



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

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.

Sector leaders, ex-Resident Coordinator/Humanitarian Coordinator, and cluster System UN conducted several coordination meetings with NGOs and governmental organizations to analyse the results achieved in the humanitarian response to the earthquake in southern -western Guatemala.

The results of the meetings are reflected in this report: effective response, allocation of immediate resources, the added value that the CERF funds provided in responding to disasters, and the importance of closing humanitarian gaps in the areas of shelter, psychosocial support, sanitation, food and care, expanding coverage levels to injured people.

The United Nations Agencies that participated were: IOM, UNICEF, UNFPA, WFP, and PAHO/WHO; as well as representatives of NGOs: COOPI, Mercy Corps, Live Better, and ECAP; Governmental Organizations like CONRED, SESAN, Ministry of Public Health and Social Assistance; and Guatemalan Red Cross.

- 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

- a. 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

The report was shared with the following:

Agencies of the United Nations that requested CERF funds

NGO partners that have implemented CERF funds

The Executive Secretariat of the National Coordinator for Disaster Reduction (SE-CONRED)

Organizations that are part of the Humanitarian Country Team (EHP)

Ministry of Public Health and Social Assistance (MSPAS)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 12,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,654,130
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	2,271,144
	TOTAL	3,925,274

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 27 November 2012			
Agency	Project code	Cluster/Sector	Amount
UNICEF	12-CEF-134	Protection / Human Rights / Rule of Law	162,875
UNFPA	12-FPA-046	Protection / Human Rights / Rule of Law	60,776
IOM	12-IOM-032	Shelter and non-food items	458,928
WFP	12-WFP-080	Food	886,550
WHO	12-WHO-084	Health	85,001
TOTAL			1,654,130

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies /IOM implementation	441,524
Funds forwarded to NGOs for implementation	1,076,148
Funds forwarded to government partners	136,458
TOTAL	1,654,130

Note: According to the Certified Interim Statements of Income and Expenditure for the year ended 31 December 2013 for projects funded by OCHA/CERF, \$2,389.45 were refunded to CERF by UNFPA on August 15, 2013 and \$796.47 is reported as unspent balance as of 31 Dec. 2013. Remaining unspent balance will be refunded by UNFPA based on final statements.

HUMANITARIAN NEEDS

On November 7, 2012 at 10h35am a 7.2 Richter scale earthquake (Mercally intensity between VII and III) struck off the pacific coast of Guatemala. The seism epicentre, about 20 miles deep, was 15 miles off the coastal town of Champerico and about 100 miles southwest of Guatemala City. After November 20, there have been 224 aftershocks with magnitude between 3.5 and 6.1 Richter. Of these, 10 have been felt by the population (Source: The National Institute for Seismology, Volcanology, Meteorology, and Hydrology – INSIVUMEH, Nov, 21). The earthquake damaged more than 30,000 homes, leaving homeless more than 6,000 families; 45 people died, public

infrastructure was severely damaged and 15 schools were destroyed. The overall estimated damage figures are shown in the following table.

Dead	Affected (total)	Victims	Active Shelters	People in shelters	Houses severely damaged (to be demolished)	No. Of affected municipalities (of 335)	Health centres damaged	Schools destroyed
45	3,590,039	27,539	123	15,571	6,706 (estimated)	133	54	11

Immediate and massive needs of shelter, drinking water, food, and protection were identified. Cold weather conditions (down to -4°C) further aggravated the situation by provoking respiratory illnesses along the affected population, especially girls, boys, and elders. As part of the first response, the Government of Guatemala, through Decree 4-2012, declared a state of public calamity (from November 9, 2012 to June 6, 2013), in the north-western area of Guatemala including the states of San Marcos, Quetzaltenango, Sololá, Totonicapán, Retalhuleu, Suchitepéquez, and Huehuetenango. On November 13, the Ministry of Foreign Affairs requested support from the international community in order to respond to the humanitarian emergency.

The humanitarian country team (HCT) estimated the response needs to about \$12 million. To respond to these needs, the agencies of the United Nations immediately began the provision of humanitarian assistance in coordination with the Government of Guatemala and non-governmental organizations. OCHA deployed a regional advisor to support the coordination of activities. The President of the Republic requested a United Nations Disaster Assessment and Coordination team (UNDAC) to support the damage assessment. The UNDAC mission was appointed from 14 to 27 November.

The earthquake affected area - the departments of western Guatemala – have an extreme poverty rate of 22 per cent, and fifty-eight per cent of children under five are chronically malnourished. In addition, in the past fourteen years, these departments have been impacted by hydro-meteorological events, which have caused further damage to the region, and also affected the population's ability to respond to disasters.

