

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
19-RR-GTM-37683
GUATEMALA
RAPID RESPONSE
DROUGHT
2019**

RESIDENT/HUMANITARIAN COORDINATOR	REBECA ARIAS
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REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	No AAR
<p>No AAR was conducted. Two agencies, WFP and UNICEF, were granted with a no-cost extension to finish their projects by late February 2020. When ready to organize the AAR exercise, the COVID-19 crisis started and there was no possibility to conduct the AAR. However, during the implementation, several follow-up meetings were organized, both in Guatemala City (only UN implementers) and in Cobán (with National and Local counterparts). Several lessons-learned were identified as result of these meetings.</p>	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
N/A	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Draft reports were shared with UN recipient agencies, cluster leaders and some of the more relevant, direct counterparts (Ministry of Health (MSPAS), Secretariat of Food Security (SESAN), and Ministry of Agriculture (MAGA)).</p>	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Guatemala is the 45th least food secure country in the world. Alta Verapaz in the north central part of the country is among the poorest departments with 89% indigenous population, the highest level of food insecurity (81%) and the highest number of deaths in 2018 associated with acute malnutrition in children under 5. The strategic and prioritized response funded by CERF in such a setting epitomized the overarching aim of leaving no one behind of 2030 Agenda and Agenda for Humanity.

WFP, UNICEF, WHO and FAO together with their (non)governmental partners, carried out a multidimensional analysis to determine 7 municipalities and 5,500 families affected by extensive drought with the severest needs. In line with the analysis, CERF funds supported UN agencies and their partners to provide medical assistance and nutritious food to 24,392 children, and 708 children were assisted with life-saving treatment. Cash transfers for food benefited 5,748 families, and nutritional counselling, 12,925 mothers and local leaders; 1,049 of them committed to being "Agents of Change" to continue the fight against malnutrition. Food insecurity plummeted from 81% in 2018 at the start of projects down to 39% by 2019.

CERF-funded interventions in Alta Verapaz has sown the seeds of stronger families, acting as a community cohesion booster to the vulnerable population.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	22,010,700
FUNDING RECEIVED BY SOURCE	
CERF	1,986,599
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	2,122,500
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	4,109,099

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-025	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	300,031
UNICEF	19-RR-CEF-079	Nutrition - Nutrition	604,711
WFP	19-RR-WFP-049	Food Security - Food Assistance	711,228
WHO	19-RR-WHO-039	Health - Health	370,629
TOTAL			1,986,599

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,369,623
Funds transferred to Government partners	0
Funds transferred to International NGOs partners	0
Funds transferred to National NGOs partners	616,976
Funds transferred to Red Cross/Red Crescent partners	0
Total funds transferred to implementing partners (IP)*	616,976
TOTAL	1,986,599

2. HUMANITARIAN CONTEXT AND NEEDS

In late 2018, WFP and UNICEF carried out an Emergency Food Security Assessment (EFSA), including specific items related to acute malnutrition in children under 5 and women. Overall, the EFSA's results estimated that around 36% of the Guatemalan total population is suffering moderate to severe food insecurity which, considering rural poverty as a crucial factor of vulnerability, has resulted in around 3 million people subject to food insecurity. Four states have the highest food insecurity levels: Alta Verapaz (80.5%), Quiché (58.1%), Quetzaltenango (58%), and Sololá (54%).

The food insecurity situation was a result of an extended dry spell, lasting up to 50 days at a time, which happened in the middle of the rainy season of 2018. That resulted in harvest losses up to 75% of the maize and beans affecting around 300,000 households. The dry spell not only affected the dry corridor but wider areas. Alternative income sources for affected family members were not available since labour for coffee and cardamom harvests was limited.

In Alta Verapaz, 800,000 people (160,000 families) were identified to be in-need of food assistance, including around 225,000 children under 5. According to data from the Ministry of Health, 47 children died in 2018 due to complications related to severe acute malnutrition. The Nutrition cluster identified 7 municipalities with the highest levels of acute malnutrition, between 3.0 and 4.5%, with 16,500 children under 5 suffering severe acute malnutrition. Further deliberations allowed to define that around 5,500 families were in immediate need for life-saving humanitarian response.

The CERF-funded actions allowed UN agencies and their partners to provide immediate response to the those suffering from severe acute malnutrition, timely identification of children for adequate food assistance and life-saving treatment. Severely acute malnourished children were referred to the local health system for further treatment and recovery. UNICEF and WHO/PAHO organized nutrition brigades, supplied anthropometric equipment, and provided logistical support for paediatric treatment. WFP provided food assistance using cash transfer modality. At the same time, FAO supported food-insecure families and/or families with acute malnutrition cases, with positive consequences on the recovery of agricultural production and the development of alternative income and livelihood sources.

3. PRIORITIZATION PROCESS

In close coordination with the National Food Security Secretariat (SESAN), WFP and UNICEF carried out an Emergency Food Security Assessment (EFSA) during October/November 2018. EFSA's results identified around 3 million food-insecure individuals (500,000 in need for immediate food assistance) and some areas with up to 2% of acute malnutrition in children under 5, and 3.4% in children on the range of 12 to 23 months. Guatemala is currently the country with one of the highest levels of chronic malnutrition on the continent, 46% according to official data, 53% according to alternative sources. This percentage rises up to 65% in rural areas populated mostly by indigenous groups of populations.

The National Council for Security and Nutrition (CONASAN, by its acronym in Spanish), through SESAN, requested the Resident Coordinator (RC) and the Humanitarian Country Team (HCT) to support humanitarian interventions in Alta Verapaz, the state with the highest food insecurity according to EFSA's results: 81% of total population in AV are food insecure. At the same time,

Alta Verapaz was the state with the highest number of deaths in 2018 associated with severe acute malnutrition in children under 5 in the entire country: 47 deaths out of the total 147, according to the MoH system.

7 target municipalities were prioritized during the two situation analysis workshops carried out with local authorities and government officers under the umbrella of the State Council for Food Security and Nutrition (CODESAN, by its acronym in Spanish) which includes all governments institutions dealing with food insecurity, acute malnutrition, and emergency health. Those 7 targeted municipalities are the most high-risk territories for acute severe malnutrition.

Targeted communities were prioritized at every municipality in meetings with the Municipal Council for Food Security and Nutrition (COMUSAN), led by the Municipal Major, where local leaders from the Community Councils (COCOSAN) discuss and make decisions about their needs and priorities. This cascade-type prioritization process (from the CONASAN, CODESAN, COMUNSAN and COCOSAN) proved to be instrumental in formulating and implement concerned projects also allowing all national counterparts (MoH, SESAN, MoAgriculture, etc.) having a voice in project design and implementation.

At the end, it was decided that all projects were interlinked allowing to support and share beneficiaries at family level in the same 7 prioritized municipalities and communities. Children with acute malnutrition were identified and treated at community level (UNICEF project), referred to the health system when needed, then followed up by WHO/PAHO project and, their families, got food assistance (WFP project) and livelihood, economic recovery (FAO project).

4. CERF RESULTS

CERF allocated \$2 million from its Rapid Response window to provide integrated life-saving assistance for 70,745 people in response to food insecurity and acute malnutrition in north-central Guatemala in 2019. Humanitarian aid delivery included nutritional and medical assistance to 24,392 children under 5 with high risk on acute malnutrition, including 708 treated at the health care system; cash transfers for food assistance to 5,748 families; technical assistance and emergency supplies to 1,700 families to re-establish productive agriculture capacities and livelihoods quick recovery; provision of support and nutritional counselling to 12,925 individuals, mothers and local leaders, to follow up in children care and breastfeeding practices, and indirect benefits to 56,508 individuals to access a better and safer health care system.

