

# 5-YEAR EVALUATION OF THE CENTRAL EMERGENCY RESPONSE FUND

## COUNTRY STUDY: GUATEMALA

On Behalf of OCHA



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*This document has been prepared by Channel Research as part of the 5-Year Evaluation of the CERF, commissioned by OCHA.*

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UN General Assembly Resolution 60/124 sets the objective of the upgraded CERF “to ensure a more predictable and timely response to humanitarian emergencies, with the objectives of promoting early action and response to reduce loss of life, enhancing response to time-critical requirements and strengthening core elements of humanitarian response in under-funded crises, based on demonstrable needs and on priorities identified in consultation with the affected State as appropriate.”

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## ACRONYMS

<i>Acronym</i>	<i>Details</i>
<i>CAP</i>	Consolidated Appeals Process
<i>CAR</i>	Central African Republic
<i>CERF</i>	Central Emergency Response Fund
<i>CCI</i>	Center for Information and Communication (on food security)
<i>CHF</i>	Common Humanitarian Fund
<i>DAC</i>	Development Assistance Committee (of the OECD)
<i>DFID</i>	Department for International Development (of the UK)
<i>ENSMI</i>	National Survey of Maternal and Child Health, 2009 -2008
<i>DRC</i>	Democratic Republic of Congo
<i>ERC</i>	Emergency Relief Coordinator (the head of OCHA)
<i>ERF</i>	Emergency Response Fund or Expanded Humanitarian Response Fund
<i>EU</i>	European Union
<i>FAO</i>	Food and Agriculture Organization
<i>FONAPAZ</i>	National Peace Fund
<i>FMU</i>	Fund Management Unit (UNDP)
<i>FTS</i>	Financial Tracking Service
<i>GA</i>	General Assembly (of the United Nations)
<i>GHD</i>	Good Humanitarian Donorship
<i>HC</i>	Humanitarian Coordinator
<i>HCT</i>	Humanitarian Country Team
<i>HDI</i>	Human Development Index
<i>HDPT</i>	Humanitarian and Development Partnership Team
<i>HQ</i>	Head Quarters
<i>HRF</i>	Humanitarian Response Fund
<i>IDP</i>	Internally Displaced Person
<i>IASC</i>	Inter-Agency Standing Committee
<i>I-NGO</i>	International Non Governmental Organization
<i>INE</i>	The National Statistics Institute of Guatemala
<i>ISDR</i>	International Strategy for Disaster Reduction

<i>Acronym</i>	<i>Details</i>
<i>INGO</i>	International Non Governmental Organisations
<i>M&amp;E</i>	Monitoring and Evaluation
<i>MDTF</i>	Multi Donor Trust Fund
<i>MSPAS</i>	Ministry of Public Health and Social Welfare
<i>MAGA</i>	Ministry of Agriculture
<i>NGO</i>	Non Governmental Organisations
<i>NNGO</i>	National Non Governmental Organisations
<i>OCHA</i>	United Nations Office for the Coordination of Humanitarian Affairs
<i>OECD</i>	Organisation for Economic Cooperation and Development
<i>PAF</i>	Performance and Accountability Framework
<i>PBF</i>	Peace Building Fund
<i>RC</i>	Resident Coordinator
<i>RR</i>	Rapid Response (CERF funding window)
<i>SEGEPLAN</i>	General Planning Secretariat
<i>SESAN</i>	Secretary for Food Security and Nutrition
<i>SE-CONRED</i>	Executive Secretariat of the National Coordinator for Disaster Reduction
<i>SOSEP</i>	Secretary of Social Work of the Presidency
<i>ToR</i>	Terms of Reference
<i>UFE</i>	Under-funded emergency (CERF funding window)
<i>UK</i>	United Kingdom
<i>UN</i>	United Nations
<i>UNCT</i>	United Nations Country Team
<i>UNDP</i>	United Nations Development Programme
<i>UNFPA</i>	United Nations Fund for Population Activities
<i>UNHCR</i>	United Nations High Commissioner for Refugees
<i>UNICEF</i>	United Nations Children's Fund
<i>UNOPS</i>	United Nations Office for Project Services
<i>US\$</i>	United States Dollar
<i>VISAN</i>	Vice Ministry of Food and Nutritional Security
<i>WHO</i>	World Health Organisation
<i>WASH</i>	Water Sanitation and Hygiene
<i>WFP</i>	United Nations World Food Programme

# MAP



## INTRODUCTION

1. This country report examines the Central Emergency Response Fund (CERF)'s contribution in response to climate-related crises in Guatemala between 2008 and 2010. It is one of 16 case studies conducted to inform the 5-year Evaluation of the Central Emergency Response Fund (CERF). Mandated by the UN General Assembly, the evaluation is managed by OCHA's evaluation section (EGS), and conducted by Channel Research.

### *The CERF*

2. The Central Emergency Response Fund (CERF) is a US\$500 million fund established to support rapid response and address critical humanitarian needs in underfunded emergencies. The CERF is managed by the UN's Under Secretary General for Humanitarian Affairs and Emergency Relief Coordinator (ERC), and supported by a secretariat and by other branches of the UN Office for the Coordination of Humanitarian Affairs (OCHA).

## Methodology

### *Document review*

3. The Guatemala study was carried out on the basis of a desk review. This included an analysis of CERF proposals and other documents over the three years that CERF was used in the country. In addition, general CERF documents were reviewed, and numerous written comments on the draft were received from donors, international NGOs, and UN agencies involved in the grant request and use, as well as the CERF Secretariat and OCHA staff at the field and central levels.
4. Numerical data from the CERF Secretariat, the CERF Website, and the UN Financial Tracking Service (FTS) was also analysed to establish the pattern for CERF use and the differences between CERF allocations for Guatemala and the other 78 CERF recipients. Please note that the team defined the year of the grant based on the disbursement date rather than the approval date (which the CERF secretariat uses as reference). This was done to facilitate comparison with other funding.
5. The team examined applications for funding (see Annex V) submitted to the CERF Secretariat by the country, and the extent to which the proposals paid attention to gender, vulnerability, and cross cutting issues, using the gender and vulnerability markers<sup>1</sup>.

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<sup>1</sup> The gender markers were piloted in 2010 and were not launched officially until 2011 after the CERF evaluation period was concluded. Even though the CERF application template was only revised in 2010 in order to obtain this type of information, the evaluation team has used the markers as a framework for analytical purpose. The vulnerability marker was designed by Channel for this evaluation.

### *Interviews*

- Interviews were arranged by telecom with senior management staff in Guatemala, with staff in OCHA Regional Office and Panama, and with staff in the CERF Secretariat.

### *Constraints*

- The case study was constrained by a lack of data related to the CERF. The project proposals were relatively brief, providing few details of the projects. The monitoring of CERF projects depends on UN agencies' own monitoring system in the absence of a centralised monitoring of CERF-funded projects. This did not provide monitoring data on what has been concretely achieved by each CERF project. There was a lack of formal documentation (such as minutes or records of telephone calls and email exchanges) about how CERF allocation decisions were made, and what kind of discussions informed them both in the field and at HQ (CERF Secretariat and agencies). There were also poorly referenced citations in many UN projects or summary documents that provided facts that could not be substantiated from original sources.

### *Analysis*

- The analysis for this study employed the CERF's Performance and Accountability Framework (PAF), which defines a set of indicators at each level according to a logic model approach as a means of clarifying accountability and performance expectations around a core set of agree CERF outputs, outcomes and impacts.<sup>2</sup>

### **Key definitions**

- The case study is concerned with assessing the following<sup>3</sup>:
  - Relevance/appropriateness:** Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.
  - Effectiveness:** Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.
  - Efficiency:** Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.

