

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Guatemala
Resident/Humanitarian Coordinator	René Mauricio Valdés
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$5,000,000		
	Total amount received for the humanitarian response:	\$5,000,000		
	Breakdown of total country funding received by source:	CERF	\$5,000,000	
		CHF/HRF COUNTRY LEVEL FUNDS	0	
		OTHER (Bilateral/Multilateral)	0	
	Total amount of CERF funding received from the Rapid Response window:	\$5,000,000		
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$5,000,000	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	0	
		c. Funds for Government implementation:	0	
d. TOTAL:		\$5,000,000		
Beneficiaries	Total number of individuals affected by the crisis:	65,500 individuals		
	Total number of individuals reached with CERF funding:	65,500 total individuals		
		45,850 children under 6		
		females		
Geographical areas of implementation:	Departments of Alta Verapaz, Baja Verapaz, Chiquimula, El Progreso, El Quiché, Izabal, Jalapa, Jutiapa, Santa Rosa, Sololá and Zacapa			

II. Analysis

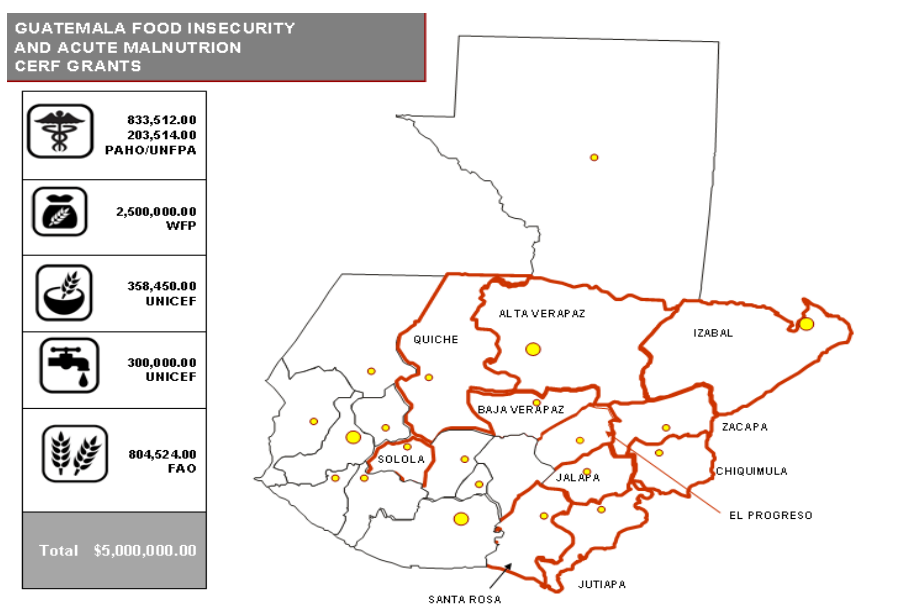
Since August 2009, the number of children with severe acute nutrition has increased. The number of children admitted to the national hospital of Jalapa has tripled (91), compared with the same month of 2007 and 2008 when 30 and 37 children were admitted respectively. These are not isolated cases. Other cases of severe acute nutrition in children (most under 6 months old) were reported in the departments of Jutiapa, Santa Rosa, Zacapa, Chiquimula, El Progreso, Baja Verapaz (dry corridor). In Izabal the prevalence of children with severe acute nutrition remains at 6.3 percent (EFSA July/2009), which is significantly higher than the national average of 1.8 percent.

Because of this situation, on September 8th, the President of the Republic of Guatemala, declared a State of National Calamity through Gubernatorial Decree 10-2009. The GoG prompted the international community to establish the integral response roundtable targeting food and nutritional insecurity in the country.

Primary evaluations were performed by the Secretariat of Food and Nutritional Security (SESAN), the Ministry of Agriculture, Livestock and Food (MAGA), Secretariat for General Planning (SEGEPLAN), and the Ministry of Health and Social Assistance (MSPAS), with the purpose of identifying the first effects of malnutrition, the damage and the loss crops, as well as health problems and water management. Further assessments were necessary to analyze the interventions to protect food consumption and access, strengthen preventive health and nutrition measures, and rehabilitation and protection of livelihoods.