One of the major accomplishments for this CERF package was the fact that was designed to provide integrated consecutive support to most of the families from the four projects. Prioritized communities among the 7 targeted municipalities were screened by UNICEF's nutritional brigades to take anthropometric measures in children under 5 in order to identify acute malnutrition cases and high-risk malnourished children (benefit #1). After that, malnourished children received health services and malnutrition treatment and follow up by PAHO/WHO medical teams (benefit #2). PAHO/WHO's project allowed the strengthening of the capacities (equipment, supplies, staff) for the health care system in Alta Verapaz to provide proper and timely services to children. WFP's project identified food insecure families among the prioritized communities to provide food assistance in the way of cash transfer. WFP's project also took data from UNICEF's project to incorporate families with acute malnourished children and provide them with food assistance (benefit #3). At the end, FAO's project prioritized the most in-need families, either food insecure and/or with acute malnourished children, to provide technical assistance and supplies to support them to be food secure again (benefit #4). Cross estimations allowed us to estimate that around 20% of the benefited families received at least 3 of the enumerated benefits.

UNICEF's brigades screened 24,392 children under five in 257 communities of the 7 targeted municipalities. This allowed to identify 247 children (59.1% boys;40.9% girls) with acute malnutrition: 206 with moderate acute malnutrition and 41 with severe acute malnutrition. All of them were referred to the nearest health center for treatment or the health personnel treated the children in the community. UNICEF's brigades also screened 8,617 women; 1,541 pregnant women (9.5% found to be with low weight, 26.9% overweight, and 8.1% obese) and 7,076 breastfeeding mothers (1.4% low weight, 30.9% overweight and 11.2% obese).

UNICEF staff also provided capacity development training to 1,261 community leaders from 109 communities transforming them into "Agents of Change". At the end, 1,049 "Agents of Change" finished their training and committed to work in their communities to timely identify children with acute malnutrition and give counselling to mothers on infant and young child feeding and adequate dietary practices for pregnant and breastfeeding mothers. Training of "Agents of Change" was very important especially because

they can give counsel women in their local native languages. All of the accomplished results were a team effort among UNICEF's project staff, Ministry of Health's staff, officers from targeted municipalities, local leaders and target communities themselves.

In addition, WFP project supported 5,748 households within the 7 municipalities, providing life-saving food assistance. WFP provided a total of \$90 for a period of 30 days per family as food assistance in the most critical stage of the dry season. In a joint effort with UNICEF, all targeted communities by WFP also received nutrition counselling to optimize the use of cash to improve food choices and nutrition. WFP complemented the CERF intervention with additional funding from its emergency operation. 5,748 households targeted by the CERF grant received 30 days of assistance, 5,547 households received an additional 60 days of assistance. WFP also carried out a total of 374 training sessions on gender equality that reached 28,482 people.

PAHO/WHO grant worked with different entities within the Ministry of Health. It hired 11 nutritionists to evaluate 2,208 children under five, of whom 1,500 at risk for acute malnutrition ($P/T Z < -1$ and > 2 SD). The nutritionists also evaluated and treated 708 children under five year with acute, moderate and severe malnutrition, with and without complications; 67% of these children recovered. It contributed to reduced mortality rates for acute malnutrition in children under 5 years old, reducing deaths from 47 during 2018 to 10 in 2019 decreasing the fatality rates from 4% to 1%.

Nine workshops were held to strengthen the capacities of 1,149 workers of the prioritized health services and municipal health districts. Each hospital was provided with basic anthropometric equipment, (four electronic scales, four mechanic scales, four infant meters and two height meters), two glucometers, audio-visual equipment (one projector). Further, two UPS, two printers and two desk computers were granted, to be able to make nutritional diagnosis of outpatient children in these emergency and paediatric unit. The 7 municipal health districts were provided with basic anthropometric equipment like 286 infant meters, 9 height meters, 100 Salter scales and 8 mechanic scales, 60 kits to make samples of infants' preparation feeding like stove and kitchen utensils. Also, 860 posters, 300 manuals, 460 protocols, 16,000 childbirth certificates and 35,675 registration instruments were produced. In 8 Health Units water storage systems with capacity of 5,000 liters were installed and 54 communities were trained in good hygiene practices and sanitary education. In addition, analysis equipment of water as well as training in water and plumbing were provided to 131 people from the Health Units and community.

In the latest phase of this CERF intervention, FAO and its partners in the field reached 1,700 food-insecure families – for a total of 8,376 people (1,695 women, 1,439 men, 2,943 girls and 2,296 boys) to provide them with a model of good agricultural practices, that in a short time allowed them to restore food security and production capacities. The intervention included 203 communities. Families improved maize production, as part of their basic diet, for which seeds, fertilizers and tools were delivered. Alternative means of production and livelihoods were implemented, especially for women, who earned additional income from native short-cycle vegetable gardens (3 months), poultry prophylaxis, rearing of laying hens and tilapia fish fingerlings providing animal protein. Family reservoirs were established to collect and store rainwater, to be used for the production and breeding of fish.

Overall, CERF funded projects allowed to decrease EFSA's food insecurity index from 81% in 2018 to 39% in 2019 as well as the number of dead children due to acute malnutrition from 47 in 2018 to 17 in 2019. Lethality rate also decreased in all 7 targeted municipalities from levels up to 7% down to 0%.

5. PEOPLE REACHED

Overall, all projects performed very well both in terms of number of planned beneficiaries and in terms of outputs, impact, and results. There was no need to modify prioritized municipalities and all planned counterparts and partners supported all projects and actions. FAO's project increased the total number of beneficiaries by 8. WFP's project increased the total number of beneficiaries by 1,244 in part because they complemented CERF funds with their own programmatic funding and also managed to save some money in transport and diesel, which they then reinvested in cash transfers for additional beneficiaries. WHO's intervention increased the total number of beneficiaries by 760 in part because they created a Nutritional Recovery Center, which allowed to increase the number of workshops and beneficiary health unit centers. UNICEF's project managed to increase the total number of beneficiaries by 12,210. UNICEF staff managed to increased coordination with Health officers and local

leaders in order to cover a lot more communities, families, and children. Both projects, WFP and UNICEF, were forced to request a two-month no-cost extension (January and February 2020) due to some delays to start fieldwork because of political campaigns when they started in July 2019 then, a state of siege, including curfews, imposed later in September due to violent incidents.

Figures on Tables 4, 5, and 6 demonstrate the above-mentioned figures. Originally, higher number of beneficiaries were planned under WFP's project. Thus, the planned methodology to estimate the total number of beneficiaries within the 4 projects, with minimum duplication, was to cross-check WFP's and UNICEF's databases in order to identify which families received food from WFP and at the same time, which children were treated by UNICEF's staff. Those families were left in one database, namely that of WFP. The rest of UNICEF's families who only received health treatment were added to the WFP's total. Children treated in health centers supported by WHO's projects were not added to the total amount because they were referred by UNICEF's staff from their communities. Families supported by FAO's projects were all families with children with acute malnutrition. Therefore, these families/children were eliminated from UNICEF's database and counted under FAO's project. Some extra numbers were added to the total figures because of local leaders trained by either UNICEF or WFP staff (gender, nutrition topics, "agents of change", among others). Some were added under WHO's project, especially health care staff and children treated in urban centers of each municipality. This reshuffling allowed to estimate a total, cumulative number of beneficiaries of 70,75 individuals (see Table 4).