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<sup>2</sup> OCHA, Performance and Accountability Framework for the Central Emergency Response Fund (OCHA, August 2010)

<sup>3</sup> Beck, T. (2006); *Evaluating humanitarian action using the OECD/DAC criteria for humanitarian agencies: An ALNAP guide for humanitarian agencies*. (Overseas Development Institute: London, March 2006)



## Overview

10. The report is structured as follows:

- **Context:** A description of the humanitarian context of the country, and how the CERF was used.
- **Processes:** A description and analysis of the submission process for the CERF, and the prioritisation and selection of projects.
- **Outputs:** An analysis of the CERF's overall contribution to the country programme, its timeliness (timeframes), level of donor support, and interaction with other funds.
- **Outcomes:** An analysis of the outcomes of the CERF process, including the extent to which CERF projects addressed gender, vulnerability, and cross-cutting issues.
- **Contribution:** An analysis of the CERF's contribution to meeting time-critical live-saving needs, including evidence for the extent to which the CERF contributed to this objective set by the General Assembly.
- **Conclusions:** An outline of conclusions reached by the evaluation team.

# 1. CONTEXT

## *Humanitarian context*

11. Guatemala faces a high risk of climate-related hazards. According to the International Strategy for Disaster Reduction (UNISDR) Evaluation of 2009 the country is among the 10 top countries with the highest mortality risk index from natural disasters.<sup>4</sup> Guatemala is prone to earthquakes and volcanic eruptions (due to its location between the Cocos, the Caribbean and American tectonic plates) and also to tropical depressions and hurricanes. Moreover, Guatemala ranked 116th of 169 countries in the human development index in 2010, and was a lower-middle-income country with a per capita gross domestic product (GDP) of US\$2,576.
12. Guatemala has experienced several natural disasters in the past five years, resulting in extreme food insecurity and hardship for the poorest populations. The incidence and severity of these natural disasters, both drought and extreme flooding, have increased over the past ten years. The table below shows this increase:

Table 1.

Decade History of Disasters by Numbers of People Affected (directly) in Guatemala

<b>Disaster</b>	<b>Year</b>	<b>Number of People Affected</b>
Drought	2009	2,700,000
Storm	2005	475,314
Storm	2010	397,962
Flood	2008	180,000
Drought	2001	113,596

Source : Reliefweb, 2011. Data from: OFDA/CRED International Disaster Database

13. A review of disasters affecting Guatemala over recent years requires an understanding of deeply-rooted vulnerabilities among some sub groups, in particular indigenous populations, (Maya, Xincas and Garafuna) who make up some 42 per cent of the country's population.<sup>5</sup> Guatemala's 36 years of conflict ended in 1996, making it the longest civil war in Latin American history. However, deep economic disparities remained,<sup>6</sup> and vulnerable populations bore the brunt of climate-related disasters, leading to increased food insecurity and malnutrition.

<sup>4</sup> UN International Strategy for Disaster Reduction UNISDR- Global assessment report on disaster risk reduction (2009: Risk and poverty in a changing climate. [www.unisdr.org/we/inform/publications/9413](http://www.unisdr.org/we/inform/publications/9413).

<sup>5</sup> [www.larutamayaonline.com/guatemala\\_facts.php](http://www.larutamayaonline.com/guatemala_facts.php)

<sup>6</sup> [www.cia.gov/library/publications/the-world-factbook/gos/GT.html](http://www.cia.gov/library/publications/the-world-factbook/gos/GT.html)

14. The CERF has been used on three occasions in response to acute stages of the climate-related threats facing the country. The rapid and cascading nature of these events did not allow many vulnerable affected groups to recover or adapt ; this placed greater demands on the UN to support rapid response in a targeted and appropriate manner.<sup>7</sup>
15. **Tropical storm 2008:** CERF in Guatemala was first approved on 12 November 2008, when Tropical Depression no.16 created flooding and mud slides that affected 1.3 million people, with direct impact on 180,000 people in the northern region of the country. Tropical Depression no. 16 affected more than 80 per cent of staple food production (maize and beans) in the first growing season across the four departments affected.<sup>8</sup>
16. **Food crisis 2009:** The situation further deteriorated in 2009, drought created a protracted food insecurity crisis affecting 2.7 million Guatemalans living mainly in the country's so-called Dry Corridor. This increased vulnerabilities from the previous year's floods. Guatemala was severely affected by the atypical rainfall patterns brought on by the *El Niño* weather phenomenon, which caused high losses in hillside and subsistence agricultural production. Furthermore, the impact of the world economic crisis combined with high food prices, a decrease in remittances, cost increases for agricultural inputs, and a decrease in employment opportunities for unqualified labour, resulted in decreased capacity for the poorest groups to access food and basic services. Due to this food insecurity, the Guatemalan Government declared a "State of National Calamity" on 8 September 2009.
17. **Tropical storm 2010:** Another climactic shock was experienced by Guatemala when the first tropical storm of the Pacific hurricane season, Agatha, made landfall on the Pacific coast on 29 May 2010. Once again, this increased vulnerabilities caused by previous events. The storm dumped more than 426 mm of rain in a 24-hour period, and severely affecting 21 of the 22 departments of the country; a phenomenon not seen since 1948.<sup>9</sup> The situation was so extreme that several rivers, including the country's longest river, the Motagua, topped its banks, causing some 280-flood related events. Various damaged bridges and roads collapsed, leaving many communities severely affected and isolated.
18. To make the situation worse, the Pacaya volcano erupted 27 May 2010, two days before tropical storm Agatha struck; this led to the closure of the international airport, and therefore limited and delayed the search and rescue and humanitarian operations. Additionally, volcanic ash clogged the sewers and led to the collapse of the water

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<sup>7</sup> FAO Comments on of the working paper for the country report, April, 2011

<sup>8</sup> The Joint Crop and Food Security Assessment Mission by FAO and WFP in 2009 determined that there were some areas with about 80% of crop losses, while other specific areas reported losses between 50 and 100%. Also, they confirmed that the population groups most affected by the drought were small subsistence farmers. Source: FAO comments on the working paper – first draft of the country report, April, 2011.

<sup>9</sup> United Nations RC/HCR Report on the Use of CERF, 2010.

drainage system, which in turn flooded streets and blocked access to main roads and bridges. In total, some 400,000 people were directly affected. Agatha also affected the maize crop, leading to estimated losses of 10 per cent of the total estimated harvest. Since maize is cultivated mainly by below-subsistence and subsistence farmers, this threatened a significant portion of Guatemalans' food security. Moreover up to 85,000 jobs were lost, resulting in a decrease in revenues and increased food insecurity especially in female-headed households in rural areas.

19. This situation prompted the Government of Guatemala to declare another "State of National Calamity" on 29 May, leading to a Humanitarian Flash Appeal for international assistance on 11 June 2010.
20. Meanwhile, the food security crisis continued into 2010 in other parts of the country. Because of lower yields from basic grain crops, household food reserves were reduced or depleted earlier than usual ; for a second consecutive year, the annual period of food shortage started three months early, in February. The *El Niño* phenomenon caused further delays for the rainy season, with extreme temperatures aggravating the situation. Additionally, the season of high demand for unqualified labour ended in the first quarter of 2010, which reduced options for generating income needed for food purchases and access to basic services.
21. The multiple shocks also led to increased malnutrition among children. Guatemala already had a large number of stunted or chronically malnourished children among its more vulnerable populations.<sup>10</sup> Climactic events sharply increased the prevalence of acute malnutrition, which threatened the lives of numerous children, especially in the Dry Corridor in the east and centre of the country where the most vulnerable indigenous groups live.<sup>11</sup> Overall, the flooding and drought brought destruction and calamity to vast expanses of the country, destroying livelihoods and affecting all basic sectors.
22. The table hereunder summarizes the humanitarian funding and appeals in Guatemala. Between 2006 and 2009, they were no "Appeals", but general humanitarian fundings.

