United Nations CERF Central Emergency Response Fund

GUATEMALA
RAPID RESPONSE
HURRICANES ETA & IOTA
2020

20-RR-GTM-46209

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A

The AAR was literally impossible to organize since cluster leaders and implementing organizations were fully involved in an exhaustive HNO/HRP process. Despite this challenge, close communication was maintained among partners during data collection, compilation, and reporting processes. Every cluster leader compiled data and shared it with CERF's focal point, data was validated against 345W reports, engaging all relevant parties and the RC before submitting the final version to the CERF Secretariat.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐
Please confirm that the final version of this report was 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 ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Since 2020, Guatemala has grappled with the compounding effects of a series of severe storms, notably ETA and IOTA, which have claimed lives and livelihoods affecting an estimated 1,878,012 people across the country, and the health and socioeconomic consequences of the pandemic. In such a context, CERF has been a lifeline to approximately 108,000 people, including women, men, children, and persons with disabilities in the food security, health, nutrition, water, sanitation, and hygiene sectors in the most affected and vulnerable communities of Alta Verapaz and Izabal. CERF interventions have had significant impact in saving lives, of children with acute malnutrition and persons in food insecurity, ensuring access to health services of people in affected communities, including mental health in emergencies and improving decision making in emergencies. Through CERF interventions UN agencies and partners have been able to reach populations that otherwise would not have been reached. Moreover, they contributed to enhance humanitarian coordination at local level and mobilize additional resources and complement efforts of other humanitarian actors, scaling up humanitarian assistance. The focus has been on gender equality, disability inclusion and youth empowerment, tying protection with resilience and leaving no one behind which are essential to the implementation of the humanitarian development nexus in Guatemala.

CERF's Added Value:

First response in most affected territories were carried out by local organizations, faith-based institutions, and local governments. Later, humanitarian partners already operating in those territories were incorporated in the response efforts. CERF funded projects served as core operational interventions to better organize and coordinate lifesaving response focused on shelters, WASH, health, and food. Through Local Humanitarian Chapters in hot spots of Izabal and Alta Verapaz, UNDAC and OCHA surge officers were able to use CERF funded projects as pillars for humanitarian coordination. Quick rehabilitation of damaged health centers and local water systems were crucial to avoid outbreaks and extra impacts. Flexibility to provide CBT and food bags for people in shelters and affected communities allowed the response to reduce suffering quickly and effectively. Extra funding from USAID/BHA (16.1M USD) and other donors permitted the response to cover extra territories and needs in the affected area. Nutritional brigades treated acute malnutrition in children and women.

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

Yes ☒ Partially ☐ No ☐

Lifesaving needs in first weeks were food and water for people in shelters and affected communities (especially those ones isolated due to extreme flooding and landslides), emergency health services, quick rehabilitation of local/family water systems, provision of hygiene supplies, and food and nutritional services for children and women. CERF funds allowed to systematically leverage response on these sectors.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

As stated above, CERF funded actions allowed to reach isolated communities to provide life-saving relief.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

OCHA set up coordination centers in Izabal and Alta Verapaz, the most affected territories. That was key to better coordinate efforts from several humanitarian actors, not only HCT members, but also external organizations. At each center, crucial sectors (food, WASH, health, shelters) worked and coordinated with key actors. CERF funding allowed those sector leaders to leverage operations. These spaces were later used to incorporate extra actors and funding.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

As of May 2021, 29M USD were mobilized through the Action Plan facilitated by OCHA. CERF and USAID/BHA funding leveraged operations started by humanitarian actors with their own funding. Along the operation, OCHA's 345W platform allowed to focus and maximize mobilization of key resources.

Considerations of the ERC's Underfunded Priority Areas[1]:

Projects proposed by UNFPA, UN Women, and IOM to address some of the critical needs related to VBG attention and reproductive health, protection for women and girls within shelters, and women economic empowerment were not covered by CERF funding. Nevertheless, special attention was paid to all funded projects to support pregnant women, children, disabled people, and the elderly populations. Protection was provided through the Plan of Action and was properly covered by specialized humanitarian actors with alternative funding, including UNICEF, Plan International, Save the Children, World Vision, Oxfam, IsraAid, and UN Women, among others. Reproductive health was successfully addressed by the Health sector since rehabilitation of health centers allowed to support pre-natal care and safe birth delivery. These "underfunded" humanitarian priority areas must be supported in future crisis accordingly.

Table 1: Allocation Overview (US$).

Total amount required for the humanitarian response	**38,871,718**
CERF	2,522,190
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	26,324,483
Total funding received for the humanitarian response (by source above)	**28,846,673**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	20-RR-CEF-064	Water, Sanitation and Hygiene	386,095
UNICEF	20-RR-CEF-064	Nutrition	386,095
WFP	20-RR-WFP-051	Food Security - Food Assistance	1,150,000
WHO	20-RR-WHO-040	Health	600,000
Total			**2,522,190**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**1,298,296**
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,104,037
Funds sub-granted to national NGO partners*	119,857
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,223,894**
Total	**2,522,190**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation.

Amid the COVID-19 pandemic, Tropical Storms Eta (3 November) and Iota (17 November) brought intense rains that wrought devastation across Guatemala, consecutively affecting some of the country's most vulnerable people in a span of less than two weeks, reducing affected people's capacity to recover and the Government's capacity to respond to overlapping humanitarian needs. The two storms damaged or destroyed some 24,295 houses, forcing 219,872 people to immediately seek refuge in shelters. As of 21 November, there were 59 confirmed deaths, with 99 people still missing, and an estimated 1,878,012 people affected across the country.

According to CONRED's official information around 2.4 million people was affected and 1.8 million individuals were in need across 8 states in northern and eastern Guatemala. The vast majority of humanitarian needs were located in 2 states, Izabal and Alta Verapaz, including food assistance, shelter support, health and WASH services, protection, and nutrition. CERF funded projects focused on poor and vulnerable communities within those 2 states to provide lifesaving relief to around 108,152 individuals.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated $2.5 million on 5 December from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to approximately 211,626 people, including 69,263 women, 68,348 men, 74,015 children, and including 19,382 people with disabilities in the food security, health nutrition, and water, hygiene, and sanitation sectors. CERF funds funded a coordinated multi-sector response in the most affected departments of Alta Verapaz and Izabal. The response integrated cross-cutting issues, such as gender and protection to fill crucial gaps in a context where women, children and adolescents, people with disabilities and displaced people have specific humanitarian needs and face significant health and protection risks. CERF funds also allowed UN agencies and their partners to support the Government, whose response capacity has been strained by its response to the COVID-19 pandemic.

Integral lifesaving relief was delivered at family scale with food assistance (cash transfers and food bags) and nutritional services as a first priority to affected families in shelters and destroyed communities. Complementary relief was delivered in the form of WASH services (especially hygiene kits, cleaning of water wells, and provision of filters) in specific affected families. In a more massive way, emergency health services were provided to affected communities through rehabilitation/reestablishment of damaged health centers and hospitals. WASH services (rehabilitation of community water systems) complemented basic services at community level. Massive benefits in the form of critical information, emergency training for medical staff, and local organization to improve hygiene emergency practices leveraged humanitarian interventions.

People Directly Reached:

The total estimated benefited people for the 3 projects are 108,152 individuals. Double counting among food security and nutrition projects was avoided by crossing databases and comparing IDs of benefited individuals. Families receiving either food assistance or nutrition services were counted only one time. Double counting among health and WASH projects was reduced by comparing target communities. Since most of the services of these projects were collective that was the only logic way to reduce double counting.

As explained by PAHO/WHO, the health project was able to cover a significant extra number of beneficiaries due to three strategic actions within its project: 1) they decided to build temporary, mobile health modules to provide health care to a greater number of communities; 2) they incorporated community volunteers to enhance human resources capabilities; and 3) they allied with TECHO which is an organization with great expertise in building local structures (usually houses but this time adapted to health modules).