II. FOCUS AREAS AND PRIORITIZATION

Based on the information collected by individual members of the Country Humanitarian Team (NGOs, UN Agencies, and Government institutions), and supported by UNDAC's on-site evaluations, the priority humanitarian needs identified were: food security and shelter. In response to this situation, around 123 shelters were activated, the majority in the department of San Marcos, with an estimated total population of sixteen thousand people but considerable extra shelter space was required. More than three million people were affected by the earthquake, disrupting their economic activity, therefore, food and basic supplies were needed. Several non-official shelters and self-sheltered families were also identified in isolated areas of 5 neighbouring departments. Food and shelter UN-clusters were fully involved in collecting and prioritizing information and needs.

Most of the severely affected areas were located in the department of San Marcos. Other areas belong to the surrounding departments of Quetzaltenango, Totonicapán, Sololá, and Quiché. The earthquake caused the loss of homes and sources of livelihoods of already vulnerable people. Other assets, food reserves, and productive infrastructure were also lost. Previous hydro-meteorological disasters in 2010 and 2011 (Tropical Storm Agatha and 12-E, respectively) have already impacted and deteriorated socio-economic structures in Western Guatemala. The rehabilitation and reconstructions of local productive infrastructure and supply chain should take several months, meanwhile, life-saving, food assistance and shelter provision actions were prioritized.

After the earthquake, the high number of women, children, elders and sick people living in shelters (around 15,000) and their precarious health and sanitary conditions, increased the risk of contracting diseases among the affected population, such as respiratory infections, diarrhoea and skin and ocular problems. Assistance to 7,500 adults and 1,000 children under 5 was needed. Particular attention was needed for people's mental health, as overcrowded shelters and post-disaster stress caused depression and anxiety among affected people. The Ministry of Health identified the major problems in the affected areas, which were: waste management and vector control, shortage of potable water and latrines. Also, nervous breakdowns on affected people were reported due to the earthquake and the many aftershocks. Humanitarian response activities focused primarily on the affected communities of San Marcos and Quetzaltenango

Three of the severely affected departments, have malnutrition rates above 70 per cent (Totonicapán, Quiché, and Sololá). Other two, have malnutrition rates below 70 per cent, but over 40 per cent . In all these departments, poverty, inequity, and underdevelopment are common factors.

Target communities and individual/family beneficiaries were selected based on the following criteria:

- People not under Government assistance;
- Vulnerable communities near urban areas heavily affected by the earthquake;
- People whose houses were destroyed or severely damaged;
- Self-sheltered families at isolated areas.

III. CERF PROCESS

Since the beginning of the humanitarian crisis caused by the earthquake in the south-western region of Guatemala, the HCT (NGOs, AF&P UN, CONRED) met several times at both managerial and technical level. Sectorial group and cluster meetings were also arranged. Field data generated by the damage assessment teams and SE-CONRED UNDAC served as the basis for the Government's request to the CERF funding proposal.

Following the damage assessment, health was identified as a priority in the affected areas. PAHO/WHO in close coordination with the Ministry of Health, UNICEF and UNFPA, supported life-saving humanitarian activities to prevent and reduce the morbidity and mortality in the communities affected by the earthquake, and to provide psychological support to affected communities. These initiatives included Gender, Persons with Disabilities, cultural, and Human Rights approach

With the assistance of OCHA, the HC, on a technical level, coordinated the preparation of the CERF funding proposal with sectorial focal points and clusters. The CERF funding proposal was finalized and presented to the representatives of the HCT for approval. The implementation of CERF funds was done through NGO partners, SE-CONRED and through direct implementation by the UN agencies.

High priority, food assistance activities were initially executed with in-country WFP's reserves. CERF funds allowed for distribution of daily family rations (basic food basket = 2,100 kilocalories per person) to those affected, self-sheltered families at isolated areas for the first three months. In parallel, assistance to temporary shelters was provided to the active shelters managed by CONRED and its partners.

The CERF funds were approved during the first half of December and were assigned to the various partners and implemented immediately to restore the livelihoods of the prioritized families.

The preparation of this report followed a similar process and included:

- A high-level meeting between the former RC and representatives of the involved agencies was arranged in order to ensure that the report complied with the standards and deadlines set out by the CERF secretariat.
- Each agency and implementing partners prepared the agency specific sections.
- The information was sent to the RC, who organized the information.
- The final report was shared with the focal points of the UN agencies.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 3,590,039				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection / Human Rights / Rule of Law (psychosocial support)	5,455	3,030	8,485
	Protection / Human Rights / Rule of Law (mitigate the risk violence against women)	5,196	1,007	6,203
	Shelter and non-food items	4,287	4,066	8,353
	Food	12,060	11,575	23,635
	Health	3,825	3,675	7,500