Original data for WFP's and UNICEF's projects were captured by using WFP's SCOPE system for what each team contributed. Counts were recorded real time through a device to read chips from the personal IDs of adult beneficiaries. Disaggregated data was taken from each of the databases of the 4 projects.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	27,500	70,745
Total	27,500	70,745

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	6,536	6,954	6,937	7,073	27,500
Reached	16,576	22,536	16,141	15,492	70,745

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	0	0	0	0	0
Reached (Out of the total reached)	0	0	3	5	8

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	1,606	1,740	2,091	2,928	8,365
Food Security - Food Assistance	6,536	6,954	6,937	7,073	27,500
Health - Health	48	72	722	778	1,620
Nutrition - Nutrition	2,882	5,500	8,530	8,195	25,107

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	1,695	1,439	2,296	2,943	8,373
Food Security - Food Assistance	6,285	7,255	7,733	7,471	28,744
Health - Health	67	105	1,369	839	2,380
Nutrition - Nutrition	4,308	8,617	12,294	12,098	37,317

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

Since overall analysis and prioritization started at the National Council for Food Security and Nutrition (CONASAN) and, EFSAs WFP's results and MoH's malnutrition data were critical for decision-making, it was decided that the UN-led Humanitarian Country Team was appointed to support humanitarian assistance in Alta Verapaz, the most critical national area in terms of the highest food insecurity index and one of the highest acute malnutrition number of cases and related deaths. By having access to CERF funds, the HCT was able to quickly respond to the humanitarian needs in Alta Verapaz. After that, the NGOs Consortium, funded by ECHO, was appointed to support humanitarian assistance in Eastern Guatemala, the chronic food insecure area in Guatemala. USAID and other donors were appointed to support some other areas along the dry corridor. The Guatemala Government took charge of peri-urban, precarious areas, Western Guatemala, and some pockets in Northern Guatemala. Although Guatemala was in the middle of Presidential, Congress, and Municipalities election, CERF-funded projects were able to start field actions as fast as possible in mid-August.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

Alta Verapaz was, at the moment of the analysis and prioritization, the state with the highest level of food insecurity, according to WFP's EFSA 2018 results with 81% of the population suffering food insecurity from moderate to severe. At the same time, Alta Verapaz registered 47 dead children under 5 due to acute malnutrition in 2018, according to MoH's database. Those were the most critical needs in mid-2019.

CERF funding allowed UNICEF to organize field brigades to screen and find acute malnourished children to provide them emergency treatment. The MoH was short of staff then children were dying at home or taken too late to the hospital. Food and emergency health services were crucial for those communities at that moment.

In comparison, Alta Verapaz finished 2019 with 17 dead children due to acute malnutrition (30 less than previous year) and WFP's EFSA 2019 results reported 39% of the population suffering food insecurity from moderate to severe. Fatality rate in all municipalities also decreased considerably as per in the following table.

Municipality	2018			2019		
	# cases acute malnutrition	# deaths due to acute malnutrition	Lethality rate	# cases acute malnutrition	# deaths due to acute malnutrition	Lethality rate
Tucurú	60	8	13	139	2	1.4
Panzós	150	10	7	73	4	1.5
Senahú	80	3	4	132	3	2.3
Tactic	27	1	4	38	0	0.0
San Cristóbal	142	4	3	131	0	0.0
Tamahú	89	2	2	82	0	0.0
La Tinta	115	1	1	156	1	0.6
Total	663	29	4.4	751	10	1.3

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

There were no other humanitarian actors working in Alta Verapaz in mid-2019. However, the CERF-funded projects improved coordination amongst government organizations. A model was required to effectively work on identifying malnourished children and provide them health care and treatment while food insecure families were identified to provide them with food to avoid extra malnourished children. Health care system within the area (health centers and hospitals) should be ready to get malnourished children and treat them properly and timely. None of that was happening. Although the food security national system mandated government agencies to organize themselves under the CODESAN umbrella, those agencies were not aligned in mid-2019 to work properly. The CERF-funded staff and OCHA acted like a coordination cell to put together all of those agencies and work in one way to operationalize "the model".

NOTE: CODESAN stands for the State Council for Food Security and Nutrition which is the mechanism, by law, to put together resources and capacities to fight against food insecurity and malnourishment.

d) Did CERF funds help improve resource mobilization from other sources?

YES

PARTIALLY

NO

No extra funding was mobilized to work in Alta Verapaz or to support for extra work for CERF's implementing UN agencies. Although other donors in Guatemala (i.e. USAID, ECHO, and bilaterally) mobilized funding for NGOs to support affected families in Eastern and Western Guatemala, none of them was directly linked to CERF-funded interventions. At the end, some monitoring meetings were called by SESAN to all donors to report on the achievements of each project.

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

CERF-funded projects allowed to show that humanitarian response is not always a matter of only funding but also effective coordination. CERF-funded projects enabled all Government agencies to share information, to analyse the situation, and make decisions and priorities to respond timely and effectively to the affected population. UNICEF, for example, was able to almost entirely screen the 7 target municipalities with 10 brigades (including UNICEF and MoH staff) working consecutively for 6 months and a budget of half a million dollars and identify all acute malnourished children for proper treatment. All 4 projects performed effectively since they also work with local authorities and Government agencies under the same scope of work. Implementing agencies are going to share detailed reports to their counterparts in order to advocate for this model to be implemented in other in-need states. The CERF grant for 2020 in Huehuetenango, Guatemala is going to apply the same improved model to intervene in 8 municipalities from April to December.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Need for stronger involvement of OCHA officers along the implementation, not only for coordination but also for communication among stakeholders, and regular meetings with implementing agencies on the field in order to tackle challenges, support collective decisions, and solve difficulties	OCHA officers in implementing countries need to get some money to better coordinate with implementing agencies on the field since is no longer allowed for agencies to fund OCHA's transport and DSA.
In this intervention, FAO's project should start one or two months later than the others.	Possibility to authorize late starts for projects like FAO

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-	Responsible entity
Within the framework of joint inter-agency actions, it is important to include the figure of a leader who understands the different interventions and how they interrelate to achieve the expected results. It is of strategic importance to coordinate between agencies. This leader must have the authority to achieve consensus on adjustments when issues arise during the implementation. This implies the operation of a simple but effective monitoring system that provides appropriate warnings to support the leader for a continuous improvement of the processes. (by FAO)	To implement the figure of the CERF leader or manager	Office of the United Nations Resident Coordinator
The concept of assisting a target population in a comprehensive and focused manner enhances the achievement of concrete and sustainable results. This can be attained as long as the coordination arrangements, as well as the flow of information and inputs from one agency to another, are established during the planning phase. This process must be duly established and agreed, so that it doesn't cause delays to other agencies whose intervention - and therefore its results - depends on the results of another agency. The budget and intensity of the actions of the entities that provide information and inputs must be weighted properly and the intensity of the action should be planned according to the total time required by the receiving agencies to achieve their results (by FAO).	To prepare a joint work plan between the agencies, funds and programs, at the beginning of the execution, and continually reviewing it and re-planning	OCHA Focal Point
Need to better agree on a common database and system to collect beneficiaries' data for every agency in order to better manage and control estimations for total and cumulative beneficiaries.	To all agencies to commit on the use of SCOPE, or other system, by means to scan the DPI chip and get RENAP's information stored on the chip.	OCHA

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FAO-025 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Guatemala
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-025
5. Project Title:	Restoring food security and small-scale agriculture production capacities in communities affected by drought and loss of harvest in Guatemala		
6.a Original Start Date:	08/07/2019	6.b Original End Date:	07/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding			
	a. Total requirement for agency's sector response to current emergency:	US\$ 6,000,000	
	b. Total funding received for agency's sector response to current emergency:	US\$ 320,000	
	c. Amount received from CERF:	US\$ 300,031	
	d. Total CERF funds forwarded to implementing partners	US\$ 0	
	of which to:		
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 0	
	Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance

Through RR CERF funds, FAO and its partners in the field reached 1,700 food-insecure families – a total of 8,373 people (1,695 women, 1,439 men, 2,943 girls and 2,296 boys). These families implemented a model of good agricultural practices, that in a short time allowed them to restore food security and production capacities. The intervention area included 203 communities in the municipalities of San Cristóbal Verapaz, Tactic, Tamahú, Tukurú, La Tinta, Senahú and Panzós in Alta Verapaz.

Families improved maize production, as part of their basic diet, for which seeds, fertilizers and tools were delivered. Alternative means of production and livelihoods were implemented, especially for women, who earned additional income from native short-cycle vegetable gardens (3 months), poultry prophylaxis, rearing of laying hens and tilapia fish fingerlings providing animal protein. Family reservoirs were established to collect and store rainwater, to be used for the production and breeding of fish. Families currently have working tools.