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<sup>10</sup> WFP have commented that chronic under-nutrition among children under five changed from 54.3 % in 2002, to 49.8% in 2008-2009 according to ENSMI reports, (WHO standards). When data are analysed based on NCHS standards, stunting changed from 49.3 % in 2002, to 43.4% in 2008-2009 (ENSMI reports, NCHS standards). Note: The international recommendation is to use WHO standards to analyse nutrition indicators. Source: WFP Nutritionist comments by email on the working paper draft of the country report, April 2011.

<sup>11</sup> The Dry Corridor encompasses the departments of Baja Verapaz, Jalapa, Jutiapa, El Progreso, Chiquimula, Santa Rosa, and Zacapa.

Table 2 – Humanitarian funding and appeals in Guatemala

<i>Month / Year</i>	<i>Title</i>	<i>Objective</i>	<i>Amount (US\$ million)</i>	<i>Funding status</i>
2006	Guatemala emergencies for 2006	Humanitarian assistance	11.889	-
2007	Guatemala emergencies for 2007	Humanitarian assistance	0.657	-
2008	Guatemala emergencies for 2008	Humanitarian assistance	14.513	-
2009	Guatemala emergencies for 2009	Humanitarian assistance	7.698	-
2010	Guatemala Food Insecurity and Acute malnutrition Appeal 2010	To address protracted food insecurity crisis and other concurring emergencies	8.238	24,1 %
2010	Guatemala Flash Appeal	To address the immediate needs of approximately 390 000 people who have been affected by a tropical storm.	8.103	48,50 %

Source Financial Tracking System

### Requests to CERF

23. CERF funding was first utilised in Guatemala by most UN agencies in 2008, and then again in both 2009 and 2010. A total of approximately US\$10 million in CERF was used under the guidance of the UN Humanitarian Country Team (HCT).
24. All CERF grants in Guatemala were allotted under the Rapid Response (RR) window. In 2008, the HCT, through the work of the sector clusters, initiated a CERF request in the name of five agencies. However, all agencies received less than their requested amounts due to a lack of funds in the CERF Secretariat at that time; the global food crisis had required most of the funds in CERF to be spent by November 2008.<sup>12</sup>
25. In 2008, while less CERF funding was received than requested by agencies, the process of CERF was quick. After the original submission on 6 November 2008, final submission

<sup>12</sup> CERF Secretariat has explained: "By November 2008 when the Guatemala submission was received, the CERF was low on available funds following a busy year of rapid response allocations of \$100 million in response to the food crisis. The CERF Secretariat (Director of OCHA NY) sent an email to the RC in Guatemala explaining the limited funding and based on a review of the submission recommended an allocation of \$1.5 million. The RC then resubmitted with the budgets of each project revised." (Comments on working paper - June 2011).

required vetting at field level on 11 November 2008; and only two days later the USG approved the funding. In the following years, when CERF requests were more fully funded, the approval process took some five to seven days. The following table shows a summary of CERF use in Guatemala:

Table 3. CERF Amounts provided by Agency <sup>13</sup>

Agency	2008			2009			2010		
	Amount Requested	Amount Approved	% Amount Approved	Amount Requested	Amount Approved	% Amount Approved	Amount Requested	Amount Approved	% Amount Approved
UNFPA (Health)	\$135,591	\$68,072	5%	-	-		\$171,103	\$172,052	5%
UNFPA (Nutrition)	-	-		\$203,514	\$203,514	4%	-	-	
UNFPA (Protection)	-	-		-	-		\$102,970	\$102,977	3%
FAO	\$599,709	\$287,528	19%	\$804,524	\$804,524	16%	\$573,066	\$562,671	17%
UNICEF (Nutrition)	-	-		\$358,450	\$358,443	7%	-	-	
UNICEF (Protection)	-	-		-	-		\$112,350	\$112,350	3%
UNICEF (WASH)	\$622,740	\$310,835	21%	\$300,000	\$299,975	6%	\$262,364	\$262,364	8%
WFP	\$1,201,925	\$603,297	41%	\$2,500,000	\$2,500,000	50%	\$1,213,000	\$1,212,840	36%
WHO (Health)	\$428,000	\$213,809	14%	-	-		\$365,405	\$365,405	11%
WHO (Nutrition)	-	-		\$833,512	\$833,512	17%	-	-	
WHO (WASH)	-	-		-	-		\$65,965	\$103,095	3%
IOM	-	-		-	-		\$449,679	\$438,979	13%
UNAIDS	-	-		-	-		\$43,499	\$43,335	1%
<b>Total</b>	<b>\$2,987,965</b>	<b>\$1,483,541</b>		<b>\$5,000,000</b>	<b>\$4,999,968</b>		<b>\$3,359,401</b>	<b>\$3,376,068</b>	

Source: CERF Secretariat, June 2011.

26. In all three years, the bulk of funding provided was for rapid response (RR), providing relief assistance within key humanitarian assistance areas: food (food aid and food security), WASH, shelter and health care to the displaced. When drought and food security was the prime cause of the emergency in 2009, the emphasis was on food security and nutrition. In nutrition, WFP provided basic rations, UNICEF worked to improve the treatment of severely malnourished children, UNFPA supported pregnant women, and FAO supported food security work in increasing crop production, and diversifying diets of affected families and livelihood survival strategies.
27. During this time, the Humanitarian Network was able to undertake cross-sectional evaluations of the situation, and oversaw special assessments using CERF funds. In

<sup>13</sup> CERF Secretariat, June 2011.

addition, CERF funds were used to assess the malnutrition crisis in 2009.<sup>14</sup> In October 2009 it carried out a Food Insecurity and Nutrition assessment in the dry corridor departments of Guatemala, to identify areas and people most affected by drought. Such joint activities involved the various counterparts in a more comprehensive assessment of the situation and needs.

28. Given the nature of emergencies in Guatemala between 2008 and 2009, the health sector working group had more CERF-funded projects than any other sector. The overall strategy was to jumpstart life-saving activities in areas particularly geared toward food security and nutrition – including health.
29. In 2009, as a response to extreme food insecurity, CERF allowed the development of protocol guidelines for the treatment of acute and severe malnutrition in hospital settings and in the community. Health personnel were trained regarding these guidelines and monitoring instruments were applied to assess their appropriate use. Complementing health sector interventions, CERF supported FAO interventions to bring more strategic assistance to rural communities by supporting their core survival strategies and enhancing their resilience, in addition to activities for the productive sector.
30. In 2010, after acute climactic disasters, CERF included new agencies: IOM and UNAIDS. WFP received less CERF funding compared to the previous years. In all three years, FAO continued its food security intervention to rehabilitate lost production affected by both floods and drought, and WHO and UNICEF continued activities in health, nutrition and WASH. In 2010, UNICEF added a child protection component for highly vulnerable groups, and UNFPA included protection activities to eliminate gender biases and sexual violence in shelters.

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<sup>14</sup> RC/HC Annual Report for Guatemala, 2009. Note: while CERF Secretariat first rejected the idea of using CERF for assessment, documents show that the UNCT justified this component as an integral part of response (to determine target groups) and hence the survey support was approved.

