (56) | 53 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Strengthening of the national information system to improve the report of the active monitoring of the acute `malnutrition` event. | Institutions partners, PAHO/WHO, and MSPAS | MoH, FUNCAFE, OPS/OMS. |
| Activity 1.2 | Procure essential health supplies and equipment for the proper detection of acute malnutrition and other critical diseases. | PAHO/WHO and MSPAS | FUNCAFE PAHO/WHO, and MoH |
| Activity 1.3 | Support for the logistics and mobilization of inputs of the MSPAS, and health workers to the areas of intervention for the identification and treatment of boys and girls with moderate acute and severe `malnutrition`. | | |
| **Output 2** | Prevent, detect, and treat morbidity that contributes to the deterioration in the health and the nutritional status, mainly in children under 5, pregnant women, and women of childbearing age | | |
| **Output 2 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 2.1 | 56 local mobile health teams provides care in the emergency health in the communities of 19 municipalities of the area of the intervention for care of children under 5 with malnutrition that present complications by the diseases associated with the drought. | 100% (56) | 53 |
| Indicator 2.2 | Identification and management of foodborne | 3% (1,530 girls and | 13,165 |

| | | | |
|---|---|---|---|
| | disease cases--FBD's - of 3,000 children under 5 for the end of the sixth month of 2016. | 1,470) | |
| Indicator 2.3 | Identification and management of cases of acute respiratory infections--ARI's - of 3,000 children under 5 for the end of the sixth month of 2016. | 2%(1,530 girls; 1470 Boys) | 27,850 |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | Procure nutritional supplements and other essential medical and health supplies to support treatment of acute malnutrition and other diseases worsened by the drought situation. | PAHO/WHO and MSPAS | PAHO/WHO, and MoH |
| Activity 2.2 | Support for the logistics and mobilization of inputs of the MSPAS and health workers to the areas of intervention for the prevention, identification, and treatment of boys and girls who suffer from foodborne diseases and acute respiratory infections that have greater incidence during the drought. | | |
| Activity 2.3 | Health promotion at the community level to protect and promote the adequate practices of infant feeding and health. | FUNCAFE, PAHO/WHO, and MSPAS | PAHO/WHO, and MSPAS |
| **Output 3** | Activity coordination and preparation with the Ministry of Health and counterparts | | |
| **Output 3 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 3.1 | For the first month, one has the person delegated by the Ministry of Health, for the coordination and monitoring of the project activities. | 1 | 2 |
| Indicator 3.2 | For the first month it is signed the letter of agreement with the two counterparts. | 2 | 1 |
| **Output 3 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 3.1 | Preparation and signature of the letters of agreement with the two counterparts | Partners, PAHO/WHO | FUNCAFE, PAHO/WHO |
| Activity 3.2 | Preparation of the terms of reference of the personnel to contract for the development of the project activities. | | |
| Activity 3.3 | Contracting and monitoring of the staff that is hired specifically for the development of the actions of the project. | Partners | FUNCAFE |
| Activity 3.4 | Execution of the planned actions of the CERF in the areas of implementation previously defined. | | |
| Activity 3.5 | Technical coordination at local level, with health workers for the development of the activities. | | FUNCAFE, PAHO/WHO |
| Activity 3.6 | Coordination and monitoring of the activities that are developed from the office of PAHO/WHO and the actions that develops the counterpart. | PAHO/WHO | PAHO/WHO |
| Activity 3.7 | Preparation of technical and financial reports according to what it is manifested in the | Partners | FUNCAFE |

| | | | |
|---|---|---|---|
| | agreement/agreement letter. | | |
| Activity 3.8 | Preparation of reports and reports that should be sent to the secretariat of the CERF. | PAHO/WHO | PAHO/WHO |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Output 1: Save life of children under 5 who suffer acute `malnutrition` and to prevent the appearance of new cases, including other priority groups as the women.**