3. Changes and Amendments

1,700 families were benefited, 27 more than planned, since total budget allowed to include them.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	1,606	1,740	2,091	2,928	8,365
Total	1,606	1,740	2,091	2,928	8,365
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	1,695	1,439	2,296	2,943	8,373
Total	1,695	1,439	2,296	2,943	8,373
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No significant negative discrepancy between planned and reached beneficiaries figures were detected.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
A total of 24,247 people was indirectly benefited: 5,833 are women over 18 years old, 5,230 men over 18 years old, 6,733 girls under 18 years old and 6,451 boys under 18 years old. These people and communities were benefited with water tanks and banks of agricultural tools, which are administered by the COCODES (Local Development Committees).

5. CERF Result Framework

Project Objective	To deliver a relief package to 1,673 in-need families to restore food security and production capacities.
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Output 1	Affected farmers received agriculture supplies and tools			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of farmers receiving agriculture supplies and tools	1,673	1,700	Database and lists of families; and records of delivery of inputs and materials
Explanation of output and indicators variance:		Indicator surpassed by 27 families, since budget was enough to cover for more families than planned.		
Activities	Description	Implemented by		
Activity 1.1	Base-line definition, registering beneficiaries, logistics	UNICEF/PAHO and FAO		
Activity 1.2	Procurement of maize and fertilizers	FAO		
Activity 1.3	Delivering maize seeds, fertilizers, and technical assistance	FAO and MAGA (Ministry of Agriculture)		
Activity 1.4	Procurement of agriculture tools	FAO		
Activity 1.5	Delivering agriculture tools at community level	FAO and MAGA		

Output 2	Alternative livelihoods, mainly for women, implemented at family scale			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of families implementing alternative livelihoods	1,673	1,700	Database and lists of families, and records of delivery of inputs and materials
Explanation of output and indicators variance:		Indicator surpassed by 27 families, since budget was enough to cover for more families than planned		
Activities	Description	Implemented by		
Activity 2.1	Implementing yard orchards at family level mainly with women	FAO and MAGA		
Activity 2.2	Procurement of first aid kits for poultry and livestock	FAO		
Activity 2.3	Delivering first aid kits for poultry and livestock	FAO and NGO partner (Healthy Equines for the People Foundation, ESAP)		
Activity 2.4	Procurement of agriculture supplies	FAO		
Activity 2.5	Delivering agriculture supplies and technical assistance	FAO, MAGA and ESAP		

Output 3	Local water systems repaired or established to promote water storage for food production			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of families repairing or establishing water storage systems	1,673	1,700	Database of lists of families, and records of delivery of inputs and materials

Explanation of output and indicators variance:		The indicator was exceeded since the practice of community piles allows the families throughout the community to benefit from stored water, use of water tanks and faucets to fill containers.
Activities	Description	Implemented by
Activity 3.1	Implementing 16,000-liter capacity water storage reservoirs at family level, including small irrigation systems	FAO and MAGA
Activity 3.2	Repairing and improving community irrigation systems	FAO and MAGA
Activity 3.3	Implementing low-cost technology for water management	FAO and Municipalities Tukurú, La Tinta and Panzós,

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

FAO based its intervention on territorial strategy, one of the main axes is the approach at the departmental, municipal and community level. As for CERF, the scope of the project was socialized with stakeholders in the field: at departmental level, with the delegations of the Ministry of Agriculture, Livestock and Food (MAGA), Secretariat of Food and Nutritional Security (SESAN), Ministry of Public Health and Social Assistance (MSPAS), and with the Departmental Government; and at municipal level with the Mayors and the Municipal Council, Municipal Development Council (COMUDE), Municipal Commission for Food and Nutrition Security (COMUSAN), among others.

Once other agencies, funds and programs identified the families, the project was socialized at community level. Community assemblies were held with the participation of the Community Development Councils (COCODES), community leaders, Indigenous communities and families. The selection criteria to identify families, the scope, as well as the responsibilities and obligations of the project were shared. Planning of the field activities was carried out during these meetings. Holding assemblies with the actors facilitated the project's execution, the authorities' places and roles were respected, and it also allowed direct contact with the stakeholders, which generated trust and coordination with partners and allies in each territory of intervention, mainly, with target population in the communities.

Community assemblies continued with the participation of community authorities and families who were part of the project. During these assemblies, families were informed about the progress of the proposed activities, which made it easier for the beneficiary population to keep informed of the execution of the actions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

CERF financing contributed to reinforce the complementarity and comprehensiveness of the implementing agencies. During the intervention, collaboration and interagency coordination were carried out according to each agency's mandate and experience. UNICEF and PAHO began the process through a nutritional screening, which allowed the identification of 1,877 families with children in nutritional risk, moderate and severe acute malnutrition, of which 1,700 families were supported with three cash transfers by WFP and the restoration of production and Food Security and Nutrition promoted by FAO.

The coordination and complementarity of FAO with the government institutions in the territory were strengthened, including: The Ministry of Agriculture, Livestock and Food (MAGA) with the rural extension personnel of the seven municipalities, who supported in providing technical assistance and training; the Secretary for Food and Nutrition Security (SESAN) through the Municipal Commissions for Food and Nutrition Security (COMUSAN) and the municipal delegates of the seven municipalities, that supported the coordination, integration and monitoring of the actions carried out by FAO; the Ministry of Public Health and Social Assistance (MSPAS) supported the coordination, identification and validation of the 1,877 cases diagnosed in the seven municipalities, supported the call of the community authorities for the socialization and operation of the project. The actions were also coordinated with the Non-Governmental Organization Healthy Equines for the People Foundation (ESAP), in the municipality of Panzós, which supported animal health and wellbeing.

The approach based on gender equality was applied for the intervention at the community level, as well as in the workplace, helping to respond to the needs of women, men, boys and girls affected by malnutrition and food insecurity. The intervention focused on working directly with women, particularly on access to productive resources (seeds, tools and fertilizers), training for the development of family gardens intended for food availability, the decision and selection of varieties of vegetables to produce was made out jointly with the

women. Rainwater harvesters were also implemented with micro irrigation systems for family gardens, a good time-saving practice for women, that benefited them by having more time for horticultural production and the breeding of backyard animals.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The socialization of the intervention process and the project progress was at three levels: at the departmental level, with institutional authorities, mainly with the Departmental Commission for Food and Nutritional Security (CODESAN); then at municipal level, with municipal authorities through (COMUSAN) coordinating with Municipal authorities, MAGA and SESAN. The approach at the community level was carried out through the Community Development Councils (COCODES), through the local authorities, families who were assisted or participated in the project were reached, to socialize the actions carried out by FAO; at the same time they were consulted and providing their consent if they agreed to participate in said intervention.

The monitoring of activities during the execution of the project was carried out through supervision in the field by the municipal delegates of SESAN, who shared the findings COMUSAN's monthly meetings. They are the ones who will follow up at the end of the project with the support of institutions such as MAGA, Municipalities and NGOs in the territory

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The complaint mechanism was established to be carried out through the COMUSAN. They would receive the complaints during the field visits and would present it in the monthly meetings in order to find a joint solution. No complaint was filed by the participating families

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

The Municipal Women's Directorates (DMM) were involved in the execution of the project. They were appointed to follow up on this issue and in case of sexual exploitation and abuse. During the intervention, there were no reported cases of sexual exploitation and abuse.

Any other comments (optional):

None

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programming (CTP)?

