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

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Valerie Julliand**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

World Food Program (WFP) did not carry out AAR activities. Monitoring activities (pre- and post-distribution) were properly implemented throughout the intervention, therefore, AAR activities were not considered.

UNICEF did not plan to undertake a final evaluation although, monitoring and follow-up of every phase of the implementation was properly performed.

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

YES ☒ NO ☐

Lesson learned on CERF implementation process were identified with national authorities, mainly with SESAN (Secretariat for Food Security and Nutrition), in meetings with WFP and NGO partners (COOPI and AAH).

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

YES ☒ NO ☐

CERF's RC/HC Report was prepared with the inputs of the participating NGOs and enriched with complementary information from the local implementing partners: SESAN, and MAGA (the Ministry of Agriculture, Livestock, and Food). In addition, a final review with technical staff, implementing partners, and heads of implementing agencies was completed.

I. HUMANITARIAN CONTEXT.

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 23,800,000 (based on the Preliminary Response Plan)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,942,308
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND	0
	OTHER (bilateral/multilateral)	6,944,669
	TOTAL	**9,886,977**

Other, bilateral/multilateral, donors include ECHO and the Strategic Response Allocation Committee, WFP-Rome.

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 2 December 2014			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-185	Health - Nutrition	398,896
WFP	14-RR-WFP-091	Food Aid	2,155,055
WHO	14-RR-WHO-086	Health - Nutrition	388,357
TOTAL			**2,942,308**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,621,494
Funds forwarded to NGOs for implementation	320,814
Funds forwarded to government partners	0
TOTAL	**2,942,308**

HUMANITARIAN NEEDS

An abnormal, dry rainy season was experienced in Guatemala in 2014. Meteorological records delineated areas in the dry Eastern Guatemala with up to 45 days with no rain between mid-July and early-August. As a result, more than 80 per cent of maize and 70 per cent of beans harvest on small farms were lost. Due to that drastic reduction or loss of food reserves, cases of acute and severe malnutrition highly increased.

According to the World Food Program's Emergency Food Security Assessment (EFSA) carried out during the peak of the hunger crisis, around 248,000 families along the dry corridor of Guatemala required humanitarian assistance. Thirty thousand of those families were placed in severe food insecurity category. The driest region of Eastern Guatemala showed accumulated levels of 5.4 per cent of global acute malnutrition in children under 5. Severe acute malnutrition in that area rose to 3.8 per cent, which was far higher than the 2.5 per cent threshold considered as expected in a country like Guatemala with chronic malnutrition rates as high as 50 per cent in children under 5.

Cases of drought-related diseases were also identified which were impacting malnourished children under 5, pregnant and lactating women, and vulnerable individuals (e.g. women and neonates or elders). According to the Ministry of Health, levels of infectious

diseases, mainly respiratory, diarrhoea, and pneumonia, were far higher than national average within the 3 states targeted by CERF actions (Santa Rosa, Chiquimula, and Jalapa). These levels proved to be directly related to drought conditions.

After a double-check analysis, around 12,000 families along the driest Eastern areas were identified as experiencing severe food insecurity levels overlapped with accumulated 5.4 per cent of acute malnutrition in children under 5. When disaggregated by gender, a dramatic 3.8 per cent of acute malnutrition was identified on girls. Food reserves in that area were corroborated as totally gone, daily labour in coffee plantations appeared to be very limited due to remnants of the coffee rust crisis, and possibilities for alternative income within that arid area were null.

In conclusion, priority humanitarian needs were corroborated to be treatment and contention of severe acute malnutrition cases in children under 5 and women, food assistance (first priority on households with malnutrition cases and headed by single women or widows), assistance to women and neonate cases in malnutrition (clinic or hospital attention), health assistance for drought-related diseases, and improvement of water quality.

II. FOCUS AREAS AND PRIORITIZATION.

Consecutive, coordinated assessments were carried out to delineate areas with crop losses and food insecurity risk. Results are summarized in the following table.

275,625 families affected by **crop failure** (September, 2014; assessment from the Food Insecurity and Nutritional Secretariat; SESAN by its acronym in Spanish); 16 out of 22 states in Guatemala in State of Public Calamity (decreed by the Government): Guatemala, El Progreso, Chimaltenango, Santa Rosa, Sololá, Quiché, Totonicapán, Suchitepéquez, Retalhuleu, San Marcos, Huehuetenango, Baja Verapaz, Zacapa, Chiquimula, Jalapa, and Jutiapa;

248,000 households with **moderate to severe food insecurity** along the entire dry corridor (WFP's EFSA data, September-October, 2014);

±100,000 families with moderate to severe food insecurity in the Eastern and north-central area of the Dry Corridor with humanitarian needs (analysis by the UN Emergency Team, UNETE; Oct, 2014);

±30,000 families with severe food insecurity and humanitarian needs in the same area; 7 out of 16 affected states targeted for UN Emergency Response Plan: Chiquimula, Izabal, Jalapa, Jutiapa, Santa Rosa, Baja Verapaz, and Quiché;

11,954 families with severe food insecurity, highest levels of acute and severe acute malnutrition, and highest levels of poverty and vulnerability; targeted by CERF in 3 states: Santa Rosa, Jalapa, and Chiquimula.

Prioritization was focused in those areas where late budgetary allocation from Government was expected limiting capacities for food assistance. A 3-month gap of food assistance was estimated from January to March 2015, especially around Eastern Guatemala, the most affected area. Treatment and contention of acute malnutrition and diseases were considered critically necessary since those actions were neither included into the Ministry of Agriculture and SESAN response strategies nor into CONRED's humanitarian appeal (CONRED stands for the National Coordination Agency for Disaster Risk Reduction). Treatment for acute malnutrition on pregnant or lactating women was not considered in any Government strategy either. According to the analysis by the Humanitarian Country Team, focus and prioritization were paid to those states and municipalities with higher numbers of acute severe malnutrition. No NGOs or other organizations were conducting response actions within the area proposed for CERF funds.