People Indirectly Reached:

The 3 projects reported a total of 388,434 individuals including, among others, the total population in the communities covered by the 11 rehabilitated health care centers and the two temporary emergency care delivery modules, communities receiving food and nutrition general information from the WFP project, and WASH information and activities for hygiene practices.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Food Assistance	5,796	5,520	5,911	5,773	23,000	6,367	5,765	5,465	5,573	**23,170**
Health	3,491	3,114	3,001	2,887	12,493	4,965	4,429	4,268	4,106	**17,767**
Nutrition	5,280	1,320	3,120	2,880	12,600	5,534	0	2,738	2,796	**11,068**
Water, Sanitation and Hygiene	18,972	18,228	11,628	11,172	60,000	15,730	14,658	12,405	13,354	**56,147**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	~~0~~	0
Returnees	~~0~~	0
Internally displaced people	0	0
Host communities	72,600	67,215
Other affected people	35,493	40,937
Total	**(108,093)**	**108,152**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	33,539	32,596	1,962	1,437
Men	28,182	24,852	1,860	1,235
Girls	23,660	24,876	1,418	725
Boys	22,712	25,829	1,367	695
Total	**108,093**	**108,153**	**6,607**	**4,092**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-CEF-064

1. Project Information

Agency:	UNICEF	**Country:**	Guatemala
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	20-RR-CEF-064
Project title:	Emergency response to provide life-saving access to WASH and nutrition services for vulnerable children and families impacted by ETA and IOTA in Guatemala.		
Start date:	16/12/2020	**End date:**	15/06/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 11,665,718**
Total funding received for agency's sector response to current emergency:	**US$ 2,303,640**
Amount received from CERF:	**US$ 772,190**
Total CERF funds sub-granted to implementing partners:	**US$ 638,894**
Government Partners	US$0
International NGOs	US$ 519,037
National NGOs	US$ 119,857
Red Cross/Crescent Organisation	US$0

2. Project Results Summary/Overall Performance.

Through this CERF grant, UNICEF and its implementing partners provided access to safe water to 31,432 people (8,797 women, 7,937 men, 7,066 girls, 7,632 boys) through the rehabilitation of 15 water networks in the municipalities of Chisec, Cobán, San Pedro Carchá, and Panzos in Alta Verapaz, and the municipalities of Puerto Barrios and Morales in Izabal. This support included as outputs the installation of chlorination systems, the cleaning and disinfection of 1,332 wells in 21 communities, training of 14 community WASH brigades and training of community members on the storage, handling, and consumption of safe water at the household level, through the installation of 1,085 eco-filters.

UNICEF and its partners supported the implementation of the Sustainable Total Sanitation and Hygiene (SAHTOSO) methodology. As a result, 29 communities were certified as free of faecal contamination in the environment by the municipality and Ministry of Health (MoH). In total, **15,515 people now live-in environments free of faecal contamination** (4,520 men, 4,789 women, 3,148 boys and 3,058 girls).

Regarding output 3, UNICEF and its partner reached 28,638 people with hygiene kits and cleaning kits (8,231 women, 7,496 men, 6,275 girls, 6,636 boys). In addition, UNICEF reached 107,478 people (34,903 women, 32,483 men, 19,730 girls, 20,362 boys) with hygiene promotion and COVID-19 prevention messages.

Regarding Output 4, UNICEF and its partners implemented five ***"Nutrition Brigades"***, reaching 5,534 children under five (49% girls, 51% boys) in 35 communities in the municipalities of Chisec, San Pedro Carcá and Cobán in Alta Verapaz and Puerto Barrios and Morales in Izabal. The Nutrition Brigades identified 19 children with acute malnutrition (32% boys; 68% girls). Out of those, 13 children were diagnosed with Moderate Acute Malnutrition (MAM), while 6 were identified as children with Severe Acute Malnutrition (SAM). All children identified with acute malnutrition received adequate treatment and were referred to the nearest health facility.

Regarding Output 5, UNICEF reached 2,905 children with Multiple Micronutrient Powder supplements and 5,534 mothers with counselling on the areas of hygiene, breastfeeding, complementary feeding, healthy eating practices for children and pregnant women, prevention and treatment of acute and chronic malnutrition.

3. Changes and Amendments.

No amendments were needed to extend the project. Most of the targets set out in this project were achieved. Many of the targets were surpassed.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	5,280	1,320	3,120	2,880	**12,600**	5,534	0	2,738	2,796	**11,068**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**5,280**	**1,320**	**3,120**	**2,880**	**12,600**	**5,534**	**0**	**2,738**	**2,796**	**11,068**
People with disabilities (PwD) out of the total										
	37	9	22	20	**88**	**0**	**0**	**0**	**0**	**0**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	18,972	18,228	11,628	11,172	**60,000**	15,730	14,658	12,405	13,354	56,147
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,972**	**18,228**	**11,628**	**11,172**	**60,000**	**15,730**	**14,658**	**12,405**	**13,354**	**56,147**
People with disabilities (PwD) out of the total										
	1,328	1,276	814	782	**4,200**	**1,134**	**956**	**489**	**455**	**3,034**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF-supported actions that indirectly benefited staff from the municipalities and from MoH, including Environmental Sanitation Inspectors, Rural Health Technicians, social workers and staff from the Municipal Office of Water and Sanitation, since their capacities were strengthened to monitor compliance with the Open Defecation Free (ODF) status achieved by the communities and to promote access to safe water. In addition, the CERF grant indirectly benefitted people who frequent public places (markets, parks, etc.) in the urban areas of the municipalities of Morales and Puerto Barrios, through the access to handwashing stations.

Indirectly benefited people across the target territories may be around 126,916 individuals.

6. CERF Results Framework.

Project objective	To provide emergency life-saving access to basic WASH services to vulnerable children and families impacted by Hurricanes ETA and IOTA in Guatemala in a COVID context, both in communities and shelters, to save the lives of children 6-59 months with severe wasting and other forms of life-threatening acute malnutrition and to prevent that children in the affected areas become malnourished because of poor nutrition, hygiene, sanitation and health practices.
Output 1	Affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# people accessing safe water through a durable solution	32,000	31,432	Reports in Akvo Flow, participant lists, delivery notes.
Explanation of output and indicators variance:		The minimal difference between the achievement and the proposed target is due to the number of beneficiaries found per water systems.		

Activities	**Description**	**Implemented by**
Activity 1.1	Rehabilitation of water networks **15,188 people benefited** from **the rehabilitation of 15 water systems** (4,147 women, 3,714 men, 3,352 girls and 3,975 boys), including the installation of chlorination systems. UNICEF also trained community committees for management, operation and maintenance of WASH services. UNICEF and partners coordinated with personnel from the health districts of MoH in the stages of prioritization, technical evaluation and installation of chlorination systems. The geographic distribution of chlorination systems is as follows: - **Department of Izabal**: • Municipality of Morales: communities Creek Zarco, Darmounth, La Pedrera Playitas, Los Andes, Los Cerritos, Oneida and Veracruz Bañadero • Municipality of Puerto Barrios: communities of Cacao Frontera and El Cinchado. - **Department of Alta Verapaz**: • Municipality of Chisec: Nueva Sinai community • Municipality of Cobán: Communities Santa Anita, Samultequen Municipality of San Pedro Carcha: communities Chiachal, Setal and Setzac Seconon.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities

