

## ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN GUATEMALA 2011 DUE TO SEISMIC ACTIVITY AND TD E-12

<b>COUNTRY</b>	<b>GUATEMALA</b>
<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>René Mauricio Valdés</b>

### I. SUMMARY OF FUNDING IN 2011 – US\$

<b>Funding</b>	1. Total amount required for the humanitarian response		3,801,628
	2. Breakdown of total response funding received by source	2.1 CERF <sup>1</sup>	TOTAL APPROVED 2,201,628 TOTAL RECEIVED (as of 31/12/2011) 1,729,723
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )	N/A
		2.3 OTHER (Bilateral/Multilateral) <sup>2</sup>	1,620,000
		2.4 TOTAL	3,801,628
		3. Breakdown of funds received by window	Underfunded
		1. <i>First Round</i>	N/A
		2. <i>Second Round</i>	N/A
		Rapid Response	2,201,628
	4. Please provide the breakdown of CERF funds by type of partner <sup>3</sup>	4.1 Direct UN agencies/IOM implementation	1,294,473
		4.2 Funds forwarded to NGOs for implementation	647,065.88
		4.3 Funds forwarded to government partners	260,089.17
		4.4 TOTAL	2,201,628

<sup>1</sup> Please note certain agencies have not received 100 per cent of CERF funding from their HQs as of December 31 2011. Please refer to break downs in agency-specific tables below.

<sup>2</sup> Please note this amount refers to CERF participating agencies. Additional emergency response funds were mobilised by other UN agencies (described below) but are not included in this figure.

<sup>3</sup> Quantities refer to total CERF approved amounts.

## II. SUMMARY OF BENEFICIARIES PER EMERGENCY

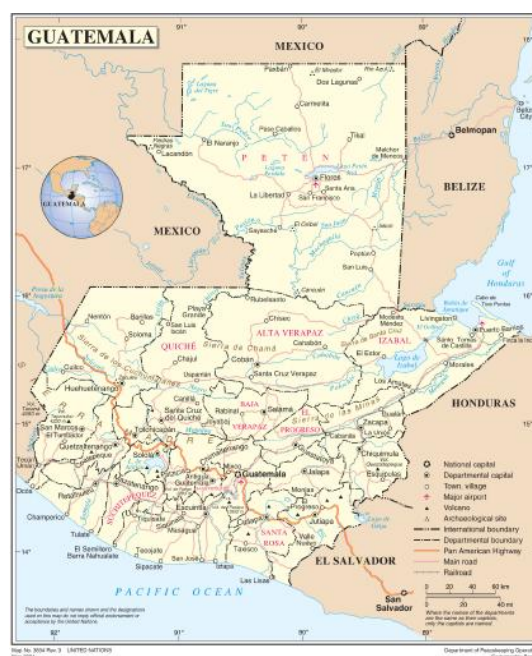
Total number of individuals affected by the crisis	Individuals	550,762 (as of October 22 2011)
Total number of individuals reached with CERF funding	Female	78,080
	Male	57,041
	Total individuals (Female and male)	135,121
	Of total, children <u>under</u> 5	42,266

## III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

A CERF proposal was submitted to respond to the most affected areas facing gaps were not being covered by other funding sources(7 of 22 departments): Southern Coast (Escuintla, Jutiapa, Retalhuleu, San Marcos, Santa Rosa), Quetzaltenango (coastal area) and Petén. Within each sector, further specific targeting was conducted based on identified needs within these areas.

The proposal was developed following consideration of the results of UN assessments undertaken days after Tropical Depression E-12 (TD E-12) hit the country. Assessment results were discussed with the Humanitarian Country Team (HCT), NGOs and other institutions in the Occidental area of the country, which deployed regular resources to respond to the emergency.

The specific break down of geographical areas of implementation per cluster is as follows (please refer to map below):



CLUSTER	DEPARTMENTS (AND MUNICIPALITIES, IF PROVIDED) OF IMPLEMENTATION
Food	<ul style="list-style-type: none"> <li>■ Escuintla,</li> <li>■ Jutiapa,</li> <li>■ Petén,</li> <li>■ Quetzaltenango</li> <li>■ Retalhuleu,</li> <li>■ San Marcos,</li> <li>■ Santa Rosa.</li> </ul> (23 communities in 36 Municipalities of the 7 departments)
Health	<ul style="list-style-type: none"> <li>■ Escuintla,</li> <li>■ Jutiapa,</li> <li>■ Retalhuleu,</li> <li>■ San Marcos,</li> <li>■ Santa Rosa.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>- Escuintla (5 municipalities),</li> <li>■ Jutiapa (3 municipalities)</li> <li>■ Petén (2 municipalities),</li> <li>■ Santa Rosa (6 municipalities),</li> </ul>

<b>Shelters</b>	<ul style="list-style-type: none"> <li>▪ Escuintla (La Gomera, Puerto San Jose, Nueva Concepcion),</li> <li>▪ Jutiapa (Moyuta, Pasaco, Asuncion Mita, Jerez),</li> <li>▪ Quetzaltenango,</li> <li>▪ Retalhuleu (Champerico),</li> <li>▪ San Marcos,</li> <li>▪ Santa Rosa (Cuilapa, Chiquimulilla, Taxisco),</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>▪ - Escuintla (Puerto San José, Iztapa, Nueva Concepción, Masagua and La Democracia),</li> <li>▪ Jutiapa (Moyuta, Pasaco y Conguaco),</li> <li>▪ Petén ( Sayaxché y La Libertad),</li> <li>▪ Santa Rosa (Cuilapa, Chiquimulilla, Guazacapán, Taxisco, Santa María Ixhuatán and Oratorio).</li> </ul>

#### IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?  
 YES  NO

Since the beginning of TD 12-E's emergency, the UN held numerous meetings with the HCT, both at the general and cluster-specific levels (Food, WASH, Protection, Health and Shelters) in order to share information, prioritise regions and populations to assist and coordinate joint responses (including CERF-funded activities).

Furthermore, a UN interagency assessment team (WFP, UNICEF, PAHO/WHO, OIM, UNESCO and UNDP) was deployed in Santa Rosa and Jutiapa on 18-19 October. The results of the assessment reinforced the decision-making processes and the CERF request at cluster coordinators and UNCT (RC/HC included) levels.

Once a draft CERF report was elaborated (in clusters, with the participation of UN agencies and NGOs and Government), it was discussed and improved by the participating agencies with the support of an OCHA regional Advisor deployed to Guatemala. Regarding the general overview included in the CERF request, it was elaborated (and submitted for review) by the Office of the Resident Coordinator to solicit inputs by participating agencies and clusters. Upon approval of the CERF, the HCT and CONRED were informed.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

After gaps were identified in life-saving operations and priority clusters, for which CERF funds were requested, all CERF projects were elaborated with in-country stakeholders at specific cluster meetings (all having Government presence) which were held to draft the proposal.

For example, the Health cluster developed its CERF request with the following counterparts (covering different levels: national, departmental and local): integrated system for health care and technical and regulatory mental health, medications and immunizations food and nutrition security programmes.

Furthermore, after CERF's approval, implementation details (departments of implementation, population and timeframe) were disseminated by RedHum and provided to the media, main donors, and specific counterparts (i.e. for the Nutrition Cluster. UNICEF shared the report with the Ministry of Health). CERF report was shared for review with the recipient agencies, cluster coordinators (which discussed it with their counterparts), the UNCT and the Resident Coordinator.

## V. ANALYSIS

### 1. The humanitarian context

In October, after several days of intermittent rain due to hurricane “Jova”, a low-pressure system in northeast of Guatemala developed into Tropical Depression 12-E (TD 12-E). TD 12-E entered Guatemala on 12 October, producing up to 15 inches of rain in some areas and creating an emergency situation in the entire country. On the same day, the National Coordinator for Disaster Reduction (CONRED) issued an Institutional Red Alert throughout the whole country, with specific attention to the Pacific coast region, the most affected region. UN agencies immediately began to provide aid with regular funds<sup>4</sup>, coordinated with humanitarian actors, and agreed to carry out a two-day interagency assessment mission. A National Public State of Calamity decree (No. 10-2011) was officially published on October 18, which stated that 19 (of 22) departments had been affected.

As of October 22, while Red, Orange and Yellow alerts remained in affect in 5, 13 and 4 departments respectively, the estimated figures were:

Dead	Injured	Missing	Affected	Sheltered	Official shelters
39	18	4	550,762	21,718	172

Houses damaged	Highways damaged	Highways destroyed	Bridges damaged	Bridges destroyed	Schools damaged	Schools destroyed
27,934	191	10	61	32	29	0

However, while initial assessments identified the above estimated number of persons affected, there were still areas in which field assessments had not yet been completed due to difficult access, which subsequently lead to an increase in the numbers of severely affected people.

Furthermore, accumulation of emergencies were aggravating the general situation: On 19 September, four earthquakes, the largest one being 5.8 magnitude, shook Santa Rosa, 61 kms from Guatemala City (please note: Same Santa Rosa as department hit by TD E-12). Preliminary reports indicated 2,574 people affected, 2,180 displaced and 1,930 sheltered. A State of Public Calamity in the department was declared. Assistance was provided by CONRED, the reported total of aid given was around 19 tons. Gaps were detected and covered by UN agencies, WFP, UNICEF, UNFPA and UNDP/RCO in coordination with the HCT to prevent duplication of efforts.

Furthermore, Guatemala had been going through diverse emergencies over the last 5 years: TD 16 (2008), Food insecurity and acute malnutrition (2009/10) and Agatha Tropical Storm and Volcano Pacaya’s eruption (2010), all of which have had a non-reversible impact on food security situation among other sectors. The affected population for these emergencies was 44,000, 680,000 and 400,000 respectively. In addition, Guatemala has the highest stunting prevalence in children under-five in Latin America, and fourth worldwide (49.8 per cent). Stunting rates are most severe in rural areas (over 80 per cent in certain areas), among indigenous communities (65.9 per cent) and infants whose mothers have not received formal education (69.3 per cent). Moreover, between December 2010 and February 2011, basic food prices increased. For maize and beans, the increase in this period was 30 per cent and 5 per cent respectively. Recent increases in the minimum daily wage does not cover the cost of the basic food basket.

However, rather than issuing an international appeal, the government initiated bilateral resource mobilization strategies to cover gaps. The response had being affected by the weak financial situation of the Government and of CONRED in particular (CONRED announced stocks were almost at 0 during Santa Rosa’s emergency and

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<sup>4</sup> As of 22 October, UN agencies had mobilised internal funds for provision of relief aid worth \$2,623,000 (divided approximately as FAO: \$1.5 Million, WFP: \$660,000, UNICEF: \$350,000, UNFPA and UNDP: \$50,000 each, and PAHO/WHO: \$13,000

admitted not having paid its personnel for the previous months). Similar restrictions were applicable to other ministries such as the Ministry of Health and Agriculture (MAGA). Furthermore, access to emergency funds was difficult as the Congress made funding corrections when ratifying the decree. These actions were due to the political context: The first round of elections had taken place on 11 September. Presidential Elections were due on 6 November. Regarding this, reports indicated some places where mayors who had not been re-elected were not attending the emergency.