In early 2015, due to minor budgetary changes in MAGA and SESAN response strategies, an extra round of analysis was completed in order to rearrange and better prioritize target areas. The following table and map summarizes states and municipalities targeted by CERF funds and states affected by food insecurity and crop failure.

Table 3.1: Geographic areas targeted by WFP CERF funds (see corresponding map)

State	Municipality	# of beneficiaries
Chiquimula	Camotán	6,735
	Chiquimula	2,515
	Esquipulas	2,000
	Jocotán	2,750
	San Juan Ermita	1,000
Sub-total		**15,000**
Jalapa	Jalapa	5,900
	San Luis Jilotepeque	4,301
	San Pedro Pinula	8,730
Sub-total		**18,931**
Jutiapa	Jutiapa	7,065
Sub-total		**7,065**
Santa Rosa	Barberena	2,495
	Chiquimulilla	2,500
	Cuilapa	3,250
	Nueva Santa Rosa	2,565
	Oratorio	2,690
	Santa María Ixhuatán	2,500
Sub-total		**16,000**
Zacapa	Gualán	4,140
	La Unión	4,125
	Zacapa	3,475
Sub-total		**11,740**
Total		**68,736**

Original plans to cover 8 of the most vulnerable municipalities of the dry corridor in the departments of Santa Rosa, Chiquimula, and Jalapa. Further negotiations, allowed to WFP to include 2 more states (Jutiapa and Zacapa) and 10 more municipalities.

Table 3.2: Geographic areas targeted by UNICEF with CERF funds: empowering and training community leaders

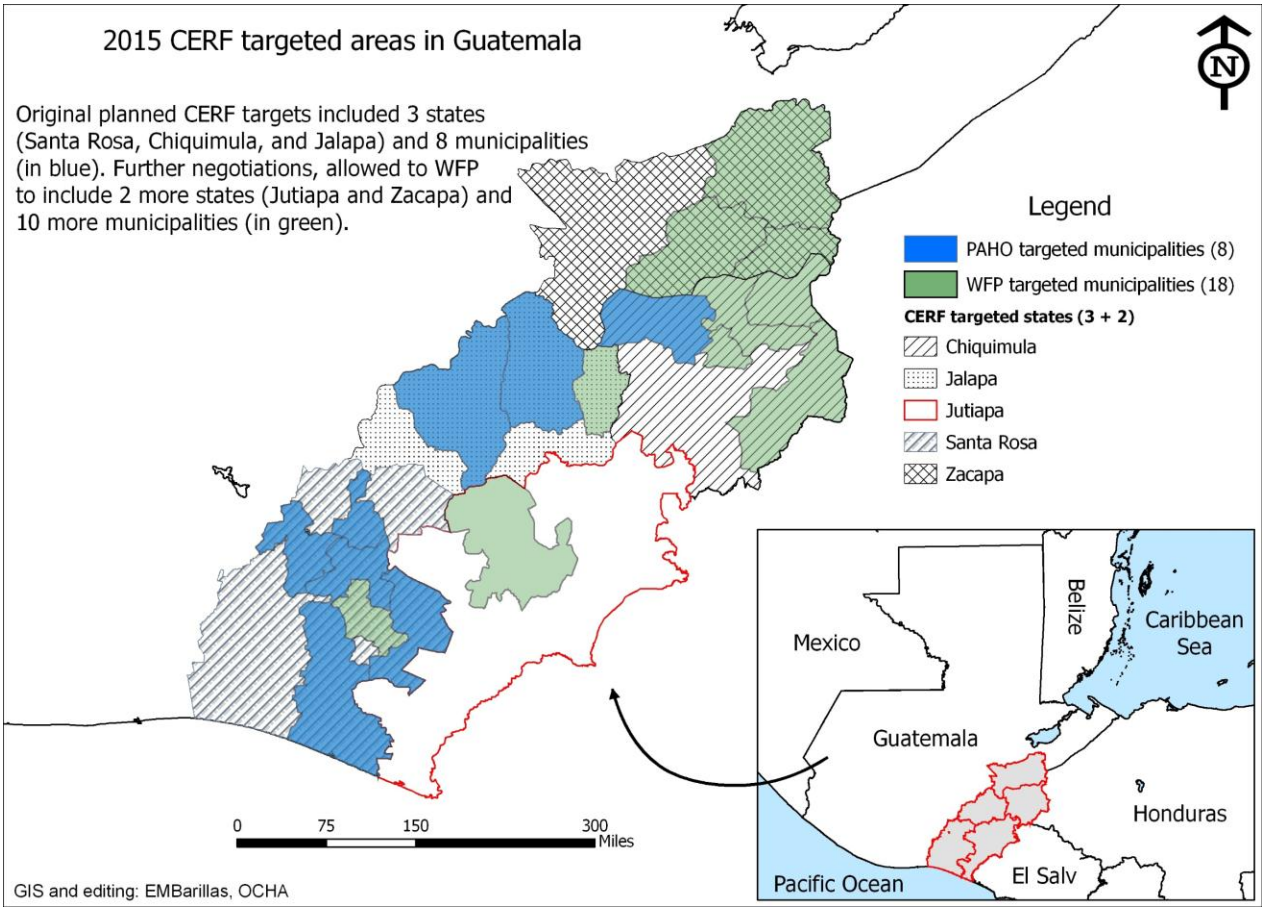
State	Municipality	# of communities	# of beneficiaries (Community Leaders)
Santa Rosa	Barberena	20	34
	Cuilapa	17	34
Chiquimula	Chiquimula	24	34
	Esquipulas	25	35
	Camotán	25	35
	Jocotán	20	36
Jalapa	Jalapa	23	32
	San Pedro Pinula	24	33
Baja Verapaz	Rabinal	17	31
	Cubulco	16	32
	Salamá	1	5
Total		**212**	**341**