## 2. PROCESSES

### 2.1 APPROPRIATENESS/ RELEVANCE

31. The CERF process in Guatemala was both appropriate and relevant in that it supported the ability of the UN to respond to urgent emergency needs in Guatemala over the three years. According to interviews with UN staff, this was partly due to the consolidation of the Humanitarian Network, the sector working groups (which acted as Clusters) and their working closely with partners. Historically, this Network was and continues to be the forum for the coordination and participation of humanitarian actors (public and private), in preparedness and response to natural disasters, as well man-made emergencies.
32. Guatemala has had a strong UN presence stemming back decades from the complex emergencies during years of civil war, and the development of UN management structures and experience of staff was evident. The humanitarian structures, notably the Humanitarian Network, were forced to respond to one disaster after another, and were able to improve their coordination and capacity, while sectoral working groups acted as emergency “Clusters” that determined projects and response strategies.
33. UN coordination of humanitarian action in Guatemala appeared to be appropriate: inclusive and transparent, with good planning and management (fund allocation) mechanisms. This is partly attributed to strong organisation of technical input (through sector working groups), and technical guidance and participation. This can be seen by improvement in the quality (detail, justification, etc.) of the project proposals by agencies over the three years.
34. Even when submissions needed to be reduced in 2008 due to a lack of money in the CERF, guidance was given by the OCHA National Adviser to the RC/HC, who then met with agency staff to discuss priorities and agree upon a division of the limited funds available.<sup>15</sup> This was managed quickly and appropriately.
35. A prominent international NGO observed that its staff had been fully involved in the assessment and project preparation phase (through the Humanitarian Network), but there was little inclusion in sector working groups and therefore little involvement in coordination of the implementation and response phase of the CERF.<sup>16</sup> Thus improvement is required in coordination with NGOs at the detailed level of CERF planning. In Guatemala, there is a wide range of partnerships, and certain agencies, namely UNICEF, WFP, UNFPA and later FAO and IOM, have used local NGOs for implementation. . Other agencies have tended to use governmental partners.<sup>17</sup>

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<sup>15</sup> Interview with staff at OCHA RO Panama, June 2011.

<sup>16</sup> Oxfam comment on working paper of the evaluation report, May 2011.

<sup>17</sup> Especially WFP has used NGOs for its implementation of food aid management and delivery (about 40% of its funding has gone to NGOs) as well as with UNICEF in areas of WASH and nutrition. A large number of diverse partners was employed in Guatemala by WFP. The logistic operations, coordination and implementation of assistance, were provided by the Ministry of Agriculture-MAGA-through the Vice Ministry of Food and Nutritional Security VISAN. Coordination, monitoring and supervision was handled



36. The process was appropriate because of strong coordination, and rapid approval of grants by the CERF Secretariat. Interviews with some coordination staff in the region indicated that greater sector leadership was needed to make coordination efforts even stronger. In addition, while some annual reports from agencies on the use of CERF funding indicated some frustration with the number of forum and meetings required for coordination, they also recognised their importance, and some felt even more coordination in emergency response was needed.
37. As one UNICEF officer wrote: “...various interagency coordinating efforts were put into place with the Government (Cohesion SOCIAL, SESAN) with the UN system (GRUP UNETE, GT-SAN), with various Humanitarian Networks, the Humanitarian Health Group...all requiring time and effort. (But) ...despite the time and effort, this needs to be strengthened to avoid duplication and enhance harmonization and complementary actions.”<sup>18</sup>

## 2.2 EFFECTIVENESS

38. In 2009 and 2010, the requesting submissions were approved within seven days, which is very quick for the amounts requested. This would indicate that the vetting and prioritisation process was effective and few bottlenecks were encountered. Even in 2008, when amounts requested had to be reduced, the process was also expedient.
39. It is obvious from the quality of project submissions that certain sector working groups worked more effectively than others; notably the health working group (which acted as a cluster in the emergency phase) seemed to include more partners, and dealt with a multi-sector approach to the various challenges. Senior management staff in the field, when interviewed, noted that the “good work” of one sector group had a motivating effect on others. There is evidence in Guatemala that the success of CERF in the health sector working group catalysed others to work more effectively and they were strengthened by the CERF process.<sup>19</sup> Figure 1 below shows the average time taken for CERF submissions, approvals, and disbursements for the three years. Note however, that according to the CERF Secretariat, many larger agencies such as WFP or UNICEF can expend funds the moment the CERF is approved.

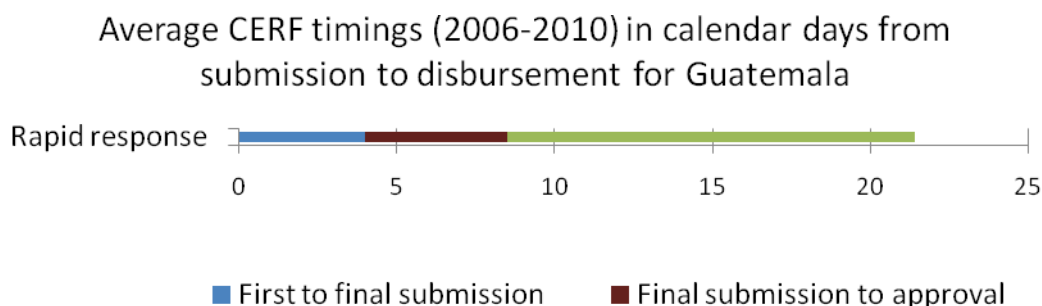
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by CCI/SESAN, with the participation of national counterparts, such as, Secretariat for Social Work of the presidency SOSEP, the secretariat for the Coordination for Disaster Reduction SE-CONRED, the National Fund for Peace (FONAPAZ) and local NGOs that have presence in the areas were used for distribution. Source: WFP Project Submission documents 2008, 2009, 2010.

<sup>18</sup> UNICEF sub section of the Annual Report of the Humanitarian / Resident Coordinator on the Use of CERF Grants, March 2010.

<sup>19</sup> Interview with personnel in the RC/HC Office, May 2011

Figure 1. Average Timing of CERF



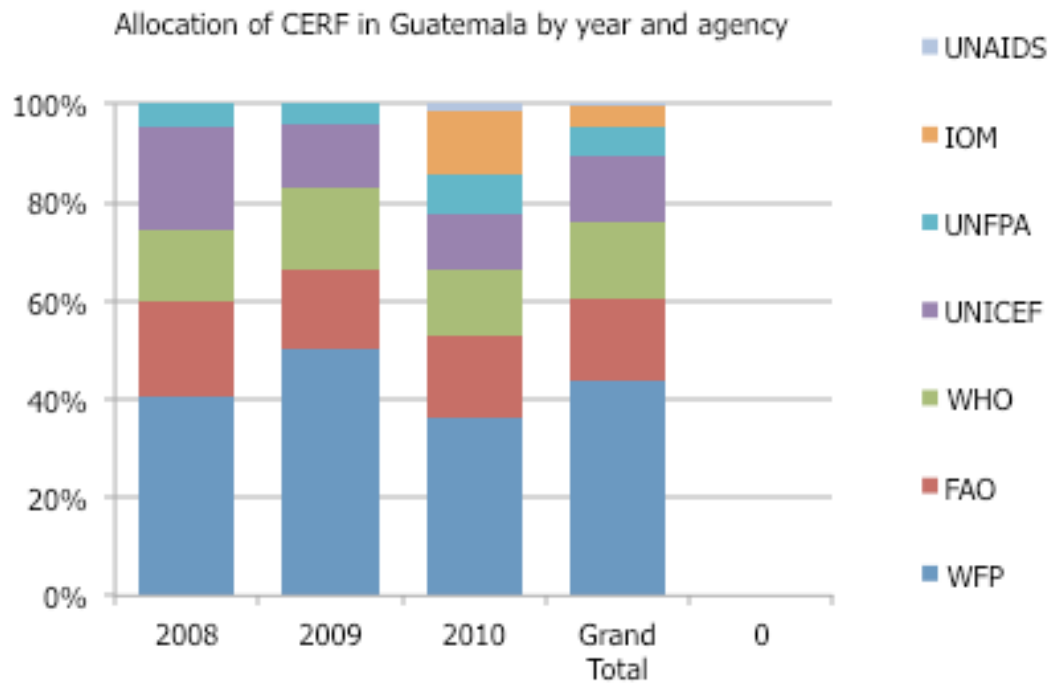
## 2.3 EFFICIENCY

40. According to interviewees, the 2008 CERF proposals were late in formulation (two weeks after the crisis), because of slowness of the Government of Guatemala (GoG) in recognising the crisis. The populations most affected by Tropical Depression no. 16 were isolated and in remote areas. It reportedly took weeks for the UNCT to convince the GoG to request CERF funding, and thus, relative to the timing of the disaster, the submission was already late.<sup>20</sup> For the other years, the preparation process of CERF applications was more efficient for most sectors, relative to events on the ground.
41. By the third year, more projects and agencies were included in the CERF requests. There is no indication in the literature of loss of efficiency from this wider agency involvement. The introduction of new sectors to the CERF in 2010 that were absent in previous years: notably mental health and HIV/AIDS, as well as greater activities in protection, reflected an enhanced capacity of the UNCT and partners to analyse approaches in a cross-cutting way considering gender and vulnerability. This multi-sectoral approach to CERF planning seemed to improve by the third year. Greater efficiency in project priority setting, and particularly in the inclusion of gender analysis, was evident as the CERF process “matured”.<sup>21</sup>
42. Figure 2. below shows the division of CERF funds by agency over the three years. The larger number of agencies involved in the third year, 2010, is noteworthy.