Activity 1.2	Cleaning and disinfection of wells **11,654 people** now **have access to safe water through the cleaning and disinfection of 1,332 family wells** (3,402 women, 2,989 men, 2668 girls and 2595 boys), which were flooded and contaminated by overflowing rivers and water accumulation in 21 communities. To this end, UNICEF trained 14 community WASH brigades. The geographical distribution is as follows: - **Department of Alta Verapaz:** • Municipality of Chisec: 219 wells cleaned and disinfected in 3 communities: Canlech, Las Playitas and Mercedes. - **Department of Izabal:** • Municipality of Morales: 1,352 wells cleaned and disinfected in 18 communities: Cayuga, Champona Línea, Milla 4, Oneida, San Francisco Pozo Chino, Sebol and Tenedores Estación. Municipality of Puerto Barrios: communities of Corozo 2, Corozo Milla 4, Corozo Milla 5, El Cinchado, El Edén Nueva Vida, Las Vegas, Media Luna, Mojanales, Piteros 1, Piteros 2 and Swich 3.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities
Activity 1.3	Training on safe handling, storage and use of treated water **4,590 people** have been **trained on the storage, handling and consumption of safe water** (1,248 women, 1,234 men, 1,046 girls and 1,062 boys) through demonstrative workshops and the provision of 1,085 family eco-filters, as follows: - **Department of Alta Verapaz:** • Municipality of Chisec: Mercedes I and Nueva Sinai communities • Municipality of Cobán: El Recuerdo San Pascual community. • Municipality of Panzos: the communities El Remolino, La Isla, Rancho La Esperanza, Rio Zarco and San Vicente 1 and San Vicente 2 • Municipality of San Pedro Carchá: communities Chiayin and Selemlo. - **Department of Izabal:** • Municipality of Morales: communities of Salomón Creek and San Francisco 2. Municipality of Puerto Barrios: communities La Graciosa, Punta de Manabique, Corozo Milla 3, La Laguna Santa Isabel, San Francisco del Mar, Sesteadero and Creek Negro del Mar.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities

Output 2	Affected populations live in communities free from (human) faecal contamination			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of people in targeted communities that are certified free of faecal contamination	15,000	15,515	Akvo Flow reports. Participant lists. Workshop reports. ODF certificates (Open Defecation Free). Verification reports. Pictures.

Explanation of output and indicators variance:	No significant variation. The indicators have been met according to the initial plan

Activities	**Description**	**Implemented by**
Activity 2.1	Implementation of the Community Approach to Total Sanitation "SATHOSO" that includes hand hygiene **15,515 people now live in environments free of faecal contamination** (4,520 men, 4,789 women, 3,148 boys and 3,058 girls). Through the application of the SAHTOSO methodology, **29 communities** were declared and **certified as free of faecal contamination** by the municipality and MoH. The geographical distribution is as follows: - **Department of Alta Verapaz,** • Municipality of Cobán: communities Chinimlajon, El Recuerdo San Pascual, Maravillas del Norte, Samultequen, Samac, Sanimtaca, Santa Anita and San Luis las Orquídeas. • Municipality of San Pedro Carcha: communities of Tanchi, Pajal Crucero, La Unión Popolha, Raxaha, Santa Maria, Secoj Raxaha, Selemlo, Sesab Quixal, Setal and Setzac Seconon. - **Department of Izabal,** • Municipality of Morales: communities Creek Zarco, Mojaca, Nuevo Chiriqui, Salomon Creek, San Francisco del Rio, San Francisco Pozo Chino and Veracruz Bañadero. • Municipality of Puerto Barrios: communities of Eden Nueva Vida, Las Vegas, El Cinchado and Media Luna. To follow up and monitor the implementation of the community plan, 29 SAHTOSO committees were formed (Community Development Councils - COCODE) and leaders were trained, 46% of whom are women.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities

Output 3	At-risk and affected populations have timely access to culturally appropriate, gender-and age-sensitive information, services and interventions related to hygiene promotion, and adopt safe hygiene practices
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# people reached with hand-washing behaviour-change programmes	60,000	107,478	Radio coverage and reach report. Performance metrics reach and interactions on Facebook. WhatsApp publications
Indicator 3.2	# people provided with hygiene kits or key hygiene items	15,000	29,088	Lists of people, photographic reports. Reports in Akvo Flow.
Explanation of output and indicators variance:		UNICEF exceeded the target number of people to be reached with hand-washing behaviour-change programmes, as a result of the use of mass media, such as radio, and digital media, such as Facebook and WhatsApp, which are increasingly used and growing rapidly.		

Activities	**Description**	**Implemented by**

Activity 3.1	Distribution of family hygiene kits and family cleaning and disinfection kits **28,638 people received hygiene kits and cleaning kits** (8,231 women, 7,496 men, 6,275 girls and 6,636 boys), **in 42 communities** in the municipalities of Cobán, Chisec and San Pedro Carcha in the department of Alta Verapaz and 39 communities in the municipalities of Morales and Puerto Barrios in the department of Izabal. The prioritization of communities for the distribution of hygiene kits was carried out in coordination with the MoH sub-clusters and made use of criteria such as the level of affectation of the storms, presence of shelters and greater presence of children with acute malnutrition.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities
Activity 3.2	Hygiene promotion and behaviour change campaign in coordination with MoH and WASH cluster actors around WASH and COVID **107,478 people were reached with behaviour change communication and messages on hygiene and COVID-19 prevention** (34,903 Women, 32,483 Men, 19,730 Girls and 20,362 Boys). This was done through the broadcast of 8 radio spots in Spanish and Quekchí language (15 days transmission), message posts with photographs and Sticker on Facebook and dissemination of messages via WhatsApp to community leaders in those communities where the project was implemented. To reinforce the COVID-19 prevention campaign, 16 mobile hand washing stations and 10 stations for the application of alcohol and temperature measurement were installed in 7 municipal health districts, 3 health areas and 2 municipalities, accompanied by demonstration workshops on the use and activation of hand washing practices for MoH staff.	Implemented by Helvetas/UNICEF, in coordination with MoH and the municipalities

Output 4	Children aged under five years in affected areas are screened for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of children aged 6-59 months screened for acute malnutrition	5,000	5,534	Nutrition Brigades Report to MoH and UNICEF
Indicator 4.2	Number of children aged 6-59 months with acute malnutrition who are admitted for treatment	50	19	Nutrition Brigades Report to MoH and UNICEF
Explanation of output and indicators variance:		UNICEF exceeded the target number of children aged 6-59 months screened for acute malnutrition, reaching a total of 5,534 children vs the originally planned 5,000 children. However, the number of children identified with acute malnutrition (19) was lower than the target (50). The target was an estimation of children that could be expected to be found in these locations, but it is not until the brigades reach the communities than the prevalence of acute malnutrition can be ascertained. In this case, the estimation was higher than the actual number of acutely malnourished children.		