BENEFICIARY ESTIMATION

Detailed lists of beneficiaries were prepared, checked, and validated based on preliminary estimations from the damage assessment process. UN field counterparts (COOPI and Mercy Corps for WFP food distribution, for example), performed a double check of the lists with support and advice from two authority levels: the COMUSAN representatives, the Municipal Food Security Committee, and COCODEs representatives, the Community Development Committees. To avoid double counting, COCODEs representatives also supported field officers to double check lists and forms during food distribution and shelter management. In some cases, names of both male and female heads of families were included to also avoid double counting. In case of food distribution, some families may have received one food ration while in the shelter and another food ration when going back home. However, food rations in shelters only lasted for 20 days per family, therefore, extra food rations were necessary when affected families left shelters and came back home. The following is a detailed list of beneficiaries per implementing Agency. Below, is Table No. 5 with total figures for beneficiaries.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	24,225	30,823
Male	23,275	23,353
Total individuals (Female and male)	47,500	54,176
Of total, children <u>under</u> age 5	6,625	9,145

CERF RESULTS

As planned, CERF funds targeted people with humanitarian needs in shelters and food assistance. Psychosocial support to children and youths, immediate health assistance to reduce morbidity and mortality of affected population, and provision of resources to improve health conditions (dignity kits) were major priorities for shelter assistance. Food distribution for heavily affected families was the other pillar for this CERF funded humanitarian program. Specific outcomes and impacts, as well as specific beneficiaries per sector and topics are presented in the following paragraphs.

- **Food Consumption Score:** Food consumption was monitored before the first food distribution for baseline values and after the last food distribution. Results confirm that the proportion of households at 'poor level' initially at 9.2 per cent was reduced to 2.8 per cent (a reduction of 6.4%). Therefore, the proportion of households at borderline levels increased from 32.5 per cent to 43.8 per cent. By adding to this percentage, the proportion of households at 'adequate level' of 53.4 per cent, 97.2 per cent of the targeted households reached adequate food consumption levels at the end of the project.
- Planned food distributed by commodity was adjusted taking into consideration the in-country stocks and prevailing food prices. Because of an in-kind contribution of black beans, the planned purchase of this commodity was reduced from 94.5 to 43.1 metric tons. The purchase of vegetable oil was also reduced from 44.6 to 38.5 metric tons. For a balanced food basket, maize and CSB purchases increased to 184.9 and 29.4 metric tons, respectively. Overall, 158 metric tons were purchased in addition to the planned number of 915 metric tons, for a total of 1,073 metric tons which were timely distributed as humanitarian relief, in close cooperation with partners. The project continued the provision of food assistance when people living in shelters returned to their communities. WFP assistance to people in shelters lasted 20 days. As a result of additional food availability, WFP beneficiaries also increased from the planned number of 17,500 to 23,635 (an increase of 35%) for general food distribution during 90 days (January/April) in San Marcos and Quetzaltenango, as well as 60 days in Totonicapán and Sololá, where food distribution started by February/March . All assisted households received an additional supplementary feeding ration of 180 grams (CSB, vegetable oil and sugar) for prevention of acute malnutrition of children under 2 years of age.
- Surveillance of acute malnutrition is carried out and reported by the Ministry of Health. By comparing reports of June 2012 to June 2013, prevalence rates decreased in San Marcos (from 36.03 to 27.31%), Totonicapán (from 14.84 to 7.22) and Sololá (from 14.32 to 9.92%). However, in Quetzaltenango, the prevalence of acute malnutrition increased from 26.05 to 40.83 per cent. It should be noted that the surveillance of acute malnutrition was reported at local level without any distinction to municipalities, with the exception of Cajolá in Quetzaltenango, for which an in-depth analysis was recommended due to the high prevalence of acute malnutrition and mortality. In Cajolá, the project supported 21 households affected by the earthquake in two communities. Although surveillance reports do not precisely refer to the targeted areas of the project, they are indicative of the prevailing situation.
- Discrepancies between planned and actual outcomes refer to tonnage of food purchased and assisted beneficiaries; more food was distributed to more beneficiaries. The project targeted five provinces, but it was implemented in four (San Marcos, Quetzaltenango, Totonicapán and Sololá). The province of Quiché was rapidly recovered from the shock with minor infrastructure losses and needs were met by local institutions/organizations.

Several other topics were considered during shelter assistance activities. Overall, a significant number of women and children under age 5 were reached and assisted, in most of the cases, above the planned figures. Psycho-social support for people in shelters, focused on children and youth, basic health assistance for families, and delivery of shelter kits (cooking items, wrap kit with mattresses, housing kit, and hygiene items) were the relevant activities under the temporary shelters project implemented by UNICEF, UNFPA, IOM, and PAHO). Positive deviation, in some cases up to 42 per cent, was achieved with beneficiaries especially women and children under age 5.