The results provided by the UN rapid assessment teams which identified gaps in the response (please refer to [Annex 4](#)) led to the request for CERF funds after discussion with the HCT and within the UNCT. The development of a flash appeal was however not considered as existing gaps were estimated to be covered in consideration of the response being provided by donors. Donor included Spain (\$289,000 for departments of Suchitepequez, Quetzaltenango and San Marcos), USAID (\$50,000), Taiwan (\$25,000), Inter-American Development Bank (\$200,000 for Santa Rosa), Central American Bank for Economic Integration (\$200,000 for Santa Rosa, to be channelled through the Red Cross); and World Bank credit line at the disposal of the Government of Guatemala; as of October 22. This was in addition to NGO and UN internal/emergency and CERF funds.

Based on the analysis of the results achieved with CERF funded activities, the prioritised clusters/projects and areas of implementation were the most appropriate. The CERF elaboration process included a wide diversity of meetings with different humanitarian actors and Government institutions in order to share information to cover all gaps and avoid duplication.

## **2. Provide brief overview of CERF's role in the country**

One day after the onset of seismic activity, the UN developed situation reports and sought to detect and cover gaps beyond CONRED's capacities, in coordination with the HCT, to prevent duplication of efforts. This mechanism continued after TD E-12 hit Guatemala and was strengthened with the deployment of a UN assessment team and a high-level meeting between CONRED's Secretary, an OCHA Regional Advisor deployed in the country, the Resident Coordinator, WFP and UNICEF Country Directors and RedHum.

On 20 October, an urgent meeting was held between the UNETE's technicians and agency Country Directors in which the assessment teams results were presented and discussed. In consideration of the political context, official information and data, clusters to be urgently attended were identified and a CERF request was agreed and initiated after consultation with and approval of the RC/HC.

Projects development was conducted by cluster leads in consultation with their counterparts and NGOs guided by OCHA's Regional Office for Latin America and the Caribbean Advisor deployed in the country, who additionally undertook an emergency evaluation mission to the area of Peten.

All projects were elaborated in consideration of the social circumstances of Guatemala (high rates of rural poverty, gender discrimination, etc.). Moreover, certain approved CERF projects are specifically target and consider gender aspects and children under age 5, as these persons are considered among the most vulnerable people.

## **3. What was accomplished with CERF funding**

In consideration of the actions carried out by the diverse humanitarian actors, including the actions supported with CERF funding, as of 31 December 2011, the humanitarian situation is stable. However, there is still a large number of vulnerable families due to the consequences of the specific effects of TD E-12, the accumulation of emergencies and the high vulnerability of Guatemala which are still being supported by a diverse range of emergency projects (CERF included). The restoration of living conditions is fully expected by the time the CERF implementation period is over, as these funds are contributing to a timely and comprehensive response.

Accomplishments made in each cluster are described below:



## **FOOD CLUSTER**

**Leading agency: WFP**

**Participating agency: WFP**

### **Accomplishments:**

- Food cluster estimated approximately 135,000 people to be in need of food assistance due to the consequences of TD E-12.
- WFP has effectively completed the first phase of the response and is currently planning the implementation of the second, by which destroyed assets will be rehabilitated through a food-for-work programme targeting affected communities.
- CERF contributed to meeting the following objectives:
  - Save lives addressing immediate food needs of the most vulnerable people affected by the current crisis;
  - Stabilised acute malnutrition in children under age 5 in emergency-affected populations (in coordination with the Nutrition cluster).
- Emergency food assistance was provided in most affected areas, including departments of Escuintla, Santa Rosa, Retahuleu, Jutiapa, Petén, San Marcos, Quetzaltenango.
- Family food rations covered 100 per cent of a family's monthly kilo-caloric needs of maize, beans, vegetable oil and CSB between the 15 November and the 14 December 2011, noting that food needs of the affected population hosted in shelters prior to this date were covered with WFP's own emergency funds and available contingency stocks.
- CERF contribution was used to purchase a total of 1,132.98 MT of maize, vegetable oil and CSB (complemented by beans received from a Brazilian donation) so as to cover the food needs of 13,314 families (i.e. 66,570 individuals, representing around 50 percent of the estimated population in need, according to food cluster assessments). 918.149 MT (81 percent) were distributed during the first round of the emergency response, between 15 November to 14 December 2011. The remaining 214.83 MT will be distributed during the first quarter of 2012 to families still suffering from the effects of TD E-12.
- Priority was given to people temporarily hosted in official CONRED shelters as well as in improvised community shelters and to families in remote communities with no access to food, particularly children with acute malnutrition and pregnant and lactating women.
- Food rations were distributed in all targeted communities through community councils and in coordination with local authorities. In order to ensure that women, men, girls and boys were attended according to their respective needs and priorities, 50 per cent participation of women in the community councils was made compulsory.

### **Limiting Factors:**

- Prior to receipt of CERF funds, WFP borrowed maize, beans, CSB and vegetable oil from other projects in order to meet the immediate needs of the affected population.
- CSB was not available in sufficient quantities. Therefore, WFP complemented the food basket with a supplementary ration of beans (received through a Brazilian in kind donation) in order to meet 100 per cent kcal requirements.

## **HEALTH CLUSTER**

**Leading agency: PAHO/WHO**

**Participating agencies: PAHO/WHO and UNFPA**

### **Accomplishments:**

- The implementation of CERF-funded activities is being accomplished in coordination with the Integrated System for Health Care and Area Health Directions, decentralised agencies of the Ministry of Health (MoH) permitting to ensure an efficient and timely reference process for cases, which needed hospitalization, emergency interventions or both.
- As of 31 December 2011, CERF funding has the following specific results in all originally planned 5 departments:
  - Mobilisation of health brigades to shelters and affected communities and provision of 3,191 care interventions in above described departments (5),
  - 790 care interventions in mental health and psychological support to affected families,

- Medical surveillance strengthened in affected areas, especially regarding early warning system and prevention of health outbreaks,
- 3,915 persons trained in prevention of water, food and vector borne diseases,
- 360 radio spots distributed in 38 local radios of affected departments.
- Timely identification and adequate management of pregnant women at risk and referral by delivery of contraceptives and rape kits to the MoH later distributed in shelters, communities and health services.

**Limiting factors:**

Not provided.

**NUTRITION**

**Leading agency: UNICEF**

**Participating agency: UNICEF**

**Accomplishments:**

- CERF funds permitted the timely identification of new cases of acute malnutrition to prevent and manage cases. Specifically, 104 children under age 5 were prevented from dying from malnutrition, due to therapeutic treatment and micronutrient supplementation.
- Furthermore, families also received individual counselling and education on food and nutrition to prevent acute malnutrition.

**Limiting factors:**

- Large distances between communities especially in Petén.
- Children not previously supplemented with Multiple Micronutrient Powder were identified, and counselling was given on supplementation. However, a request for continuing with supplementation is being considered.

**SHELTERS**

**Leading agency: IOM**

**Participating agencies: IOM, UNICEF and UNFPA**

**Accomplishments:**

- Provision of NFIs (kitchen, hygiene and comfort kits) for 1,500 families in shelters and communities,
- 2 shelters still in use being repaired to meet minimum living standards,
- Psychological support provided (in shelters and at community level) to children and teenagers through the use of UNICEF's Return to Joy model of intervention for children in crisis situations or disasters. Eight support brigades including the participation of psychologists (graduated and students) of the University of San Carlos. MoH's Department of Mental Health enabled a mental health needs assessment in emergency situations.
- Workshops on disaster risk reduction and WASH in shelters and communities were provided. Developing community reliance for the management and relocation of affected families was also carried out.
  - IOM: Part of the activities NGOs (with which IOM is implementing CERF funds) carried out during the delivery of NFIs include the sensitisation of beneficiaries on how to apply hygiene measures and use inputs received. ESFRA developed workshops in Sata Rosa for approximately 200 families on WASH issues through child-targeted theatre performances (where parents also participated) in the schools located in affected communities. CRS developed talks to different community development councils (COCODES) (Escuintla, Santa Rosa and Retalhuleu) where brochures and posters were distributed, in addition to meetings with the Local Coordinator for Risk Reduction (COLRED) were in order to sensitise the population on risk reduction and rapid evacuation of households in emergencies. UNFPA: A total of 102 workshops on violence prevention, masculinities, sexual and reproductive health, human rights and gender were carried out with the participation of 562 women and 91 men (local authorities included). Furthermore, 333 children participated in prevention and emergency response activities in affected communities.
- Psychological support in six municipalities (UNFPA) completed throughout the organisation of 21 groups comprised of men, women and children (focal group not originally considered).
- 102 workshops developed for prevention of violence in emergency situations, including provision of information regarding human rights, natural risk reduction, women's rights and reproductive health.

- Workshops were developed following 4 modules: 1) How a disaster is made, 2) Violence against women, a disaster men can prevent, 3) Safe official and unofficial shelters and 4) Psychological support for sexually harassed women in disasters. Furthermore, other material developed by ECAP was provided in addition to the provision of a kit which includes a guide for women who have been sexually-harassed. Regarding this, CERF supported the reproduction of 1,000 kits, of which 500 have been already delivered.
- Provision of 700 dignity kits, (1,300 still to be delivered) to organised communities.

**Limiting factors:**

- Lack of involvement of authorities, situation which led to the involvement of the Catholic church, civil society, community authorities and women leaders.
- Political context (between elections)
- Lack of information from official sources, leading to the use of information being provided by local NGOs (counterparts)
- The temporary nature of shelters – in spite of high demand of official shelters after TD 12-E hit the country, most of them closed down after a few weeks - (leading to IOM’s reprogramming of activities request, approved on 3 March 2012. Please refer to Annex 5)

**WASH**

**Leading agency: UNICEF**

**Participating agencies: UNICEF and PAHO/WHO**

**Accomplishments:**

- CERF implementation has benefited rural, poor and indigenous populations. Of these, 28 per cent have not developed diarrheic episodes, 21 per cent have not interrupted work days and 86,088 hours water transport by vulnerable family members have been averted.
- 17,800 strips of reactivities have been provided to the Health areas of 16 municipalities of Jutiapa, Santa Rosa, Escuintla and Petén to strengthen water quality monitoring (detection of chlorine and faecal coliforms in water distribution systems).
- Health areas in Jutiapa, Santa Rosa, Escuintla and Petén (Sayaxche y La Libertad) have been strengthened following the provision of six NaClO systems for water improvement.

**Limiting factors:**

- Lack of personnel for adequate water surveillance and monitoring in emergency situations, especially regarding water quality (situation which originated the development of motivation workshops),
- Economic limitations of beneficiaries to provide for the transportation of CERF funded materials to rural areas.

**4. An analysis of the added value of CERF to the humanitarian response**

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

Due to funding shortfalls, the Government was unable to provide a sufficiently comprehensive response immediately after the onset of the crisis. However, initial mobilisation of internal funds by certain agencies and further availability of CERF funding allowed participating agencies to rapidly cover detected gaps. Furthermore, agencies such as WFP inform that the arrival of CERF funds permitted the Government, WFP and other actors of the food cluster sufficient time to mobilise additional funds in order to meet the food requirements of the affected population during the early recovery phase.