The agencies of the United Nations, funds and programs, abiding by its mandate to respond to disasters in a coordinated form, are converging in priority areas together with GoG organizations such as SEGEPLAN, the National Coordinator for Disaster Risk Reduction (CONRED), to assist the affected population. These efforts are carried out in a humanitarian assistance context focused on life-saving operations within the populations affected by crop and basic grains losses. Limited food reserves experienced in some areas were taken into account. The alternatives were proposed for each of the vulnerable groups.

The priority sectors covered with this intervention were: health, nutrition, food, agriculture, water and sanitation. The priorities of the response of each one of the projects were established in coordination with the government, as well as local authorities, the Humanitarian Network (HCT) and donors.



Guatemala has been severely affected by a prolonged drought due to the El Niño phenomenon, which has resulted in significant losses in agricultural production and livelihoods. Furthermore, the impact of the global economic crisis, a decline in remittances, a rise in prices of raw materials and the rise in unemployment of unskilled labor have reduced the capacity of poor populations to access food and basic services.

Food insecurity in the country has increased due to a combination of climatic, economic and health factors, causing an increase in the number of cases of acute malnutrition in children under age 5 and women; especially in the dry corridor "where acute malnutrition mortality cases have increased in children under 5 years, especially in children under 6 months."

To address this situation and other concurring emergencies, the Guatemalan Government declared a State of Public Calamity on September 8th, 2009.

Since limited amount of reliable information was available regarding the magnitude the situation and groups affected, with CERF funding, a rapid assessment of the food and nutrition insecurity situation and acute malnutrition in the Dry Corridor, Quiche and Izabal, was conducted by the Humanitarian Network with participation of approximately 30 institution, under the leadership of the UN. Results demonstrated that 11 percent of children under age 5 and 14 percent of women experienced acute malnutrition using MUAC as an indicator.

Furthermore CERF funding enabled prompt acquisition of drugs for treatment of acute malnutrition and of anthropometric equipment needed to assess the nutritional situation and report daily the situation. It also allowed the development, consultation and reproduction of protocol guidelines for the treatment of acute severe malnutrition in hospital settings and in the community. Health personnel were trained regarding these guidelines and monitoring instruments have applied to assess appropriate uses of protocols.

The CERF allowed the rapid response to ensure that households can cover their basic food, health and nutritional needs. There is an urgent need to save the population, which is currently in severe malnutrition situation, and to restore their productive capacity in order to facilitate prompt recovery.

This immediate relief operation has reduced the impact of the crisis on the vulnerable populations, however, it remains necessary to continue the emergency response effort and save the lives of the affected populations. On the 5th of March, the United Nations System in Guatemala, in coordination with the Humanitarian Network and the Government of Guatemala, has launched an humanitarian appeal, which will allow for the continuity of humanitarian actions for the coming six months. To this date, US\$ 4.7 million dollars have been raised, which represents 16 percent of the total amount requested for the appeal.

Guatemalan Government has allocated US\$17.5 million, including food and immediate assistance. Despite these efforts, there is a high percentage of population at risk because of the lack of food and nutritional security.

The international community is working in close cooperation with the Government of Guatemala to ensure the necessary linkages between the emergency and recovery phase, in order to ensure the food security of vulnerable households.

According to official reports, it is estimated that, in 2010, the continued drought will deplete food reserves and reduce work opportunities, which will result in less income for food commodities. This will put the vulnerable population at further risk until the next harvest in August/September.