<sup>20</sup> Interview with OCHA staff in RO Panama, June 2011

<sup>21</sup> Application template, RC/HC Submission Summary, June 2010

Figure 2. Allocation of CERF



## 3. OUTPUTS

### 3.1 Appropriateness/Relevance

43. A review of agency activities show that, according to the type of disaster addressed, (both acute sudden onset and chronic slow onset), outputs were appropriate and relevant. For example, in November 2008, after 11 days of consecutive rain, the northern region of the country was acutely affected by flooding and mudslides that displaced 37,142 people who required immediate life-saving support. Appropriately, CERF outputs were aimed at providing immediate relief with food, water and health care and cross-cutting gender strategies geared to women at risk. CERF outputs were appropriate and relevant to the needs of the vulnerable populations that were targeted.
44. After 2008, in the following two years, all agencies received nearly 100 per cent of funds requested from the CERF. Given that funds were approved within two weeks of requests, their use allowed for the most critical needs of the affected caseloads to be addressed.
45. In 2008, no humanitarian appeal was made, and CERF represented the only means for the UN to support immediate relief activities. In 2009 and 2010, Humanitarian Appeals were launched, and CERF represented some 10 per cent to 20 per cent of funds received, depending on the agency (UNICEF, WFP, WHO, and UNFPA). Other funding was also received through various means, such as UNESCO raised additional funds through their own appeals.<sup>22</sup> CERF was also made more effective by complementary projects and activities, as some donors funded their own projects and met unfunded requirements, directly through their implementing NGO partners.<sup>23</sup>
46. In 2009, the CERF addressed drought and provided about 20 per cent of total assessed humanitarian requirements under RR. As mentioned, the funds were approved very quickly. Thus, CERF funds provided a “jumpstart” to the capacity of agencies to implement life-saving activities, and because of its timeliness – CERF was an essential component of the UN’s emergency response in those two years.

### 3.2 Effectiveness

47. Overall, the CERF offered a highly effective means for funding rapid response in Guatemala. According to interviews with OCHA staff, it was the only means for the UN to respond in the first months of crisis in all three years. Nonetheless, WFP annual reports note that access problems hampered operations in 2008 and 2010, since roads and bridges were destroyed, and some days of delay in operations were experienced.<sup>24</sup> In 2008, WHO and FAO had to request a no-cost three month extension, partly due to access issues; but unlike WFP or UNICEF, their operational capacities were not fully developed on the ground, and this also took some time for preparation.

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<sup>22</sup> United Nations RC/HC Annual Report on CERF, 2010.

<sup>23</sup> Interview with RC/HC, May 2011.

<sup>24</sup> WFP Annual report insert to the UN RC/HC Annual report on CERF use. 2008 and 2010.

48. Overall, the CERF was effective in 2009 and 2010 because the UN was able to sustain activities initiated by CERF funding due to the general appeals (or through their distinctive agency emergency funds for some agencies), and the remainder was provided by donors who implemented projects themselves through their identified local NGOs. According to senior management staff in Guatemala, in 2009 and 2010 for example, some 90 per cent of the total requirements were funded through this type of multi-sourced approach.<sup>25</sup> While this figure is hard to substantiate given that bilateral and NGO direct funding is not captured in the Financial Tracking System (FTS) of OCHA, the overall performance of emergency response was seen as very successful in Guatemala in these latter years, in terms of overall capacity provided for humanitarian response.
49. When disaster struck in 2010, the UN agencies in Guatemala were extremely grateful for CERF, as more “visible” crises in the region, such as the Haitian earthquake, competed for humanitarian support. Thus, the CERF prevented a lack of funding that might have occurred as a result of the multiple crises in the same region.<sup>26</sup>

### 3.3 Efficiency

50. In terms of the efficiency of allocations, WFP already had a large food aid and nutrition programme in the country and was therefore able to utilise its established capacities for rapid response. Relative to its own national programmes, the CERF represented a small proportion of total WFP funding allocations. In 2008, for example, WFP received US\$603,297 from the CERF, while its total yearly programme requirement was US\$8,511,450. Some 22,000 people living in shelters were supported for 40 days. In 2009, WFP received US\$2.5 million for a total national programme requirement of US\$14 million. In 2010, WFP requested and received US\$1,212,840 in CERF funding, to provide 1575 MT of food to 47,500 people for 60 days, although up to 122,000 people were reached after further interventions.<sup>27</sup>
51. Given the nature of the food insecurity and nutrition crisis, WFP’s higher allocation of CERF was justified. WFP received 41 per cent, 50 per cent and 36 per cent of total CERF allocations for Guatemala in 2008, 2009, and 2011 respectively. Indeed, some staff from other agencies commented that if WFP had raised its food aid needs and support costs from other agencies, CERF funding might have been able to provide greater support to other sector activities, such as water or food security support, and aimed at target groups.<sup>28</sup> The pie chart below shows that WFP received on average 44 per cent of CERF funding over all three years.

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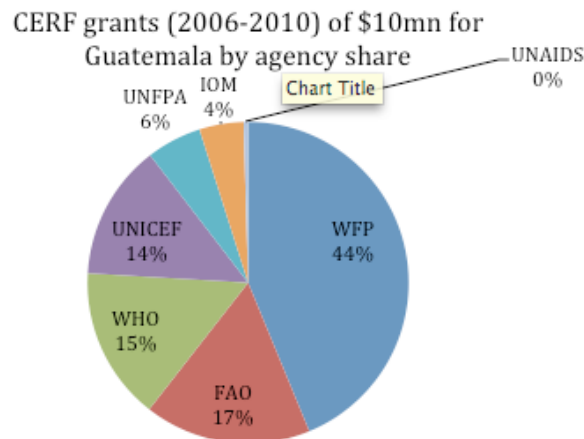
<sup>25</sup> Interview with senior management in Guatemala, May 2011.

<sup>26</sup> Ibid.

<sup>27</sup> RC Template, CERF Application, 2009 states: “The Food sector will implement its intervention using general food distribution for two months for life-saving operations for the population affected by the tropical storm, covering 30% of the Government's gap in the emergency food sector”.

<sup>28</sup> Comments from two agencies on the working paper first draft of this report, May 2011.

Figure 3. Repartition of CERF grants between agencies in Guatemala.



52. With regard to another aspect of efficiency, CERF funding led to institutional strengthening. For example, FAO implemented CERF through governmental partners, the main ones being: the Ministry of Agriculture (MAGA), the Food Security and Nutrition Secretary SESAN, the Secretariat for the Coordination for Disaster Reduction – SE-CONRED. It also worked to improve capacities in centralised structures at Municipal levels, providing for a sustainable response structure in the event of future disasters.

