RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS IN GUATEMALA RAPID RESPONSE FOR PLAGUES (AND DROUGHT) - 2014

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.

WFP, in close coordination with its partners, Plan International, Food Security and Nutrition Secretariat (SESAN), Ministry of Agriculture, Livestock and Food (MAGA), and local authorities have implemented a monitoring process concurrently with the delivery of food assistance. A further evaluation was carried out after the three (3) food deliveries were completed. The baseline survey was conducted in August 2014 and the final survey in November 2014. The final report was scheduled to be completed by the end of February 2015 and will now be available as of mid-March 2015. UNICEF did not plan to undertake an evaluation due to the very short implementation period (3 months). Although no project-specific evaluation was carried out by WHO/PAHO, monitoring and supervision activities were performed by the project coordinator throughout the project implementation to ensure adequate progress of activities as well as to identify potential issues affecting the execution of interventions, both technically and administratively.

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 ☐

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 in close consultation with the recipient agencies and enriched with complementary information from their implementing partners as well as from OCHA and the Humanitarian Information Network for Latin America and the Caribbean (Redhum). The final CERF'S RC/HC Report will be shared with the National Coordination Authority for Disaster Reduction (CONRED), SESAN, MAGA, and the Ministry of Health (MoH).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$ 22,815,000		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,503,311
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND	0
	OTHER (bilateral/multilateral)	6,948,000
	TOTAL	**9,451,311**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 22-May-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-083	Health–Nutrition	289,114
WHO/PAHO	14-RR-WHO-036	Health–Nutrition	214,193
WFP	14-RR-WFP-036	Food	2,000,004
TOTAL			**2,503,311**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,327,058
Funds forwarded to NGOs for implementation	176,253
Funds forwarded to government partners	0
TOTAL	**2,503,311**

HUMANITARIAN NEEDS

Conditions of multi-hazard food security emergency in Guatemala were confirmed along implementation of CERF activities. Working-day opportunities among day labourers within the coffee industry were limited in late 2013 and early 2014 due to the vast negative impact of the coffee rust fungus in most of the coffee farms around Eastern and Central Guatemala. Family income was then drastically reduced impacting negatively in the capacity of each family to acquire their food. Significant losses in basic grains harvest were also confirmed along the dry corridor of Guatemala, mainly in Central and Western areas. Consequently, small-holder farmers and day labourers were the two most affected groups within these poor and vulnerable communities. The period of main food scarcity began in late May and showed the most critical period of food insecurity between July and November. In addition, due to a prolonged dry spell (lasting up to 45 days in some areas), levels of food insecurity were dramatically increased, covering a wider region along the dry corridor, and depleting the food reserves to zero from late October.

These multiple hazards also resulted in anomalous, high-levels of acute malnutrition, a significant deterioration in the quality of water accessible for human consumption, significant outbreaks of drought-related diseases (mainly dengue and chikungunya), as well as gastro- and respiratory diseases. Priority needs in the affected areas included access to food assistance (basic food baskets), health and nutrition assistance (especially, therapeutic food and zinc for kids under 5 and women), as well as the protection and recovery of livelihoods. Famine Early Warning Systems Network (FEWS-NET) confirmed the prevalence of food insecurity in vulnerable families during the period of July to September 2014. According to FEWS-NET's Food Security Outlook, one out of every five of poor households in certain municipalities in Eastern region and in the Highlands faced difficulties in meeting their food needs (Integrated Phase Classification - IPC Phase 3) during this period (http://www.fews.net/central-america-and-caribbean/guatemala/food-security-outlook/july-2014).

II. FOCUS AREAS AND PRIORITIZATION.

Targets and beneficiaries for this project slightly varied from those originally planned but the focus remained in the three most affected *departamentos* (states) namely, Baja Verapaz, Quiché, and Huehuetenango. On one hand, around 11,000 families were targeted by WFP's food assistance in 33 communities of 7 *departamentos*. On the other hand, the collaborative work in the areas of nutrition and recovery carried out by UNICEF and WHO/PAHO targeted six municipalities in six *departamentos*, including the three most affected ones. See Tables and Map in Figure 1 for specific location of targeted areas.

Figure 1. Tables and map showing specific locations of target areas.