Table 3.3: Geographic areas targeted by UNICEF with CERF fund: Acute Malnutrition Treatment

State	# of Children
Escuintla	595
Chiquimula	468
Retalhuleu	233
Santa Rosa	217
El Progreso	68
Zacapa	122
Suchitepéquez	225
Jalapa	185
Guatemala Nor-East	113
Sacatepéquez	62
Baja Verapaz	93
Guatemala Central	207
Ixil	123
Quetzaltenango	231
Jutiapa	192
Guatemala Nor-West	160
Ixcán	31
Petén Sur Oriental	66
Izabal	113
San Marcos	189
Huehuetenango	294
Petén Sur Occidental	80
Chimaltenango	146
Alta Verapaz	218
Petén Norte	35
Quiché	121
Sololá	72
Totonicapán	51
Guatemala Sur	61
TOTAL	**4,771**

Table 3.4: Geographic areas targeted by WHO/PAHO CERF funds (see corresponding map)

State	Municipality	# of communities	# of beneficiaries
Santa Rosa	Barberena	2	20,062
	Chiquimulilla	2	20,686
	Cuilapa	3	18,836
	Nueva Santa Rosa	3	14,074
	Oratorio	2	11,102
Chiquimula	Chiquimula	6	42,864
Jalapa	Jalapa	4	65,912
	San Pedro Pinula	5	27,970
Totals		**27**	**221,488**

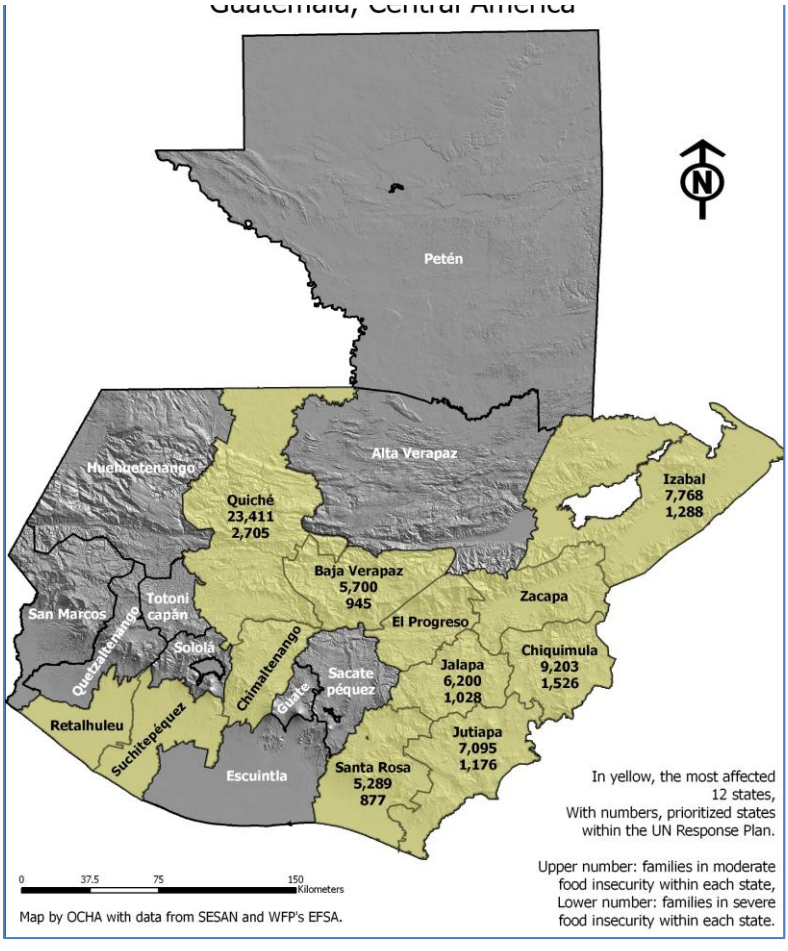


III. CERF PROCESS.

Results from coordinated assessments among Government, WFP, and analysis of secondary data identified a humanitarian food insecurity crisis along the dry corridor, mainly in the Eastern sector.

Assessment from SESAN in September 2014 identified around 275,625 families with serious crop losses in 16 out of the 22 states of Guatemala. Those states were included into a State of Public Calamity decreed by the Government. **WFP's EFSA exercise** in September-October 2014 determined 248,000 households with moderate to severe food insecurity. Out of that figure, **analysis by UNETE** in October, prioritized around 100,000 families with moderate to severe food insecurity in the Eastern and north-central area of the dry corridor with humanitarian needs.

All of the 30,000 families with severe food insecurity were included into **the Preliminary Response Plan** developed by the Humanitarian



Country Team in close alignment with CONRED's humanitarian appeal. – see map.

Finally, based on the highest numbers of acute severe malnutrition as well as the most affected regions, around 12,000 families were included to be targeted by CERF funds in 3 states (Santa Rosa, Jalapa, and Chiquimula) and 8 municipalities (Barberena, Chiquimulilla, Cuilapa, Nueva Santa Rosa, and Oratorio – Santa Rosa; Chiquimula – Chiquimula; and Jalapa and San Pedro Pinula – Jalapa).

Criteria to prioritize areas to be targeted by the Response Plan and CERF funds included:

- Areas with the highest levels of moderate to severe food insecurity,
- Municipalities with the highest index of poverty and extreme poverty,
- Areas and municipalities with the highest levels of acute severe malnutrition at household level,
- Households with fertile-age and lactating women or headed by single women or widows.