## 4. OUTCOMES

### 4.1 Appropriateness/Relevance

53. According to interviews with OCHA staff, the CERF represented the prime means for the UN to respond to the emergencies in all three years. No other funds were immediately available in 2008, and in 2009 and 2010 when flash and general UN humanitarian appeals were also launched, the funds that arrived (24 per cent and 49 per cent of requested amounts, respectively)<sup>29</sup> arrived at a second stage of operations. Hence, the CERF provided an essential means to jumpstart emergency activities and were complemented by incoming appeal funding which arrived months later.
54. The Guatemala case study shows a series of events that included both sudden onset disasters from flooding (2008 and 2010) and a slow onset drought emergency (2009). This juxtaposition of completely different types of humanitarian challenges is now seen more frequently on a global scale, and requires the humanitarian system to work in a more succinct and coordinated manner. Even with such a complexity in Guatemala, the UN Humanitarian Country Team reportedly created its own tracking mechanisms with greater accuracy than the FTS, and was able to leverage efficiency by identifying gaps and avoiding double funding or gaps in humanitarian programming.<sup>30</sup>

### 4.2 Effectiveness

55. The outcomes of the CERF relate to the needs of specific target groups. The work was geographically targeted at the most vulnerable populations in the country, and the majority of activities were directed at benefiting women and children, taking care to address such issues gender-based violence, sexual violence, and the special needs of these groups. Even the livelihood components of the projects, where FAO would gear its activities more toward the productive sectors, would ensure adequate gender participation. Diversifying diets, for example, would primarily benefit women of child-bearing age, reducing anemia levels and creating positive outputs in terms of safe delivery, as well as anemia status (and health outcomes) for infants. Thus gender can be seen as interwoven into numerous livelihood interventions, even if the direct support was not to women.
56. The cross-cutting issues of poverty and vulnerability were specifically addressed in all CERF-funded projects by virtue of the most marginalised and isolated vulnerable populations being reached by project activities. CERF proposals in 2009 stemmed specifically from a Joint Assessment Review mission that was organised through the Humanitarian Network. This was extremely useful in forging new partnerships and consolidating the quality of work among various partners.<sup>31</sup>

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<sup>29</sup> Financial Tracking system, OCHA. ([www.reliefweb.net](http://www.reliefweb.net)).

<sup>30</sup> Interview with OCHA RO Panama, June 2011.

<sup>31</sup> RC/HC Annual Report on the use of the CERF, 2009

57. The effective use of CERF in a drought (2009), which dramatically increased the number of malnourished people in certain sub-regions, might require stronger monitoring to prevent such a disaster. Indeed, the CERF Secretariat called into question the use of CERF for surveillance, but later, as correspondence reveals, surveillance was included to identify the most vulnerable populations for targeting.<sup>32</sup>

### 4.3 Efficiency

58. Overall, the CERF was used efficiently, and provided a timely means of saving lives. This is evident by the analysis of the problems presented through the project background, and priority activities chosen by the agencies.
59. Could the CERF outcomes have been achieved more efficiently? In the documentation available, only UNICEF had a written report on “ Lesson Learned” for CERF in the country, (this was mentioned in the UNICEF annual report, but not available for this evaluation). Other agencies have commented that workshops existed, but no documentation was found. Thus a firmer commitment to documenting “Lessons Learned“ by all agencies and the Humanitarian Network itself would allow for a better understanding of how outcomes were successful and why, and to pinpoint better strategies should disaster strike the country again.
60. Also, some clarification of UN roles may have been needed. In co-chairing the sector working groups (Clusters), and the Humanitarian Network, the UN displayed its leadership role in disasters. The CERF has certainly strengthened the UN’s influence in responding to humanitarian situations. However, according to interviews with senior management in the field, some partners in Guatemala felt this leadership role implied the UN would be responsible for funding all requirements in the disaster (through appeals and the CERF).<sup>33</sup> Over time this confusion was cleared up, and NGOs were encouraged to seek their own funding from donors, for example; but this incident points to the need for partners, and UN staff themselves, to be trained and oriented in the UN Humanitarian Reform process and the CERF.

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<sup>32</sup> In 2009, since limited amount of reliable information was available regarding the magnitude of the situation and groups affected, with CERF funding, a rapid assessment of the food and nutrition insecurity situation and acute malnutrition in the Dry Corridor, Quiche and Izabal, was conducted by the Humanitarian Network with participation of approximately 30 institutions, under the leadership of the UN. Results of the assessment demonstrated that 11 per cent of children under age 5 years and 14 per cent of women experienced acute malnutrition using MUAC as an indicator. A second assessment was carried out in December 2010 in departments of the Altiplano area showing that 4.5 per cent of children under 5 were acutely malnourished.

<sup>33</sup> Interview Senior Management staff in Guatemala. Note, the remark was made relative to NGO’s who needed to be encouraged to seek multiple funding sources during the crisis. It reveals that because of the prominence of UN in coordinating the disaster responses, (which CERF helped to leverage) there was some confusion that this meant that the UN would fund all responses. It was clarified later on.



## 5. CONTRIBUTION

61. The contribution of the CERF in Guatemala to life-saving activities during the three years of emergencies is evident given the sectors and activities that were funded. It provided for immediate critical relief to the most affected and vulnerable populations.
62. The debate on which activities/projects qualified as “life-saving” and which did not, reportedly plagued discussions at the sector level. Interviews with staff in Guatemala, however, revealed that the clarity of these criteria in the OCHA guidelines assisted in enriching discussions, and “grey areas” about what would be considered life-saving and what would not, contributing to a more meaningful joint analysis of priority needs.<sup>34</sup>
63. Certain agencies, by virtue of their “basic needs” mandates, contributed most directly to life-saving activities. Food/nutrition and water inputs were critical to avoiding excess mortality in the immediate phases of the sudden onset disasters in 2008 and 2010 in Guatemala. But other interventions, such as diversifying the diet of pregnant women, supported by FAO, could prevent anemia and risk of death in childbirth; thus indirect interventions also can be categorised as life-saving. Another example is WHO’s support to strengthening epidemiological activities for the prevention of water borne diseases in affected areas of Guatemala; this may have prevented cholera.
64. It is always difficult to determine the exact impact of life-saving activities, by virtue of the fact that they are preventive. Proper statistical mapping of morbidity and mortality trends among affected groups could provide a better sense of the specificity of life-saving activities, but such monitoring data is difficult to obtain, as it is not a part of monitoring the impact of CERF. Monitoring in terms of larger country programmes is done, however, by all agencies, and for example, comments on recent trends indicate that CERF along with humanitarian funding, had a positive impact on reducing acute malnutrition in the country.<sup>35</sup>

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<sup>34</sup> Interview with the RC/HC Guatemala, May 2011.

<sup>35</sup> Comments from the WFP nutritionist, correspondence by email, on April, 2011

## 6. CONCLUSIONS

65. The CERF supported the strengthening of the UN humanitarian reform process, particularly the coordination structures and sector working groups/clusters, by providing a concrete mechanism for rapid response. This increased the leverage of UN agencies to create a more inclusive process, and particularly helped to bring governmental counterparts into response coordination structures. The CERF process was strengthened by effective coordination work, and the existence of the CERF also allowed for these sector groups to work with more integrity. While certain sectors, such as health, were more advanced in their inclusiveness than others, all clusters were consolidated in the CERF process, and improved their participation over time.
66. The CERF also allowed for better integration of cross-sectional responses that incorporated gender and vulnerability analysis of needs, and introduced joint United Nations actions for both assessment and monitoring. This tendency improved the more the UNCT was involved with CERF over the three years of its use.
67. Overall, the response by donors to the humanitarian appeals (i.e. to total requirements) in Guatemala was strong, especially considering other emergencies in the region; this indicates that the CERF also attracted further donor humanitarian funding.
68. The CERF in Guatemala was complemented by various other funds: humanitarian appeal funding in 2009 and 2010; donor funding direct to NGOs; and individual agency emergency funds. But the CERF was the main source of UN funding in all three years of emergencies at the start of the critical response phase, and therefore effective in supporting critical life-saving responses.
69. Because of the recent global food security crisis, which, together with national trends, strongly affected Guatemala, the question remains as to the need to set up stronger monitoring of potentially vulnerable populations, to prevent a “food insecurity emergency”. While CERF provides important start-up funding for WFP, the needs are vast in countries prone to natural disasters and impacted heavily by the global food crisis. The UN and donors might explore a different funding window for food security and food aid, one that is more preventive and sustainable.
70. This desk review was limited by a lack of documentation on details, and information about “why” certain aspects of the CERF worked or did not. Guatemala provides an excellent case study of a country facing multiple shocks and requiring both rapid and longer-term support to recover from these. Greater efforts in writing up “Lessons Learned”, and consultations organised after CERF use, as well as prior to CERF requests, are recommended.
71. NGO involvement was greater in the assessment and design stages of emergencies than in other aspects of the overall response. Greater inclusion of NGO partners in all phases of emergency programme planning: project design, implementation and monitoring, would strengthen the civil society involvement in emergency responses in Guatemala, and provide a greater potential for community participation.