- In this result the identification of 600 cases of children one expected with acute malnutrition in the municipalities of intervention. At the end the project was reached a total of 978 cases identified and treated in the health posts, health centers and nutritional recovery centers. With this it can be established that with the support of the hired staff a greater detection and case-finding are achieved. For example, in the AH of Chiquimula, approximately 72 cases more in comparison with the report of the year 2015 were detected in the same months.
- Of the total of pregnant women and in period of supplemented lactation, it was hoped to provide care to 5,000, at the conclusion of the project were served 32,608 that received iron and folic acid as part of her comprehensive care during and after the pregnancy in order to prevent low birthweight of the baby, in addition to supporting that during the lactation, receives greater number of nutrients of the mother and that at the same time, this is not decompensated more of what is normal.
- In order to increase the possibility of giving primary health care to boys and girls with acute malnutrition and pregnant women and in lactation period, it was hoped to complete 56 equipment outside distributed in the municipalities of intervention. In total was achieved the formation of 53 teams, which were made up of regular staff of the Ministry of Health and Social Welfare - MOH- and the staff hired for the project.
- Capacities of the National Information System, to report cases of acute malnutrition, including active surveillance, were strengthened. Jointly actions with the Ministry of Health included training workshops and field validation of tools and formats to effectively and timely record and report cases of acute malnutrition, acute respiratory infections, acute diarrhea diseases, pregnant women, and lactating women. MoH's staff as well as emergency health teams attended training and workshops.
- Essential supplies were supplied with health and equipment for the adequate detection of acute malnutrition and other critical diseases. Among these deliveries there was included the provision of storerooms and inputs to the NRC and hospitals, the NRC's de Rabinal, Purulhá, San Ixtán (Jalpatagua, Jutiapa), El Hospitalito (El Progreso Jutiapa) and that of Bethania (Jocotán Chiquimula) and the 3 national hospitals of the 3 AH received the 5 deliveries programmed.
- Logistics support and mobilization to supplies, food, and materials delivered to the MoH in the directions of area of health, municipal districts, and nutritional recovery centers. To health workers of the central level, of the directions of health area and municipal districts of intervention for supervision of field work, the identification, treatment and monitoring of cases of boys and girls with acute malnutrition.

**Output 2: Prevent, detect, and treat morbidity that contributes to the deterioration in the health and the nutritional status, mainly in children under 5, pregnant women, and women of childbearing age**

- The 53 extramural equipment that gave primary health care, in addition to the identification of the children with acute malnutrition, also evaluated and diagnosed other warning signs and/or characteristic complications of malnutrition. Part of the responsibilities of the personnel extramural equipment, also include the active search and monitoring of cases that should be referred to second health services or third level.
- The goal of identification and attention of cases of ARI'S and ADD'S was established in 3,000 for the 3 departments of intervention, at the conclusion of the project, they were taken care of to a total of 27,850 cases of ARI'S and 13,165 cases of ADD'S.
- There also was provided the support for the logistics and mobilization of personnel of the central MoH and health workers to the areas of intervention for the prevention, identification and treatment of the boys and girls that suffer from foodborne diseases and acute respiratory infections that have greater incidence during the drought.

- For this result, health promotion at the grass roots level was also worked on in order to protect and promote the adequate practices of feeding and the health of the infant through the educators who filled the profile with nursing auxiliaries; who they were part of the extramural equipment that there made visits household, gave talks at schools, in friendly spaces for young people and counseling to mothers of family who attended at the service of health for care of they themselves and that of her sons and daughters.