Detailed census were obtained at each targeted community in close coordination with local leaders and authorities. Community census were lately discussed and validated within the COMUSAN meetings (Municipal Committee for Food and Nutritional Security) in order to avoid overlaps or gaps with other humanitarian responders.

Implementation of CERF activities took place in a very special Government institutional framework. In one hand, the Ministry of Health have been suffering since mid-2014 the worst financial and operational crisis in history. Two ministries were removed between late 2014 and early 2015 which negatively impacted coordination efforts and actions planning with UNICEF and WHO/PAHO. In the other hand, other Government partners, especially the Food Security Secretariat (SESAN) and the Ministry of Agriculture and Food (MAGA), were suffering financial constraints along 2015 which heavily impacted capacities for field operations, logistics, and transportation.

Although that disadvantageous scenario, WFP, UNICEF, and WHO/PAHO were positively pushing for coordinated actions, effective implementation, and focused activities for all CERF sectors. Implementing partners (COOPI, ACF, and FANCAP) were key actors to quickly organize and implement actions at community level. Local networks, including Government representatives at state level (SESAN, MAGA, Ministry of Health), municipalities, local committees, and community leaders and authorities played a fundamental role to catalyse and validate decisions and actions at different levels. In general, community organization was strong in all municipalities which positively impacted plans and operations especially for food distribution and identification of malnutrition cases.

IV. CERF RESULTS AND ADDED VALUE.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1.5 million (around 275,625 families)				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health-Nutrition	22,943	12,597	35,540
	Food Aid	50,230	18,500	68,730

BENEFICIARY ESTIMATION

Direct reached beneficiaries were recorded from four different resources, relating to each sector respectively.

1. Numbers of individuals receiving food assistance were directly recorded in a one-by-one beneficiary census. From that perspective, around 13,800 households received food assistance in 18 municipalities from 5 states (see map in page 5), for a total of 68,730 individuals.
2. Treated cases of acute malnutrition in children under 5 were counted in a separate record totalizing 4,421 for UNICEF and 878 for WHO/PAHO. Due to complex dynamics and schedules faced by each implementing agency and partners along the project, it was not possible to discriminate which cases belong to families beneficiated with food assistance. Certainly, there is a high level of probability that many of the treated children belong to families receiving food but it is also certainly difficult to identify one-by-one case. For this reason, the 5,299 children treated, either at community level (with therapeutic food delivered by UNICEF and its partners) or at health centre level (with medicines and also therapeutic food delivered by WHO/PAHO and its partners, were included as direct beneficiaries.)

3. Treated cases of acute malnutrition in pregnant and lactating women were counted in a separate record totalizing 5,943. As explained before, it is not possible to identify which families receiving food assistance also have cases of malnutrition in women.
4. Families receiving only water & sanitation assistance and mosquito nets in selected communities were counted in a separate census, totalizing 6,000 and 3,000, respectively.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	29,287	**55,265**
Male	30,483	**33,418**
Total individuals (Female and male)	59,770	**88,683**
Of total, children under age 5	8,966	**25,548**

CERF RESULTS

Main, relevant CERF results listed by each implementing agency are as the following.

WFP
Food assistance was delivered to around 13,800 households for three months. Two distributions were delivered per family, covering 45 days each, allowed 68,730 individuals to meet their standard food requirements. Three major food security indicators (food consumption score, FCS; coping strategy index, CSI; and diet diversity score, DDS) were used to objectively monitor pre- and post- food security conditions. In most of the cases, the three indicators were met reaching values which showed better food security conditions after this CERF intervention (see details in Section VI – Project Results). Close coordination and regular work meetings with SESAN, MAGA, and NGOs avoided overlaps or gaps within the targeted areas. Optimization of resources and capacities among WFP and partners allowed to increase beneficiaries and to expand the target area, from 8 to 18 municipalities, with the same CERF financial resources.

UNICEF
Several challenges had to be overcome due to the institutional crisis within the Ministry of Health at all levels (national, state, municipal, and local). Health coverage at community level was heavily reorganized last year by eliminating projects and agreements with national NGOs and giving that assignments back to the MoH. Unfortunately, health coverage at community level along the 2015 was never re-established therefore; local capacities in health centres at community and municipal level were extremely weak and dysfunctional. Despites the complex scenario, relevant outcomes within nutrition sector were achieved as follows:

- 4,421 children under 5 were identified, timely treated, and recovered from acute malnutrition,
- 50 communities were benefited with actions to identify, treat, and timely refer malnutrition cases and/or health, life-saving cases,
- 350 leaders were empowered, trained, and supported to help their communities to identify, treat, and timely refer malnutrition cases as well as promote and protect child feeding in emergency,
- A participatory training methodology was used, validated, and is ready to use in any emergency regarding nutrition vulnerability, including culturally adapted educational materials,
- Community leaders already began replicating knowledge and activities within their communities. They identify themselves as “agents for change”.

WHO/PAHO
- 878 children under 5 identified, timely treated, and recovered from acute malnutrition,
- 5,943 pregnant and lactating women supplemented with iron and folic acid, out of which 524 women also received supplementary food,
- 125 health care centers of first and second level, 3 hospitals, and 6 Nutritional Recovery Centers strengthened for the treatment and management of acute malnutrition and reproductive health cases under MOH standards and protocols,
- 3 reports per month produced by the MOH health services on the treatment of acute malnutrition in children under 5 years,
- 96 communities benefited from life-saving measures for the identification, treatment and timely referral of cases of acute malnutrition and / or other life-threatening health issues,
- 1,200 households benefited from improvement measures on safe water consumption and promotion of hand-washing,

- 1,200 programmed mosquito nets were delivered, benefiting approximately 600 families. In addition, 5 microscopes were procured to the areas of Chiquimula, Santa Rosa, and Jalapa; and 2 thermo-nebulizers pumps were provided to the health area of Santa Rosa. All these activities supported the response to of the epidemic of dengue and Chikungunya in the department of Jalapa and facilitated actions of prevention and control in surrounding departments.