Some agencies informed of an initial delay of activities. Specifically, regarding the shelter cluster, needs varied between the initial CERF submission and arrival of CERF funds due to the closure of most shelters after improvement of weather conditions. This led to a request to re-programme activities by IOM which took over two weeks to be approved (please refer to Annex 5). Nevertheless, UNFPA and UNICEF conducted activities as



expected, as activities were planned for development in both shelters and at the community level after the resettlement of families.

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

YES  NO

Regarding the food cluster, CERF funds allowed for a general food distribution round between 15 November and 14 December 2011, within one after the onset of the emergency. Arrival of funds was time-critical in order to bridge the time gap and to meet food security and nutritional needs of the affected population until receiving further contributions for food distributions in the following months. Thus, the CERF contribution was essential to maintain nutritional indicators at manageable levels.

Participating agencies in the WASH cluster informed of delays in beginning activities. However, this was overcome and WASH needs were met.

Participating agencies in the Shelter cluster informed CERF funds partially helped respond to time-critical needs due to rapid decrease of families requiring shelter. However, needs were met at shelters and for resettled families.

**c) Did CERF funds result in other funds being mobilized?**

YES  NO  (partially)

- Food Cluster: CERF funds were followed by contributions from Norway, Ireland, Germany and Georgia, all of which contributed to alleviate the effects of the emergency.
- Health Cluster: Besides prior use of PAHO/WHO's PED funds, further contributions (Spain – AECID) were mobilised.
- Nutrition: CERF funds did not result in other funds being mobilized as the emergency took place in October (end of the year) not being feasible to find more funding.
- Shelters Cluster: Besides use of internal emergency funds (UNFPA and UNICEF) prior to the submission of a CERF request, no further funds were mobilised. However, NGOs such as Plan International, Catholic Relief Services (CRS), World Vision, Child Fund and the Guatemalan League for Mental Health provided human resources regarding the Return to Joy process. IOM applied to ECHO funds, but did not succeed.
- WASH Cluster: PAHO/WHO and UNICEF mobilised internal emergency funds (PED and Emergency Preparedness and Response Plan-EPRP respectively) prior to the submission of the CERF request.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

In all cases, CERF contributed to better coordination among the HCT, UN Agency/agencies and participating NGOs and Government institutions at national, departmental and local levels. Joint development of the proposal gave participants the opportunity to geographically coordinate interventions, thus ensuring wide coverage of the areas in need and helping to avoid overlaps in interventions and duplication of efforts.

Furthermore, certain agencies initiated specific relations with CONRED regarding specific issues (i.e. IOM regarding information management in shelters and at the community level through Development Community Councils (COCODES).

## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
There is a need to further improve the efficient coordination among clusters in carrying out needs assessments as well as in the implementation of the response, especially where agencies intervene in the same geographical areas.	Establish a database recording the response plans of each cluster, so as to enhance synergies and complementarities across UN and NGO interventions.	UNETE Guatemala
A joint monitoring system across humanitarian agencies and cluster would further enhance the quality of interventions and contribute to better identify potential gaps and/or duplications during the emergency.	Develop joint monitoring tools and coordinate monitoring and evaluation exercises during and at the end of the humanitarian intervention to further strengthen complementarities in the	UNETE Guatemala
Disaggregating standardise data by age and gender.	Develop a data collection tool which incorporates such age and gender division as CONRED and SOSEP has.	UNETE Guatemala
Having stocks prior to the occurrence of the emergency permitted an expedite intervention while CERF submission was approved.	Have certain first necessity stocks rapidly available.	Each agency
Establish alliances with emergency experienced NGOs.	Develop alliances with NGOs with resources, methodology and presence in diverse departments able to provide a correct technical and psychosocial attention to affected population..	Each agency
Elaboration and authorisation of contracts with NGOs delayed initiation of activities.	Refer to cluster active counterparts and develop a contract format.	Each agency and counterparts.
Psychological support was expedited due to participation of psychology students and community therapists.	Consider involvement of young students and active community members in psychosocial interventions due to their facility to develop empathy with children and teenagers.	Each agency / Shelter-Protection cluster.
Establish mid/long term risk management measurements.	Carry out periodic meetings with a common agenda (even when not having an emergency) with participation of Government institutions.	Shelter cluster
Involvement of the academic sector permitted an intervention in the short/medium and long term.	Involve other universities and introduce risk-reduction and psychological support in emergencies in the academic program.	UNICEF
Provide humanitarian assistance only in shelters, leaving aside an important percentage of affected population who remain in their houses.	Immediate attention of mobile teams as soon as access is re established permits reach of a larger proportion of affected people.	MoH
Improve health installations.	Improvement must be from the municipal to the community level.	MoH
Dependencies of the MoH included in the response distribution of CERF funded inputs in areas not programmed in the CERF project.	Dependency was requested to carry out CERF project as programmed or request PAHO/WHO's Country Director a reprogramming of funds to be approved by OCHA.	MoH PAHO/WHO

Supplies, training materials and educational materials were available.	Training was set up on time, but through photocopies. Preparation and availability (in quality and quantity) of a formal training material to be used by anyone is needed. Furthermore, some supplies were difficult to obtain from non-affected areas rendering it important to have pre-positioned supplies.	MoH/ UNICEF/International Agencies
Health teams were quickly formed and trained.	Trained personnel in nutritional emergency topics (identification, management and prevention of acute malnutrition) expedite the response.	MoH/Health Areas
Acute Malnutrition was efficiently identified.	Acute malnutrition is expected to rise in the upcoming months, making community leaders capable of identifying it after health teams are gone.	MoH/Health Areas
Few fathers were reached by educational meetings and counselling.	Educational activities and/or home visits must be scheduled on weekends to ensure men are reached.	Health Areas

## ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY - DUE TO SEISMIC ACTIVITY AND TD E-12

WFP - FOOD							
CERF PROJECT NUMBER	11-WFP-072	Total Project Budget	\$ 1,970,936	Beneficiaries	Targeted	Reached	Gender Equity  In order to ensure that women, men, girls and boys were attended according to their respective needs and priorities, 50 per cent participation of women in the community councils was made compulsory. Children under 5 and pregnant/lactating women were given priority throughout the project.
PROJECT TITLE	Humanitarian food response to people affected by the tropical depression 12E	Total CERF Funding Received for Project	\$ 980,936	Individuals	60,000	66,570	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 31/12/2011	\$ 980,936	Female	25,000	39,259	
				Male	23,000	27,311	
				Of total, children under 5	12,000	21,641	
				TOTAL	60,000	66,570	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Save lives addressing immediate food needs of the most vulnerable people affected by the current crisis</p> <p>Stabilized acute malnutrition in children under 5 in emergency-affected populations assisted</p>		<p>Supply of critical food rations to population affected by tropical depression 12E</p> <ul style="list-style-type: none"> <li>▪ Food rations provided to 66,570 beneficiaries in affected areas</li> <li>▪ Distributed 100 percent kcal needs for the duration of 30 days, through family food rations composed of maize, beans, vegetable oil and CSB</li> </ul> <p>▪ The supply of critical food rations to populations affected by the TD 12E contributed to stabilizing acute malnutrition levels among children under 5.</p> <p>To Note: The reason why reached beneficiaries exceeded the targeted number is that an in kind beans donation received from Brazil contributed to complementing food rations, thus allowing for a larger number of rations to be distributed.</p>				<p>A baseline questionnaire including socio-economic and food security indicators (below) was administered at the onset of the emergency response on behalf of the food cluster:</p> <ul style="list-style-type: none"> <li>- Impact of TD 12E</li> <li>- Loss of assets</li> <li>- Food consumption score</li> <li>- Food utilization</li> <li>- Income and source of income</li> <li>Etc.</li> </ul> <p>Monitoring of how these indicators have changed since the intervention will be done during the first quarter of 2012.</p>	

**HEALTH – PAHO/WHO**

CERF PROJECT NUMBER	11-WHO-069	Total Project Budget	\$ 287,570	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Implementation of emergency public health measures and re-establishment of health facilities	Total CERF Funding Received for Project	\$ 182,594 In addition to the CERF, a \$ 50,000 contribution was received from the Spanish Cooperation Agency AECID	Individuals	31,653	12,373	Attention was provided to beneficiaries regardless of their life cycle. However, children under age 5, disabled and women of childbearing age were particularly targeted. Home visits and community activities allowed identification of vulnerable children (i.e. incomplete vaccination schedules, lack of micronutrient supplementation and nutritional risk, undetected disabilities) as well as pregnant women. Additionally at least 23 people were treated for sexual violence related issues, domestic violence, depression, suicide attempts and post traumatic stress.
				Female	14,075	6,508	
				Male	13,522	5,865	
				Total individuals (Female and male)	27,597	12,373	
				Of total, children under 5	4,056	1,508	
				TOTAL	31,653	12,373	
				<i>The total number of beneficiaries (31,653) included those to be reached by PAHO/WHO AND UNFPA. Having said this, due to the flooding, not all departments were initially reachable, so actions were concentrated in shelters reaching a certain number of beneficiaries. After improvement of weather and road conditions, the intensification of activities continues to take place in the affected communities (where exposure to risks after the disaster is still present) reaching the project's target population. These actions include communication of risk activities of primary health care, basic sanitation and supply of essential inputs.</i>			
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 15/11/2011	\$ 182,594				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Reduce the health impact of Tropical Depression 12E on the affected population by the implementation of emergency public health measures and the re-establishment of health facilities		3,191 medical care interventions – above the 2,000 planned - (including visits, health promotion, mental health), provided in the affected areas (Jutiapa, Santa Rosa, Escuintla, Retalhuleu and San Marcos) through the intervention of mobile medical brigades which carried out the following activities: <ul style="list-style-type: none"> <li>▪ Provision of medical care (outpatient health care) based on needs and priorities identified by the Health Areas Directorates (DAS) of Jutiapa, Santa Rosa, Retalhuleu and San Marcos, including preventive and promotional activities,</li> <li>▪ Provision of health care attention to children under 5, elderly, handicapped and pregnant women: 40 weight/length MUAC assessments, 404 children referred to micronutrients supplementation, 56 pregnancies detected, 3,915 handicapped.</li> <li>▪ Identification, treatment or referral as appropriate, of febrile, diarrhoeal, respiratory and dermatological syndromes,</li> <li>▪ Medical Care provided for pregnant women, postpartum women and newborns.</li> <li>▪ Development of primary health care activities in coordination with health service and community leaders.</li> <li>▪ Development of information, education and communication for the prevention of diseases with emphasis on vulnerable populations in the areas of immunization schedules, reproductive health, water borne diseases, food and vectors.</li> <li>▪ Assessment of the population's overall health, with emphasis on compliance with vaccination schedules, nutritional status (weight and height) among children under age 5 years and pregnant women. 50 children vaccinated fully complying with their vaccination schedule and 438 families in high risk conditions detected.</li> </ul>				1. Field visits for verification of mobile brigades' services delivery. 2. Meetings with MoH counterparts/Mobile brigades' progress assessment. 3. Medical brigades' reports and fact sheets verification 4. Drug delivery verification (warehouse and distribution routes). 5. Radio station monitoring 6. Diseases (number) verification	



Please refer to Annex 6.1 for results obtained per department (In Spanish)

- Essential medicines for the attention of the tracer pathologies provided at the selected municipalities:

Quantity	Product
10,000	Doxycycline 100mg tablet (blister/10)
50	Clorhexidine gluconate 5 per cent galón solución 0.5
20000	Ibuprofeno 400mg tableta caja x1000
20000	Acetaminophen 120mg/5ml, bottle syrup100ml
10000	Acetaminophen 500mg tablet
20000	Albendazol suspension 200mg/5ml bottle10ml
30000	Amoxicilin suspension 250mg/5ml bottle120ml
30000	Amoxicilin 500mg capsule
5000	Clotrimazol cream1 per cent tube 30 g
10000	Bromhexine 4mg/5ml bottle syrup 120ml
2000	Salbutamol 2mg/5ml syrup
2500	Cotton absorbent100 per cent puro, 1 pund roll
20000	Disposable latex gloves medium size de 50 pairs
20000	Oral rehydration saltsaccording WHO formula.