**Output 3: Activity coordination and preparation with the Ministry of Health and counterparts**

- For the development of all the activities of intervention in the areas, there started processes of coordination with the then Vice Ministry of Primary Care and the General Directorate of Comprehensive Health Care System in Health–SIAS-, product of these meetings of socialization of the approved project and in light of the change of authorities of the Ministry of Health and the National Government by the electoral process of the end of the previous year and beginning of this year, the MoH, requested that was given greater coverage in the department of Chiquimula, to be one of the 8 departments priority by the National Government. When the agreements were established, the SIAS delegated two focal points for the follow-up and coordination of all the actions in the three areas of health that they were subject to intervention.
- There was carried out and letter signed agreement with the Foundation of the Caficultura for the Rural Development–FUNCAFE-, that it had under its responsibility the process of convocation, selection, contracting, induction, monitoring and follow-up of nursing auxiliaries and educators that they were part of the extramural equipment. Based on contracting of the personnel, there is established your distribution in the different beneficiary Municipal Health District –MHD-, according to local priority and for the purpose of completing the equipment of each territory; managing with this to benefit to 53 territories, 16 municipal health districts–MHD- and 7 centers of nutritional recovery –CNR-, as there is shown in figure 3.
- As a part of the selection process of the personnel, there were socialized and they validated the terms of reference of the personnel that it would be contracted with the SIAS and there were established the range of fees for the hired staff, with the wage range that there has established the MoH, this with a view to trying to absorb part of the personnel for the next year with resources of the MoH.

It was necessary to reduce the number of municipalities that originally were selected, as a result of the change of priorities established by the new authorities of the National Government and of the Ministry after the electoral period 2015. Despite the fact that there was resistance to serve the departments of Jutiapa and Baja Verapaz, the intervention was maintained in these areas given the reports of acute malnutrition of the SIGSA.

Furthermore as a result of social conflicts that it endangered the integrity of the personnel of the counterpart, MoH, and PAHO/WHO, it was not possible to carry out actions of primary health care in the department of Baja Verapaz, only, provided care through the Centers of Nutritional Recovery for the treatment of acute malnutrition in children under 5.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

During the process of detection, follow-up, treatment, and transfer of cases of acute malnutrition with complications, there was established communication with community representatives, to whom was socialized the Project. It was also established with the community authorities, the periods, and place of primary health care in each community that integrated the 53 territories of intervention. Also has been socialized with the community authorities and direct beneficiaries the time of life of the Project and actions that this included.

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| With regard to the evaluation after the implementation of the project, has been planned a meeting of evaluation with the counterpart, the General Directorate of Comprehensive Health Care System in Health–SIAS-, Bureaus of area of 5 departments - DAS- and Municipal Health Districts–DMS- and personnel in charge of institutional and field coordination of PAHO/WHO, in order to evaluate the processes, activities and results of the intervention. It will be done after the conclusion of the project, since it is being expected that the implementation of another project of response to emergency ends with other sources of financing and to have a global evaluation of the response in health for the purpose of the drought. Final report will be share with OCHA and CERF's Secretariat when available. | EVALUATION PENDING ☒ |
| | NO EVALUATION PLANNED ☐ |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US$ |
|---|---|---|---|---|
| 16-RR-CEF-005 | Nutrition | UNICEF | NNGO | $328,700 |
| 16-RR-WHO-002 | Health | WHO | NNGO | $323,285 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| **AAH** | Action Against Hunger (NGO) |
| **ARIs** | Acute Respiratory Infections |
| **ADDs** | Acute Diarrheic Disease |
| **ASIES** | Association for Research and Social Studies |
| **CODESAN** | Food Security and Nutrition State Commission |
| **COMUSAN** | Food Security and Nutrition Municipal Commission |
| **COOPI** | Cooperazione Internazionale (NGO) |
| **ECHO** | European Commission Humanitarian General Directorate |
| **EFSA** | Emergency Food Security Assessment |
| **FEWS NET** | Famine Early Warnin System |
| **FUNCAFE** | Coffed and Rural Development Foundation |
| **FANCAP** | Food and Nutrition for Central America and Panama Foundation |
| **HCT** | Humanitarian Country Team |
| **HRP** | Humanitarian Response Plan |
| **IPC** | Integrated Food Security Phase Classification |
| **MAGA** | Ministry for Agriculture, Livestock, and Food |
| **MIDES** | Ministry for Social Development |
| **MHD** | Municipal Health District |
| **OFDA** | US Office for Foreign Disaster Assistance |
| **RC** | Resident Coordinator |
| **UNETE** | United Nations Emergency Team |
| **USAID** | US Aid for International Development |