CERF's ADDED VALUE.

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

Food assistance through CERF project complemented the previous Government's food assistance as the government exhausted its funds to continue the humanitarian assistance. CERF project supported the most critical period during the hungry season worsened by the drought in the most needed areas. In some cases, there was some delay and UNICEF's intervention was not as fast as planned due to major changes in MoH authorities and key actors within the Ministry. CERF actions faced great challenge to gain their buy-in to the planned actions.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds allowed to provide a rapid food assistance to the most affected groups: acutely and moderate malnourish children and women. In case of UNICEF's intervention, when starting the process of off-shore procurement of pre-agreed supply item (RUTF), MoH informed that they had already procured the RUTF themselves. This was due to the lack of coordination between previous authorities and newly appointed authorities. After negotiations with new MoH authorities, new supply items were agreed upon, and UNICEF requested authorization from the CERF Secretariat. Unfortunately, there was additional delay in delivery capacities of those items to Guatemala.

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

CERF funds, as one of the first and rapid respond to drought crisis, helped to raise other financial sources. For food assistance, WFP was capable to mobilize resources from the European Commission Humanitarian Office (ECHO) and Food for Peace Program from the government of United States (FFP/USAID). CERF funds allowed to achieve a more equitable food assistance coverage within the affected regions by delivering food assistance and filling humanitarian gaps with those families not being targeted by Government's operations. Extra 2.5 million were mobilized from the Swedish Embassy when presenting the Response Plan and CERF actions to the donors group. No less important, SESAN complemented some actions with its own resources to finance some planned actions and provide supervision and technical assistance.

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

CERF project helped to enhance the coordination among humanitarian community. Through CERF implementation, other humanitarian organizations shared information on their support throughout the country. CERF also made visible UN support and were recognized as top stakeholder in support to the most vulnerable population. Coordinated roles and responsibilities among implementing agencies and partners improved actions and impacts.

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

This CERF allocation was negotiated and implemented after completion of the Preliminary Response Plan from the Humanitarian Country Team. CERF project acted like a seed fund to start operations on the field. After that, some other donors contributed to leverage humanitarian response along the dry corridor of Guatemala.
CERF funds allowed UNICEF to raise awareness among community leaders, both men and women, about causes and consequences of acute malnutrition in children under 5 by using innovative and interactive methodologies at local level. UNICEF staff was positively impressed about the high level of interest showed by every single leader about this topic. UNICEF staff is committed to continue using these active methodologies to train and aware community leaders and authorities around the malnutrition topic.

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED.

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
It is very important to include communities and local people in the emergency response. It empowers them and gives them a sense of responsibility in their own communities.	Follow-up should not end with CERF activities. Strategy should seek to continue follow-up with alternative funds	UNICEF
Candidates from official party running for local elections wanted to take advantage of the food distribution supported by CERF for political campaigns for their own benefit.	WFP also sent notes to national partners in order to follow-up/improve further assistance. Specifically, this lesson learned was discussed with national authorities, especially with SESAN in meetings with WFP and NGOs (COOPI and AAH) partners. WFP and implementing NGOs quickly alerted national partners (SESAN and MAGA) who coordinated with local authorities to ask for their support and to control the situation, asking them to respect the humanitarian principles of the assistance.	WFP and partners

VI. PROJECT RESULTS.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO	5. CERF grant period:	[26.12.14 – 25.06.15] UNICEF [30.12.14 – 29.06.15] WHO
2. CERF project code:	14-RR-CEF-185 14-RR-WHO-086	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition/Health		
4. Project title:	Avoiding death from acute malnutrition and associated health problems in areas affected by devastating and prolonged dry spell in Guatemala.		

7.Funding				
	a. Total project budget:	US$ 6,100,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 600,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 174,854 (UNICEF US$ 83,960 (WHO/PAHO)
	c. Amount received from CERF:	US$ 787,253 (UNICEF:398,896; WHO: 388,357)	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	29,287	22,943	WHO/PAHO. Delivery of supplies for prevention and care of dengue and chikungunya benefited 40 per cent of the total population of the health areas of Chiquimula, Santa Rosa, and Jalapa. Planned direct beneficiaries on this table correspond to total CERF funding and not only to Health-Nutrition sector (check WFP project and Table 5).
b. Male	30,483	12,597	
c. Total individuals (female + male):	59,770	35,540	
d. Of total, children under age 5	8,966	15,237	

9. Original project objective from approved CERF proposal

Overall Objective: To save lives on children under 5 and pregnant and lactating women with acute malnutrition while avoiding appearance of new cases.

Specific objectives:

1. To identify, treat, and timely recover acute malnutrition cases on 4,000 children, 3,000 pregnant, and lactating women ,

2. To protect and promote optimal practices in secure feeding and health for 8,966 children , especially under 5,and 3,000 pregnant and lactating women during emergency crisis,

3. To actively involve nearly 40 communities, 5 per Municipality, and local leaders on identifying, treating, and referring acute malnutrition cases.

4. To provide safe water for human consumption in around 10 per cent of the target families and in health facilities within the selected municipalities in the 3 affected departments.

10. Original expected outcomes from approved CERF proposal

- 4,000 children under 5 identified, timely treated, and recovered from acute malnutrition (disaggregated by gender),

- 3,000 lactating and pregnant women identified, timely treated, and recovered from acute malnutrition,
- 58 health centres, 7 Nutritional Recovery Centres and 3 hospitals properly supplied with basic supplies, equipment, and support personnel to treat and manage acute malnutrition cases, health, and reproductive health cases in accordance with MoH standards,
- 1 report per month reports from the MoH centers about treated malnutrition cases on children under 5 and women, and health diseases (respiratory, diarrheal, dengue, and chikunguya),
- Around 24 communities benefited with actions to identify, treat, and timely refer malnutrition cases and/or health, life-saving cases,
- 1,200 households benefited with actions on wash.