- Mental health interventions provided to 790 persons in the 5 departments (please refer to Annex 6.2 for further information – In Spanish)
- Early warning system implemented in affected areas through epidemiologic surveillance/trainings and home visits following signs or symptoms related to acute diarrheal diseases, dengue, malaria and preventable diseases. Surveillance carried out by Community development councils' (COCODE).
- Social Communication: Mass media transmission of 360radio spots on Radio Sonora String (33 frequencies throughout the country) and 5 municipal radios(Santa Rosa, Jutiapa, Escuintla and San Marcos) on diarrheal and respiratory diseases preventive measures and water, food and vector borne prevention.

HEALTH - UNFPA																											
CERF PROJECT NUMBER	11-FPA-051	Total Project Budget	\$ 287,570	Beneficiaries		Targeted Reached	Gender Equity  Emphasis is being given to reproductive health in emergency situations, specially for fertile, pregnant and lactating women.																				
PROJECT TITLE	Implementation of emergency public health measures and re-establishment of health facilities	Total CERF Funding Received for Project	\$ 42,976	Individuals	31,653	1,786																					
				Female	14,075	983																					
				Male	13,522	803																					
				Total individuals (Female and male)	27,597	1,786																					
				Of total, children under 5	4,056	598																					
				TOTAL	31,653	1,786																					
STATUS OF CERF GRANT	Ongoing Approximately 60 per cent	Amount disbursed from CERF as of 15/11/2011	\$ 42,976	To Note: <i>The total number of beneficiaries (31,653) included those to be reached by PAHO/WHO AND UNFPA. Having said this, through out the development of home visits and provision of information on different issues, UNFPA reached an estimated 1,786 persons. In addition to this, the purchase and distribution of community childbirth and sexual violence attention kits (UNFPA) reached an additional 10,000 people.</i>																							
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																					
<p>Timely identification of obstetric emergencies, adequately manage and refer pregnant women to prevent maternal and neonatal death.</p> <p>Access to promotion and provision of family planning services to women of reproductive age</p> <p>Access to promotion and provision of STD prevention and control services.</p> <p>Prevention and management of cases of sexual violence against women, and child abuse.</p>		<ul style="list-style-type: none"> <li>▪ Purchase and distribution to the MoH of community childbirth and sexual violence attention kits which reached approximately 10,000 people</li> <li>▪ Purchase and distribution of mother attention medicines as <table border="1" data-bbox="606 966 1360 1230"> <thead> <tr> <th></th> <th>AMOXICILINE Tab 500mg</th> <th>ACETAMINOFEN Tab 500mg</th> </tr> </thead> <tbody> <tr> <td>RETALHULEU</td> <td>10,000.00</td> <td>5,000.00</td> </tr> <tr> <td>ESCUINTLA</td> <td>17,000.00</td> <td>8,700.00</td> </tr> <tr> <td>SANTA ROSA</td> <td>10,000.00</td> <td>5,000.00</td> </tr> <tr> <td>JUTIAPA</td> <td>10,000.00</td> <td>5,000.00</td> </tr> <tr> <td>SAN MARCOS</td> <td>17,000.00</td> <td>8,700.00</td> </tr> <tr> <td>TOTAL</td> <td>64,000.00</td> <td>32,400.00</td> </tr> </tbody> </table> </li> <li>▪ Hiring of 4 consultants: Clinical Attention in Reproductive Health/Mother Neonatal consultants in shelters and communities affected byTD E-12,</li> <li>▪ Home visits in planned communities and provision of information on: family planning, signs and symptoms of sexually transmitted diseases and water borne diseases disaggregated as:</li> <li>▪ Family Visits: 336. Persons attended: 590 of which Men 99, Women 169, children under 5 167, Teenagers 57, students 98</li> </ul>					AMOXICILINE Tab 500mg	ACETAMINOFEN Tab 500mg	RETALHULEU	10,000.00	5,000.00	ESCUINTLA	17,000.00	8,700.00	SANTA ROSA	10,000.00	5,000.00	JUTIAPA	10,000.00	5,000.00	SAN MARCOS	17,000.00	8,700.00	TOTAL	64,000.00	32,400.00	<p>Medical brigades' reports and fact sheets verification</p> <p>Drug delivery verification</p>
	AMOXICILINE Tab 500mg	ACETAMINOFEN Tab 500mg																									
RETALHULEU	10,000.00	5,000.00																									
ESCUINTLA	17,000.00	8,700.00																									
SANTA ROSA	10,000.00	5,000.00																									
JUTIAPA	10,000.00	5,000.00																									
SAN MARCOS	17,000.00	8,700.00																									
TOTAL	64,000.00	32,400.00																									

	<ul style="list-style-type: none"><li>• Prenatal consultations: 94. Other consultations for morbidity: 693. Nutritional Assessment: Total 245 of which fertile/pregnant women 103, children 142. Counselling on familiar planning 57, Emergency plans 02, Micronutrient supplementation - 160 Women in fertile age, 429 Children. These data 31 December 2011 (reporting deadline). Numbers increased during the last months of the CERF implementation period (Jan-May 2012) and will be reported in the final CERF report to be submitted on March 2013.</li></ul>	
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NUTRITION - UNICEF								
CERF PROJECT NUMBER	11-CEF-063-A	Total Project Budget	\$ 414,335	Beneficiaries		Reached	Gender Equity	
				Individuals	Targeted			14,592
PROJECT TITLE	Management of acute malnutrition and prevention of death due to acute malnutrition.	Total CERF Funding Received for Project	\$ 214,000	Female	9,792	Adults- 7,245		Mothers of children under age 5 and children under age 5 benefited the most from the project. Benefit was equal between the mothers of boys and girls and also between girls and boys. Fathers did not benefit equally because they were working during the day, and are usually only home on Sunday, or at night, when there were no project activities.
				Male		Adults – 238		
				Total individuals (Female and male)	14,592	7,483		
				Of total, children under 5	4,800	8,423		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 31/12/2011	\$ 214,000	TOTAL	14,592	15,906		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>Timely identify and adequately manage severe acute malnutrition in children under 5 and women of childbearing age to prevent death.</p> <p>Prevent appearance of new cases of acute malnutrition; recover children with acute malnutrition at the local level, through educational activities and counselling.</p>		<ul style="list-style-type: none"> <li>Identification of children under 5 and women with acute malnutrition through local screening with Mid-Upper-Arm Circumference (MUAC): A total of 201 communities have been visited, and 8,052 children were screened with MUAC, of which 4,048 girls and 4,004 boys. Of these, 104 children were identified as acutely malnourished (1.3 per cent), 5 of them presented Kwashiorkor (oedema). All of them (100 per cent) received adequate treatment with therapeutic foods or local foods and are recuperating from their original condition. Mothers of these children were also screened but acute malnutrition was not identified.</li> <li>Provision of supplies for the treatment of severe acute malnutrition and micronutrient supplementation for children and women to prevent death: All the 104 children (100 per cent) received adequate treatment with therapeutic foods or local foods and are recuperating from their original condition. Micronutrient supplementation with Multiple micronutrient Powders was also given to these children being covered for the next 6 months. Counselling to demand supplementation from health services has also been provided.</li> <li>Provision of nutritional counselling in shelters and /or at community level for breastfeeding promotion and adequate complementary feeding to prevent death and save lives: A total of 15,906 people have been reached by educational meetings and counselling as follows: 7,245 women, 238 men, influencing the lives of 4,189 boys and 4,234 girls.</li> </ul>				<p>Nutrition and health monitoring was conducted in the field. Acute malnutrition cases were reported to the health area daily.</p> <p>Treatment and supplementation was reported in official registration forms of the MoH.</p> <p>A chronogram was presented to the Health Area and Central level of the MoH and supervision from both levels has taken place in the field.</p> <p>Weekly reports were given and a monthly report too, to the health area.</p>		

SHELTER - IOM																											
CERF PROJECT NUMBER	11-IOM-44	Total Project Budget	\$ 565,224	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>10,000</td> <td>8,490</td> </tr> <tr> <td>Female</td> <td>3,5000</td> <td>Adults - 3,855</td> </tr> <tr> <td>Male</td> <td>4,500</td> <td>Adults - 3,863</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>10,000</td> <td>7,718</td> </tr> <tr> <td>Of total, children under 5</td> <td>2,000</td> <td>772</td> </tr> <tr> <td>TOTAL</td> <td>10,000</td> <td>8,490</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	10,000	8,490	Female	3,5000	Adults - 3,855	Male	4,500	Adults - 3,863	Total individuals (Female and male)	10,000	7,718	Of total, children under 5	2,000	772	TOTAL	10,000	8,490	Gender Equity
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PROJECT TITLE	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Depression E-12 in Guatemala	Total CERF Funding Received for Project <sup>5</sup>	\$ 321,723.00			Households run by single mothers were prioritised as beneficiaries.																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 31/12/2011	\$ 321,723																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																					
Assist 2,000 families affected by TD E-12 in 6 departments of Guatemala (Santa Rosa, Escuintla, Retalhuleu, Quetzaltenango, Jutiapa y San Marcos), through emergency shelter reparation, NFIs and related humanitarian assistance to provide the minimal living conditions to people living in shelters.		<ul style="list-style-type: none"> <li>Provision of safety conditions to prevent violence against women, adolescents and children, and provision of NFIs (kitchen, hygiene and comfort kits) to 1,500 families living in collective centres, individual shelters and at community level.</li> <li>Provision of emergency repairs to 2 temporary emergency shelters to meet minimum acceptable accommodation.</li> </ul> <p>Please note IOM requested the reprogramming of activities, approved on 03/03/2012 (please refer to annex 5).</p>				Field trips conducted for 100 per cent of NFI supplies deliveries,  Field trip programmed (interagency commission) for monitoring of use and practice of hygiene habits as taught to beneficiaries.																					