## ANNEX I. LINKS TO THE TERMS OF REFERENCE AND THE INCEPTION REPORT

The Terms of Reference and the Inception Report are not annexed here due to their length. They can be found at:

Terms of reference:

[http://www.channelresearch.com/file\\_download/294/CERF\\_5YREVAL\\_Final\\_TOR\\_07.11.2010.pdf](http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_07.11.2010.pdf)

[http://www.channelresearch.com/file\\_download/294/CERF\\_5YREVAL\\_Final\\_TOR\\_Appendix\\_V\\_07.11.pdf](http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_Appendix_V_07.11.pdf)

Inception report:

[http://www.channelresearch.com/file\\_download/297/CERF-5-yr-Evaluation-Inception-Report-v200.pdf](http://www.channelresearch.com/file_download/297/CERF-5-yr-Evaluation-Inception-Report-v200.pdf)

## ANNEX II. CERF PROCESS DESCRIPTION

### RAPID RESPONSE GRANT PROCESS

- B1. Although there is a preference for applications from a country team, a UN agency can make a request for CERF rapid response window funding at any time (e.g. WFP did so in December 2009 in Kenya). The only requirement, checked by the CERF Secretariat, is that the request be endorsed by the Humanitarian Coordinator (HC) or the Resident Coordinator (RC) in the absence of an HC. Such one-off requests are relatively rare, and the bulk of CERF rapid response funding goes to joint requests by several UN agencies.
- B2. The Emergency Relief Coordinator may also take the initiative of suggesting to the HC or RC the possibility of requesting CERF rapid response funding (OCHA 2006; 2011). This happens only rarely, for example after the 2010 earthquake in Haiti when many UN staff, including top ranking ones, died and most UN buildings were destroyed, in Pakistan at the onset of the 2010 floods, and in DRC for Equateur Province in 2010.
- B3. If requested by the UN country team, an informal indication may be given by the CERF Secretariat as to the likely scale of the CERF envelope for the particular crisis. There is normally a maximum limit of US\$30 million for any one emergency or crisis (United Nations Secretariat, Secretary-General's bulletin, 2006, 2010) but it is extremely rare that the full amount is allocated. The 2010 Pakistan floods are an example. Three RR allocations were made, the first two of which at the initiative of the ERC in August 2010. The initial allocation, at the onset of the floods, was revised up from an initial US\$10 million to US\$16.6 million in consultation with the HC and rapidly followed by a second one of US\$13.4 million (i.e. a total of US\$30 million). The CERF finally provided close to US\$42 million for the response to the floods.
- B4. The CERF Secretariat prefers to see a draft request prior to agreeing informally on an envelope. At a minimum, the CERF Secretariat has to be aware of the beneficiary numbers, justification, funding levels, and types of projects, before discussing the size of a submission. The CERF Secretariat often consults with the ERC on potential envelopes.
- B5. Joint applications are prepared by the country team with the UN agencies discussing the amount to be allocated to each cluster (or agencies where clusters do not exist), and each cluster lead agency preparing proposals in consultation with cluster members. The level of formality of this process varies a lot, depending on how the HC manages the prioritisation process.
- B6. The CERF Secretariat reviews the proposals, frequently leading to adjustments relating to budget issues. The CERF can make substantive comments, but it is assumed that the HC and HCT/clusters have the technical expertise to determine what the urgent needs are as well as the capacities of the agencies on the ground. Once the Secretariat signs off, the grants are reviewed and authorised by the Emergency Relief Coordinator and the agency in question signs a Letter of Understanding<sup>36</sup> with the UN Secretariat for the release of the funds.

<sup>36</sup> From second quarter of 2011 an umbrella LoU has been introduced and agencies will counter-sign an approval letter from the ERC, instead of signing a LoU for each grant.

**UNDERFUNDED EMERGENCY GRANT PROCESS**

- B7. Allocations from the CERF underfunded emergencies window (UFE) are made twice a year, and the two rounds coincide with the global Consolidated Appeal Process (CAP) launch and the CAP mid-year review. Allocations are made to both CAP and non-CAP countries with no predefined division between these. The criteria for selection of countries for UFE funding are the degree of funding shortfall, the severity of humanitarian needs, and type of activities and the implementation capacity. The ERC selects between 17 and 24 countries a year for underfunded emergency support with the bulk of funds (typically two thirds) allocated during the first round.
- B8. For CAP countries, the CERF Secretariat undertakes an analysis of humanitarian indicators combined with an analysis of the level of funding support for the CAP (analysis at sector level for each CAP). For the first underfunded round the previous year's CAP funding data is used for the analysis whereas the funding levels at the CAP mid-year review serve as reference for the second allocation.
- B9. For non-CAP countries, UN agencies' headquarters are invited to vote on which non-CAP emergencies they regard as the most underfunded. The voting process is supplemented with details from each agency on their ongoing humanitarian programmes in the proposed countries and the funding levels of these.
- B10. The CERF Secretariat combines analysis of CAP and non-CAP countries and, based on the UFE criteria, prepares a ranked list of country candidates for the ERCs consideration and decision. The ERC decides of the list of countries for inclusions and on the funding envelope for each. The selected countries and proposed allocation envelopes are discussed with agency headquarter focal points.
- B11. The amount decided by the ERC is notified to the RC/HC in a letter in which the ERC may direct the allocation, or parts of it, to particular underfunded sectors or regions in order to facilitate prioritisation and speed up the process. The RC/HC will have to confirm that the funds are needed and can be implemented according to the stipulated timeline and against the proposed activities.
- B12. At the country level, the allocation process is similar for the preparation of a rapid response allocation. The only other differences for underfunded emergencies is that the grants for the first annual round must be implemented by 31 December of the same calendar year and for the second annual round by 30 June of the next calendar year (OCHA 2010). Again, agencies can ask for a no-cost extension.

## ANNEX III. BIOGRAPHICAL NOTICE OF THE MAIN WRITERS

**John Cosgrave** is an independent evaluator based in Ireland. He has more than 30 years of experience of humanitarian action and development in nearly 60 countries. His initial academic training was in engineering, and he holds three masters level degrees (in engineering, management, and social science).

After two decades managing projects and programmes for NGOs in the aftermath of natural disasters and complex political emergencies John became a freelance consultant specialising in the evaluation of humanitarian action in 1997. Since 1997 John has led a great many evaluations, mostly of humanitarian action, and including many joint evaluations of humanitarian action and several funding studies, for a wide variety of clients including the UN, Donors, and NGOs.

John was the Evaluation Advisor and Coordinator for the Tsunami Evaluation Coalition and is used to working on politically complex evaluations. He has well developed evaluation skills and trains on humanitarian evaluation both for ALNAP and for the World Bank supported International Program for Development Evaluation Training (IPDET). John combines training with evaluation and brings examples from evaluation practice into the classroom, including for ALNAP and the IPDET. John's writing includes the ALNAP pilot guide for Real-Time Evaluation.