Health and psycho-social support in shelters and food distribution in shelters and affected communities allowed families to return to a normal life. Rehabilitation and reconstruction activities and programs were planned and lead by the Government and partners several weeks after the main disaster. Immediate humanitarian assistance for highly vulnerable and affected people funded by CERF surely allowed save lives, diminishing suffering, and promoting better humanitarian conditions.

Health component:

- **Epidemiological surveillance:** In coordination with the National Center of Epidemiology (CNE) and the health services of both departments (Quetzaltenango and San Marcos), active epidemiological surveillance in shelters and affected communities were done with trained technicians who compiled daily epidemiological data. The national lab was supported with reagents and supplies to perform diagnostics.
- **Physical and mental care:** In coordination with the MSPAS, physical care was delivered to the affected population. It consisted mostly of medical assistance to respiratory and diarrheal infections. The mental care consisted of psychosocial interventions. The MSPAS was also supported with transportation to bring immediate response with psychosocial care teams.
- **Children's health:** PAHO/WHO provided technical assistance to ensure the vaccine cold chain and monitoring of children in shelters.
- **Water supply, sanitation and vector control:** Water filters were delivered to communities that were left without drinking water to prevent diseases. Fifty latrines were distributed in different shelters. In coordination with the MSPAS, workshops were held to strengthen vector control and prevention of zoonotic diseases. Also, vector control activities were done in the affected areas to prevent dengue fever and other vector-borne diseases.
- **Health promotion:** Healthy practices (hands washing, waste management, food preparation) were promoted through workshops in the shelters and using materials in the local language.

- **Evaluation of health services:** Ten health services were evaluated (structural and functional assessment) to define the process of reconstruction in both departments.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funds helped ensure a more efficient response by the UN agencies and implementing partners by allowing extended assistance and humanitarian aid to more families affected by the earthquake.

b) **Did CERF funds help respond to time critical needs¹?**

YES PARTIALLY NO

CERF funds allowed provision of immediate shelter assistance and food distribution to avoid or diminish suffering of the affected people in a timely manner.

c) **Did CERF funds help improve resource mobilization from other sources?**

YES PARTIALLY NO

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

YES PARTIALLY NO

CERF contributed to a better coordination among the HCT, UN agency/agencies and participating NGOs and Governmental institutions at national, departmental and local level. Joint development of the proposal gave participants the opportunity to coordinate interventions geographically, thus ensuring a wide coverage of the areas in need and helping to avoid overlaps in interventions of efforts.

Additionally, implementing NGOs were selected given their presence in the affected areas and their willingness and possibility to participate. Furthermore, the selection of two same NGOs as partner both for the food and shelter clusters permitted optimization of resources and an easier planning of activities so as to ensure a rapid humanitarian response.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

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.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Close monitoring of the targeted activities and beneficiaries allows timely action to overcome any bottlenecks, obstacles or potential need for re-targeting. It also allows reporting on progress of implementation and achievement of project objectives.</p>	<p>Keep a simple monitoring implemented even in an emergency setting. Results-oriented interventions need to be documented and reported on the basis of first-hand data gathering.</p>	<p>Cluster lead</p>
<p>Joint actions for one-time delivery of different inputs contributed to efficiency and effectiveness as beneficiaries received a holistic response to their needs. For that purpose, INGO have to be ready to recruit the additional staff needed.</p>	<p>Make collaborative arrangements in advance to an emergency as part of emergency preparedness and response. Strengthening of strategic partnerships has proved to pay-off. At the same time, support partners to strengthen their implementation capacity and be prepared for the emergency response.</p>	<p>Cluster lead</p>
<p>The proposed criteria for beneficiary selection were appropriate as confirmed after project implementation. However, the selection of beneficiaries posed some difficulties for quick implementation and decisions were taken on the basis of information provided mainly by community organizations.</p>	<p>Strongly suggest a consultation process which involves local actors (community leaders and municipality authorities, health promoters, midwives, school teachers and church representatives) in the selection of beneficiaries at an early stage to prevent adverse incidents during project implementation.</p>	<p>Cluster lead</p>
<p>Coordination among the Humanitarian Country Team organizations is of paramount importance for a joint position before the Coordination for Disaster Reduction (CONRED) and coherence in reporting on UN funding.</p>	<p>Suggest making a strategic presentation to CONRED at all levels (central, province and municipality) where UN intervention will take place. Follow up to procedures initiated in 2012.</p>	<p>Cluster lead</p>
<p>Although the family food ration was delivered in the right quality and quantity, it was planned for five family members. However, among the assisted households, 64.3% was found to have between 6-14 family members.</p>	<p>Suggest to adjust family food ration taking into account the average number of family members in the rural area.</p>	<p>Cluster lead</p>