<sup>5</sup> Despite IOM's application to ECHO's emergency funds, CERF funds cover 100 per cent of total project budget as donor finally only funded non-UN projects



SHELTER - UNFPA																											
CERF PROJECT NUMBER	11-FPA-052	Total Project Budget	\$ 138,721	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>10,000</td> <td>987</td> </tr> <tr> <td>Female</td> <td>3,500</td> <td>Adults - 563</td> </tr> <tr> <td>Male</td> <td>4,500</td> <td>Adults - 91</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>10,000</td> <td>654</td> </tr> <tr> <td>Of total, children under 5</td> <td>2,000</td> <td>333</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>10,000</b></td> <td><b>987</b></td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	10,000	987	Female	3,500	Adults - 563	Male	4,500	Adults - 91	Total individuals (Female and male)	10,000	654	Of total, children under 5	2,000	333	<b>TOTAL</b>	<b>10,000</b>	<b>987</b>	Gender Equity
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<b>TOTAL</b>	<b>10,000</b>	<b>987</b>																									
PROJECT TITLE	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Depression E-12 in Guatemala	Total CERF Funding Received for Project	\$ 80,721	<p>To Note: <i>The total number of beneficiaries (10,00) included those to be reached by IOM, UNICEF AND UNFPA. The number hereby reported is the number of people reached through UNFPA's workshops.</i></p>		Special attention was given to women and girls. However, participation of men and community authorities was achieved in planned activities.																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 15/11/2011	\$ 80,721			Approach of the "WASH Masculinities" approach was programmed and developed with the participation of men.																					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
Prevent violence against women, adolescent and children by implementing psychosocial and health assistance in shelters and communities, through technical assistance and community promotion.		Provision of psychosocial support and community management (UNFPA, in coordination with ECAP) to: <ul style="list-style-type: none"> <li>▪ 21 groups of affected people in 6 towns and 12 villages,</li> <li>▪ 102 workshops on violence prevention, masculinities, sexual and reproductive health in emergencies,</li> <li>▪ Strengthening of communities' resilience,</li> <li>▪ Training for 562 women and 91 men, including local authorities,</li> <li>▪ Delivery of 500 training kits (especially for women) and 750 dignity kits (to women) (1,250 still pending),</li> <li>▪ Prevention and emergency response for 333 boys/girls</li> <li>▪ Identification and provision of support to cases of violence against women and girls.</li> </ul>			Target population and community activities periodically updated through development of a technical and financial progress record by ECAP.  Shelter/Protection cluster periodical evaluation meetings hold,  Constant coordination meetings with ECAP.																						

**SHELTER - UNICEF**

<b>CERF PROJECT NUMBER</b>	11-CEF-063-B	<b>Total Project Budget</b>	\$ 132,350	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td><b>Individuals</b></td> <td>10,000</td> <td>5,555</td> </tr> <tr> <td>Female</td> <td>3,500</td> <td>3,030</td> </tr> <tr> <td>Male</td> <td>4,500</td> <td>2,525</td> </tr> <tr> <td><b>Total individuals (Female and male)</b></td> <td>10,000</td> <td>5,555</td> </tr> <tr> <td><b>Of total, children under 5</b></td> <td>2,000</td> <td>4,880</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>10,000</b></td> <td><b>5,555</b></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	<b>Individuals</b>	10,000	5,555	Female	3,500	3,030	Male	4,500	2,525	<b>Total individuals (Female and male)</b>	10,000	5,555	<b>Of total, children under 5</b>	2,000	4,880	<b>TOTAL</b>	<b>10,000</b>	<b>5,555</b>	<b>Gender Equity</b>
Beneficiaries	Targeted	Reached																										
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<b>PROJECT TITLE</b>	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Depression E-12 in Guatemala	<b>Total CERF Funding Received for Project</b>	\$ 80,250				Girls and teenage women were prioritised and empowered in their rights and regarding trafficking, sexual abuse and any other type of physical, sexual or psychological abuse.																					
<b>STATUS OF CERF GRANT</b>	Ongoing	<b>Amount disbursed from CERF as of 1511/2011</b>	\$ 80,250				Gender equity in number/break down of beneficiaries (women: 54.5 per cent, Men 45.5 per cent).																					
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>																						
Children and adolescents, in shelters and community affected receive personal and psychological support, this process includes prevention and response to violence and exploitation of children and adolescents, including trafficking in persons, and identification and protection of children and adolescents un separated, unaccompanied and children who have been orphaned		<ul style="list-style-type: none"> <li>✦ Psychological support provided (in shelter and at community level) to children an teenagers-through the use of UNICEF's Return to Joy and Model of Intervention in Crisis Situations for children in disasters. Goals: Trauma recovery, resilience development and risk management</li> <li>✦ Eight support brigades conformed with the participation of psychologists(graduated and students) of the University of San Carlos Guatemala,</li> <li>✦ MoH's Department of Mental Health involvement tin the process permitted application of MoH's Health Needs Assessment in Emergency Situations by brigades, an instrument to measure the mental health of those affected by emergencies.</li> </ul> <p>To Note: During the intervention, separated or unaccompanied children were identified. However, cases of sexual violence prior to the disaster were detected and reported to authorities.</p>				<p>Psychosocial support and early childhood kits were purchased directly by UNICEF.</p> <p>Distribution (Photographs and distribution lists available) was made by NGO Refugio de la Niñez, according to needs detected by brigades.</p> <p>Regarding the psychosocial interventions, a matrix with indicators was made and filled in by each of the psychologists providing support.</p> <p>A final report of results of the brigades and crisis intervention was developed.</p>																						

WASH - UNICEF																																						
CERF PROJECT NUMBER	11-CEF-063-C	Total Project Budget	\$ 501,392	Beneficiaries		Gender Equity																																
				Targeted	Reached																																	
PROJECT TITLE	Water, sanitation and environmental hygiene in affected communities	Total CERF Funding Received for Project		Individuals	24,000	Gender equity in number/break down of beneficiaries (Women: 51 per cent, Men: 49 per cent).																																
				Female	9,792		Adults - 9,816																															
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 15/11/2011	\$ 197,255	Male	9,408	Adults - 9,527																																
				Total individuals (Female and male)	19,200	19,343																																
				Of total, children under 5	4,800	4,111																																
				TOTAL	24,000	23,454																																
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																																
<p>Save lives through re-establishing safe water, sanitation and hygiene conditions to levels prior to the disaster in the most economic and efficient way</p> <p>Provide monitoring systems for the verification of water quality and apply technical standards for water and sanitation to affected populations (Escuintla, Jutiapa, Santa Rosa and Petén)</p>		<ul style="list-style-type: none"> <li>Support provided to 53 shelters</li> <li>Water systems rehabilitation for six health centres and 17 communities</li> <li>Cleaning and disinfection of 438 wells,</li> <li>Provision of the following inputs to Health Areas of Santa Rosa, Escuintla, Petén and Jutiapa.</li> </ul> <table border="1"> <thead> <tr> <th>QUANTITY</th> <th>PRODUCT</th> </tr> </thead> <tbody> <tr><td>300</td><td>PVC pipe ½ "</td></tr> <tr><td>75</td><td>PVC pipe 4 "</td></tr> <tr><td>375</td><td>PVC pipe ¾ "</td></tr> <tr><td>150</td><td>PVC pipe 1 ¼ "</td></tr> <tr><td>20</td><td>PVC pipe 3 "</td></tr> <tr><td>225</td><td>Fiber glass latrines</td></tr> <tr><td>300 (meters)</td><td>Plastic hose</td></tr> <tr><td>78</td><td>Trash bags</td></tr> <tr><td>500</td><td>Water Dispensers</td></tr> <tr><td>1350</td><td>Zinc plates</td></tr> <tr><td>180</td><td>Mattock</td></tr> <tr><td>180</td><td>Spade</td></tr> <tr><td>35 (bags)</td><td>Hydrated Lime</td></tr> <tr><td>6</td><td>Submersible pumps</td></tr> <tr><td>10</td><td>Electrical pumps</td></tr> </tbody> </table>				QUANTITY	PRODUCT	300	PVC pipe ½ "	75	PVC pipe 4 "	375	PVC pipe ¾ "	150	PVC pipe 1 ¼ "	20	PVC pipe 3 "	225	Fiber glass latrines	300 (meters)	Plastic hose	78	Trash bags	500	Water Dispensers	1350	Zinc plates	180	Mattock	180	Spade	35 (bags)	Hydrated Lime	6	Submersible pumps	10	Electrical pumps	<p>18 field trips conducted by a technical team of the Regulatory Department of Health and Environment Programmes. Breakdown as follows:</p> <ul style="list-style-type: none"> <li>Escuintla, 5</li> <li>Santa Rosa, 7</li> <li>Petén, 1</li> <li>Jutiapa, 5</li> </ul>
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WASH – PAHO/WHO							
CERF PROJECT NUMBER	11-WHO-070	Total Project Budget	\$ 509,718	Beneficiaries <sup>6</sup>		Gender Equity  Gender equity in number/break down of beneficiaries (women: 51 per cent, Men 49 per cent).	
PROJECT TITLE	Water, sanitation and environmental hygiene in affected communities	Total CERF Funding Received for Project	\$ 101,173	Individuals	Targeted		Reached
				Female	24,000		23,454
				Male	9,792		9,816
				Total individuals (Female and male)	9,408		9,527
				Of total, children under 5	19,200		19,343
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF as of 15/112011	\$ 101,173	TOTAL	24,000	23,454	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>Save lives through re-establishing safe water, sanitation and hygiene conditions to levels prior to the disaster in the most economic and efficient way</p> <p>Provide monitoring systems for the verification of water quality and apply technical standards for water and sanitation to affected population (Escuintla, Jutiapa, Santa Rosa and Petén)</p>	<ul style="list-style-type: none"> <li>✦ Water accessibility and hygiene-sanitation conditions improved (75 per cent) to most vulnerable population amongst them children and women.</li> <li>✦ Risk of affection to the spread of gastrointestinal diseases due to water contamination reduced (80 per cent)</li> </ul> <p>Laboratory reagents and equipment provided for water quality testing in affected areas:</p> <ul style="list-style-type: none"> <li>■ Chlorine-free stripes range 0-5mg/lit. bottles with 50strips - 160bottles (40 to each department: Jutiapa, Santa Rosa, Escuintla and Peten.</li> <li>■ Fecal coliform detection packages (2450 to each department: Jutiapa, Santa Rosa, Escuintla and Peten.</li> <li>■ Six Sodium hypochlorine producers AC-50 (50gr/h) and technical support provided to the Departments of Health Assistance (Escuintla, Santa Rosa, Jutiapa y Petén) for water quality improvement (2 for Jutiapa, 1 for Santa Rosa, two for Escuintla and 1 for Peten)</li> <li>■ Reduction (-75 per cent) of risks of diseases that develop in permanent shelters and communities</li> </ul> <ul style="list-style-type: none"> <li>✦ Safe water provision, sanitation services facilities and hygiene means ensured (80 per cent) in affected families in prioritized communities to avoid health impact/damages.</li> <li>✦ Emergency educative material designed, reproduced and distributed: 1,000 calendars, 1,000 posters, 1,000 dominos and 1000 educative boards</li> </ul>				<p>Participation of technical and budget areas in Management Council, held each week.</p> <p>Coordination with Department of Regulatory Programs Health and Environment -MoH staff.</p> <p>Verification field trips</p>		

<sup>6</sup> WASH / UNICEF and PAHO/WHO

**ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS**

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-WFP-072	Food	WFP	CRS Pastoral Social Cuilapa	NGO	155,178.20	30/01/2012	01/12/2011	
11-WFP-072	Food	WFP	CRS	NGO	43,109.51	30/01/2012	30/11/2011	
11-WFP-072	Food	WFP	CETREPSA	NGO	47,767.99	30/01/2012	12/12/2011	
11-WFP-072	Food	WFP	Pastoral Social San Marcos	NGO	21,554.76	30/01/2012	30/11/2011	
11-WFP-072	Food	WFP	CONRED	Government	57,244.51	While government counterparts participated in the emergency response in close coordination with other food security actors, the assistance provided through these institutions was in kind (food items)		
11-WFP-072	Food	WFP	MAGA-SESAN	Government	53,024.20			
11-WFP-072	Food	WFP	SESAN	Government	16,092.24			
11-WFP-072	Food	WFP	MAGA-SESAN	Government	133,728.22			
11-CEF-063-A	Nutrition	UNICEF	FANCAP	NGO	92,016.57	30/11/2011	01/12/2011	
11-IOM-44	Shelter	OIM	ESFRA	NGO	69,229.45	22/12/2011	01/11/2011	
11-IOM-44	Shelter	OIM	SHARE	NGO	40,420.90	06/01/2012	01/11/2011	
11-IOM-44	Shelter	OIM	CRS	NGO	60,300.58	22/12/2011	01/11/2011	
11-IOM-44	Shelter	OIM	COOPI	NGO	90,533.71	14/12/2011	01/11/2011	
	Shelter	UNFPA	ECAP	NGO	20,040.00	15/12/2011	11/ 2011	Ongoing (\$8,000 pending)
	Shelter	UNICEF	Refugio de la Niñez	NGO	6,914.21	06/12/2011	17/10/11	NGO initiated activities prior to arrival of funds.



### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>CERF</b>	Central Emergency Response Fund
<b>CETREPSA</b>	Technology and Reflection Centre for Health
<b>COCODE</b>	Community development councils
<b>CONRED</b>	National Coordinator for Emergency Disaster Reduction
<b>COOPI</b>	Cooperazione Internazionale
<b>CRS</b>	Catholic Relief Service
<b>DRPSA</b>	Regulation Department of Environmental and Health Program
<b>ECAP</b>	Team of Communitarian Studies and Psychosocial Action
<b>ESFRA</b>	Guatemalan Hope and Fraternity Foundation
<b>FANCAP</b>	Alimentation and Nutrition Foundation for Central America and Panama
<b>FAO</b>	United Nations Food and Agricultural Organization
<b>HCT</b>	Humanitarian Country Team (Red Humanitaria)
<b>IOM</b>	International Organization for Migration
<b>MAGA</b>	Ministry of Agriculture, Livestock and Food
<b>MoH</b>	Ministry of Health
<b>NFI</b>	Non Food Items
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>PAHO/WHO</b>	Pan American Health Organization / World Health Organization
<b>PED</b>	Emergency Preparedness and Disaster Relief PAHO/WHO funds
<b>RC/HC</b>	Resident Coordinator/Humanitarian Coordinator
<b>SESAN</b>	Food Security and Nutrition Secretary
<b>SOSEP</b>	Department of Public Works of the First Lady
<b>TD 12E</b>	Tropical Depression 12-E
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme

## ANNEX 4 - CERF No-Cost Extension & Reprogramming of Funds Request Form

CERF No-Cost Extension and/or Reprogramming Request Form			
Agencies requesting a no-cost extension must complete this form a <u>minimum of 10 days</u> prior to the project end date. Agencies must request a reprogramming and receive approval prior to implementing the change.			
<b>Instructions:</b> A request for a No-Cost Extension or Reprogramming of Activities must be submitted and endorsed by the RC/HC to the ERC on behalf of the recipient agency. Requests should be copied to the CERF Secretariat (cerf@un.org).			
<b>No-Cost Extension Request</b>	<input type="checkbox"/>	<b>Reprogramming Request</b>	<input checked="" type="checkbox"/>
<b>Contact Details</b>			
<b>Date of Request:</b>	17/02/12		
<b>Requester's Name/Job Title:</b>	Delbert Field, Chief of Mision IOM Guatemala, Shelters' Cluster Leader Sebastian Berkovich, Project Manager IOM Guatemala.		
<b>Requester's Email:</b>	dfield@iom.int sberkovich@iom.int		
<b>Project Details</b>			
<b>Project Title:</b>	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Depression E-12 in Guatemala	<b>Project Allocation: US\$</b>	IOM USD 321,723.00
<b>CERF Project Code:</b>	11-IOM-044	<b>CERF Expenditures to date: US\$</b>	IOM USD 227,087.21
<b>Date of Allocation:</b>	15 nov 2011		
<b>Extension Request Details</b>			
<b>Original Project Completion Date:</b>			
<b>Requested Completion Date:</b>			
<b>Justification/Explanation for a No-Cost Extension and/or Reprogramming of Activities</b>			
<i>Please explain in detail why the allocation could not be used as approved by the ERC. For NCE, please note why activities could not be completed or funds expended within the implementation period (i.e. access, capacity, other factors). For reprogramming, please note why funds could not be spent as originally intended.</i>			
IOM's approved project established the following expected outcomes: <ul style="list-style-type: none"> <li>• At least 2,000 families living in collective shelters and individual shelters will receive humanitarian assistance and NFIs to improve their living conditions,</li> <li>• At least 10 temporary shelters will receive emergency repairs, to meet minimum acceptable accommodation,</li> <li>• At least 10 temporary shelters will include safety conditions to prevent violence against women,</li> </ul>			

adolescents and children.

Adittionally, in the initial proposal IOM planned CERF actions with 5 NGOs.

Having said this, between the submission of the proposal and the reception and beginning of execution of CERF funds, weather conditions ameliorated leading to the closure of 8 of the 10 official shelters which were planned to receive emergency repairs with CERF funds. This same improvement meant reduction of NGOs to work with, as still affected areas could be covered by four NGOs.

Considering the above, IOM requests the approval for reassignment of funds, reducing the amount designed to repair official shelters in order to increase the quality and quantity of NFIs to be given to affected families.

The following figure gives details of the products included in the original kits and the requested for approval for further distributions (only listing the items to be **additionally** included or those which will suffer a modification in units if reprogramming is approved).

Kitchen kits	
Original items and units	Additional items to be included or which will suffer a modification in units
Melanine Tableware (12 pieces)	Melanine Tableware (24 pieces)
Stainless steel spoons	Matches
Stainless steel forks	Pitcher with plastic cover with 6 glasses
2 liter pitcher with plastic cover	Sponges
Pewter 20-inch pans	Pots (3 pieces)
Kitchen knife 8" wooden handle	Plastic bucket
Wooden cutting board	Stainless steel knives
Wooden pallets	Pewter pans (2 pieces)
Dishwashing soap (250 grs)	
Plastic drainer	
Plastic jar with water 16 liters	
Bucket melanine	
Hygiene kits	
Original items and units	Additional items to be included or which will suffer a modification in units
Liquid soap (460 ml., bottle)	Comb
Alcohol gel (120 ml., bottle)	Nail clipper
Personal towels for bathroom	Bleach
Bath soap	Dropper
Laundry soap	Mop
Shampoo	Broom
Toothbrush	Bottle for water
Paste	Garbage collector
Diapers	Deodorant (1 woman – 1 man)
Sanitary napkins	Desinfectant
Comfort kits	
Original items and units	Additional items to be included or which will suffer a modification in units
Blankets	Matresses (1 more)
Matresses	Sheets (2 more)
Sheets	Mosquito nets
Pillows	Pillows (1 more)

Furthermore, IOM in coordination with their counterparts has identified 400 new families still in individual shelters and in urgent need of these products. Of these 400 families, 200 are in need of kitchen kits and another 200 need comfort kits, as other institutions are providing hygiene materials.

*Please explain what objectives, as stated in project proposal, have been achieved to date and how a no-cost extension or reprogramming will affect activity implementation.*

Regarding the originally planned expected outcomes, and as of today (16 February 2012):

- IOM has benefited 1,500 families (of the 2,000 targeted) affected by Tropical Depression E-12 in Guatemala with the delivery of basic supplies' kits.
- 2 temporary shelters (those which remain open) have received emergency repairs, to meet minimum acceptable accommodation,
- 2 temporary shelters (those which remain open) include safety conditions to prevent violence against women, adolescents and children.

The proposed reprogramming of funds will hardly affect activity implementation as the request is to reduce the amount of funds designed to repair official shelters in order to increase the quality and amount of NFIs to be given to affected families and reach a higher number of beneficiaries as described above, still in individual shelters and life-threatening conditions. As stated above, these new families have been identified by close coordination between IOM and their counterparts.

Please note that the proposed re-programming of funds requires no changes in between budget categories above  $\pm 2$  per cent (please refer to annex 1), as described below. Furthermore, the project will be completed within the original timeframe by 15 May 2012.

*Please explain if/how the activities or targets will change as defined in the original allocations with a no-cost extension or reprogramming.*

Originally planned activities will hardly suffer any changes as the proposed reprogramming is to reduce the amount approved for shelter emergency reparation (due to their closure) in order to increase amount and quality of NFI kits. These changes are within the budget lines all included in *A. supplies/commodities/equipment/transport*, representing an overall category change of +2 per cent change.

Additionally, funds to be given to NGOs are proposed to be reduced 2 per cent as the affected area can be covered with a lower number of them.

Please note UNFPA and UNICEF budgets will not be changed as their projects included activities in shelters as well as the process of families returning to their communities and homes.

## ANNEX 5 - UN's ASSESSMENT TEAMS RESULTS

### Background

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On 19 September, four earthquakes, the largest one being of 5.8 magnitude (Richter scale), shook the south-east area of Guatemala. The epicentre was in the Santa Rosa Department, 61 kms from Guatemala City. Preliminary reports show the earthquakes affected 2,574 persons, displaced 2,180 individuals, obligated 1,930 individuals to stay in shelters, damaged 338 houses, and caused landslides on the main road to El Salvador. Departmental State of Public Calamity was declared.

Emergencies continued in other areas of Guatemala as heavy rains causes landslide in Barillas, Huehuetenango (north-western Guatemala), where Municipal Red Alert was declared. Reports indicated 6 people killed, 5 still missing, 1 injured, 92 people directly affected, over 300 indirectly affected and 15 houses in risk.

As of September 22, assistance provided by CONRED in Santa Rosa was reported around 19 tons among which: 3,120 600ml water bottles, 8,288 cold rations, 1,500 personal hygiene kits, 504 blankets, 20 tents, nylon for shelters. For Huehuetenango, 0.32 ton of material had been provided, including 10 familiar food rations, 125 cold rations and 24 blankets.

Two missions (WFP on 20/09/2011 and PAHO-WHO on 21/09/2011), carried out onsite evaluations to Santa Rosa's region. Food and health needs were detected and assistance was provided.

In such case, WFP provided 10 days of food rations for 1,585 people in coordination with CONRED and the Executive Secretariat for Food and Nutrition Security (SESAN). PAHO/WHO deployed clinic supplies, stunting medicines and personnel to health centres.