11. Actual outcomes achieved with CERF funds

UNICEF.

- 4,421 children under 5 identified, treated in a timely fashion and assisted with the recovery from acute malnutrition (not disaggregated by gender available)
- 50 communities benefited with actions to identify, treat, and timely refer malnutrition cases and /or health, life-saving cases.
- 350 leaders empowered, trained and supporting their communities to identify, treat, and timely referral of malnutrition cases as well as promote and protect child feeding in emergency.
- Participatory Training methodology used is validated and has been systematized and ready to use in any emergency regarding nutrition vulnerability; including culturally adapted educational materials.
- Leaders already began replicating knowledge and activities within their communities; they identify themselves as “agents of change”.

WHO/PAHO.

- 878 children under 5 identified, timely treated and recovered from acute malnutrition.
- 5,943 pregnant and lactating women supplemented with iron and folic acid, out of which 524 women also received supplementary food.
- 125 health care centers of first and second level, 3 hospitals and 6 Nutritional Recovery Centers strengthened for the treatment and management of acute malnutrition and reproductive health cases under MOH standards and protocols.
- 3 reports per month produced by the MOH health services on the treatment of acute malnutrition in children under 5 years.
- 96 communities benefited from lifesaving measures for the identification, treatment and timely referral of cases of acute malnutrition and/or other life-threatening health issues.
- 1,200 households benefited from improvement measures on safe water consumption and promotion of hand-washing.
- 1,200 programmed mosquito nets were delivered, benefiting approximately 600 families. In addition, 5 microscopes were procured to the areas of Chiquimula, Santa Rosa, and Jalapa; and 2 thermo-nebulizers pumps were provided to the health area of Santa Rosa. All these activities supported the response to of the epidemic of dengue and Chikungunya in the department of Jalapa and facilitated actions of prevention and control in surrounding departments

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

UNICEF: a new programming of supplies was necessary since when the proposal was formulated, Therapeutic formulas and RUTF were needed as follows:

B. Supplies, Commodities, Materials. NOTE: THE READY-TO-USE THERAPEUTIC FOOD WILL COVER THE 4,000 CHILDREN EXPECTED WITH ACUTE MALNUTRITION; THE REST OF SUPPLIES IS COVERING ONLY HALF (2,100 CHILDREN), THAT IS THE GAP REPORTED BY THE MoH.

Therapeutic Formula (F-75)	Box	500	75	37,500
Therapeutic Formula (F-100)	Box	700	75	52,500
Resomal (Oral rehydration formula for acute malnutrition)	Box	250	25	6,250
Ready to use Therapeutic Food	Box	1,500	65	97,500
Zinc	Box	1,000	5	5,000
Sub-Total B:				**198,750**

When the project began, the government informed that they had purchased RUTF but, other supplies were needed. With authorization of CERF Secretariat, the following supplies were acquired:

Supply	Unit	Quantity	Unit cost	Total (USD)
Therapeutic formula F-75	Carton	90	61.51	5,536.00
Therapeutic formula F-100	Carton	100	59.20	5,920.00

CMV	Carton	70	76.19	5,333.30
Resomal	Carton	250	21.89	5,472.50
Oral Rehydration Salts	Carton	1,000	76.63	6,630.00
Portable baby/child length measure system	Unit	336	186.18	62,556.48
Electronic scale mother/child	Unit	336	129.19	43,407.84
Scale, infant, clinic beam type	Unit	336	81.10	27,249.60
Zinc	Pack	20,000	1.83	36,600.00
Total				**198,706.00**

Important to note that no women was identified with acute malnutrition.

WHO/PAHO: according to the Situation Room on moderate and severe Acute Malnutrition (AM) in children under 5 years, Epidemiological Week 25-2015 (period from 21 to 27 June 2015) reported by the Ministry of Public Health and Social Assistance, a total of 6,899 cases of malnutrition in children were detected and attended at national level; of which, 878 where located in the three departments directly supported by the CERF. The target of 4,000 children was based on official data from the Ministry of Health on acute malnutrition at national level; yet the CERF project only targeted 3 departments.
The difference between the amount of communities planned and served is due to the fact that open invitations were issued in each municipality to encourage the participation of communities in training and the response was very successful, and all the community groups interested in participating in a workshop on nutritional surveillance were attended.

Regarding the number of NRC strengthened, only 6 out of the 7 identified benefitted from this project. Based on the recommendations made by the Directorate of the Health Area of Chiquimula, the NRC that was not selected is a private institution which often does not follow the MOH guidelines and does not report cases of children with AM. The funds programmed for this center were redirected to further support the other six establishments selected.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b): N/A
If 'NO' (or if GM score is 1 or 0): this project was designed based on the needs of the most vulnerable population as a result of the prolonged heat-wave; including children and women, primarily pregnant and breastfeeding women. During the development of the project, inclusive but differentiated language was used, to target the different needs of children, men and women.
During the project implementation, the same opportunities were provided to men and women to apply to consultancies and become implementing partners. Participatory processes at the institutional and community levels were fostered to ensure equitable involvement of male and female leaders, participants and direct beneficiaries. Within community leaders, no distinction was made regarding gender. Leaders groups for facilitation was composed by women and men.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
WHO/PAHO: this project was regularly monitored through random visits to the NRC supported with CERF funds, where staff reported receiving perishable foods weekly. Interviews were conducted during the weekly deliveries of foods and other supplies to the NRC and hospitals. Health personnel identified improvement in their capacity to care for and treat children, as well as handle and record information. With regard to supplies and equipment, they stated that the products procured through the project responded to the needs expressed by the staff attending the Nutrition Recovery Centers and that this support helped strengthen the institutions to give better care to children with AM and their mothers as caregivers. Regarding the care delivery capacity of health services of first and second level, a descriptive diagnosis was conducted at the beginning of the project with cross-collection of primary information in 8 health districts of the departments of Chiquimula, Santa Rosa and Jalapa. Assessed aspects included the availability of resources to provide care for children with AM and staff expertise of health services to determine their degree of knowledge and management capacity of care standards and preventive actions for acute malnutrition. Results of the assessment of availability of resources showed that health facilities of third level have fewer human resources, equipment and infrastructure to provide care to the population. It is also noted that some services do not have adequate storage space for equipment, supplies and fortified food. Results of the initial evaluation of knowledge revealed that 74 per cent of staff in the health services have essential knowledge of the rules and protocols for the treatment of malnutrition, but showed some weakness in infant care. The evaluation highlighted that the health services	NO EVALUATION PLANNED ☒