Acute malnutrition cases managed by UNICEF's, national-scale, assistance

Departamento	August	September	October	November	December	Total
Guatemala	179	194	151	92	66	**682**
El Progreso	12	7	6	3	3	**31**
Sacatepéquez	38	89	44	42	29	**242**
Chimaltenango	25	36	25	9	12	**107**
Escuintla	170	156	160	108	66	**560**
Santa Rosa	40	35	21	9	12	**117**
Sololá	12	12	10	3	2	**39**
Totonicapán	10	19	10	8	9	**56**
Quetzaltenango	55	59	63	20	33	**230**
Suchitepéquez	69	57	37	42	24	**229**
Retalhuleu	58	43	56	34	16	**207**
San Marcos	55	53	63	54	43	**268**
Huehuetenango	57	54	40	11	21	**183**
Quiché	73	74	46	42	34	**269**
Alta Verapaz	50	72	70	27	20	**239**
Baja Verapaz	40	43	29	8	12	**132**
Petén	52	68	52	28	20	**220**
Izabal	33	19	20	13	13	**98**
Zacapa	39	44	56	16	5	**160**
Chiquimula	89	50	43	20	30	**232**
Jalapa	54	34	43	19	22	**172**
Jutiapa	26	30	37	24	19	**141**
Totals	**1,236**	**1,248**	**1,082**	**632**	**511**	**4,709**

As planned, WFP staff focused on the identification and verification of humanitarian needs of families within the targeted communities affected by a combination of the impact from the coffee rust fungus and negative climatic conditions, including the loss of harvests. WFP staff, sometimes with UNICEF and WHO/PAHO staff, collected preliminary information to develop final lists of beneficiaries for each community. After the verification and registration of beneficiaries, WFP carried out three deliveries of food assistance and/or cash or vouchers in all targeted communities. Close coordination with SESAN and MAGA enabled WFP to avoid overlaps or gaps with food being delivered as part of the Government´s "*Opportunity Operation*" in surrounding areas. Partnership with Plan International also allowed WFP to coordinate with other local actors

WHO/PAHO's targeted, total areas

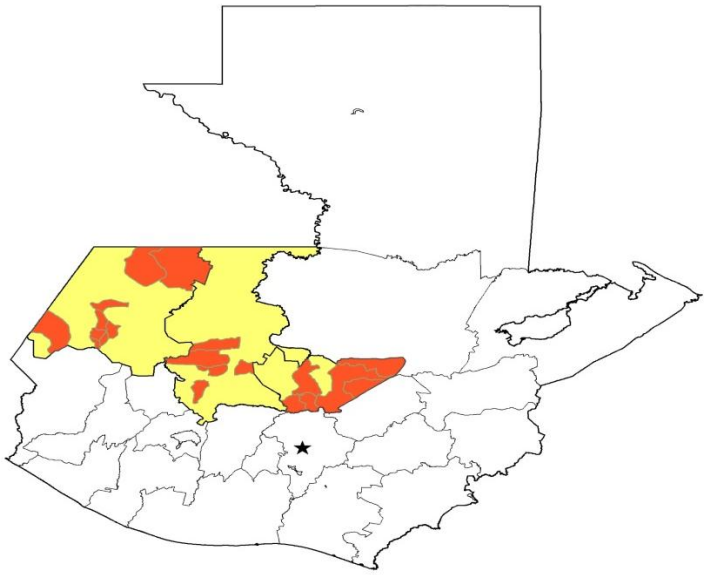
Departamento	Municipalities	Total communities
Baja Verapaz	Salamá, Purulhá, Rabinal, San Jerónimo, Granados, El Chol, Cubulco and San Miguel Chicaj	33
Quiché	Santa Cruz del Quiché, San Bartolomé Jocotenango, San Andrés Sajcabajá, Chichicastenango, Canillá and Sacapulas; as well as Nebaj, Chajul and San Juan Cotzal, the Ixil Triangle area.	26
Huehuetenango	Huehuetenango, Barillas, San Mateo Ixtatán, Concepción Huista, San Rafael Petzal, San Juan Atitán and Huehuetenango	52
3 departamentos	**24 municipalities**	**111**

WFP identified and verified a total of some 11,000 families in the three most affected departments who benefitted from food assistance. See Map on the following page for details.