Activities	**Description**	**Implemented by**
Activity 4.1	Nutrition teams/brigades are created and receive standardized training	Implemented by ASIES (Association of Research and Social Studies) and UNICEF, in coordination with the MoH,

	UNICEF and its partner, in coordination with MoH, implemented five ***"Nutrition Brigades"*** in the municipalities of Chisec, San Pedro Carcá and Cobán in Alta Verapaz and Puerto Barrios and Morales in Izabal.	the municipalities and the Nutrition Cluster
Activity 4.2	Screening of children to identify severe wasting or other forms of life-threatening cases of acute malnutrition UNICEF reached 5,534 children under five (49% girls, 51% boys) in 35 communities in the municipalities of Chisec, San Pedro Carcá and Cobán in Alta Verapaz and Puerto Barrios and Morales in Izabal. The Nutrition Brigades identified 19 children with acute malnutrition (32% boys; 68% girls). Out of those, 13 children were diagnosed with Moderate Acute Malnutrition (MAM), while 6 were identified as children with Severe Acute Malnutrition (SAM). All children identified with acute malnutrition received adequate treatment and were referred to the nearest health facility.	Implemented by ASIES (Association of Research and Social Studies) and UNICEF, in coordination with the MoH, the municipalities and the Nutrition Cluster

Output 5	At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to prevent the increase in the number of children with acute malnutrition in the affected areas and improve their nutritional status.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of primary caregivers of children aged 0-23 months who received IYCF counselling	5,600	5,534	[Nutrition Brigades Report to MoH and UNICEF
Indicator 5.2	Number of children who receive micronutrient powders	6,000	2,905	Nutrition Brigades Report to MoH and UNICEF
Explanation of output and indicators variance:		The minimal difference between the achievement and the proposed target in terms of the number of primary caregivers of children aged 0-23 months who received IYCF counselling is due to the number of caregivers found in the selected communities that were prioritized. However, it must be noted that, while the original intention was to reach both mothers and fathers, prioritization for counselling services was given to mothers, since fathers were involved in restoration activities, and were not generally found at home. Regarding the number of children who receive micronutrient powders, the number achieved is lower than the number targeted, since some of the children that were identified by the brigades had already received the micronutrient powders (this information was included in the child's health card) or did not have the appropriate age for this supplementation. It should be also noted that MoH provided additional guidance on Vitamin A and Zinc supplementation during the timeframe of this project. As a result, the CERF-funded project also reached 732 children with Vitamin A supplementation and 455 children with Zinc supplementation.		

Activities	**Description**	**Implemented by**
Activity 5.1	Through the nutrition teams/brigades, caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding	Implemented by ASIES (Association of Research and Social Studies) and UNICEF, in coordination with the MoH, the municipalities and the Nutrition Cluster

	UNICEF reached 5,534 mothers with counselling on the areas of hygiene, breastfeeding, complementary feeding, healthy eating practices for children and pregnant women, prevention, and treatment of acute and chronic malnutrition. UNICEF reached 2,905 children with Multiple Micronutrient Powder supplements, 732 children with Vitamin A supplementation and 455 children with Zinc supplementation.	
Activity 5.2	Through the nutrition teams/brigades, caregivers and communities are supported and empowered to prevent malnutrition, as well as to identify and refer children with life-threatening forms of undernutrition The nutrition brigades counselled mothers on early identification of life-threatening symptoms of acute malnutrition.	Implemented by ASIES (Association of Research and Social Studies) and UNICEF, in coordination with the MoH, the municipalities and the Nutrition Cluster

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [3]:

Outreach visits were made to the prioritized communities to inform them about the project plans. Community consents and agreements were reached for the rehabilitation of 15 water networks and information was provided on the financial contributions.
The rural sanitation coverage was carried out in a participatory manner, through the creation of community WASH committees that conducted home visits and allowed household members to visualize their household on a map through the use of colors, which allowed the community to achieve a ODF status.
The community leaders and local authorities were involved in the planning process, informing families in their communities, accompanying the nutrition brigades to homes or identifying the meeting point within the community. They supported the organization of small groups to ensure social distancing in the context of COVID19. Community leaders monitored those children identified with acute malnutrition. Local language was used to provide counselling.

b. AAP Feedback and Complaint Mechanisms:

The feedback mechanisms from the communities to the project were carried out through periodic meetings of the technicians and facilitators, where aspects of participation and concerns of the beneficiary population were addressed. However, no relevant situation was identified in these platforms. The main topic of discussion always related to the modality of intervention, given the COVID-19 related restrictions.
Regarding the nutrition activities, screening of children was performed only with acceptance of community leaders and homes. While complaints of families could be shared with community leaders or municipality officials, no complaint was received during the implementation of the nutrition brigades. Confidentiality is well managed by the MoH, with the MoH always keeping registration of screened children as confidential and data being only shared with health services to provide adequate follow-up.

[2] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[3] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The field implementation teams hired by Helvetas and ASIES were introduced to the regulations and mechanisms to prevent harassment, sexual harassment and abuse of authority and to the code of conduct, which defines ethical principles, attitudes and basic behaviours that are mandatory for all employees of the organization. It is also mandatory for consultants and payroll personnel to pass the PSEA course in Agora web platform. A diploma is given to each of the consultants on completion of the course.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

In the implementation of the SAHTOSO methodology, from its logic of total coverage and participation, the inclusion of women in the community monitoring committees was promoted, achieving 46% of participation and decision making by women. Also, in one of the stages of the methodology, privacy and safety criteria were promoted in the construction and improvement of latrines, mainly for women and girls.
Counselling services were prioritized for women, since they are the ones who are taking care of the children, and who were with their children during screening. Although, community leaders were in their majority men, emphasis was given to promote women as community leaders that support their communities with early identification of acute malnutrition.
It is of interest that more girls were found to suffer from acute malnutrition, and this data confirms results from previous projects. This needs further investigation.

e. People with disabilities (PwD):

In the application of the SAHTOSO methodology, models of latrines with handrails, ramps and handrails/handrails were promoted in households where people with disabilities live.

f. Protection:

After the impact of Eta and Iota, protection needs arose significantly and were addressed with the immediate rehabilitation of water networks. The people who carried out the well cleaning and disinfection brigades were also provided with safety and protection equipment (masks, helmets, harnesses, boots, etc.). Biosafety protocols were also established, and masks, alcohol and soap were provided to all those who attended project events, activities and workshops. Finally, UNICEF coordinated with MoH personnel to prioritize communities and families with cases of acute child malnutrition.
The names of families of acutely malnourished children were reported to MoH and the municipality, to promote that they receive urgent social protection, health and nutrition services. Data and records were treated confidentially, although the municipality kept the names of the most vulnerable families to ensure follow up when possible.

g. Education:

Through this CERF grant, UNICEF carried out trainings on well cleaning, water quality and the administration, operation and maintenance of water networks to brigades, water committees and MoH staff.
In addition, counselling to mothers was provided in the local language to improve learning outcomes.

8. Cash and Voucher Assistance (CVA).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not proposed by UNICEF

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities.

Title	Weblink
Success stories and infographics	https://www.helvetas.org/es/guatemala/quienes-somos/Portafolio-de-Proyectos/EMERGENCIA%20WASH
Hygiene promotion campaign	https://www.facebook.com/DuranteyDespuesDeLaEmergencia
Rehabilitation of water network in the Cacao Frontera community, Izabal	http://munipuertobarrios.gob.gt/2021/06/11/el-agua-es-un-recurso-indispensable-para-nuestra-vida/?fbclid=IwAR3O0pjfZKsds1zplk74tr28UWu5EY2_89LuGv9-V_0vlOzEUBxPXYefYvg
Publication UNICEF Hygiene kit in Santa Anita community	https://twitter.com/unicefguatemala/status/1374732763597844483?s=20
Declaration End of Open defecation free in Morales, Izabal	https://www.facebook.com/gobmunimorales/posts/3931231706998013
Presentation of results of the stakeholder intervention in Izabal	http://munipuertobarrios.gob.gt/2021/05/27/taller-de-presentacion-de-resultados/?fbclid=IwAR1yYrtJWayHkDfl_aOfu4pOqpqeZmwdGsQRtsi9wAXRL2J3pbooTsmsPtI

3.2 Project Report 20-RR-WFP-051

1. Project Information

Agency:	WFP	**Country:**	Guatemala
Sector/cluster:	Food Security - Food Assistance	**CERF project code:**	20-RR-WFP-051
Project title:	Life-saving Food Assistance to Food-insecure households affected by Eta and Iota storms in Alta Verapaz and Izabal, Guatemala.		
Start date:	18/12/2020	**End date:**	17/06/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 20,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 11,800,000**
Amount received from CERF:	**US$ 1,150,000**
Total CERF funds sub-granted to implementing partners:	**US$ 585,000**
Government Partners	US$ 0
International NGOs	US$ 585,000
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance.