III. Results

<p>AGRICULTURE</p>	<p>Immediate assistance to re-establish food production and the livelihoods of the vulnerable farmers affected by the drought in Guatemala</p>	<p>\$804,524</p>	<p>\$804,524</p>	<p>6954 families (6 people per family)</p>	<p>Beneficiaries families have rehabilitated the production of short-cycle food crops and vegetables, improving: The availability of carbohydrates thanks to the restart of crop (Maize) production; The availability of proteins thanks to small livestock production.</p> <p>The intake of micronutrients by pregnant mothers and children through vegetable production.</p> <p>Established the conditions for water harvesting in 600 households.</p> <p>315 farmers will grow 110.25 has of local maize variety seeds to ensure adapted seeds' availability to farmers in the dry zone of Guatemala affected by drought. At the end of the cycle they will produce maize seeds for 4,725 families.</p> <p>4,725 families will receive certified seeds of maize for the next production cycle.</p> <p>Greater resilience and reduction in vulnerability through the reduction of asset stripping and loss of goods</p>	<p>600 families have rehabilitated the production of short-cycle food crops and vegetables</p> <p>1314 families have increased the availability of carbohydrates</p> <p>2000 families have reestablished the conditions for harvesting rainwater for agricultural production.</p> <p>Aavailability of local seed (158 bushels) was ensured, with the identification, selection and characterization of local maize seed.</p> <p>315 producers have materials and expertise for the storage of seed corn.</p> <p>80 small farmers have planted 715 bushels of corn ICTA B7 increasing the availability of seed that will cater to families 4.725 for commercial grain production for home consumption.</p> <p>2309 small farmers, men and women have improved their technical skills for agricultural production.</p> <p>2309 families have survived and recovered their productive assets and livelihood, with the support of the project.</p>			
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<p style="text-align: center;">FOOD</p>	<p>Emergency food assistance to families affected by acute malnutrition and food insecurity due to 2009 drought</p>	<p style="text-align: center;">\$2,500,000</p>	<p style="text-align: center;">\$2,500,000</p>	<p>134,480 people (26,896 families)</p> <p>Adults: 52,447 Male 26,747</p> <p>Female 25,700 (592 pregnant and lactating women)</p> <p>Population under 18 years of age 82,033</p>	<p>Save lives and reduce acute malnutrition of the affected population with special focus on children, pregnant and lactating women.</p> <p>Facilitate access to food, to families affected by the loss of crops and without food reserves as a result of 2009 drought.</p>	<p>A total of 355 mt of food were distributed to 2,367 families affected by severe malnutrition, families with at least one member affected by moderate or severe acute malnutrition mainly children under 5 years, and pregnant and lactating women.</p> <p>24,529 families affected by food insecurity were assisted with 2,994 mt of food avoiding the increase and risk of food insecurity in the same families.</p> <p>Total families benefited 26,896 (134,480 people) for three months with a total of 3,349 mt of food.</p>			
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HEALTH PANO	09-WHO-054 Decrease the mortality from severe acute malnutrition and related diseases, 11 departments of Guatemala's "dry corridor"	\$833,512	\$833,512	3,845,161 direct and indirect beneficiaries (11 intervention health areas)Health Care Personnel aprox: 22,000.-	<p>Reduction in mortality and morbidity rates of the affected population (mainly women of childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor".</p> <p>Increased response capacity of health centers of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment.</p> <p>Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the "dry corridor".</p>	<p>Mortality and morbidity rates were reduced by recruitment of physicians, nutritionists that were assigned to the 11 health areas addressed by the project. In addition, facilitators were recruited to carry out training to the health care staff.</p> <p>Areas with malnutrition strengthened their services through the provision of inputs to implement the protocols at hospital level and the training of personnel from the first and second level of care in the management of the protocols.</p> <p>Response capacity of health care facilities increased through the training of personnel responsible of the national nutrition surveillance system (132 epidemiologists and statisticians of all health areas trained), the procurement and distribution of medications and hospitals supplies to provide care to malnutrition cases and related diseases.</p> <p>Three hospitals renovated for the implementation of milk banks and personnel assigned and trained in human mil banks. Equipment and supplies for these banks was provided.</p> <p>A campaign to promote breastfeeding was launched with radio spots, production of two videos and other messages distributed to health centers.</p> <p>Nutritional surveillance and early detection of malnutrition cases improved through the provision of training and equipment. 100% of hospitals and areas had the surveillance system updated.</p> <p>A rapid assessment of food and nutrition insecurity carried out in 9 departments of the "dry corridor" with the following results: 11% of children under five with severe acute malnutrition, and 14.5% of women with acute malnutrition.</p>		A Manual for the Epidemiological Surveillance of acute Malnutrition was produced and epidemiologists and statisticians were trained in its application for reporting in SIGSA forms. A strategy for active surveillance at local level was also designed.	