Existing and new cases of acute malnutrition during the project period were managed in a complementary way by UNICEF and WHO/PAHO. As planned, UNICEF was responsible for the identification of malnutrition cases, both in children under 5 and women, at community level. Appropriate and on-time treatment was provided through therapeutic food and complementary zinc and antibiotics. In addition, UNICEF provided therapeutic formulas and specialized vitamins to the MoH to disseminate at national level. UNICEF also carried out activities at community level involving women, children, and families on emergency nutrition, quick-training on the identification of malnutrition signs and raising awareness about treatment and follow-up of acute malnutrition cases.

Also during this period, WHO/PAHO treated and assisted with the recovery of malnourished children and women at municipal level, specifically supporting and strengthening capacities of six Nutritional Recovery Centres (NRCs). Cases in children under 5 and women referred from targeted communities were managed at each NRC by local personnel with WHO/PAHO's technical assistance. In addition, WHO/PAHO supported NRCs by delivering medical equipment and supplies, specialized devices (mainly anthropometric equipment), as well as with the hiring of additional staff and specialized personnel (nurses and doctors).

CERF coffee rust, targeted areas in Guatemala



Three departamentos (in yellow) and 24 municipalities (in red) for a total of 111 communities (not show)

III. CERF PROCESS

Processes and consultations to prioritize CERF funds and identify target communities were based on Government´s analysis, a non-public Alert Report in early 2014, the WFP-led Emergency Food Security Assessment (EFSA) information, as well as on analysis and decisions within the HCT. CERF funded interventions were directed primarily to the affected people not being supported by Government programs. Internal consultations within the United Nations Emergency Team (UNETE), the United Nations Disaster Management Team (UNDMT) and the RC/HC supported and defined final decisions that facilitated the prioritization of interventions for the CERF allocation as well as targets. Final consultations with OCHA Regional Office for Latin American and the Caribbean (ROLAC) and advice from the CERF Secretariat enabled the UNCT to negotiate and clarify the final CERF proposal and budgets.

Strategic coordination was undertaken with key Government institutions (SESAN and MAGA) and with member organizations of the HCT. SESAN and MAGA were in charge of implementing the Government´s food assistance programme in the priority targeted areas. Some NGOs implemented small humanitarian operations funded bilaterally by their headquarters and donors also in close coordination with the UNCT to avoid overlapping and gaps.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 728,655				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health–Nutrition	5,010	2,627	7,637
	Food	28,574	26,246	54,820

* These figures may include double-counting since cross-check among WFP and UNICEF/WHO/PAHO's lists is difficult. However, the best effort was made to minimize overlap and provide best estimations for table 5.

BENEFICIARY ESTIMATION

Beneficiaries of food assistance were originally estimated at 11,000 households affected by the coffee rust, mainly day labourers and small producers who owned less than an acre of land. On the other hand, UNICEF and WHO/PAHO focused on the treatment and recovery of acute malnutrition cases at community level with an emphasis on households with children under 5. Broad estimates of potential acute malnutrition cases in children under 5 ranged from 500 to 550 in the original CERF proposal. Confirmed treated cases, both in NRCs and communities, reached 504, including moderate malnutrition cases. In four of the six NRCs, 151 children under 5 were admitted with moderate and severe acute malnutrition of which, 128 recovered fully, six were referred to the general hospital for further medical attention, and 14 children remained in treatment at the end of the project. There were no deaths recorded due to acute malnutrition. Around 4,700 cases of acute malnutrition were treated nationwide by using therapeutic food and other items funded by CERF funds.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	38,250	33,584
Male	36,750	28,873
Total individuals (Female and male)	75,000	62,457
Of total, children under age 5	15,000	18,623

CERF RESULTS

WFP, UNICEF, and WHO/PAHO closely coordinated with SESAN, MAGA and the MoH to effectively optimize and focus CERF funded actions. The main CERF results listed by implementing agency include:

WFP

Food assistance was delivered to around 10,800 households for three months. Three deliveries were made per family, one monthly, allowed around 55,000 individuals to meet their minimum food requirements. Three major food security indicators (food consumption score, coping strategy index, and food security indicator) were used to objectively monitor pre- and post- food insecurity conditions. In all cases, the three indicators were met reaching values which showed improved food security (see details in Section VI. Project Results). Close coordination with MAGA and SESAN avoided overlaps or gaps along the targeted areas.