Through this CERF grant, WFP in close coordination with relevant stakeholders such as the National Disaster Coordinator, between December 2020 and January 2021 initiated the selection criteria to identify the most vulnerable communities and households. In parallel, have assessed the food security situation while determining the best assistance modality in consultation with selected communities and relevant stakeholders.

Between January and May 2021, WFP, through the project, provided unconditional cash-transfers to 4,636 food insecure households (19,219 people affected by moderate and severe food insecurity of which 5,281 were women) that have been affected by the impacts of tropical storms Eta and Iota in 2 municipalities in Izabal and 4 Municipalities in Alta Verapaz. These transfers were provided to avoid further deterioration of nutrition status of already vulnerable populations as follow:

Department	Households	Women	Men	Girls	Boys	Total
Alta Verapaz	2,188	2,572	2,475	2,631	2,661	10,339
Izabal	2,446	2,709	2,307	1,902	1,962	8,880
Totals	**4,636**	**5,281**	**4,782**	**4,533**	**4,623**	**19,219**

In parallel, during the months of March and April 2021 WFP and its partners reached 15,885 households (47,716 beneficiaries) by delivering food assistance directly to communities that were isolated due to infrastructure damages to main roads. These food rations (food bags covering a period of 14 days) supported households where food availability and access to local markets was scarce and/or interrupted. In summary, a unique number of 2,831 number of households were assisted with food assistance (in-kind cold rations and unconditional cash-based transfers), as can be also seen in the below table.

Department	**Households**	**People**	**Households**
Department	**Total cold ration**	**Total cold ration**	**Cold ration + CBT**
Alta Verapaz	8,041	17,104	33
Izabal	7,844	30,612	2,798
TOTALS	**15,885**	**47,716**	**2,831**

3. Changes and Amendments.

On January 28th, 2021 WFP requested a funding re-programming. As such, WFP had originally programmed USD 593,208 under budget line "Transfers and Grants to Counterparts" to distribute hot meals in shelters for a period of 14 days, to provide 168,000 meals (8,443 hot meals for a period of 14 days). Nevertheless, due to programmatic changes, based on changing needs, WFP in consultation with CERF secretariat requested this amount to be reprogrammed to assure provision of 15,000 cold rations to families. Upon receiving confirmation of this revision request, WFP reprogrammed the funds and proceeded to allocate these funds to cold rations targeting food insecure residents in Alta Verapaz, who were able to leave shelters and return to their houses. Important to note that planned activities were completed with targets achieved/exceeded within the original project implementation period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	5,796	5,520	5,911	5,773	**23,000**	**6,367**	5,765	5,465	5,573	**23,170**
Total	**5,796**	**5,520**	**5,911**	**5,773**	**23,000**	**6,367**	**5,765**	**5,465**	**5,573**	**23,170**
People with disabilities (PwD) out of the total										
	580	552	591	577	**2,300**	**242**	**219**	**208**	**212**	**880**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project.

Despite the COVID-19 pandemic and the restrictions through the country, WFP jointly with its cooperating partners, World Central Kitchen (WCF), provided in-kind food assistance with 31 pounds of staple and perishable goods which were aimed to feed a household with 4 or 5 people for about 2 weeks. The food was accompanied with a simple recipe book which could allow the household members to learn how to cook the ingredients. Nutrition and communication teams at WFP have adjusted the content of the recipe book according to nutritional international standards.

Together, with the nutrition and communication teams, WFP and WCF have also produced and adjusted a recipe book. Additionally, WFP offered 16 sessions on the proper use of cash to purchase nutritional food during all deliveries to all communities, as well as advise/ training on the measures and use of mask and gel to avoid spread of COVID-19 virus.

6. CERF Results Framework.

Project objective	Provide life-saving food assistance to food-insecure households in target areas aiming at satisfying their basic food and nutrition requirements.
Output 1	Improved food consumption score

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of people assisted who received relief cash or vouchers, disaggregated by sex and age	23,000	Total 63,689 disaggregated as follows 16,751 CBT 43,150 food 3,588 CBT and Food 52% women, 48% men	WFP and cooperating partners M&E reports
Indicator 1.2	Total amount of cash transferred to target households	347,734	350,336[4]	WFP monitoring data
Indicator 1.3	% of the target population with acceptable Food Consumption Score (FCS)	80%	Baseline 57.0% End Line 89.7%	WFP monitoring data
Indicator 1.4	Number of rations distributed (expressed in hot meals)	168,000	158,850[5]	WFP and cooperating partners M&E reports
Explanation of output and indicators variance:		For indicator 1.1: The number of beneficiaries was overachieved because the number initially estimated was to be originally 23,000 beneficiaries to be served with hot rations, nevertheless later, it was established that they would receive cash transfers and bags of food (cold rations). Overall, 68% of the beneficiaries received in-kind assistance; 27% received cash transfers and 5% received both interventions (cash and in-kind). For indicator 1.2: The amount of the transfers made, in addition to the target, were covered by the value of the hot rations that were not delivered.		

4 conversion rate was 7.7413

5 Each package of food has 10 food rations, thus 15,885*10 rations =158,850.

	For Indicator 1.3: 32.7 % of households improved the food consumption score from borderline or poor to acceptable. For indicator 1.4: Given that the delivery of hot meals was replaced by the delivery of food bags (cold rations), the result is a slight variation of what was achieved with respect to what was planned. In this way, it was possible to serve families differently, with some receiving food and cash transfers and others only with food.

Activities	**Description**	**Implemented by**
Activity 1.1	Identify food-insecure households to be assisted	WFP and its partners including local authorities
Activity 1.2	Collect baseline and undertake outcome monitoring	WFP
Activity 1.3	Provide instructions to the financial service provider	WFP
Activity 1.4	Provide instructions to the partner NGO	WFP
Activity 1.5	Delivery cash distribution to beneficiaries	WFP
Activity 1.6	Undertake post-delivery monitoring	WFP and its partners

Output 2	Decreased consumption-based coping strategy index
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	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 coping mechanisms	Baseline 77% End Line 18.2%	WFP monitoring data
Explanation of output and indicators variance:		At the end of the intervention, 18% of households applied coping strategy (Crisis and emergency) compared to 77% of households at the beginning of the intervention. Equivalent to a reduction of 76.62% of households applying consumption-based coping mechanisms.		

Activities	**Description**	**Implemented by**
Activity 2.1	Undertake outcome monitoring	WFP

Output 3	Reduction of the food expenditure share
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Food Security - Food Assistance

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 24%	WFP monitoring data
Explanation of output and indicators variance:		At the end of the intervention, 24% of households were spending more than 65% of their total income on food, compared to 40% of households before the intervention.		

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

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of people reached with training on gender equality, disaggregated by sex	4,636	4,636	SCOPE/Financial Service Provider
Indicator 4.2	Number of training sessions provided	At least 1 per municipality	16	SCOPE/Financial Service Provider
Explanation of output and indicators variance:		For Indicator 4.1: A total of 4,636 (48% men and 52% women) participated in at least one general assembly community meeting addressing gender awareness aspects. During the sessions WFP provided project information and explained the importance providing cash transfers directly to women as the household representative, as an element to empower women within their role in the home; and provided general hygiene guidance to avoid COVID-19 contagion.		