<p>In order to develop the first response strategy, the UN system initially relied a lot on secondary information provided by the Government and partners in the field. While there was a good level of information in terms of affected population, some more sector specific information was lacking to determine the needs in each of the clusters (until the Multi Cluster/Sector Initial Rapid Assessment, MIRA was carried out by the UNDAC team).</p>	<p>Develop capacity to carry out MIRA assessment in country (for faster evaluation and response).</p> <p>Strengthen sector specific evaluation tools, as well as inter-sectorial assessment tools.</p> <p>Strengthen capacity for timely systematization analysis of information.</p>	<p>United Nations Emergency Team, UNETE, Resident Coordinator Office, RCO Cluster Leads</p>
<p>Inter-cluster follow up of information was weak after the first month of implementation and recollection of information from different cluster for report writing was difficult.</p>	<p>Hold monthly meetings with CERF participants to monitor pace of implementation and ensure implementation is on track.</p> <p>Where beneficiary caseloads overlap, consider developing joint process/impact monitoring systems.</p>	<p>OCR UNETE PAHO/WHO</p>
<p>The earthquake affected population, the needs of housing and food seemed imminent and led to coordination of implementing partners for a joint proposal as agreed in the HCT. The fact that the two sectors participating in the CERF process (led by two sector leads WFP and IOM) allowed for WFP and IOM to choose the same partners for response implementation contributed to an efficient beneficiary targeting and selection process, saving on physical and human resources, as well as a concentration of assistance among the most affected population (no dispersion). Finally, it has contributed to facilitating the inter-sectorial coordination process in terms of rationalization of meetings and beneficiary targeting.</p>	<p>While this may not always be possible, where partners are able to cover the implementation of different sectors, it may be recommendable to follow this strategy for better coordination and maximization of available resources. Partners with capacity to cover complementary activities also add to the quality of response in terms of integrated interventions.</p>	<p>Cluster leads.</p>
<p>Some minor difficulties/delays were caused by a lack of knowledge of WFP procedures by implementing partners and no significant previous</p>	<p>WFP to maintain a record of the type of difficulties encountered most frequently with implementing partners, so as to place more emphasis on these issues during trainings in future.</p>	<p>Cluster leads.</p>

<p>presence in the targeted municipalities, in spite of the fact that a training of procedures was done with all the implementing partners. While this has not affected the operation in a significant way, improvements could be considered in future.</p>		
<p>The partnership with INGOs was rapidly established because they already had presence in vicinity of the affected areas thanks to existing programmes and/or complementary funding to the earthquake. CERF funding was not sufficient to cover operational cost of partners to establish presence in an emergency affected area – successful partnerships are more likely when the partner is already established in the target area.</p>	<p>Maintain close coordination with the food security partners through food sector coordination mechanism (and similar) to ensure a rapid identification of successful partnership.</p>	<p>Cluster leads.</p>
<p>Timely funds allocation and availability of in-country stocks allowed timely food distribution and the achievement of the objectives of the project.</p>	<p>Follow up with cooperating partners the integration of field teams early at the start of the project for implementation purposes: targeting, logistics for food distribution, monitoring and reporting.</p>	<p>Cluster leads.</p>
<p>The health cluster was convened within the CERF framework. Although the participation of non-governmental organizations was incipient, the main areas of intervention were decided and duplication of health efforts was avoided.</p>	<p>It is important to work previously with the health cluster to improve coordination.</p>	<p>PAHO/WHO</p>
<p>In earthquakes and disaster situations it is important to consider the mobilization of psychosocial support to the area, due to the nervous breakdown and stress situations in the population.</p>	<p>Have a database with the staff that could support properly in psycho-social assistance to the affected people.</p>	<p>PAHO/WHO</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	Dec. 13, 2012 – June 12, 2013
2. CERF project code:	12-CEF-134	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Establishment and maintenance of basic living, sanitary conditions and health procedures in temporary shelters for populations affected by the earthquake in Guatemala		
7. Funding	a. Total project budget:	US\$ 350,750	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 187,875	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 111,038.00
	c. Amount received from CERF:	US\$ 162,875	▪ <i>Government Partners:</i> US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,825	5,455	Psychological attention was provided with special attention to children and adolescents in shelters and those self-sheltered with families.
b. Male	3,675	3,030	
c. Total individuals (female + male):	7,500	8,485	
d. Of total, children <u>under</u> age 5	1,000	978	
9. Original project objective from approved CERF proposal			
Provide personal and psychological support to children and adolescents in shelters and affected communities. This process includes responding to violence and exploitation of children and adolescents, including human trafficking.			
10. Original expected outcomes from approved CERF proposal			
At least 15 temporary emergency shelters will receive support for the establishment of community-based safe environments for children, including child-friendly and violence-free spaces. Children in the temporary shelters will have special attention using the return to joy technique.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 27 shelters in San Marcos department were treated with the methodology of neural stimulation and crisis care, with special emphasis on children and adolescents. • The involvement of municipal and community authorities in priority areas was achieved. • Interagency coordination meeting with all organizations that provided psychosocial support in the department of San Marcos was achieved, which allowed sharing methodologies, exchange of good practices and lessons learned. It should be noted that this meeting was led by the Office of Mental Health, from the Ministry of Public Health and Social Assistance, allowing empowering process for tracking. • Emotional care was provided to 9,278 people including children, adolescents and adults through the implementation of 			