Planned	Achieved
No	No

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

It wasn't considered to evaluate the project because of the short time of execution. The project process indicators were measured with information collected during the implementation of the activities, so it did not deserve an in-depth evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2. Project Report 19-RR-WHO-039 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Guatemala
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-039
5. Project Title:	Health assistance to children under 5 years of age who are suffering from acute malnutrition and associated complications in Guatemala.		
6.a Original Start Date:	08/07/2019	6.b Original End Date:	07/01/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,310,700
	b. Total funding received for agency's sector response to current emergency:		US\$ 370,629
	c. Amount received from CERF:		US\$ 370,629
	d. Total CERF funds forwarded to implementing partners		US\$ 58,788
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 58,788
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through CERF, PAHO/WHO grant coordinated with different levels of Ministry of Health, WHO hired 11 nutritionists, 8 were hired to work for the prioritized municipal health districts and 3 were hired to work for the 3 hospitals in Alta Verapaz. These nutritionists evaluated 2,208 children under five year, of whom 1,500 children at risk of acute malnutrition (P/T Z <-1 and > 2 SD) were evaluated and monitored.</p> <p>The nutritionists evaluated and treated 708 children under five year with acute, moderate and severe malnutrition, with and without complications; 67% of these children recovered. It contributed to reduce mortality for acute malnutrition in children under 5 years old, reducing deaths from 47 during 2018 to 10 in 2019 decreasing the fatality rate from 4% to 1%.</p> <p>Nine workshops were held to strengthen the capacities of 1,149 workers of the prioritized health services and municipal health districts. Each hospital was provided with basic anthropometric equipment, (four electronic scales, four mechanic scales, four infant meters and two height meters), two glucometers, audio-visual equipment (one projector). Further, two UPS, two printers and two desk computers, to be able to make nutritional diagnosis of outpatient children, emergency and paediatric unit. The 9 municipal health districts were provided with basic anthropometric equipment like 286 infant meters, 9 height meters, 100 Salter scales and 8 mechanic scales, 60 kits to make samples of infants' preparation feeding like stove and kitchen utensils. Also, reproduction of documents like 860 posters, 300 manuals, 460 protocols, 16,000 child Id's and 35,675 register instruments.</p> <p>In 8 Health Units water storage systems with capacity of 5,000 litters were installed and 54 communities were trained in good hygiene practices and sanitary education. In addition, analysis equipment of water as well as training in water and plumbing to 131 people from the Health Units and community.</p>

3. Changes and Amendments

It was necessary to support the "Nutritional Recovery Centre (NRC)" in Chisec, Alta Verapaz and its health unit to save more lives because it is the only NRC that is working in the state and it's the main reference point for recovery. The District of Telemán was also included because it is another health unit of the community of Panzós. In total, work was made in nine health units.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	48	72	722	778	1,620
Total	48	72	722	778	1,620
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	67	105	1,369	839	2,380
Total	67	105	1,369	839	2,380
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	3	5	8

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The active search for children at the community level carried out by UNICEF increased the detection of cases of acute malnutrition, which were referred to the health services

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

An estimated 56,508 people, which correspond to the catchment population in the area of influence of targeted health facilities, were reached indirectly as beneficiaries.

5. CERF Result Framework

Project Objective	Contribute to the reduction of mortality and morbidity in children under 5 years of age, with an emphasis of those under 2 years of age, from acute malnutrition and complications from other drought-associated diseases
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Output 1	The nutritional status of 1,500 children under 5 years of age with moderate and severe acute malnutrition is monitored and medical complications are rapidly detected and referred to reference hospitals			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children under 5 years of age with moderate and severe acute malnutrition, with or without complications, who are monitored and attended to in prioritized health centres.	1,500	2,208	Monthly reports from the 11 nutritionists; MoH official data; Kawok (registration system of NGO Tula Salud in coordination with MoH)
Indicator 1.2	Number of healthcare units located in the area of intervention that are equipped to conduct anthropogenic nutritional assessment at a community level	8	9	MoH official data
Explanation of output and indicators variance:		It was necessary to support the "Nutritional Recovery Centre (NRC)" in Chisec, Alta Verapaz and its health unit to save more lives because it is the only NRC that is working in the state and it's the main reference point for recovery. The District of Telemán was also included because it is another health unit of the community of Panzós. In total, work was made in nine health units.		
Activities	Description	Implemented by		
Activity 1.1	Purchase of anthropometric nutritional assessment kits and tools for early childhood development to equip 8 local healthcare units	PAHO/WHO in coordination with the Ministry of Health and Child Fund		
Activity 1.2	Delivery of anthropometric nutritional assessments to 8 local healthcare units	PAHO/WHO in coordination with the Ministry of Health		
Activity 1.3	Technical and logistic support for the active search of children at risk of acute and severe malnutrition.	PAHO/WHO in coordination with the Ministry of Health		
Activity 1.4	Rapid onsite training of the personnel of the 8 health units in the technical guidelines for the evaluation of the nutritional status of children throughout development	PAHO/WHO in coordination with the Ministry of Health		
Activity 1.5	Support for the data management and analysis of the nutritional anthropometric evaluations of community members	PAHO/WHO in coordination with the Ministry of Health		

Output 2	100% of referred children suffering from complications associated with severe acute malnutrition receive timely and quality treatment			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 2.1	Percentage of reference hospitals located in areas of influence of the 7 prioritized municipalities equipped with essential supplies and equipment to provide timely medical treatment of complications of severe acute malnutrition in children under 5	100% (3 reference hospitals)	100% (3 referral hospitals)	Hospital inventory unit. PAHO/WHO records
Indicator 2.2	Percentage of children under 5 with severe acute malnutrition who present medical complications who are referred to and attended to by reference hospitals	100% (300)	394	Reports from 3 hospitals. MoH official data.
Indicator 2.3	Percentage of hospital emergency personnel that know and can apply the national guidelines for the management of severe acute malnutrition in children under 5	100% (120) of emergency personnel of all 3 reference hospitals	205	Reports from the three hospitals nutritionists; Records of the paediatric hospital and nutrition unit of MoH; PAHO/WHO records.

Explanation of output and indicators variance: None

Activities	Description	Implemented by
Activity 2.1	Dissemination of technical guidelines for the management of moderate and severe acute malnutrition in children under 5 to hospital emergency personnel	PAHO/WHO with MoH
Activity 2.2	Purchase of human milk bank equipment and WHO Medical Kit for hospital treatment of severe acute malnutrition with medical complications in children to 3 reference hospitals	[PAHO/WHO with MoH
Activity 2.3	Delivery of human milk bank equipment and WHO Medical Kit for hospital treatment of severe acute malnutrition with medical complications in children to 3 reference hospitals	PAHO/WHO with MoH
Activity 2.4	Rapid onsite training of the personnel of the 3 reference hospitals in the treatment of children with moderate and severe malnutrition that is coupled with complications	PAHO/WHO with MoH and INCAP
Activity 2.5	Support for the data management and analysis of the nutritional anthropometric evaluations in the 3 reference hospitals	PAHO/WHO with MoH

Output 3 8 community healthcare units have sufficient access to safe water to ensure continuity of operations and safe sanitary conditions for patient care

Sector Health - Health

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of community health units in the areas of intervention that have a reserve water supply system with the capacity to meet the minimum daily demand for at least 72 hours	8	8	Hospitals official records. PAHO/WHO records.
Indicator 3.2	Percentage of community health units that have good health hygiene practices and sanitary education.	100% (8 community health units)	8	Hospitals official records. PAHO/WHO records.