Other UN agencies initiated aid provision in coordination with counterparts. UNICEF coordinated and mobilised WASH material delivery with the Ministry of Health. Provided material included: 1 water deposit (1,100 litres), 100 buckets (30 litres), 100 dispensers (30litres), 100 bowls, granular calcium hypochlorite, chlorine, salt sacks, 200 face towels, 8 boxes of soap, 20x24 sanitary towels, 150 45l garbage containers, garbage bags, 10 wheelbarrows and 12 spades. In case of additional support needed, UNICEF offered portable water treatment plants available in Santa Rosa, Jutiapa and Escuintla as well as anti-diarrheic and respiratory medicines. Regarding psychological support, UNICEF coordinated actions with the University of San Carlos (USAC) and the Mental Health League to implement the "Return to joy" methodology in shelters.

UNFPA distributed some 300 hygiene kits through the Red Cross and coordinated actions with the Ministry of Health for the relocation of clean delivery kits. After formal declaration of Departmental State of Public Calamity requests for emergency funds for hygiene, clean delivery and violence kits as well as psychosocial attention were immediately initiated.

UNDP reinforced coordination with CONRED and Housing sectors (FOGUAVI) (done since Tropical Storm Agatha emergency). A request for BCPR emergency funds was submitted.

In October, after several days of intermittent rain due to hurricane Jova, a low-pressure system northeast of Guatemala developed into Tropical Depression 12-E (TD 12-E). TD 12-E entered Guatemala on 12 October producing up to 15 inches of rain in some areas and created an emergency situation in the country. The same day, CONRED issued an Institutional Red Alert throughout the whole country, with specific attention to the pacific coast region, which had been affected by heavy rains days before TD 12-E. After the dissolution of TD 12-E, a low pressure system was formed covering all the national territory causing moderate to heavy rains in subsequent days. Provision of aid was immediately initiated, reinforced and continued by UN agencies, as reported in Guatemala's Sit Repts 3 to 5.

In the consideration of the magnitude of the event, the United Nations Emergencies Team (UNETE) in Guatemala agreed to carry out a two-day on-site mission. Objectives, group composition, methodology, operational data and results are indicated above.

As of date of submission of an on-site report on October 21, CONRED indicated 528,735 people had been affected in some way, 78,662 most affected, 30,040 evacuated, 15,036 sheltered (11,500 of which

in 129 official shelters), 18 injured, 5 missing, 38 dead and 24,438 houses damaged. Total numbers include Santa Rosa's earthquakes. However, due to the condition of roads, which were highly affected by heavy rains and landslides, an evaluation of needs and coverage has not been undertaken.

## Objectives

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### General objective:

- Carry out a Rapid Needs Assessment (RNA) in selected municipalities of Jutiapa and Santa Rosa.

### Specific objectives:

- Carry out a local-level observation and data collection mission in coordination with local authorities and regional expertise-organizations to evaluate the damage caused by TD 12-E and the seismic swarm,
- Provide information for analysis and prioritization of sector requiring urgent and life-saving actions,
- Document the current state of visited affected areas

Agreed areas to carry out UNETE mission were municipalities of Chiquimulilla, Guazacapán, Cuilapa, Oratorio and Santa Maríalxhuatán (department of Santa Rosa) and Moyuta and Pasaco (department of Jutiapa). Areas were selected in accordance to affection levels reported by CONRED.

### Missions' Composition

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Teams were composed of a maximum of three people. Each group having an assigned 4x4 vehicle and a team leader.

#### GROUP No.1: SANTA ROSA'S DEPARTMENT

AGENCY	NAME	E-MAIL	CELL PHONE
PMA	Marco Antonio Mérida	<a href="mailto:marcoantonio.merida@wfp.org">marcoantonio.merida@wfp.org</a>	51970145
OIM	Sebastián Berkovich	<a href="mailto:sberkovich@iom.int">sberkovich@iom.int</a>	53727011
UNESCO	Luis Rolando Sánchez	<a href="mailto:l.sanchez@unesco.org.gt">l.sanchez@unesco.org.gt</a>	50507313

#### GROUP No.2: SANTA ROSA'S DEPARTMENT

AGENCY	NAME	E-MAIL	CELL PHONE
UNICEF	Ramiro Quezada	<a href="mailto:rquezada@unicef.org">rquezada@unicef.org</a>	52050176
OIM	Antonio Meño	<a href="mailto:ameono@iom.int">ameono@iom.int</a>	55532412

#### GROUP No.3: JUTIAPA'S DEPARTMENT

AGENCY	NAME	E-MAIL	CELL PHONE
PNUD	Rolando Dugal	<a href="mailto:Rolando.dugal@undp.org">Rolando.dugal@undp.org</a>	55164613
OPS	Jaime Juárez	<a href="mailto:juarezja@paho.org">juarezja@paho.org</a>	56955328

### Operational data

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1. On-site observation and data collection missions were carried out over a period of two days, leaving Tuesday and returning on Wednesday (October 18 and 19 respectively)
2. Three teams of up to 3 people were organised.
3. Each team planned the places to visit on the basis of the information provided by CONRED.
4. Each team sent a preliminary report on the night of October 18.
5. Missions' information was presented on October 20, as main point for a UNETE's extraordinary meeting
6. Final report was done by missions' members on October 21
7. Each team leader was responsible for hotel reservations.
8. Each agency contributed with transport and fuel for the mission.
9. UNDSS gave advice during the preparation of the missions as well as extraordinary Security Clearance authorization to participants.

## Methodology

A rapid needs assessment developed by the Regional Office of OCHA was used by Guatemala's UNETE on site mission. Sections of it were revised by all UNETE agencies prior to departure of missions. Specific information regarding women needs was included.

For recompilation of information and conduction of RNA, on-site missions carried out random walks in the affected areas and interviewed local authorities, governmental and non-governmental organisations as well as affected population.

Interviewed authorities are as follows:

1. Municipal authorities:
  - a. CONRED representatives,
  - b. Ministry representatives: Ministry of Health, Ministry of Agriculture, Other.
2. Churches' representatives (as diverse churches are being used as shelters)
3. NGOs
4. Affected population

Main observed sectors (in alphabetical order) were:

1. AGRICULTURE AND LIVELIHOOD
2. BUILDING INFRASTRUCTURE
3. FOOD
4. HEALTH
5. SHELTERS
6. WATER, SANITATION AND HYGIENE

## Results by municipalities

### GENERAL AND SECTORIAL OVERVIEW, BY MUNICIPALITIES

- Chiquimulilla and Guazacapán:
  - General overview:
    - Half of Chiquimulilla's population affected
    - Emergencies Operation Centre: Disorganized
    - Lack of knowledge of how aid distribution is carried out
    - Access to certain areas only possible by motorboat
    - General lack of coordination, control and decision-making.
  - Food:
    - Source of food: Donations distributed by CONRED and WFP's inputs.
    - Further food inputs to be received by CONRED for distribution: 300 rations
  - Health:
    - Presence of 44 acute malnourished children
    - General health centre not affected.
    - Of total municipal health centres (8), 5 have been affected, 4 of which are working despite difficulty in access. 1 is totally closed.
    - Availability of medicines and other inputs, but possible lack of antibiotics
    - Availability of ambulances. Lack of fuel
    - Augmentation of respiratory infections and skin illnesses (fungus)
    - Risk of dengue and diarrhoea
  - Shelters:
    - Presence of pregnant and lactating women in shelters.
    - Possible cases of sexual abuse.
    - Security being provided by army
  - WASH:
    - Water service running in urban areas. Rural access to water (family) totally damaged.
    - Presence of UNICEF's water treatment plant
    - Detected necessities: Granulated or liquid chlorine, chlorine tablets, bombs



- Damage in sanitary systems (latrines)
  - Bad management of disposals at urban and rural level
- Cuilapa
  - General overview:
    - Emergencies Operation Centre: Not fully in operation (especially regarding health)
    - Except in Oratorio, Mayors have not been re-elected, lack of coordination of aid operations
    - Average 80 per cent of population dependant on agriculture
    - Migrations to other areas being registered for access to employment
  - Food:
    - After tremors, all shelters in Cuilapa received food provision (coordinated by SOSEP) till October 11. Total food rations provided sum 69,450 rations.
  - Health:
    - Presence of 44 acute malnourished children
    - Health centre working on inputs provided by PAHO/WHO
    - Actual stock of medicines, surgery equipment and laboratory inputs is 90 per cent, 90 per cent and 67 per cent respectively
    - High presence of patients with shock crisis. No traumatisms reported.
    - Attendance (No. of patients) at Cuilapa´s hospital below limit.
    - Risk of respiratory affections (already detected in children and adults), skin illnesses and diarrhoea (already detected in adults)
    - 2/3 "Single clinics" still functioning
  - Shelters:
    - Total number of official shelters: 6
    - Total number of non-official shelters: 23
    - Total number of people living in official shelters: 1743, 1,050 of which since tremor activity
    - Shelters being attended by PAHO/WHO professionals
    - Football field being used as shelter, with presence of pregnant women, completely flooded. Children with skin problems (fungus in feet), lack of food supplies and mats.
    - Psychological support being provided by Cuilapa´s Regional Hospital psychologist
    - Sanitary services cleaned every other day by contracted company
    - Security being provided
    - However, federal shelter (with 14 families) lacks food, potable water, electric energy, cooking supplies, mats, blankets and hygiene kits.
  - WASH:
    - Water service running at urban level. However, shelters lack access to tap water.
- Oratorio:
  - General overview:
    - No active official shelters. Non-official shelters active (20 people) due to fear of new tremors
    - No harvest losses reported
    - Health centre with less than 50 per cent of normal supplies
    - No significant damages in houses
- Moyuta and Pasaco:
  - General overview:
    - Number of affected people: 24,343 in Moyuta, 2,575 in Pasaco
    - Number of initially sheltered people: 822 in Moyuta, 235 in Pasaco
    - 3,033 houses flooded, 21 destroyed (Moyuta)
    - Infrastructure (health centres, schools, roads and water supply and sewage systems) affected
    - Loss of source of income (most inhabitants dependant on agriculture)
    - Significant reduction of water levels in rivers over past days
    - Aid provision being given by CONRED, SOSEP and SESAN (channelling WFP´s inputs)
    - Inefficient distribution of aid



- Education:
  - 18 schools damaged
  - No classes being held
- Food:
  - Lack of reserves at the family level. Harvest loss estimated at 90 per cent
  - Food distribution is being done with no control/monitoring nor based on nutritional necessities
- Health:
  - All health facilities working 24/7 due to Presidential order
  - Stock of medicines valid for 15 days
  - Number of patients being attended: 10 times normal number
  - Damage in roofs, walls, furniture, electric service and water service in 5 Health centres
  - Presence of respiratory affections, skin illnesses and diarrhoea
- Shelters:
  - Total number of active official shelters: 1, with 40 people (5 additional shelters were active before arrival of the mission to the area)
  - Availability of supplies (as said by SOSEP): 0
  - Access to drinkable water by installation water tanks. 20 more required.
  - Emotional support needed
- WASH:
  - Lack of drinkable water in communities
  - 1480 latrines destroyed
  - 897 wells for human use destroyed
  - Communities with high presence of rubble

## General results and analysis

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### AGRICULTURE AND LIVELIHOODS

Level of impact: High

- It is estimated that maize, beans, coffee, rice are affected and in most cases corn and bean harvest has been almost totally lost.
- Household income is reduced due to absence of access to employment sources.
- Food availability is critical due to total absence of food reserves and lack of seed supplies for next harvest.