<p>the methodologies of Manual Crisis Intervention for Children and Adolescents.</p> <ul style="list-style-type: none"> • Effective delivery of early childhood Kits for families affected by the earthquake that had children under three years of age, was achieved. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>There was no change in the established plan.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): All the actions taken by UNICEF have focus on gender, multiculturalism and human rights.</p> <p>Protecting adolescents and women focuses on prevention, detection and response to sexual violence by promoting gender equality and recognizing the capacity of women, their right to participate in making decisions, and their contribution to management and conflict transformation.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>No external evaluation was carried out. However, extensive and permanent monitoring was delivered allowing full execution of funds.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	Jan. 1, 2013 – May 30, 2013
2. CERF project code:	12-FPA-046	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Establishment and maintenance of basic living, sanitary conditions and health procedures in temporary shelters for populations affected by the earthquake in Guatemala		
7. Funding	a. Total project budget:	US\$ 222,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 170,776	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 18,500
	c. Amount received from CERF:	US\$ 60,776	▪ <i>Government Partners:</i> US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,825	5,196	The difference between planned and executed, is due to the high turnover of people in shelters. Generally adults or parents were present to receive inputs for safety and children remained in foster families.
b. Male	3,675	1,007	
c. Total individuals (female + male):	7,500	6,203	
d. Of total, children <u>under</u> age 5	1,000	1,655	
9. Original project objective from approved CERF proposal			
Mitigate the risk of violence against women by providing psychosocial and health assistance and register measures in shelters and communities, through a process of technical assistance and community promotion.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> At least 15 temporary shelters will receive support for the establishment of a safe and violence-free environment for women. At least 15 temporary shelters will include violence risk mitigation with the community leader's participation. Cases of gender-based violence will be identified; affected women will receive medical, psychological, and legal support. At least 2,825 women will participate in training sessions, 1,500 women will get dignity and hygienic kits. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 1,500 dignity kits purchased and delivered in priority areas. Kits included: Laundry soap and shower shampoo, toothbrush and toothpaste, comb for hair; sanitary pads, toilet paper, sanitary napkins, handkerchiefs, underwear, wool cap and a plastic, multi-uses container. Direct psychosocial support and training provided to 2,841 women, 207 men and 1,655 children in 15 official/non-official shelters. <ul style="list-style-type: none"> Training provided by national authorities and a team of psychologists with expertise in self-help processes. Process included use of group sessions for women leaders in diverse topics: gender-based violence prevention and strengthening of community processes. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was a high turnover of sheltered families due to search for new homes. On the other hand, most parents left the protected children in households with families that received the resources and humanitarian assistance.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Activities were mainly focused to allow for secure areas for women, female leaders, youth women, and single mothers in shelters. Proper activities were also organized for men and male leaders to raise awareness and consciousness about vulnerability of women.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No specific evaluation was carried out. However, technical monitoring was given to all activities in shelters and internal procedures were met for purchase and delivery of items.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	Dec 15, 2012 – July 31, 2013
2. CERF project code:	12-IOM-032	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Establishment and maintenance of basic living, sanitary conditions and health procedures in temporary shelters for populations affected by the earthquake in Guatemala		
7. Funding	a. Total project budget:	US\$ 918,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 458,928	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 391,760.00
	c. Amount received from CERF:	US\$ 458,928	▪ <i>Government Partners:</i> US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,825	4,287	
b. Male	3,675	4,066	
c. Total individuals (female + male):	7,500	8,353	
d. Of total, children <u>under age 5</u>	1,000	790	
9. Original project objective from approved CERF proposal			
The project aims to assist 1,500 families affected by the earthquake in 2 departments of Guatemala (San Marcos and Quetzaltenango) through the provision of emergency shelter kits and winterized NFIs to provide the minimal living conditions to people living in shelters.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Distribution of NFI during the assistance period of 90 days. A target of 1,500 families living in collective centres and individual shelters will receive humanitarian assistance in the form of emergency NFIs and shelter material to improve their living conditions. 20 temporary emergency shelters will receive shelter equipment. 1,500 families will be protected from the extreme cold. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 1,504 families were provided with NFI kits, including: <ul style="list-style-type: none"> Cooking Kit (in which families could cook WFP donations): melamine tableware, aluminum pot, aluminum pan, cutlery set, two burner stoves and 25lbs gas cylinder; Wrap Kit: Mattresses and blankets; Housing Kit: Blocks of concrete, cement bags, two types of iron, tie wire, nails and two types of blades for multiple uses; Hygiene kits: Broom, dishwashing soaps, disinfectant liquid, large pot, large skillet, plastic bucket, nylon. Families were attended with such items both in official and unofficial shelters. Reached areas were: 			