Explanation of output and indicators variance: None

Activities	Description	Implemented by
Activity 3.1	Purchase of water supply systems with rainwater catchment systems	PAHO/WHO with MoH and MejorHa
Activity 3.2	Installation of water supply systems with rainwater catchment systems	PAHO/WHO with MoH and MejorHa
Activity 3.3	Purchase equipment and supplies for the monitoring and control of water quality in targeted community health units.	PAHO/WHO with MoH and MejorHa
Activity 3.4	Delivery of equipment and supplies for the monitoring and control of water quality to targeted community health units.	PAHO/WHO with MoH and MejorHa
Activity 3.5	Rapid onsite training of the personnel of the 8 community health units in the promotion of good health hygiene practices and sanitary education.	PAHO/WHO with MoH and MejorHa

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Based on the needs of women, mothers of children under 5 years with acute malnutrition, the municipal commissions of Nutritional Food Security participated in the whole project. The priority of the municipal health districts more vulnerable were selected with the Ministry of Health and communities, validated by the Departmental Commission for Food Safety and Nutrition (CODESAN, for its acronym in Spanish) because acute malnutrition is attended by the service network of the Ministry of Health it was agreed to include the three hospitals of the area. A coordinator committee was formed with institutions from the central level of the Ministry of Health (Food and Nutrition Security Program, Supervision, Monitoring and Evaluation Unit, and the Hospital Paediatric Nutrition Unit) and the coordinator of the Nutritional Food Security Program of the Health Unit in Alta Verapaz. With this committee there were coordinated all the actions as well as all the information included in training sessions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The mechanism used locally to involve communities was through the Ministry of Health, CODESAN and Municipal Commissions of Food and Nutrition Security -COMUSAN-, which are part of the National System of Food and Nutritional Security to involve the participation of families of children under 5 years with acute, moderate and severe malnutrition with and without complications. It was also received the help of nutrition brigades of the UNICEF CERF Project which when detected the cases of children with acute malnutrition transferred them to health services.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

As it was mentioned previously, all the information was provided by the Ministry of Health, CODESAN and COMUSAN. The project was socialized and implemented with the Ministry of Health strengthening their attention and response capacity to acute malnutrition.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

No complaint mechanism was implemented, but the Ministry of Health gave a close follow up to the activities in the communities. The Ministry of Health and COMUSANES received a positive feedback from the communities about the attention received

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

As it is a project implemented by the Ministry of Health, in some cases it applied the “Protocol of Intervention to guarantee the health right, integrity and the life of children with acute malnutrition, in cases of lack of consent for medical and nutritional treatment”. The Ministry of Health works with a protocol of attention to victims of sexual violence and this is the one that applies in the health units. In the implementation of this project there were no cases related to sexual abuse, however there were cases of psychological violence against women and abuse of power from men or their couples, so women take their children to weight and height control and medical consultation. It is necessary to work even more with men for co-responsibility and the prevention of gender violence issue.

Any other comments (optional):
None

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programming (CTP)?

Planned	Achieved
No	No

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

An evaluation was not planned nor carried out because the period of implementation was short, and the priority was to screen the highest number of children to identify children with acute malnutrition.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.3. Project Report 19-RR-CEF-079 – UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Guatemala
3. Cluster/Sector:	Nutrition – Nutrition	4. Project Code (CERF):	19-RR-CEF-079
5. Project Title:	Assuring survival through urgent treatment to acutely malnourished children in 7 municipalities in Alta Verapaz		
6.a Original Start Date:	01/07/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	28/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 202,500
	c. Amount received from CERF:		US\$ 604,711
	d. Total CERF funds forwarded to implementing partners		US\$ 558,188
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 558,188
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF led the Nutrition cluster and in coordination with its partners formed “Nutrition Brigades” (<i>Nutrition teams</i>) with nutritionists and nurses who screened 24,392 children under five in seven municipalities and 257 communities. This activity allowed identification of 247 children (59.1% boys;40.9% girls) with acute malnutrition: 206 with moderate acute malnutrition and 41 with severe acute malnutrition. All were referred to the nearest health center for treatment, and/or the health personnel treated the children in the community. They also screened 8,617 women; 1,541 pregnant women (9.5% low weight, 26.9% overweight, and 8.1% obese) and 7,076 breastfeeding women (1.4% low weight, 30.9% overweight and 11.2% obese). They also provided capacity building/training to at least 1,261 community leaders from 109 communities with rapid emergency training as “Agents of Change”. At the end, 1,049 “Agents of Change” finished their training and committed to work in their communities to timely identify children with acute malnutrition and give counselling to mothers on infant and young child feeding and adequate food and nutrition practices for pregnant and breastfeeding mothers. Training of “Agents of Change” was very important especially because they can give counselling to women in the local community language.</p>

3. Changes and Amendments
<p>The number of children under five screened for acute malnutrition were exceeded by 7,667 children and 157 communities compared to the initial proposed number (16,725 children and 100 communities respectively). The number was exceeded because as screening progressed it was identified by the Health Area that it was necessary to cover more communities in order to save more lives. Also, that was requested from other communities not originally selected. The field work was then extended to cover more communities and therefore more children were screened. The number of women screened was also exceeded; from 5,500 to 8,617 since with the increase in communities, more women assisted screening sessions. The rapid emergency training was also of interest for communities, and the number was finally duplicated; and 549 more Agents of Change were trained and stayed at the community to timely identify acute</p>

malnutrition and support mothers. These parameters evidenced that the intervention was well accepted by communities and was considered very useful and necessary by the Health Area.

Field work began on 15 August due to governmental electoral / political campaign in the previous months and it was not possible for the nutritional brigades to work in the field previously to that period. Later, in September, there was a declaration of a state of siege that slowed down the field activities due to security issues and made more difficult to reach far communities. A new timeline had to be adapted and a non-cost extension was requested and approved for two more months.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,882	5,500	8,530	8,195	25,107
Total	2,882	5,500	8,530	8,195	25,107
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	4,308	8,617	12,294	12,098	37,317
Total	4,308	8,617	12,294	12,098	37,317
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The Health Area was very concerned about acute malnutrition in the prioritized Municipalities, since in 2018, forty-seven children under five died of acute malnutrition. The Ministry of Health staff was not able to reach the more remote, rural communities which have more food insecurity and, consequently, have more children under five affected by acute malnutrition. As they considered that the intervention was successful in identifying affected children, they requested brigades/teams to cover more communities and therefore screen more children and more women. Counselling was necessary to support families which are rarely reached by health personnel. It was also considered necessary to have more leaders

	trained to provide them with emergency skills to save children lives through timely identification and timely referral for adequate treatment.
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4.c. PERSONS INDIRECTLY TARGETED BY THE PROJECT

At least 73,176 who mainly belong to families of the children screened and supported with counselling.

5. CERF Result Framework

Project Objective	To save the lives of 8,300 children under five suffering from acute malnutrition or at risk of acute malnutrition and prevent the appearance of new cases through the timely identification and treatment and promotion, protection and support of adequate IYCF practices.
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Output 1	Children are screened to timely identify acute malnutrition or children at risk of acute malnutrition.			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children screened for acute malnutrition	16,725	24,392	Report of Nutrition Teams MoH official data; Kawok (registration system of NGO Tula Salud in coordination with MoH)
Indicator 1.2	Number of lives saved of children with acute malnutrition or at risk of acute malnutrition	8,300	14,571	Report of Nutrition Teams MoH official data; Kawok (registration system of NGO Tula Salud in coordination with MoH)
Indicator 1.3	Number of women screened for acute malnutrition	5,500	8,617	Report of Nutrition Teams
Explanation of output and indicators variance:		As noted above, numbers achieved by this UNICEF project are higher than targeted because the Health area, concerned by deaths of children under five in 2018, requested to cover more communities due to the success of the intervention and the acceptance of the communities.		
Activities	Description	Implemented by		
Activity 1.1	Nutrition brigades are formed and standardized	ASIES (Research and Social Studies Association), with the support / coordination of UNICEF, the Nutrition Cluster, MoH		
Activity 1.2	Screening of children and women to identify acute malnutrition or risk of acute malnutrition	ASIES (Research and Social Studies Association), with the support / coordination of UNICEF, the Nutrition Cluster, MoH		

Output 2	Community leaders improve their skills to identify acute malnutrition and children at risk of acute malnutrition			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of communities which implement a community strategy for Infant and	100	109	Report of Nutrition Teams