UNICEF

- Around 4,709 children at national scale and 584 children within the three targeted departments were treated with therapeutic formulas substantially reducing the high mortality risk associated with acute malnutrition,

- Diagnosis of acute malnutrition in children under 5 was improved within the health facilities,
- Six technical teams at municipal level in 6 departments (Baja Verapaz, Huehuetenango, Alta Verapaz, San Marcos, and Chimaltenango) were organized, trained, and equipped. Members of such teams are full-time staff from hospitals and health centres within the region. Treatment, analysis, and follow-up of acute malnutrition cases was executed for these 6 teams,
- 100% of children timely identified for acute malnutrition were adequately treated,
- Mortality rate among children admitted and treated for acute malnutrition was reduced to 0%.

WHO/PAHO.
- 100% of children with acute malnutrition were identified and treated in a timely and proper manner,
- 100% of children admitted at the NRCs suffering from acute malnutrition were successfully treated and saved from high mortality risk,
- 100% of the children with malnutrition attended at the NRCs recovered satisfactory and did not need re-admission to a health facility,
- 85% of families with children with acute malnutrition had been supported with food assistance.

CERF's ADDED VALUE

WFP's food assistance activities within the target area allowed to create a closer coordination with MAGA/SESAN's food assistance programs and operations. Databases and networks created were valuable to enhance the effectiveness of food assistance operations, both for WFP and the Guatemalan Government. Additional food assistance operations were carried out in late 2014 due to prolonged dry spell in several areas already affected and assisted by activities covered by the CERF allocation for the coffee rust induced crisis.

In addition to the identification, treatment, and recovery of 4,709 cases of acute malnutrition in children under 5, UNICEF and WHO/PAHO have contributed to increased technical capacities of health staff in hospitals and health centers within the target area. Community capacities of guide mothers, as well as community health promoters, were also increased. Health networks from community, municipal health committees, health facilities, and national health officers were also strengthened. On-site capacities to continue monitor, identify, treat, and refer acute malnutrition cases in children under 5 were increased in an integral and sustainable fashion.

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

Food assistance was complementary to Government's food assistance operation. In that sense, CERF funds allowed for the timely delivery of food to those families not being targeted by the Government´s operation. For acute and moderate malnutrition treatments, CERF funds allowed to quickly and effectively identify, treat, and/or refer existing and/or new cases at community level and at municipal/RNC levels.

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

Again, CERF funds allowed to quick assistance for acute and moderate malnutrition cases, especially in children under 5 but also some malnourished women.

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

CERF funds were allocated more or less at the same time as ECHO's funds. (ECHO is the European Commission Humanitarian Office, currently named Department of Civil Protection and Humanitarian Affairs). 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.

[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.).

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

CERF preparation, formulation, and implementation brought coherence and coordination among major organizations of the HCT. CERF funds facilitated the collaborative exchange of information, collaborative decision-making process and a more integral and larger scale humanitarian intervention.

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

CERF preparation, formulation, and implementation promoted cluster activation and inter-cluster coordination as well as the exchange of information.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
WFP	None	None
UNICEF	None	None
WHO/PAHO	None	None
OCHA	It is important to keep using the Concept Note before using the full CERF format. Negotiations and advice from the CERF Secretariat in the preliminary phase of CERF preparation allow to save time, efforts, and resources from participants UN agencies and counterparts.	OCHA

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	09.06.14 – 08.12.14
2. CERF project code:	14-RR-WFP-036	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project title:	General cash/food distribution in response to food insecurity generated by the coffee rust crisis in Guatemala		
7.Funding	a. Total project budget: US$ 20,400,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project: US$ 6,120,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 36,360
	c. Amount received from CERF: US$ 2,000,004	▪ *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	28,050	28,574	The number of reached beneficiaries shows little discrepancies from planned. The most evident is in the number of children under 5 and is due to the fact that actual households' composition was different than the expected/estimated one. Based on beneficiaries' consultations WFP finally programmed a shift in the assistance modalities with a smaller proportion of in-kind food assistance and an increase in the number of beneficiaries assisted through the cash modality. The WFP also supported CERF operations with internal funding to extend the food assistance period to 90 days for 19,421 beneficiaries in one Department (Baja Verapaz).
b. Male	26,950	26,246	
c. Total individuals (female + male):	55,000	54,820	
d. Of total, children under age 5	11,000	13,410	

9. Original project objective from approved CERF proposal

Save lives and protect livelihoods of vulnerable small coffee producers and day labourers whose food and nutrition security has been affected by the coffee rust crisis.