### BUILDING INFRASTRUCTURE

#### HOUSING/PUBLIC BUILDINGS

- Urban area:
  - Low to average affected. Average in mud and wattle construction houses in the area of seismic epicentres.
- Rural area: Medium affected, especially in low areas with flooding

#### ROADS

- High Impact. Damaged roads and bridges causing isolation of communities.

#### COMMUNICATIONS

- Low impact. Access to telephones without trouble.

#### ELECTRICITY

- Low average impact. However, electrical installations in health centres were affected

#### AQUEDUCTS/SEWAGE

- High impact, especially in urban areas, i.e. Cuilapa Township

### FOOD

Level of impact: High

- Purchasing power of inhabitants and availability of food reduced.
- Deficiency in food intake.

- Total absence of food provision in certain shelters of Cuilapa after October 11.
- Possible evolution to food insecurity.

## HEALTH

Level of impact: Medium

- Health services are providing attention to the population.
- There are stocks of medicines in health care.
- Lack of vehicles and fuel for mobilization of emergency personnel.
- Most health care centres lack external communication.
- According to the authorities there is an increase in the following diseases especially within vulnerable populations(children, women and elderly people):
  - Acute Respiratory Infections,
  - Diarrheal diseases and
  - Dermatologic Diseases.

## SHELTERS

Level of impact: High

- Conditions of most shelters are poor, reporting damages in infrastructure, basic services (water, sanitation and hygiene), food and lack of psychological support.
- Lack of coordination and internal management of shelters.
- Absence of authorities in departments where former mayor was not relected in last elections (September 11). Humanitarian organizations providing aid in official and non official shelters.
- High presence of children under 5 and women, including pregnant and lactating.

## WATER, SANITATION AND HYGIENE

Level of impact: High

- Most areas affected by floods, being rivers completely contaminated.
- Household water systems polluted being water unfit for human consumption.
- Additional damage in some water distribution networks.
- Distribution of safe water to affected populations being done but total collapse of sceptic tanks in rural areas.

## Needs

As a result of the observation and analysis of the situation, needs to be covered include:

- Food assistance,
- Water for consumption,
- Improvement of shelters,
- Medical care and medicines,
- Inputs for water purification,
- Sanitation,
- Agricultural inputs,
- Psychosocial support and
- Reparation of road infrastructure.

## ANNEX 6.1

i) En el área de salud de Retalhuleu, las brigadas médicas móviles, a diciembre 2011 realizó **673** visitas domiciliarias, atendiendo a **3,271** personas y realizando **1,341** consultas. Es importante resaltar, que en las consultas realizadas se detectaron **27 niños** con esquema de vacunación incompletos a los cuales se les administro la vacuna y a **15** embarazadas se les refirió a puestos de salud para sus debidos controles prenatales. Se identificaron **195** familias en condiciones de alto riesgo (criterios considerados familia de alto riesgo: consumo de agua no apta, pobreza extrema, hacinamiento, ausencia de servicio sanitario, destrucción total o parcial de la vivienda, pérdida total o parcial de sus cultivos). También, realizaron en **5** comunidades visitadas **33** charlas educativas a familias, capacitando a **1,764** personas, en los siguientes temas:

- ✓ Agua segura para el consumo humano.
- ✓ Diarrea.
- ✓ Enfermedades transmitidas por vectores.
- ✓ Plan de emergencia.
- ✓ Hacinamiento
- ✓ Método sodis.
- ✓ Planificación familiar.
- ✓ Importancia de las inmunizaciones.
- ✓ Higiene personal.
- ✓ Señales de peligro en el embarazo.
- ✓ Señales de peligro en el recién nacido.
- ✓ Disposición de excretas.
- ✓ Desnutrición.
- ✓ Atención prenatal.

ii) En el área de salud de San Marcos, las brigadas médicas móviles, a diciembre 2011 realizó **242** visitas domiciliarias, atendiendo a **1,043** personas y realizando **721** consultas. Es importante resaltar, que en las consultas realizadas se detectaron **23 niños** con esquema de vacunación incompletos a los cuales se les administro la vacuna y a **22** embarazadas se les refirió a puestos de salud para sus debidos controles prenatales. Se identificaron **39** familias en condiciones de alto riesgo (criterios considerados familia de alto riesgo: consumo de agua no apta, pobreza extrema, hacinamiento, ausencia de servicio sanitario, destrucción total o parcial de la vivienda, pérdida total o parcial de sus cultivos). También, realizaron en **2** comunidades visitadas **8** charlas educativas a familias, capacitando a **232** personas, en los siguientes temas:

- ✓ Agua segura para el consumo humano.
- ✓ Diarrea.
- ✓ Enfermedades transmitidas por vectores.
- ✓ Plan de emergencia.
- ✓ Hacinamiento
- ✓ Método sodis.
- ✓ Planificación familiar.
- ✓ Importancia de las inmunizaciones.
- ✓ Higiene personal.
- ✓ Señales de peligro en el embarazo.
- ✓ Señales de peligro en el recién nacido.
- ✓ Disposición de excretas.
- ✓ Desnutrición.
- ✓ Atención prenatal.

iii) En el área de salud de Escuintla, las brigadas médicas móviles, a diciembre 2011 efectuaron **190** consultas. Es importante resaltar, que en la comunidad Santa Odilia, Nueva Concepción realizaron **21** tamizajes a niños y niñas por medio de circunferencia braquial y se refirieron **122** niños para suplementación de micronutrientes. Detectaron a **10** embarazadas a las cuales se les refirió a puestos de salud para sus debidos controles prenatales. Identificaron a **200** familias en condiciones de alto riesgo (criterios considerados familia de alto riesgo: consumo de agua no apta, pobreza extrema, hacinamiento,

ausencia de servicio sanitario, niños con deficiencia nutricional, destrucción total o parcial de la vivienda, pérdida total o parcial de sus cultivos). Se capacitaron **1,401** personas en los siguientes temas:

- ✓ Dengue
- ✓ ETS
- ✓ Planificación familiar
- ✓ Signos de peligro en el embarazo
- ✓ Puerperio y RN
- ✓ Tétano neonatal
- ✓ Vacunas en menores de 5 años y MEF
- ✓ Suplementación de micronutrientes
- ✓ Desnutrición
- ✓ ETAS

**iv)** En el área de salud de Santa Rosa, las brigadas médicas móviles, a diciembre 2011 efectuaron **42** consultas. Es importante resaltar, que realizaron **19** tamizajes a niños y niñas por medio de peso y talla, **4** niños para suplementación de micronutrientes. Detectaron a **2** embarazadas a las cuales se les refirió a puestos de salud para sus debidos controles prenatales. Se capacitaron **89** personas incluyendo a **4** líderes de cocodes en los siguientes temas:

- ✓ Salud reproductiva.
- ✓ Nutrición.
- ✓ Importancia de las inmunizaciones.
- ✓ Higiene personal.
- ✓ Higiene de la vivienda.
- ✓ VIH/SIDA.
- ✓ ITS.

**v)** En el área de salud de Jutiapa, las brigadas médicas móviles, a diciembre 2011 efectuaron **897** consultas. Es importante resaltar, que se refirieron **278** niños para suplementación de micronutrientes. Detectaron a **7** embarazadas a las cuales se les refirió a puestos de salud para sus debidos controles prenatales. Identificaron a **4** familias en condiciones de alto riesgo (criterios considerados familia de alto riesgo: consumo de agua no apta, pobreza extrema, hacinamiento, ausencia de servicio sanitario, niños con deficiencia nutricional, destrucción total o parcial de la vivienda, pérdida total o parcial de sus cultivos). Se capacitaron **1,013** personas incluyendo a **8** líderes de cocodes en los siguientes temas:

- ✓ Planificación familiar
- ✓ Lactancia materna
- ✓ Importancia de las inmunizaciones
- ✓ Higiene personal
- ✓ Preparación de los alimentos
- ✓ Nutrición
- ✓ Enfermedades crónicas degenerativas
- ✓ Higiene de los alimentos
- ✓ Higiene de la vivienda
- ✓ Purificación del agua
- ✓ Control prenatal y puerperio

## ANNEX 6.2

### **a) Escuintla:**

- ✓ Atención Grupal a 128 personas en salud mental, a través de actividades lúdicas para la reflexión y proyección de pensamientos y sentimientos de los eventos sufridos por la DT 12-E, de dos municipios de Escuintla; Puerto San José (42) y La Gomera (23), también de la comunidad El Terrero (63).
- ✓ Atención Individual a 6 personas de Puerto San José, 4 de La Gomera y 6 de la comunidad El Terrero, en casos de violencia sexual, intrafamiliar, depresión e intentos suicida.
- ✓ Capacitaciones, a 24 personas en temas de Relaciones interpersonales e importancia del autocuidado en salud mental.

### **b) Santa Rosa:**

- ✓ Atención Grupal a 31 personas en salud mental, a través de actividades lúdicas para la reflexión y proyección de pensamientos y sentimientos de los eventos sufridos por la DT 12-E, de la comunidad Los Esclavos del municipio de Cuilapa en el departamento de Santa Rosa.
- ✓ Atención Individual a 5 personas de la comunidad Los Esclavos, en casos de violencia sexual, intrafamiliar, depresión e intentos suicida.

### **c) San Marcos:**

- ✓ Atención Grupal a 269 personas en salud mental, a través de actividades lúdicas para la reflexión y proyección de pensamientos y sentimientos de los eventos sufridos por la DT 12-E, de cuatro comunidades del municipio de San Marcos; Carrizales, Morenas, Cruceros y Mareas.
- ✓ Atención Individual a 2 personas de la comunidad Carrizales, 3 en Las Morenas, 4 en Cruceros y 2 en Las Mareas, en casos de violencia sexual, intrafamiliar, síndrome de Down, depresión, celotipia, duelos y síndrome de stress postraumático.
- ✓ Capacitaciones a 11 personas en temas de Relaciones interpersonales, importancia del autocuidado en salud mental, equidad de género, trabajo en equipo.

### **d) Retalhuleu:**

- ✓ Atención Grupal a 190 personas en salud mental, a través de actividades lúdicas para la reflexión y proyección de pensamientos y sentimientos de los eventos sufridos por la DT 12-E, de dos comunidades y una aldea del municipio de Retalhuleu; Guayacán, Bella Vista y Aldea Granada.
- ✓ Atención Individual a 7 personas de la comunidad El Guayacán, 5 en Bella Vista y 4 en la Aldea Granada, en casos de violencia sexual, intrafamiliar, síndrome de Down, depresión, celotipia, duelos y síndrome de stress postraumático.
- ✓ Capacitaciones a 10 personas en temas de Relaciones interpersonales, importancia del autocuidado en salud mental, equidad de género, trabajo en equipo.

### **e) Jutiapa:**

- ✓ Atención Grupal a 75 personas en salud mental, a través de actividades lúdicas para la reflexión y proyección de pensamientos y sentimientos de los eventos sufridos por la DT 12-E, de cuatro aldeas del municipio Moyuta de Jutiapa.
- ✓ Atención Individual a 3 personas de Aldea El Naranja y 1 de Aldea Buena Vista, en casos de violencia sexual, intrafamiliar, depresión e intentos suicida.