	Young Child Feeding Protection and Nutrition in emergencies			
Indicator 2.2	Number of Community leaders who are immediately trained to identify acute malnutrition and children at risk of acute malnutrition	500	1,049	Report of Nutrition Teams
Indicator 2.3	Number of families who receive counselling on acute malnutrition and adequate IYCF.	5,500	10,057	Report of Nutrition Teams
Explanation of output and indicators variance:		The intervention was very well accepted by communities and there was more interest of leaders in the communities to be trained to timely identify acute malnourished children in their communities. Although screening was performed in 257 communities, it was possible to train leaders in only 109 communities because communities were too far from each other and it was not possible to cover all communities with the training of leaders. The communities were prioritized.		
Activities	Description	Implemented by		
Activity 2.1	Prioritization of communities which will implement the strategy	ASIES (Research and Social Studies Association), with the support/coordination of UNICEF, the Nutrition Cluster, MoH,		
Activity 2.2	Identify community leaders who may be immediately trained to identify acute malnutrition and children at risk	ASIES (Research and Social Studies Association), with the support /coordination of UNICEF, the Nutrition Cluster, MoH,		
Activity 2.3	Provide immediate, emergency short term training to community leaders	ASIES (Research and Social Studies Association), with the support / coordination of UNICEF, the Nutrition Cluster, MoH		
Activity 2.4	Community leaders provide counselling to mothers/families with acutely malnourished children	ASIES (Association of Research and Social Studies), with the support /coordination of UNICEF, the Nutrition Cluster, MoH		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Prioritization of most vulnerable communities were selected by Ministry of Health and validated by the Municipal committee of Food and Nutrition Security – COMUSAN - which is formed by local institutional actors who work in food and nutrition interventions at Municipal and community level. Then leaders and local authorities were informed through members of the COMUSAN about the work the nutrition brigades/teams were going to perform screening children under five and pregnant and breastfeeding women. The leaders and local authorities offered their involvement to inform families in their communities and ensure that families with children under five attend the meeting point in the community at the agreed date. They were also in charge of identifying the meeting point in the community. Community leaders were also informed on the emergency rapid training and what responsibilities were involved. The topics included in the training were shared with them and infant and young children feeding had the most interest for them. They also asked about learning about the follow up they should perform with children if they were identified with acute malnutrition. So, the children identified with acute malnutrition were closely followed up with home visits and close communication with the nearest health service. To better guide education meetings, focal groups were conducted to better understand their beliefs and knowledge and questions were made at the end to evaluate their change in knowledge related to acute malnutrition danger signs and infant and young child feeding as well as the proper use of the Mid-Upper Arm Circumference tape.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The local mechanisms used to engage communities was through the Ministry of Health and the Municipal Committees of Food and Nutrition Security – COMUSAN, which are part of the National System of Food and Nutrition Security. They were the ones in charge of identifying the community leaders to be trained. In total 1,049 leaders finished their training as Agents of Change, 84% (884) were women and only 16% were men (165). These was very positive specially to know the needs of information that women had and because women are the ones mainly in charge of feeding the small children.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

As noted, all information was given by the COMUSAN. Nevertheless, the activities were not presented as UNICEF activities but rather as activities of the Ministry of Health in order to recognize ownership of the local partners and to create awareness in the communities that the Ministry of Health was very concerned about their health.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

No complaint mechanism was implemented but the Ministry of Health gave close follow up to the activities in the communities. No complaints were received by the Ministry of Health neither by COMUSAN.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

No mechanism was established for those complaints.

Any other comments (optional):

None

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programming (CTP)?

Planned	Achieved
No	No

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

No evaluation was planned/carried out since implementation period was short and the priority was to screen the highest possible number of children to identify children with acute malnutrition

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED



Nutrition Brigades/teams (right) and community “agents of change” (left)

8.4. Project Report 19-RR-WFP-049 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Guatemala
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-049
5. Project Title:	Life-saving food assistance to food-insecure households and acutely malnourished children in Alta Verapaz, Guatemala		
6.a Original Start Date:	01/07/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	29/02/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,600,000
	c. Amount received from CERF:		US\$ 711,228
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF RR grant, WFP supported 5,619 households in 7 municipalities of the department of Alta Verapaz targeted by acute malnutrition and severe food insecurity, providing life-saving humanitarian response. This assistance reached 5,748 households with acutely malnourished girls and boys. WFP carried out a total of 374 training sessions on gender equality that reached 28,482 people.

WFP provided a total of \$90 for a period of 30 days per family as food assistance in the most critical stage of the lean season. In a joint effort with UNICEF, all targeted communities by WFP also received nutrition counselling to optimize the use of cash to improve food and nutrition.

WFP complemented the CERF intervention with additional funding from its emergency operation. From the 5,619 households targeted by the CERF grant for 30 days of assistance of which 5,547 households received an additional 60 days of assistance.

3. Changes and Amendments

On 11 October 2019, WFP submitted a no-cost extension request for the implementation of the project. The no-cost extension was approved on 4 November 2019, until the end date of 29 February 2020. The request was submitted in response to an operational delay in the implementation of partners, particularly in the targeting of two different populations 1) families with acute malnourished children, and 2) food insecure families. Identification of beneficiaries, mainly households with acute malnourished children, was delayed until mid-August, due to a political election process, which impacted and delayed the implementation of the rest of activities.

Additionally, the Government of Guatemala declared a one-month state of siege in the selected municipalities, in response to a violent incident in the area. Operations were initially halted in response to the situation, but upon coordination between WFP and UNDSS a situational assessment was carried out, giving clearance to all field staff to resume activities in consideration of the necessary security measures. Nonetheless, the state of siege limited the operations by limiting the mobility of personnel to the prioritized municipalities,

restricting travel hours and routes. Distributions of cash were also affected due to restrictions in the number of people allowed to congregate in public spaces, which ultimately prolonged distribution periods.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Food Assistance					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		6,536	6,954	6,937	7,073	27,500
Total		6,536	6,954	6,937	7,073	27,500
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0	

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Food Assistance					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		6,285	7,255	7,733	7,471	28,744
Total		6,285	7,255	7,733	7,471	28,744
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0	

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

N/A

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

None

5. CERF Result Framework

Project Objective	Provide life-saving food assistance to food-insecure households in target areas aiming at satisfying their basic food and nutrition requirements.
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Output 1	Improved food consumption score Baseline: 57% of households with acceptable food consumption score End line: 78% of households with acceptable food consumption score			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people assisted who received relief cash transfer for a 30 days period with CERF funds, disaggregated by sex and age	27,500	28,744	WFP monitoring data
Indicator 1.2	Number of acutely malnourished girls and boys assisted through the cash transfer modality	16,500 (estimated)	1,756 (794 girls, 962 boys)	WFP monitoring data
Indicator 1.3	Total amount of cash transferred to target households	\$495,000	\$517,539	WFP monitoring data
Explanation of output and indicators variance:		<p>For Output 1: 21% of households improved the food consumption score from borderline or poor to acceptable.</p> <p>For indicator 1.2: From the households receiving transfers, 3% of the were registered by the brigades but did not register a child with acute malnutrition. Additionally, there is a considerable percentage of children who were not registered by the Brigades even though they had been detected with acute malnutrition, because beneficiaries did not bring ID for the registration process or did not stay for the registration of the children. Therefore, the identified cases of acute malnutrition are the ones that were: a) detected by the Brigades, b) registered by the Brigades, and c) received at least one cash transfer.</p>		
Activities	Description	Implemented by		
Activity 1.1	Identify food-insecure households to be assisted	WFP and partners in the field		
Activity 1.2	Identify acutely malnourished children	UNICEF		
Activity 1.3	Collect baseline and undertake outcome monitoring	WFP		
Activity 1.4	Provide instructions to the financial service provider (LTA)	WFP		
Activity 1.5	Delivery cash distribution to beneficiaries	WFP and partners in the field		
Activity 1.6	Undertake post-delivery monitoring	WFP		

Output 2	Decreased consumption-based coping strategy index (Changed to any coping strategies)			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	% of households applying consumption-based coping strategies	Reduction of 80% of households applying any coping mechanisms	Baseline: 77% End line: 51%	WFP monitoring data