10. Original expected outcomes from approved CERF proposal

1.1 Improved food consumption over assistance period for target households
Indicators: Food Consumption Score. Target: 80% of beneficiary households have at least borderline consumption
Baseline: Households with borderline Food Consumption Score:
-coffee rust: temporary workers: 14%
-coffee rust: small coffee growers: 22%
Baseline Households with poor Food Consumption Score:
-coffee rust: temporary workers: 3%
-coffee rust: small coffee growers: 6%

1.2 Employment of negative coping mechanisms are reduced
Indicators: Copying strategy index; asset-depleting strategies. Target: 80% of beneficiary household have increased the score and are not applying asset depleting strategies.

11. Actual outcomes achieved with CERF funds

- Food Consumption Score: Baseline estimations of the Food Consumption Score presented in the CERF proposal where taken from the 2013 EFSA. These indicators are generically presented for a larger population. Food consumption was also monitored before the first food/cash distribution and after the whole intervention to recollect more specific values. The percentage of household reporting a poor consumption level passed from 0% to 4%, those with a borderline consumption level passed from 7% to 16.4% and those with an acceptable one from 93% to 79.7%. At the end of the project 96.1% of the participants' shows to have at least borderline consumption levels. Main discrepancies and limitations are explicated below.
- The Copying strategy index has been estimated from field surveys. Before the intervention 50.8% of the interviewed were applying least severe coping strategies, 8.8% moderate and 40.4% severe. After the intervention 69.1% of interviewed were applying least severe, 14.8% moderate and only 16.1% severe coping mechanisms. On a whole at the end of the project 83.9% of interviewed households were applying moderate or least severe strategies.
- The Food Security indicator is worth to analyse as a complete measure to gauge food security even if not included in the CERF proposal. It is based on the CARI methodology and shows that severe food insecurity passed from 6.6% to 0, moderate from 16.9 to 9.8, mild from 45.5 to 40.6 and the percentage of food secure people increased from 31.1 to 49.6. All values are presented in the next table to evidence gender issues differentiating the indicator by head of household.

Indicator		Baseline evaluation	Final evaluation
Food Secure	Male	33.1	54.5
	Female	28.1	70.8
	Total	31.1	49.6
Mildly insecure	Male	41.9	37.6
	Female	50.6	27.0
	Total	45.5	40.6
Moderately insecure	Male	17.8	7.9
	Female	15.6	2.2
	Total	16.9	9.8
Severely insecure	Male	7.2	0
	Female	5.6	0
	Total	6.6	0

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

Main discrepancies between planned and actual outcomes refer to the FCS. The indicator showed some limitations in reflecting the actual food security situation of beneficiaries when considered alone. The main limitation is that it doesn't show the correlation with the Coping Strategy Index (CSI). In fact, based on available estimates, we can infer that the FCS appeared high just because the beneficiaries were applying severe copying strategies to maintain an acceptable (or borderline) consumption level.

The achievement of expected outcomes is mainly highlighted by: the improvement of the CSI and the Food Security indicator. In fact, we can observe a drastic reduction in the adoption of severe coping strategies; a decrease in severely food insecure households (6.6%) and an increase in food secure ones (18.5%).

The CERF proposal intended to provide half of the assistance through cash transfers and the other half with in-kind transfers. However, the proposal also indicated that: "The exact combination of intervention modalities will be determined for each region taking into consideration market conditions, price fluctuations, beneficiary preferences, and cost-effectiveness". Considering the consultations realized with the beneficiaries, and their preferences as well as market conditions, cash distribution facilities and the agreements with local authorities; the WFP finally programmed a shift in the assistance modality. Most of beneficiaries (71.5%) were supported exclusively with cash transfers while the remaining 28.5% received in-kind assistance. This proportional change is