<ul style="list-style-type: none"> • Department of San Marcos: El Quetzal, La Reforma, San Marcos, Tajumulco, Tejutla, Nuevo Progreso, San Pedro Sacatepéquez, Esquipulas Palo Gordo, San Antonio Sacatepéquez and San Cristóbal Cucho • Department of Quetzaltenango: Cabricán, Cajolá, Colomba, Huitán, Palestina de los Altos, San Carlos Sija, San Miguel Sigüilá and Sibilia. • 600 families trained in construction techniques. • 20 temporary emergency shelters equipped with shelter equipment. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Needs and perceptions from women and girls in shelters were considered to deliver clothes for extreme cold, familiar kits, and specially, hygiene kits.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No formal, external evaluation was carried out. On-field activities and shelter deliveries were constantly under monitoring of IOM Monitoring Officers.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	PAHO/WHO	5. CERF grant period:	Dec. 2012 – June 2013
2. CERF project code:	12-WHO-084	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Establishment and maintenance of basic living, sanitary conditions and health procedures in temporary shelters for populations affected by the earthquake in Guatemala		
7. Funding	a. Total project budget:	US\$ 220,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 135,001	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0.00
	c. Amount received from CERF:	US\$ 85,001	▪ <i>Government Partners:</i> US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,825	3,825	
b. Male	3,675	3,675	
c. Total individuals (female + male):	7,500	7,500	
d. Of total, children <u>under age 5</u>	1000	1,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Address immediate health needs and reduce mortality and morbidity in the population affected by the earthquake in the Departments of San Marcos and Quetzaltenango. Promote health care in shelters and communities with emphasis in mental health and sanitary interventions. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Reduce anxiety, depression and post-traumatic stress disorders (PTSD) in the affected population. Prevent spread of vector-borne and diarrheal diseases among affected population. 			
11. Actual outcomes achieved with CERF funds			
Reduction of anxiety, depression and post-traumatic disorders in the affected population. Control of vectors and diseases related thereto. Measures of environmental sanitation and health promotion in shelters and affected communities, with gender, human rights and intercultural approach.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0): Gender, human rights, and intercultural approaches were common in all activities under this project.

14. M&E: Has this project been evaluated?

YES NO

The component of rapid response and risk assessment were evaluated in San Marcos and Quetzaltenango. Report is available (Spanish).

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	27 Nov. 2012 – 30 June 2013
2. CERF project code:	12-WFP-080	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to Families Affected by the Earthquake in Guatemala		
7. Funding	a. Total project budget:	US\$1,773,084	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 957,784	▪ NGO partners and Red Cross/Crescent: US\$ 554,850.00
	c. Amount received from CERF:	US\$ 866,550	▪ Government Partners: US\$ 136,458.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,925	12,060	The number of assisted families increased by 35% thanks to a decline in food prices which allowed the purchase of additional commodities. Food budget was estimated for the purchase of 915 metric tons. Actual purchases amounted to 1,073 metric tons (an increase of 17.3%).
b. Male	8,575	11,575	
c. Total individuals (female + male):	17,500	23,635	
d. Of total, children <u>under</u> age 5	2,625	4,727	Based on the assessed needs, more beneficiary households were assisted on the basis of food availability.
9. Original project objective from approved CERF proposal			
The main objective is to save lives to the people affected by the earthquake. A specific objective includes provision of immediate relief to reduce or stabilize acute malnutrition caused by the impact of the earthquake.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Food consumption during the assistance period of 90 days. Target: At least 75% of beneficiaries have a good or acceptable Food Consumption Score (data to be collected by WFP's partners). • Timely provision of sufficient quantity of food to targeted beneficiaries. Indicators: <ul style="list-style-type: none"> ➢ Percentage of planned food distributed, by commodity type and activity. Target: 100% (WFP data). ➢ Number of targeted beneficiaries receiving WFP food assistance by activity. Target: 17,500 persons (data to be collected by WFP's partners). • Acute malnutrition rates reduced or stabilized to before emergency level (data from Ministry of Health). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Food Consumption Score: Food consumption was monitored before the first food distribution for baseline values and after the last food distribution. Results confirm that the proportion of households at poor level initially at 9.2 per cent was reduced to 2.8 per cent (a reduction of 6.4%). Therefore, the proportion of households at borderline levels increased from 32.5 per cent to 43.8 per cent. By adding to this percentage, the proportion of households at adequate level of 53.4 per cent, 97.2 per cent of the targeted households reached adequate food consumption at the end of the project. • Planned food distributed by commodity was adjusted taking into consideration the in-country stocks and prevailing food prices. Because of an in-kind contribution of black beans, the planned purchase of this commodity was reduced from 94.5 to 43.1 metric tons. The purchase of vegetable oil was also reduced from 44.6 to 38.5 metric tons. For a balanced food basket, maize 			