Explanation of output and indicators variance:	At the end of the intervention, 49% of households were not applying any coping strategies (stress, crisis and emergency) compared with 23% of households at the start of the intervention.
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Activities	Description	Implemented by
Activity 2.1	Undertake outcome monitoring	WFP

Output 3	Reduction of the food expenditure share
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Sector	Food Security - Food Assistance
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	% of households spending 65% or more of their income in food supplies	Reduction in the proportion of households spending 65% or more of their income in food supplies	Baseline: 40% End line: 38%	WFP monitoring data

Explanation of output and indicators variance:	Households continued spending a high proportion of their income, particularly the cash transfer, in nutrient-rich foods to preserve or to improve the nutritional status of acutely malnourished children or children at risk.
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Activities	Description	Implemented by
Activity 3.1	Undertake outcome monitoring	WFP

Output 4	Proportion of households where women, men, or both women and men make decisions on the use of cash
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Sector	Food Security - Food Assistance
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of people reached with training on gender equality, disaggregated by sex	13,750 women -13,750 men	28,482 people, 14,605 women/13,877 men	WFP monitoring data
Indicator 4.2	Number of training sessions provided	At least 2	2 per community	WFP monitoring data

Explanation of output and indicators variance:	A total of 187 communities received two general assembly community meetings addressing gender awareness aspects. During the sessions WFP provided project information and explained the importance of why the cash transfers are given directly to women as the household representative, as an element to empower women within their role in the home. WFP worked with guiding mothers (" <i>madres guías</i> ") who volunteer in programmes of the Ministry of Agriculture.
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Activities	Description	Implemented by
Activity 4.1	Facilitate training sessions on gender equality	WFP
Activity 4.2	Undertake outcome monitoring	WFP

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Humanitarian assistance requires collaboration of several decision-making bodies including community organizations/members. In coordination with municipal food and nutrition security councils, and with community councils, WFP carried out a participative selection process of the most vulnerable families

This process convenes local authorities, COCODES (Community Development Councils) that develop a list of beneficiaries, in which participants undertake a process of self-selection or exclusion based on the targeting criteria. A list of beneficiaries selected is then elaborated and certified by the COCODES.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The operating partners (as national counterparts) for food assistance under the modality of cash transfers during the current emergency are the Food Security and Nutrition Secretariat (SESAN) and the Ministry of Social Development (MIDES). As such, WFP engaged SESAN to facilitate the coordination with other institutional bodies such as CODESAN, and COMUSAN (department and municipal council bodies).

Coordination with department and municipal council bodies was key to the implementation of the overall intervention. COMUSAN supported the coordination with community authorities for the identification of severe food insecure families with available information at local level based on the criteria established for the intervention. The validation process was also implemented with these stakeholders.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP provided relevant information about the modality of assistance, and purpose of the intervention to project participants through WFP field staff and government coordinating partners. WFP field staff organized informative meetings at the community level, in coordination with local authorities and stakeholders, to explain the criteria for the selection of participants, implementation modality, entitlements, schedule of deliveries, length of assistance and the hotline, as a formal complaints and feedback mechanism.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes No

WFP has an operational toll-free hotline, in compliance with WFP's policy for accountability to affected populations, which is managed by a WFP staff independent from the Programme Unit. Through this mechanism all complaints are properly investigated and solved, and feedback is given to the person complaining or giving feedback.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes No

Participants were informed regarding the existence of a complaint dedicated hotline, which is also designated to collect all SEA related complaints. In accordance to WFP's policy, all SEA complaints are investigated and handled through the proper internal channels and raised to the appropriate investigative bodies of WFP:

Any other comments (optional):

None

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programming (CTP)?					
Planned			Achieved		
Yes, CTP is a component of the CERF project			Yes, CTP is the sole intervention in the CERF project		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Unconditional Cash Based Transfers	US\$ 517,539	Sector-specific	Food Security - Food Assistance	Unconditional	Unrestricted
<p>Supplementary information (optional):</p> <p>The chosen modality, cash-based transfers (CBT) through emergency recovery activities related to mitigating food insecurity, complemented by nutrition sensitive activities to inform participants on the relevance of more nutrient-rich food purchases; and capacity strengthening activities aimed to the recovery of assets for rapid food production, in order to reduce vulnerability of the targeted households</p> <p>Feasibility studies conducted by WFP in Guatemala show that the main cause of food insecurity is accessibility. Therefore, the CBT modality helps families' access to food as it can be implemented faster during emergencies. It allows beneficiaries to determine and prioritize their needs with dignity, freedom, and respect, as well as increase dietary diversification. Providing cash has direct economic benefits on local markets and trade. In rural areas, it stimulates smallholder agricultural production and other livelihoods. Adding, CBT enhances WFP's gender approach. While, from a cultural stand, women are often not considered capable of making decisions in many households, they are viewed as reliable and likely to use the money for the benefit of the household. Giving cash to women increases their participation in community activities and empowers them to become decision makers in their households.</p> <p>Cash based transfers were implemented through a Financial Service Provider, by the name of BANRURAL. WFP has a Long-Term Agreement (LTA) with this financial service provider to immediate programme the cash transfers to beneficiaries.</p>					

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

1) Challenges

- Initially the partners did not comprehend the support that WFP would provide to two different populations: 1. families with acute malnourished children, 2. food insecure families. This caused a delay in identifying food insecure families that was under WFP's responsibilities.
- The partners in charge of the acute malnourished children within the health sector, started their activities mid-August (and not in all targeted municipalities). This caused a delay within WFP's timeline to deliver the cash contribution to these children and families.
- In August 2019, the government issued a State of Siege due to an altercation in 5 Guatemala departments (including areas where CERF project was present), which stopped staff displacement and WFP activities.
- Due to the above, the baseline for M&E was delayed.

EVALUATION CARRIED OUT

2) Corrective actions

- Once the partners understood the two-targeted populations for WFP's cash distribution, WFP started identifying food insecure families, and readjusted their staff team from 3 field assistant consultants to 5 in the field. This caused an additional cost for WFP outside of CERF funding.
- A request for a two-month no-cost extension was requested and approved to continue distributions during the months of January through February.
- In response to the State of Siege the WFP Regional Bureau Security Officer was sent to Guatemala to assess the security situation within the country (in coordination with UNDSS), and after further analysis gave clearance to all field personnel to resume with their work activities taking the necessary security measures.

EVALUATION PENDING

3) Achievements against planned targets

- WFP identified all the food insecure families and started distributions in the month of October. First distribution was done with CERF funds, and 2 additional cash distribution were done against other WFP funding by February 2020.
- Identification of the families with acute malnourished children were identified by December 2019, furthermore a no-cost extension was requested to finalize planned activities. Upon the approval of the no-cost extension, WFP was able to complete the cash transfer against CERF funding during the months of January through February.

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\$
19-RR-CEF-079	Nutrition	UNICEF	NNGO	\$558,188
19-RR-WHO-039	Health	WHO	NNGO	\$11,840
19-RR-WHO-039	Health	WHO	NNGO	\$10,300
19-RR-WHO-039	Health	WHO	NNGO	\$36,648

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

MAGA	Ministry of Agriculture
SESAN	Food Security and Nutrition Secretariat
CONASAN	National Council for Food Security and Nutrition
CODESAN	State Council for Food Security and Nutrition
COMUSAN	Municipal Council for Food Security and Nutrition
COCOSAN	Community Council for Food Security and Nutrition
MoH/MSPAS	Ministry of Public Health and Social Support
Alta Verapaz	Target state (Guatemala has 22 states)
Cobán	State Capital for Alta Verapaz
EFSA	Emergency Food Security Assessment
SCOPE	System to capture data from IDs used by WFP
HCT	Humanitarian Country Team
COCODE	Community Committee for Development
ESAP	Partner NGO of FAO
COMUDE	Municipal Committee for Development
DMM	Municipal Women Directorate
ASIES	Research and Social Studies Association, UNICEF's implementing partner
UNDSS	United Nations Department of Safety and Security