also evidenced in the financial statement. As a complement for the intervention the WFP, with internal funds, was able to increase the assistance for 19,421 beneficiaries of the Department of Baja Verapaz. Specifically, one more month of assistance was provided through both in-kind and cash modality. It is worth to mention that this department, which was also visited by the RC before the project implementation, has been selected for an extension of the assistance period due to its high level of vulnerability.	
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 was mainly delivered to women as a rule of implementation. Furthermore, monitoring data confirms that 34.3 percent of targeted households were headed by women**.**	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
WFP monitoring and evaluation regulatory framework give minimum monitoring requirements for the implementation of its programmes. For the CERF proposal two instruments were designed (one at household and the other at community level) to gather relevant information for the creation of corporative and project related indicators. A sample of 30 communities and 397 households was taken to grant a 90% confidence level, and 5% standard error. The baseline survey was conducted in August and the ex-post in November 2014. The final report of WFP will be available at the end of February 2015.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO/PAHO	5. CERF grant period:	UNICEF 04.06.14 – 03.12.14 WHO/PAHO 06.06.14 – 05.12.14
2. CERF project code:	14-RR-CEF-083 14-RR-WHO-036	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Management and treatment of acute malnutrition in Guatemala		

7.Funding				
	a. Total project budget:	US$ 2,415,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 503,307	▪ *NGO partners and Red Cross/Crescent:*	US$10,329
	c. Amount received from CERF:	US$ 503,307	▪ *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	2,340	2,449	In all cases, more beneficiaries were reached than originally planned. All UNICEF's beneficiaries are children under 5 treated for acute malnutrition at national scale.
b. Male	2,160	2,260	
c. Total individuals (female + male):	4,500	4,709	
d. Of total, children under age 5	4,500	4,709	

9. Original project objective from approved CERF proposal

- Timely identify and adequately manage and treat around 4,500 children under 5 and women with acute malnutrition.
- Reduce death in children under 5 due to acute malnutrition.

10. Original expected outcomes from approved CERF proposal

- In three months, in the prioritized municipalities where the project will take place:
- 85% of children are timely identified for acute malnutrition and adequately treated.
- 95% of children admitted are prevented from death by acute malnutrition.
- 80% of children identified with acute malnutrition are recovered satisfactorily.
- 85% of families with children with acute malnutrition had been attended with food assistance program.

To save children´s lives, timely identification and treatment need to take place in the most vulnerable communities. Special surveillance will take place to early identify children affected of acute malnutrition. Surveillance will be done by health personnel, including personnel at health services. Community members will strengthen the search for identification of children with acute malnutrition. For timely identification of acute malnutrition it is also important that parents and community leaders are able to identify

danger signs, so awareness to detect acute malnutrition danger signs will take place at local level. Awareness will promote community participation and empowerment of parents to perform the action needed for referral and treatment. Therapeutic formulas will be provided for treatment at both community and hospital level and NRCs for adequate treatment to save children´s lives. UNICEF/PAHO will guarantee that health personnel rapidly apply MoH´s protocols and that health services have adequate supplies (therapeutic formulas) according to expected number of cases. At community level, community personnel will be rapidly introduced to detect danger signs of acute malnutrition. This work will be performed jointly between UNICEF and PAHO and in coordination with the MoH and SESAN. At present, close monitoring of acute malnutrition cases is being performed.

Action	Month 1	Month 2	Month 3
Procurement of supplies	X	X	
Rapid training/induction to health personnel/local leaders	X	X	X
Identification of acute malnutrition cases	X	X	X
Treatment of children affected with acute malnutrition	X	X	X
Monitoring of acute malnutrition cases	X	X	X

11. Actual outcomes achieved with CERF funds

- 4,709 children at national scale and 584 children within the three targeted departments were treated with therapeutic formulas substantially reducing the high mortality risk associated with acute malnutrition,
- Registration of diagnosis of children with acute malnutrition was improved: from 19% to only 9% of children referred with acute malnutrition, are not well classified by health personnel.
- 6 Municipal technical teams in the Departments of Baja Verapaz, Quiché, Huehuetenango, Alta Verapaz, San Marcos and Chimaltenango were conformed with health personnel from the Hospitals and Health Centres to analyse and follow-up acute malnutrition cases.
- 100% of children timely identified for acute malnutrition were adequately treated.
- Mortality rate among children admitted and treated for acute malnutrition was reduced to 0%.