Activities	**Description**	**Implemented by**
Activity 4.1	Facilitate training sessions on gender equality, protection, CFM, nutrition, among others.	WFP and local partners
Activity 4.2	Undertake outcome monitoring	WFP and local partners

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[7]:

A) Project design and planning phase: Accountability is one of core values that helps WFP to provide the best possible service to the people it assists. AAP is defined by WFP as an active commitment to give account to, take account of, and held to account by the people it assists. During the preliminary stages, WFP provided accessible information to affected people about its assistance. The information was adjusted to different groups to be understandable by everyone, irrespective of their age, gender, or other characteristics. Upholding the 'centrality of protection', the design and planning phase also considered food and nutrition assistance to be provided in a safe and dignified manner to the targeted population.
B) Project implementation phase: During implementation, regular meetings and beneficiary reference sessions were held with community groups to ensure that they understood the project objectives and intended outcomes, and to solicit their feedback about any necessary

[6] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[7] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

changes or adaptations needed to make the programme a success. At the department level WFP carried out socialization processes through the departmental technical roundtables. Subsequently, WFP coordinated with the National Disaster Coordinator (CONRED) and with local authorities and governance structures on food security and nutrition to identify vulnerable households based on agreed targeting criteria. WFP coordinated with CODESAN (the Secretariat's for Food Security and Nutrition/SESAN departmental authority) and COMUSAN (SESAN's municipal council body) to define targeting at municipal level, and to coordinate overall intervention, in order to leave "no one behind". Throughout the programme, WFP delivered pamphlets with a HOT LINE number where beneficiaries could provide feedback (positive and/or negative) of the intervention.

C) Project monitoring and evaluation: In all monitoring and evaluation exercises, WFP monitors the proportion of assisted people informed about the programme, as well as the proportion of activities for which beneficiary feedback is documented, analysed and integrated into programme improvement. As part of the efforts to enhance accountability to affected population, WFP Guatemala plans to put in place a more robust M&E plan with protection indicators to ensure the team quantifies how much beneficiaries are knowledgeable of where to report their complains or provide feedback.

b. AAP Feedback and Complaint Mechanisms:

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.

For every intervention, the communications team developed (with the joint effort of programming, gender, and nutrition areas) a brochure and radio ads in Spanish and local languages, that has information useful for beneficiaries. Nutritional advices, guidelines on how to use the money and the feedback mechanism are messages that this material has. Also, each intervention, the field monitor reviews the brochure an empathise on the messages in the material.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Participants were informed regarding the existence of a complaint dedicated hot line, which is also designated to collect al SEA related complaints. In accordance with WFP's policy, all SEA complaints are investigated and handled through the proper internal channels and raised to the appropriate independent investigative bodies of WFP, which ensure the confidentiality of participants. No cases of SEA were reported during this intervention.

Additionally, WFP's field level agreement with its partners included a clause on PSEA, establishing that all actions on the ground aligned with WFP standards and regulations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The selection and prioritization criteria ensured the inclusion of households headed by women, people with disabilities or elderly people. Gender sensitivity aspects, protection of women and girls as well as sexual and gender minorities were considered throughout the implementation of the project. WFP and its partners include gender sensitive aspects in all sessions with the community as well as all communication materials. The intervention contributed to the empowerment of women by expanding their opportunities to participate in medium- and long-term processes with a focus on economic empowerment the recovery of their assets for food security.

e. People with disabilities (PwD):

In line with WFP's disability inclusion road map (2020-2021), all emergency response programming and initiatives in the context of COVID-19 are disability inclusive. As such, WFP ensures that accessibility is factored into its protection and accountability actions; and within its data collection processes. WFP ensures that protection mechanisms are in place during distribution days, in consideration of women's and girls' specific needs, and in consideration of the needs of women and girls with disabilities. So far, throughout the project 880 beneficiaries of which 242 were women reported some kind of disability.

f. Protection:

Upholding the 'centrality of protection', the design and planning phase also considered food and nutrition assistance to be provided in a safe and dignified manner to the targeted population. During the intervention, WFP ensured that the locations where assistance was delivered satisfied the criteria of time and facilities to be accessible and safe for women, people with disabilities and the elderly.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	19,219

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was used to supply basic needs of food insecure households, who prioritized purchase of food, medicine and other basic needs in the aftermath of the hurricanes.
Number of people assisted who received relief cash or vouchers, disaggregated by sex and age.

AGE	0-23	24-59	6-11	12-17	18-59	+59
WOMEN	1,267	2,261	5,783	4,455	16,406	2,826
MEN	1,392	2,389	5,971	4,927	13,828	2,184
TOTAL PEOPLE	2,659	4,650	11,754	9,382	30,234	5,010

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Number of people assisted who received relief cash or vouchers, disaggregated by sex and age	19,219	US$ 150	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet WFP Guatemala (January 23, 2021)	https://twitter.com/WFPGuatemala/status/1353073924028854277?s=20
Instagram post (February 9, 2021)	https://www.instagram.com/p/CLE6WxgMQUQ/?utm_medium=copy_link
Tweet ONU Guatemala (February 16, 2021)	https://twitter.com/ONUGuatemala/status/1361780377380147202?s=20
CERF de la ONU implementa cuatro proyectos para apoyar a los afectados por Eta e Iota – TGW (February 16, 2021)	https://radiotgw.gob.gt/cerf-de-la-onu-implementa-cuatro-proyectos-para-apoyar-a-los-afectados-por-eta-e-iota/

ONU brinda aporte para atención de damnificados por Eta y Iota – AGN (February 16, 2021)	https://agn.gt/onu-brinda-aporte-para-atencion-de-damnificados-por-eta-y-iota/
Apoyo a municipios afectados por Eta e Iota – UN Guatemala (February 16, 2021)	https://guatemala.un.org/es/112106-apoyo-municipios-afectados-por-eta-e-iota
Apoyo a municipios afectados por Eta e Iota – Ministry of Foreign Affairs (February 16, 2021)	https://www.minex.gob.gt/noticias/Noticia.aspx?ID=29129
Guatemala recibe donación de parte de la Organización de las Naciones Unidas - National Coordinator for Disaster Reduction (February 16, 2021)	https://conred.gob.gt/guatemala-recibe-donacion-de-parte-de-la-organizacion-de-las-naciones-unidas/
Tweet WFP Guatemala (February 17, 2021)	https://twitter.com/WFPGuatemala/status/1362041380294557699?s=20
Laura Melo Instagram post (February 17, 2021)	https://www.instagram.com/p/CLZ-gFsMFWV/?utm_medium=copy_link
Naciones Unidas detalla ayuda entregada tras tormentas – DCA (February 17, 2021)	https://dca.gob.gt/noticias-guatemala-diario-centro-america/naciones-unidas-detalla-ayuda-entregada-tras-tormentas/
Tweet ONU Guatemala (February 18, 2021)	https://twitter.com/ONUGuatemala/status/1362471666140479489?s=20
Unidos en la crisis – UN Resident Coordinator Guatemala (February 18, 2021)	https://dca.gob.gt/noticias-guatemala-diario-centro-america/testimonial/unidos-en-la-crisis/#more-284472
CERF apoya a municipios afectados por Eta e Iota (February 23, 2021)	https://noticiasgreenpress.com/2021/02/23/cerf-apoya-a-municipios-afectados-por-eta-e-iota/

3.3 Project Report 20-RR-WHO-040

1. Project Information

Agency:	WHO	**Country:**	Guatemala
Sector/cluster:	Health	**CERF project code:**	20-RR-WHO-040
Project title:	Responding to the urgent health needs in communities affected by Tropical Storms Eta and Iota in Guatemala		
Start date:	23/12/2020	**End date:**	22/06/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,400,000**
Total funding received for agency's sector response to current emergency:	**US$ 2,185,779**
Amount received from CERF:	**US$ 600,000**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance.