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<p>HEALTH UNFPA</p>	<p>09-WHO-054 Decrease the mortality from severe acute malnutrition and related diseases, 11 departments of Guatemala's "dry corridor"</p>	<p>\$203,514</p>	<p>\$203,514</p>	<p>10,000 women of childbearing age 39,709 pregnant women</p>	<p>Reduction in mortality and morbidity rates of the affected population (mainly women of childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor".</p> <p>Increased response capacity of health centres of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment.</p> <p>Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the "dry corridor".</p>	<p>Purchase process for micronutrients for women (Sulfato Ferroso, and Folic Acid).</p> <p>Purchase of 2,850,000 tablets of Folic Acid, and 2,260,000 tablets of sulfato ferroso. Tablets were distributed to the six health areas and local hospitals in each township of the project.</p> <p>Distribution of 15 Birth Kits, assigned to local hospitals in Alta Verapaz, Jalapa, Solola, Izabal, Santa Rosa, Zacapa, Salama, Joyabaj (11 kits), and CAPS to Carcha, San Antonio Palopo, Santa Clara la Laguna, Solola (4 Kits), as convened and approved by the Vice Ministry of Hospitals. The Nutrition and Reproductive Health Guide was developed with the support of the Ministry of Health, and everyone else related to the subject. 1,500 copies were published.</p> <p>Purchase of anthropometric equipment:</p> <p>UNPFA purchased 150 adult foot scales, destined for External Consult and Maternity areas in the hospitals and health areas prioritized by the Ministry of Health. Also, 3,000 different obstetric bands were printed. This equipment was distributed to 36 hospital units, and 29 health areas; covering over 1,300 health services in the country.</p> <p>Hiring of 8 community educators. Assigned to the areas of Alta Verapaz, Chiquimula, Solola, Jutiapa, Jalapa, Izabal. They visited health service areas, providing over 408 lectures on reproductive health and nutrition to women within the health areas, as well as the communities.</p>			
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<p>NUTRITION</p>	<p>Attention to Children Identified with Moderate and Severe Acute Malnutrition.</p>	<p>\$358,443</p>	<p>\$358,443</p>	<p>Childs under age 5 Boys 6050 Girls 6,106 Women 12,000 Men 256</p>	<p>Children with severe acute malnutrition detected and treated timely.</p> <p>Mortality of children under 6 years of age with moderate and severe acute malnutrition is reduced.</p> <p>Treatment of children with severe acute malnutrition at the hospital and local levels is standardized. Children under 6 months with exclusive breastfeeding and continued until 2 years of age.</p> <p>Appropriate Infant feeding practices to prevent acute malnutrition, especially for children under 5 years of age, are promoted.</p>	<p>13 Health Areas attended with supplies.</p> <p>205 workshops IEC in 112 communities, with persons affected in dry corridor have been developed</p> <p>1787 health workers have been trained in the Community treatment of malnutrition protocol.</p>			
<p>WASH</p>	<p>Water, sanitation, and environmental hygiene in affected communities by the drought.</p>	<p>\$300,000</p>	<p>\$300,000</p>	<p>25163 Children under 5 years old girls 3145 boys 298 Women 9685 Men 9173</p>	<p>Improving access to safe water and sanitary conditions for groups affected by drought, especially the most vulnerable, including children, pregnant women and infants.</p> <p>Reduction (minimization) of the risks attributable to emerging diseases in the population of affected communities as well as environmental health problems.</p> <p>Implementation of rapid water and sanitation actions in affected communities, especially those with higher priority due to health damage.</p> <p>Implementation of a mass media dissemination plan on safe water and sanitation.</p>	<p>35 municipalities, 165 communities and 165 projects attended for Water, Sanitation and Hygiene.</p> <p>205 workshops IEC with persons affected in dry corridor have been developed</p> <p>MOH worked on maintenance of water supply and provided emergency water supply to shelters, households and schools.</p>			

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded

Annex 2: Acronyms and Abbreviations

CCI	Centre for Information and Coordination (on food security)
CERF	Central Emergency Response Fund
CONRED	National Coordinator for Disaster Reduction
FAO	United Nations Food and Agricultural Organization
GFD	General food distributions
ICTA	Institute of Agricultural Science and Technology
MAGA	Ministry of Agriculture, Livestock and Food
MoH	Ministry of Health
MSPAS	Ministry of Health and Welfare
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OMPs	Municipal Planning Office
PAHO	Pan American Health Organization
SE-CONRED	Executive Secretariat of the National Coordinator for Disaster Reduction
SEGEPLAN	Secretariat of Planning and Programming of the Presidency
SESAN	Secretariat for Food and Nutritional Security
SOSEP	The First Lady Secretariat of Social
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

VISAN Vice Ministry of Food Security
WFP World Food Programme
WHO World Health Organization