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

N/A

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):
If 'NO' (or if GM score is 1 or 0): CERF funded activities were not designed taking in account the IASC Gender Marker code.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was planned in the proposal due to very short implementation period (3 months).	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO/PAHO	5. CERF grant period:	UNICEF 04.06.14 – 03.12.14 WHO/PAHO 06.06.14 – 05.12.14
2. CERF project code:	14-RR-CEF-083 14-RR-WHO-036	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Management and treatment of acute malnutrition in Guatemala		

7.Funding				
	a. Total project budget:	US$ 2,415,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,331,307	▪ *NGO partners and Red Cross/Crescent:*	US$ 77,780
	c. Amount received from CERF:	US$ 503,307	▪ *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	2,340	2,561	WHO/PAHO's beneficiaries included not only children under 5 (504) treated by acute malnutrition within the 3 targeted departamentos but health staff at hospitals and NRCs, adults from targeted families, and attendees in trainings at community level.
b. Male	2,160	367	
c. Total individuals (female + male):	4,500	2,948	
d. Of total, children under age 5	4,500	504	

9. Original project objective from approved CERF proposal

- Timely identify and adequately manage and treat around 4,500 children under 5 and women with acute malnutrition.
- Reduce death in children under 5 due to acute malnutrition.

10. Original expected outcomes from approved CERF proposal

In three months, in the prioritized municipalities where the project will take place:

- 85% of children are timely identified for acute malnutrition and adequately treated.
- 95% of children admitted are prevented from death by acute malnutrition.
- 80% of children identified with acute malnutrition are recovered satisfactorily.
- 85% of families with children with acute malnutrition had been attended with food assistance program.

To save children´s lives, timely identification and treatment need to take place in the most vulnerable communities. Special

surveillance will take place to early identify children affected of acute malnutrition. Surveillance will be done by health personnel, including personnel at health services. Community members will strengthen the search for identification of children with acute malnutrition. For timely identification of acute malnutrition it is also important that parents and community leaders are able to identify danger signs, so awareness to detect acute malnutrition danger signs will take place at local level. Awareness will promote community participation and empowerment of parents to perform the action needed for referral and treatment. Therapeutic formulas will be provided for treatment at both community and hospital level and NRCs for adequate treatment to save children´s lives. UNICEF/PAHO will guarantee that health personnel rapidly apply MoH´s protocols and that health services have adequate supplies (therapeutic formulas) according to expected number of cases. At community level, community personnel will be rapidly introduced to detect danger signs of acute malnutrition. This work will be performed jointly between UNICEF and WHO/PAHO and in coordination with the MoH and SESAN. At present, close monitoring of acute malnutrition cases is being performed.

Action	Month 1	Month 2	Month 3
Procurement of supplies	X	X	
Rapid training/induction to health personnel/local leaders	X	X	X
Identification of acute malnutrition cases	X	X	X
Treatment of children affected with acute malnutrition	X	X	X
Monitoring of acute malnutrition cases	X	X	X

11. Actual outcomes achieved with CERF funds

- 100% of children with acute malnutrition were identified and treated in a timely and appropriate manner in the targeted areas of intervention of this project.
- 100% of children admitted at the NRCs suffering from acute malnutrition were successfully treated and saved from high mortality risk,
- 100% of the children with malnutrition attended at the NRCs recovered satisfactorily and did not need re-admission to a health facility.
- 85% of families with children with acute malnutrition had been attended with food assistance program.

In 2014, a total of 504 children were identified with moderate to severe acute malnutrition by health services located in the targeted areas of this project. In 4 of the 6 NRCs, 151 children under 5 years of age were admitted with moderate and severe acute malnutrition; of which 128 recovered fully, 6 were referred to the general hospital for further medical attention, 14 children remained in treatment at the end of the project and 3 contraindicated graduate. No identified case of acute malnutrition led to death.

To reduce mortality and morbidity from acute malnutrition among children, CERF funds were used to conduct diagnostic and carry out participatory skills-building activities to strengthen effective surveillance and clinical management of acute malnutrition in children under 5 years for the personnel of the 4 health directorates, 20 prioritized municipal health districts and 6 NRCs located in the three departments targeted by this project. Personnel who participated in the practical trainings improved their knowledge and skills by 90%. The project coverage in the 3 departments included four health areas (DAS), 20 health districts and 6 nutritional recovery centers.

In coordination with the Zero Hunger Program of the MoH, specific equipment needed to ensure proper treatment of acute malnutrition was identified and procured to each of the six NRCs. Material provided included medical equipment, medical and office furniture, anthropometric equipment, kitchen supplies, computer equipment, recreation supplies and cleaning materials.

In coordination with the Program for Food Security and Nutrition (PROSAN), specific micronutrients and medicines necessary for the treatment of acute malnutrition as established in treatment protocols and missing in inventories of health services were identified and procured. As requested by the MOH, complementary food items for children and supplementary food supplies including basic grains, dairy products and fresh food were procured to the NRCs prioritized under this project.