The interventions implemented within the framework of this CERF project benefitted a total of 129,432 individuals living in the hurricane-affected departments of Alta Verapaz and Izabal who recovered access to essential and quality health care services following the passage of the storms Eta and Iota. This was achieved throughout the rehabilitation of 11 damaged health facilities that provide primary health care services and the rapid deployment and installation of temporary emergency care modules to restore delivery of lifesaving and critical health services. CERF funds also supported the rapid training of 188 community leaders and health care providers including nurses, rural health care technicians, environmental sanitation inspectors, physicians, and psychologists, to support health emergency response capacity at local level. Rapid training sessions focused on operational response skills including data collection and analysis to support emergency response decision-making, provision of psychological first aid, identification of forms of sexual violence in all its manifestations including gender-based violence, water and sanitation management, and detection and control of vector-borne diseases as well as diarrheal diseases and respiratory infections.

The rehabilitation carried out in the 11 primary health care centers included repairs in the electrical and hydraulic systems, replacement of damaged roofs, doors, and windows, restoration of access to safe drinking water and repairs of wastewater treatment facilities. These efforts were complemented by the installation of two temporary emergency care modules in two communities of Alta Verapaz and Izabal. These modules were culturally adapted and ready to provide health care service relevant to the needs of the local affected population and adapted to the degree of complexity. Those modules supported the direct provision of essential health care services to the local population, including pre-natal care and safe birth delivery, in Campur, Alta Verapaz, where in less than one month after the modules were installed, 62 deliveries were medically attended and did not need to be referred to health care services located more than an hour away from the community.

The rehabilitated health care services and the installed modules were procured with medical/surgical equipment and essential health supplies and materials, including mobile ultrasonography as well as supplies for pre-natal and post-partum care, safe delivery, and neonatal assistance to support continuity of essential maternal and child health services in Morales and Campur.

Decentralized health care coordination mechanisms were established in the departments of Izabal and Alta Verapaz. This ensured, for the first time, the participation and coordination of most local and international organizations and institutions providing multisectoral health care attention in times of emergency and disasters, thus effectively enhancing cooperation from health care providers in both departments.

3. Changes and Amendments.

The installation of temporary emergency modules and solid structures in two completely destroyed health care systems so they could be properly adapted, the help of community volunteers, and the strategic alliance with Fundacion Un Techo para mi Pais (TECHO), made possible the reduction of the costs originally planned and it had allowed us to properly cover a healthcare centre providing primary care; at the same time, it enabled us to rehabilitate two healthcare centres providing secondary care to a greater number of individuals with different type of complexity, with these actions the estimated goal was exceeded.

In addition, the population attending the rehabilitated services was taken as the direct beneficiaries, two of these services are Permanent Healthcare Centres so they are reference municipal facilities that provide 24-hour service, one service centre is located in San Pedro Carcha, Alta Verapaz and another one is in Puerto Barrios, Izabal; a similar situation is observed with the installation of the Temporary Emergency Attention Module in Campur, Alta Verapaz. The remaining ten (10) services are Healthcare Stations providing attention to marginalized communities. It is important to point out that as a result of the performed rehabilitation process, communities and populations who had no previous access to or did not assist to healthcare services regained confidence in such services. Furthermore, physical features and appropriate equipment supplied by the given funds in addition to well trained and motivated healthcare service providers, allowed to deliver dignified services to everyone.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	3,491	3,114	3,001	2,887	**12,493**	4,965	4,429	4,268	4,106	**17,767**
Total	**3,491**	**3,114**	**3,001**	**2,887**	**12,493**	4,965	4,429	4,268	4,106	**17,767**
People with disabilities (PwD) out of the total										
	54	32	13	8	**107**	61	60	28	28	**177**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project.

An estimated 256,882 individuals were indirectly benefitted from the activities carried out under this CERF project, which correspond to the total population in the communities covered by the 11 rehabilitated health care centers and the two temporary emergency care delivery modules. Thanks to the project interventions, this population has improved access to health care services. From this population, 49.9% (128,432) are women. In Alta Verapaz, 85% of these women were Mayans, poor, illiterates, and monolingual; in Izabal 26.1% of women shared the same conditions so they were considered as a vulnerable population group. In addition, 84,000 girls and boys were under similar situation, and represented 32.7% of the benefited population.

6. CERF Results Framework.

Project objective	Ensure continuity and availability of life-saving health services to prevent disproportionate mortality and morbidity among vulnerable populations in the departments of Izabal and Alta Verapaz severely affected by Hurricanes Eta and Iota
Output 1	12 prioritized health facilities have restored operational capacity to ensure continued access to critical health services to vulnerable individuals in need of healthcare in affected communities

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of damaged health facilities that have restored operational conditions to provide health care to the affected population	12	13	Technical Report of rehabilitation of health care services Expert opinions Final Handover Deeds Photo archives
Indicator 1.2	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	12	13	Technical Report of rehabilitation of health care services Expert opinions Final Handover Deeds Photo archives
Explanation of output and indicators variance:		The operational capacity of 11 health centers that provide primary health care services was reestablished thanks to the rehabilitation of the infrastructure and the provision of adequate equipment and essential medical supplies. In addition, temporary modules were installed in two community health services to ensure continuity of essential health care delivery in those services that were completely disrupted by the passage of the two storms. In these services hydraulic installations were included to support and sustain water abstraction by means of rainwater collection, upgrading sanitary systems and final disposal of waste by means of biodigesters contributed to ensure sustainable and environmentally friendly sanitary conditions. Proper repairs to hydraulic infrastructure were performed in 11 rehabilitated services; with these actions a rapid response during emergencies or disasters could be guaranteed.	

Activities	**Description**	**Implemented by**
Activity 1.1	Implement basic, rapid repairs in damaged health facilities to re- establish operational functionality of essential services in the most affected communities.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and a strategic alliance with Fundación Un Techo para mi País.

Activity 1.2	Procure essential emergency medical equipment and supplies to emergency wards in health centers, to re-establish operational functionality of essential services	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.3	Distribute essential emergency medical equipment and supplies to emergency wards in health centers, to re-establish operational functionality of essential services	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.4	Provide rapid on-site refreshers training to health staff to address life threatening conditions related to waterborne, foodborne and vector-transmitted diseases.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.5	Purchase and install water supply systems in health facilities to restore access to safe water.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.6	Purchase equipment and supplies for the monitoring and control of water quality in targeted community health units.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.7	Deliver equipment and supplies for the monitoring and control of water quality to targeted community health units.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 1.8	Conduct rapid onsite training of the personnel of prioritized health units in the promotion of good health hygiene practices and sanitary education.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Output 2	12,493 at-risk community members hosted in temporary shelters are provided with emergency care, essential health services, epidemiological screening and information about health risks and protective measures in emergency settings	

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of municipalities equipped with “stabilization modules” to provide essential clinical medical care in shelters and affected communities	4	4	Proof of Donation
Indicator 2.2	Number of shelters or communities where health surveillance is implemented to identify health risks.	4	6	Proof of Donation Photo archives
Indicator 2.3	Number of health care workers trained to provide essential health services in emergency settings.	120	188	Training Reports (with Pretest and Posttest) Participants List Photo archives
Explanation of output and indicators variance:		Four municipal health care districts and two health care areas from both departments were provided with proper equipment to strengthen the epidemiological surveillance and risk analysis. This included the training of epidemiological surveillance staff that responds to health care emergencies, who were trained in data collection, analysis, reporting to support timely decision-making process for emergency response. Training was also provided to health care technicians, community leaders and, municipal officials on first psychosocial assistance and clean water and sanitation facilities, which ended up increasing the number of trained staff.		