with low scores are those with anthropometric equipment in disrepair and have low or no stock of medicines and supplementary food necessary for the care of women and children with AM. (*For more details see Annex 1*) The final knowledge evaluation at the end of the project show that adequate knowledge increased to 81 per cent of health staff following capacity building activities. In the water and sanitation component, the technical staff of water sampling done in coordination with personnel from the DAS finding high concentrations of coliform according to reports. Given this, we proceeded to deliver water filters to ensure access to safe drinking water to each of the 1,200 families prioritized. Furthermore, a producer of chlorine in solution equipment was delivered to each of the municipalities, which will provide housing solution to apply droppers. Part of the beneficiary population of the communities where water samples were taken and who received a water purifier filter, were visited without prior notice. All the people interviewed showed adequate and safe use of water filter and water reservoir. They also highlighted better knowledge and safer practice in preventive measures such as hand-washing, cleaning of filters and use of covered bucket to safely store water. All the consulted individuals explained that before being sensitized, they did not use any method to disinfect or treat water, causing regular digestive issues and diarrhoeas among children and men and women. With the strengthening of good hygiene practices in the communities, the incidence of these health issues are expected to decrease. UNICEF: tight schedule and institutional instability within the MoH impeded UNICEF to perform an evaluation after CERF project was concluded. Coordination is ongoing to organize and execute a field evaluation and one lessons learned meeting.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	[30.12.14 – 29.06.15]
2. CERF project code:	14-RR-WFP-091	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Response to food insecurity generated by devastating and prolonged dry spell in Guatemala		

7.Funding				
	a. Total project budget:	US$ 32,675,783	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 17,358,017	▪ *NGO partners and Red Cross/Crescent:*	US$ 62,000
	c. Amount received from CERF:	US$ 2,155,055	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	29,287	50,230	The 15 per cent increase between what it was planned and what it was achieved, is due to: i) better prices due to the volume in food purchases; ii) cost reduction in food handling, and transportation. It had been preliminarily proposed to assist women in 49 per cent from total beneficiaries and it was result in 73 per cent assisted. The opposite occurred with men, from a planned 51 per cent of the total of beneficiary population, only 27 per cent of the beneficiaries assisted were men.
b. Male	30,483	18,500	
c. Total individuals (female + male):	59,770	68,730	
d. Of total, children under age 5	8,966	10,311	

9. Original project objective from approved CERF proposal

To save lives and to stabilize food security levels of 12,000 of the most vulnerable households affected by drought and crop losses in eight municipalities in the departments of Jalapa, Chiquimula and Santa Rosa through general food distribution during two months.

10. Original expected outcomes from approved CERF proposal

1.1 Food consumption over assistance period for target households improved

Indicators: Food consumption Score (FCS). Target: FCS of 80 per cent of beneficiaries' households have at least borderline consumption. Baseline: FCS: 69 per cent (EFSA data).

1.2 Employment of negative coping mechanisms are reduced or stabilized

Indicators: Copying strategy index (CSI). Target: CSI of 80 per cent of targeted households is reduced or stabilized. Baseline: CSI: 24 per cent (EFSA data).

Cross-cutting issues; Role of women in decision making about food management improved

Indicators:

- Proportion of assisted women. Target: greater than 50 per cent.

- Proportion of women, who are part of project management committees, trained about food, cash and voucher distribution modalities. Target: greater than 60 per cent.

11. Actual outcomes achieved with CERF funds

- Baseline of indicators was taken from the Emergency Food Security Assessment (EFSA) in July to September 2014.

- Outcomes achieved with CERF funds were monitored in May 2015.
- Food Consumption Score (FCS): The percentage of household which reported a poor consumption level passed from 0 per cent to 3.3 per cent and those with an acceptable one passed from 69.2 per cent to 96.8 per cent, and 96.7 per cent of the participants' showed to have at least borderline consumption levels, at the end of the project.
- Copying strategy Index (CSI): Before the intervention, 24.3 per cent of the households interviewed did not apply any copying strategy, 32.5 per cent applied stress strategies (less serious), 35.5 per cent applied strategies of crisis (moderate), and 7.6 per cent applied emergency strategies (more serious). After the intervention, 25.3 per cent of the respondents have not chosen to take response strategies, 46.1 per cent applied strategies stress (less severe), 16.6 per cent moderate or crisis strategies, and 12.1 per cent severe coping mechanisms were applied or emergency strategies. Overall, at the end of the project 62.7 of the households interviewed applied moderate or less severe strategies.
- Diet Diversity Score (DDS). The indicator was not proposed as outcome indicator in the CERF proposal but is worth to analyse as a complete measure to gauge food security. The DDS measures the number of different food groups consumed over a period of time, providing an estimate of the quality of diet. The baseline of 4.0 means that in the surveyed population, households had consumed an average of 4.0 food groups during the seven days preceding the interview. After the intervention, 10.7 per cent of the households continued with a diet low diversity (4 food groups), 22.1 per cent with a medium dietary diversity (5 groups of foods) and 67.2 per cent of households have improved the diet diversity from 4 to 6 or 7 food groups, as a better quality diet.