<p>and CSB purchases increased to 184.9 and 29.4 metric tons, respectively. Overall, 158 metric tons were purchased in addition to the planned number of 915 metric tons, for a total of 1,073 metric tons which were timely distributed as humanitarian relief, in close cooperation with partners. The project continued the provision of food assistance when people living in shelters returned to their communities. WFP assistance to people in shelters lasted 20 days. As a result of additional food availability, WFP beneficiaries also increased from the planned number of 17,500 to 23,635 (an increase of 35%) for general food distribution during 90 days (January/April) in San Marcos and Quetzaltenango, as well as 60 days in Totonicapán and Sololá, where food distribution started by February/March . All assisted households received an additional supplementary feeding ration of 180 grams (CSB, vegetable oil and sugar) for prevention of acute malnutrition of children under 2 years of age.</p> <ul style="list-style-type: none"> • Surveillance of acute malnutrition is carried out and reported by the Ministry of Health. By comparing reports of June 2012 to June 2013, prevalence rates decreased in San Marcos (from 36.03 to 27.31), Totonicapán (from 14.84 to 7.22) and Sololá (from 14.32 to 9.92). However, in Quetzaltenango, the prevalence of acute malnutrition increased from 26.05 to 40.83 percent. It should be noted that the surveillance of acute malnutrition is reported at province level without any distinction to municipalities, with the exception of Cajolá in Quetzaltenango, for which it was recommended an in-depth analysis due to the high prevalence of acute malnutrition and mortality rate. In Cajolá, the project supported 21 households affected by the earthquake in two communities. Although surveillance reports do not precisely refer to the targeted areas of the project, they are indicative of the prevailing situation. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Discrepancies between planned and actual outcomes referred to tonnage of food purchased and assisted beneficiaries; more food was distributed to more beneficiaries. The project targeted five provinces, but it was implemented in four (San Marcos, Quetzaltenango, Totonicapán and Sololá). The province of Quiche was rapidly recovered from the shock with minor infrastructure losses, and needs were met by local institutions/organizations.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): As planned, food was delivered to women as a rule of implementation. Monitoring data confirms that 20.5 per cent of targeted households were headed by women</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Baseline data was collected for the provinces of San Marcos and Quetzaltenango by field teams integrated by WFP and cooperating partners. A sample of 30 communities out of 135 was taken, and 249 household surveys were completed during the first three weeks of January. A post-distribution monitoring survey was carried out by May/June when food distribution had finished.</p>	

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
12-WFP-080	Food Assistance	WFP	COOPI	INGO	\$13,722	10-Jun-13	12-Dec-12	Final report submitted
12-WFP-080	Food Assistance	WFP	Mercy Corps	INGO	\$10,978	10-Jun-13	17-Dec-12	Final report submitted
12-IOM-032	Shelter & NFI	IOM	COOPI	INGO	\$173,954	15-Jan-13	20-Dec-12	Fully Implemented
12-IOM-032	Shelter & NFI	IOM	Mercy Corps	INGO	\$217,806	15-Jan-13	2-Jan-13	Fully Implemented
12-FPA-046	Shelter & NFI	UNFPA	ECAP	NNGO	\$18,500	15-Feb-13	1-Dec-12	Final report submitted
12-CEF-134	Shelter & NFI	UNICEF	Refugio de la Niñez	NNGO	\$111,038	10-Dec-12	21-Nov-12	Fully Implemented

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AF&Ps	Agencies, Funds and Programs
CERF	Central Emergency Response Found
CONRED	National Coordinator for Disaster Reduction
IASC	Inter-Agency Standing Committee
INSIVUMEH	National Institute of Seismology, Volcanology, Meteorology and Hydrology
IOM	International Organization for Migration
MSPAS	Ministry of Public Health and Social Assistance
NGOs	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PAHO/WHO	Pan American Health Organization
RCO	Resident Coordinator Office
SE-CONRED	Executive Secretariat of the National Coordinator for Disaster Reduction
SESAN	The Secretariat of Food and Nutrition Security
UNETE	United Nations Emergency Technical Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNDAC	United Nations Disaster Assessment and Coordination
WFP	World Food Programme