Activities	**Description**	**Implemented by**

Activity 2.1	Support for the data management and analysis of the epidemiological surveillance in the 2 Health Directorates (Alta Verapaz and Izabal).	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.2	Procure essential medical supplies and equipment for community emergency and basic health care (clinical stabilization modules), including diagnosis and treatment supplies (Annex B).	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.3	Distribute essential medical supplies and equipment for community emergency and basic health care (clinical stabilization modules), including diagnosis and treatment supplies (Annex B).	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.4	Provide rapid training to local health staff and health brigades to provide first aid and medical consultations in emergency settings.	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.5	Procure essential epidemiological surveillance equipment and supplies to 4 health areas	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.6	Distribute essential epidemiological surveillance equipment and supplies to 4 health areas	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance
Activity 2.7	Facilitate the rapid training and mobilization to affected areas of community health agents to provide mental health and psychosocial support (MHPSS) in emergency settings and gender-based violence assistance	PAHO/WHO in coordination with the Guatemalan Ministry of Health and Social Assistance

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[9]:

The Damage and Needs Assessment (DaNA) for health, carried out in November 2020 after the passage of the storms, included the participation of community leaders who provided information regarding the communities' situation, the affected populations and the health care services. This information was verified during the visits to the services, and from the interviews with the technicians and health care workers who were affected by the storms. The selection of services to rehabilitate was done in coordination with the district technical teams and the health care areas of Alta Verapaz and Izabal, which were officers from the Risk Management Unit from the Ministry of Health. Furthermore, at the beginning of the implementation stage and during the first visits to the services, there was the joined participation of the Unit of Strategic Planification from the Ministry of Health which was present in the health care areas and districts. In addition, prior to the beginning of the rehabilitation of services stage, community assemblies were held with the participation of municipal leaders, during which the activities to be performed and their chronograms were presented. As a result of the above assemblies, community leaders and general

[8] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[9] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

population participated as volunteers during the installation of the temporary emergency care modules in Campur, Alta Verapaz and Tenedores, Izabal. In both modules, the municipalities provided the supplies and essential materials for the installation of drainages which were applied by volunteers. As part of the social auditing actions, municipal leaders and community members participated in the works reception procedures where the accomplishment of implementation chronogram, the quality of repairments and materials were verified. Training sessions were planned and coordinated with local healthcare authorities and community leaders, who also participated in the trainings. It is important to acknowledge the active participation of community leaders and community members in the implementation of minor repairs, and who provided their time, food and lodging to the volunteers from the Fundación un Techo para mi Pais.

b. AAP Feedback and Complaint Mechanisms:

Mechanisms to ensure endorsement of the project beneficiaries and receive feedback from local population on the implemented activities and assistance provided were carried out throughout the project. Beyond the constant engagement and participation of community members in the project implementation, formal processes to collect feedback was were implemented. For instance, training sessions, which were planned in conjunction with community experts for drinking water supply systems and sewerage services, mental health issues, and health surveillance, included pre and posttests in which participants were asked about the quality of the training as well as suggestions, and comments to improve the assistance provided. As part of the supervision of the rehabilitation work, community leaders, technicians and officers from the Ministry of Health were consulted and their concerns, comments and requests were properly addressed and incorporated in the repairs when appropriate. The joint strategic planification and implementation of the project activities facilitated the rapid identification and prompt resolution of any concerns of local community members.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Guatemalan Prosecutor's Office for Women's Affairs provides the Statistics Portal of the Women's Observatory, a digital platform created to fight violence against women and children. In Alta Verapaz this service is available at the healthcare services for all girls, boys, adolescents, and women who had been victims of sexual harassment and other types of sexual violence; it is also available to individuals who are sheltered under emergency and disaster situations. Psychologists (8) from the health area in Alta Verapaz provide follow up to victims of sexual violence or gender-based violence; in addition, there is a national protocol for the attention of victims of sexual violence that ensures the provision of comprehensive care (emergency care, medical follow up, mental health, and legal assistance). During the state of emergency from hurricanes ETA/IOTA the interventions through the psychologists from the health area were implemented. The experience gathered in these cases allowed to integrate these topics into CERF interventions.
Throughout the eight workshops on emergency psychosocial assistance and mental health carried out through this project, the importance of properly identifying sexual violence in all its manifestations including violence based-on gender, was addressed. Six of these workshops counted with the participation of health care providers from the health care areas and the services affected by the storms ETA/IOTA. All participants were provided with technical tools to address the topics being considered. Municipal officers as well as female and male community leaders were also trained by providing a proper introduction to mental health issues, coping mechanisms against adverse situations such as sexual violence, and psychological first aid.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The Project contributed to a certain extend to the reduction of gaps in gender inequality by increasing access to health services to the local population affected by the storms, with a very strong focus on ensuring continuity of sexual and reproductive health services and maternal and child health. Through the project, 49.9% of affected population maintained or gained access to critical health services, comprised mainly by women faced with multiple factors of vulnerability, especially in Alta Verapaz where the beneficiary population was primarily comprised of Mayan women, with low socio-economic level, often living below the poverty line, illiterate, and monolingual. The project also targeted the sensitization and training of local community members and health professionals in the proper identification of sexual violence and gender-based violence against vulnerable populations made up of women, girls, and boys, as well as adolescents. This aspect was highlighted and emphasized during all training of service providers. The project also sought the active participation and representation of women in the project activity and capacity building session to empower women in their community. For instance, of the 188 trained individuals on safe water and waste management, first psychological aid and health surveillance,, 48.9% were women.

e. People with disabilities (PwD):

The Project allowed, within the performed rehabilitation works, the implementation of practical solutions to increase the level of inclusion and accessibility of local health services for individuals with physical disabilities. This was reached by providing access ramps to improve the physical surrounding so individuals with physical disabilities could be provided with autonomy, security, and comfort during their access to the culturally adapted and intervened health care services.

f. Protection:

The performed interventions, including a strengthened human resource that responds in times of emergency and disasters, provides mental health interventions and clean water and sewerage services, and performs information analysis and decision-making, contributed to improve the access to high-quality health care services, especially for those individuals who were in vulnerable circumstances and deserve the right to receive proper health care attention, decent services, and required high-quality inputs provided by competent staff.

g. Education:

While the project did not target education per se, it incorporated capacity building and training activities to empower and develop skillsets of local community members to support the response to this emergency and improve their capacity to face future adverse events. Within the implementation framework of this Project, 188 individuals were trained. From the total of participants, 48.9% were women, 42% from the total were indigenous and 84.6% were under 50. Regarding clean water and sewerage services, rural health care technicians as well as environmental sanitation inspectors and community leaders were trained, from the total of participants (76) 67.1% were male. For the mental health issues, rural health care technicians, psychologists, physicians, professional nurses, and community leaders were trained; from the total (88) 61.4% were women. Finally, for the epidemiological surveillance issues, epidemiologists, physicians, nurses, social workers, psychologists, rural health care technicians, and vectors technicians were trained, from the total (24) 54.2% were women.

From the abovementioned and considering the COVID-19 pandemic, the mobilization limitations, and the labor overload of the health care staff, to provide proper training innovative modalities were implemented considering all biosecurity measures and physical distancing. Online training as well as face-to-face classes with a maximum of 10 participants were performed.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Successful story MAET CAMPUR	https://www.paho.org/es/noticias/21-5-2021-ops-entrega-modulo-atencion-emergencia-temporal-zonas-afectadas-por-tormentas https://www.facebook.com/opsomsguate/posts/3968924386524759

Health care service interventions Izabal	https://www.facebook.com/opsomsguate/posts/3857311597686039 https://twitter.com/OPSGuate/status/1402780503812497408?s=20 https://twitter.com/OPSGuate/status/1402717183575273473?s=20 https://twitter.com/ONUGuatemala/status/1402660252189970432?s=20
Computer graphics Interventions CERF Alta Verapaz	https://paho.hostedftp.com/JZSOLSkb2wrUV4AAsGhf9Tysn
Computer graphics Interventions CERF Izabal	https://paho.hostedftp.com/Jo0uxJb8AdJMmm29tLcRm4YQ8

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Not applicable.