Indicator	Head of household	Baseline evaluation	Final evaluation
Food Consumption Score	Male	69.5%	97.2%
	Female	68.7%	96.2%
	Total	**69.2%**	**96.8%**
Copying Strategy Index	Male	28%	29.2%
	Female	20.5%	21.4%
	Total	**24.3%**	**25.3%**
Diet Diversity Score	Male	4 food groups	7 food groups
	Female	3 food groups	6 food groups
	Total	4 food groups	7 food groups

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No main discrepancies between planned and actual outcomes, and achievements are close of the expected planned results. Outcomes show acceptable score of food consumption (FCS) among beneficiaries after CERF/WFP assistance. As well, beneficiaries showed a drastic reduction of the coping mechanisms on adopting strategies (CSI), as planned.

FCS reflects a level of acceptable food consumption from 69.2 per cent to 96.8 per cent, which exceeds the proposed output of 80 per cent. Selected beneficiary households had 21.4 per cent of consumption limit and a 9.4 per cent of poor food consumption before the intervention. This result shows a correlation with CSI from which it is obtained and 62.7 per cent apply mild or moderate strategies and 25.3 per cent have not opted for response strategy.

The achievement of the expected results mainly highlights the significant improvement of the 96.8 per cent of acceptable food consumption. The CSI showed a drastic reduction of the coping mechanisms on adopting strategies. Moderated strategies passed from 35.5 per cent to 16.6 per cent. Another achievement was the Diet Diversity Index (DDS) where 89.3 per cent of interviewed households went from consuming 3 food groups to 4 to consume 5 to 7 food groups. According WFP more than 5 food groups are classified under sufficiently diverse diet and households who consume more than 6 food groups are classified as good diversified diet.

The CERF project has aimed to provide food assistance with a food basket of 60 kilograms of maize, 9 kilograms of beans, 22.5 kilograms of CSB (fortified with micronutrients) and 3.75 kilograms of vegetable oil, totalling 95.25 kilograms per month per family for a family with five members, which provides 2,100 kilograms per day per person, during 2 months (60 days).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b): N/A
If 'NO' (or if GM score is 1 or 0): as planned, food assistance was distributed to women as WFP standard implementation procedures. Furthermore, pre and post-distribution monitoring data confirms that 73 percent of targeted households were headed by women.

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT ☒

WFP M&E regulatory framework has standard monitoring requirements for the implementation of its programmes. For the CERF proposal two instruments were designed (one at household level and the other one at community level) to gather relevant information for the proposed output indicators (FCS, CSI, and DDS). Methodology gazes at 32 communities and 320 households with 90 per cent confidence level, 5 per cent of standard error and 1.5 per cent of design effect. Baseline data were taken in July to September 2014 under the Emergency Food Security Assessment (EFSA). Post- monitoring distribution and final evaluation of the project were taken in May 2015.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-WFP-091	Food Assistance	WFP	COOPI	Yes	INGO	$32,000	17-Mar-15	22-Dec-14	COOPERAZIONE INTERNAZIONALE received an internal funding of $32,000 for food distribution in the department of Santa Rosa (3,200 families) by devastating and prolonged spell in Guatemala.
14-RR-WFP-091	Food Assistance	WFP	ACF	Yes	INGO	$30,000	27-Apr-15	22-Dec-14	FUNDACION ACCION INTERNACIONAL CONTRA EL HAMBRE -ACF- received an internal funding of $30,000 for food distribution in the department of Chiquimula (3,000 families) by devastating and prolonged spell in Guatemala.
14-RR-CEF-185	Nutrition	UNICEF	FANCAP	Yes	NNGO	$174,854	3-Jun-15	25-May-15	MoH suffered major changes of authorities (from Minister to key Director level), UNICEF encountered considerable challenge to implement the planned actions through MoH, despite prolonged negotiation. After continued efforts to convince new authorities of MoH in vain, the Food Security and Nutrition Secretariat manifested their interest to implement the actions at local level. Implementation of funds were through FANCAP (NNGO)
14-RR-WHO-086	Health	WHO	ACF	Yes	NNGO	$83,960	25-Mar-15	25-Mar-15	FUNDACION ACCION INTERNACIONAL CONTRA EL HAMBRE -ACF- received funding of $83,960. Funds allocated for strengthening technical capacity and inputs from the Centers for Nutritional Recovery and health services of the prioritized areas

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAH	Action Against Hunger
CONRED	National Coordinator for Disaster Risk Reduction
COMUSAN	Municipal Committee for Food and Nutrition Security
COOPI	Cooperazione Internacional
CSB	Corn Soy Blend
CSI	Coping Strategy Index
DDS	Diet Diversity Score
ECHO	European Commission, Humanitarian Aid and Civil Protection
EFSA	Emergency Food Security Assessment
FANCAP	Foundation for Nutrition in Central America and Panama
FCS	Food Consumption Score
MAGA	Ministry of Agriculture, Livestocks, and Food
M&E	Monitoring and Evaluation
PAHO	Panamerican Health Organization
RC/HC	Resident Coordinator/Humanitarian Coordinator
RUTF	Ready-to-use Therapeutic Food
SESAN	Secretariat for Food Security and Nutrition
UNETE	United Nations Emergency Team
UNICEF	United Nations Children's Fund
WFP	World Food Program
WHO	World Health Organization