CERF funds were also used to strengthen the availability of skilled health personnel to provide additional support to five of the six prioritized NRCs. Nurses were recruited and trained in care delivery, with emphasis on clinical care of acute malnutrition, information management, and support to mothers and supply management. Data collection methods and indicators were standardized to facilitate analysis of performance and influx at NRCs level through the creation of a routine registry tool to produce “monthly performance reports”, which later can be compiled into an annual analysis.

Finally, 222 community volunteers were trained to form part of Nutrition Surveillance Units (UVN) to improve the health system’s

capacity to identify and refer children with acute malnutrition to health structures within the community. The volunteers were introduced to clinical signs of acute malnutrition, including the measurement of the mean arm circumference (CBM), and notification reports to facilitate the identification and reporting of children with acute malnutrition in the community and ensure timely treatment.

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

In two of the six NRCs, it was not possible to obtain access to the registry of cases of children with acute malnutrition attended, which impacted the results reported in indicator #4.

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):
If 'NO' (or if GM score is 1 or 0):
Activities aiming at strengthening the technical capacities of the personnel of health services located in the selected areas of intervention were open to everyone, independently of gender consideration, and promoted an equitable participation during the workshops. Similarly, the medical attention provided to children with acute malnutrition at the selected NRCs was performed regardless of gender, race or ethnicity. Support and guidance on proper feeding of children under age 5 was specifically directed to mothers due to their particular role as care giver within the family and because they usually are the ones accompanying the children to the NRCs.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
The project was evaluated through the overall assessment of the humanitarian situation in the Dry corridor by the Humanitarian Country Team and the development of the strategic response plan for 2015. Although no project-specific evaluation was carried out, monitoring and supervision activities were performed by the project coordinator throughout the project implementation to ensure adequate progress of activities to identify potential issues affecting the execution of interventions, both technically and administratively. Evaluations were conducted before and after the training of health personnel of health districts and NRCs and community volunteers, as well as before and after delivery of supplies and equipment for nutritional surveillance. The main findings reveal that: - 93% of trained health staff of the departmental health directorate and 78% of health staff trained in cascade workshops at lower levels increased their knowledge, showing positive acceptation of the presented methodology. - 100% of the community volunteers who participated in the workshops on acute malnutrition increased their knowledge. - 100% of the trainees were provided with a complete kit for community surveillance of acute malnutrition in children under five years. - 100% of trained health personnel were provided with a full kit of supplies and material and updated protocols for the effective surveillance and comprehensive care of acute malnutrition. - 100% of the prioritized municipal health districts now have trained personnel and adequate equipment to register, treat and raise awareness about severe malnutrition. A standardized plan for the organization and replication of training workshop at departmental, municipal, health centre and community levels is now available, which includes methodological guides, presentations, exercises and tests, based on criteria identified in coordination with the MOH.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING 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
14-RR-WFP-036	Food Assistance	WFP	Plan Internacional Inc.	INGO	$36,360	11/28/14	07/01/14	Field level agreement was officially signed on July 1st, 2014. Final implementation report was received by WFP on October 29, 2014. Payment was transferred on November 25, 2014. In addition, Plan International received an internal match funding of 107,148 US$ to complement WFP interventions with nutritional and livelihood components.
14-RR-WFP-036	Nutrition	WFP	ALDES	NNGO	$51,784	11/25/14	10/23/14	Partner activities started in July 2014. Field level agreement was officially signed on October 23, 2014 due to delay of acceptance of the legal agreement (administrative delay). Final report and acceptance from WFP was made on November 21, 2014. Final payment was transferred on November 25, 2014. Partner supported health awareness to reduce acute malnutrition rates and increase the impact of WFP assistance.
14-RR-CEF-083	Nutrition	UNICEF	FANCAP	NNGO	$10,329	10/21/14	10/21/14	
14-RR-WHO-036	Health	WHO	Action Against Hunger	INGO	$77,780	07/23/14	07/23/14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CONRED	National Coordination Authority for Disaster Reduction
FEWS-NET	Famine Early Warning Systems Network
MAGA	Ministry of Agriculture, Livestock and Food
MoH	Ministry of Health
RC/HC	Resident Coordinator/Humanitarian Coordinator