Recent writing by John include: *Responding to earthquakes: Learning from earthquake relief and recovery operations*. (ALNAP and Provention, 2008) and the ALNAP Real-Time Evaluation pilot guide.

**Mrs Marie Spaak** is an independent consultant since 2008 who has worked in the humanitarian field since 1992, mostly with DG ECHO and OCHA. She has been based in the field (former Yugoslavia, Great Lakes emergency, Bangladesh, Indonesia, Russian Federation, Haiti in 2009 notably) and worked in both Brussels (ECHO) and Geneva (OCHA). She has in-depth knowledge of the UN humanitarian reform process, disaster preparedness and response, field coordination mechanisms and inter-agency processes, and direct experience of different types of pooled funding mechanisms (Indonesia, Indian Ocean tsunami, Somalia, Haiti). She is also familiar with donor perspectives due to her experience with DG ECHO and more recently, an independent mapping of humanitarian donor coordination at the field level carried out with Channel Research in 2009, for which DRC and Sudan were a case study.

She is a Belgian national and fluently speaks and writes French, English and Spanish. She holds a B.A. in Anthropology from Bryn Mawr College, USA, and subsequently studied international development cooperation (Belgium) and project cycle management (Spain).

**M. Jock Baker** began working as an independent consultant in 1999 following a career of over fifteen years in a series of field-based assignments with the United Nations, including the United Nations Development Program (UNDP), United Nations High Commission for Refugees (UNHCR), World Food Program (WFP), and the Office for Coordination of Humanitarian Assistance (OCHA). Mr. Baker works part-time as CARE International's Programme Quality & Accountability Coordinator at the CARE International Secretariat in Geneva, Switzerland where he is the focal point for CARE's accountability, program quality, disaster risk reduction and transition programming. Mr. Baker has led a number of thematic reviews of organizational policy in addition to participating in and leading a number of assessments, appraisals, participatory reviews and evaluations and he is skilled in workshop design and facilitation.

He holds a BSc in Biological Sciences from the University of Edinburgh and a MSc degree in Economics from the London School of Economics & Political Science.

Mr. Baker's assignments as an independent consultant include Team Leader for and Evaluation of UNHCR's Kosovo Women's Initiative, Senior Evaluator for an Interagency Real-Time Evaluation of Cyclone Nargis commissioned by UNOCHA, Micro-Finance Specialist & Conflict Analyst for an Asian Development Bank appraisal in eastern Sri Lanka, contributing author/editor for the Sphere Handbook, technical reviewer for the World Bank's Post-Conflict Trust Fund, Transition Adviser in Rwanda for the Program on Negotiation at Harvard Law School, disaster management technical adviser for CBS Film Productions Inc., IDP Relief & Reintegration Adviser for the Government of the Philippines and Local Integration Specialist for UNHCR in Indonesia.

Mr. Baker has also managed or led a number of humanitarian evaluations for CARE International, including an interagency evaluation for INGO tsunami responses, an interagency evaluation following hurricane Stan in Guatemala in 2005 and an evaluation of CARE Bangladesh's response following Cyclone Sidr. Mr. Baker is also CARE International's representative to ALNAP and was a member of the OECD-DAC team which peer reviewed WFP's evaluation function in 2007.

**Angela Berry-Koch** brings 34 years of humanitarian experience to this evaluation. She has worked as a staff member for over twenty years with UNHCR, UNICEF and OCHA. This consultant brings a wealth of experience in nutrition, food security and child protection issues, and has authored numerous important guidelines and manuals for the UN system at large. She has also provided consultancy services in reproductive health and HIV/AIDS to UNDP, UNFPA and UNIFEM in various country offices, primarily in Latin America. With a Masters in Science in Human Nutrition from London School of Hygiene and Tropical Medicine, she is an expert in areas of food security and food aid as well as nutrition in humanitarian situations, having forged the first consultations on human dietary requirements and standards of food aid in emergencies in the 1980's. In the past years she has revised various guidelines for the UN system, including the UNHCR/WFP food assessment guidelines in emergencies. Ms. Berry-Koch has authored many publications, including those related to use of famine foods used in the Horn of Africa, deficiency

disease syndromes in refugee populations, and human rights of displaced populations in Latin America.

**Mrs Cécile Collin** is a permanent area manager of Channel Research for 5,5 years in charge of Francophone clients and the UN. She is experienced in undertaking complex consultancies missions, evaluations, mid term review and impact assessments related to international assistance, emergencies and post disaster support. She has been a consultant in more than 16 missions, most of them in Africa, notably the Democratic Republic of Congo and Central African Republic including governance, interventions in unstable context, peace building, protection and human rights. She has practical experience of developing and implementing policies and strategies in the areas of multi-sectoral initiatives.

In 2006, she created Channel Research Burundi, subsidiary of Channel Research Belgium in the Great Lakes with the aim to promote African expertise and local capacity building. She took part notably to the CHF evaluation in Central African republic, evaluation of Conflict Prevention and Peace Building Programme for 11 donors, bilateral and multilateral in Eastern DRC, evaluation of post-disaster programmes of the AFD (Agence Française de Développement), a fact finding mission in Central African Republic and evaluation of rapid humanitarian assistance using Norwegian 6x6 military trucks for NORAD.

As a consultant, Mrs Collin benefits from a good knowledge of different evaluation and impact assessment methodologies as well as of general skills in organizational and financial analysis, economics, communication and management, as a graduated in Social sciences and economics (BA) and business administration, performance monitoring (MA). Mrs Cécile Collin is a French national and speaks English, French, Italian and German.

**Mrs Annina Mattsson** is a full-time area manager and evaluator at Channel Research. She has experience in the evaluation of humanitarian aid, peace building and development programmes in the Middle East, Africa, and South Asia. Working for Channel Research, Mrs Mattsson has gained experience of large multi-donor, multi-sector and multi-country evaluations. She was a key team member in the Sida commissioned follow-up evaluation of the linkages between relief, rehabilitation and development in the response to the Indian Ocean tsunami, the joint donor evaluation of conflict prevention and peace building initiatives in Southern Sudan and has just finished managing and working on the OCHA funded evaluation of the CHF. A part from being an evaluator, she is also advising organizations on their monitoring and evaluation systems.

Mrs Mattsson has carried out short- and longer term missions to Bangladesh, Indonesia, Jordan, Kenya, Kosovo, Liberia, Maldives, Palestinian Territories, Sierra Leone, Sri Lanka, Sudan, Thailand, Uganda and the United Arab Emirates. She is a Finnish citizen, based in Dubai, and speaks fluent Finnish, Swedish, English, Spanish and French, while she is conversational in colloquial Arabic.



## ANNEX IV. PERSONS INTERVIEWED

<b>Cape Verde</b>	<b>Number</b>	<b>Location</b>
<b>CERF Secretariat</b>	1	NY
<b>OCHA</b>	1	Panama
<b>NGO</b>	(Written comments from Oxfam)	Guatemala
<b>UN staff</b>	(written comments from all agencies)	Guatemala, NY, Geneva
<b>Cluster Lead</b>	(written comments and email exchange)	Guatemala

## ANNEX V. COUNTRY PROJECT SUMMARIES

Project	Disbursement year	Days to disbursement	Title	Activities	Reviewed
UNICEF - RR - Water and sanitation - US\$310,835 (08-CEF-089) -	2008	18	Water, sanitation and environmental hygiene in affected communities	1) Improved accessibility to water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and pregnant women. - - Reduced vulnerability to the spread of gastrointestinal diseases due to water contamination. - - Reduced/minimized risks related to diseases that develop in permanent shelters and communities, such as environmental health. - - Rapid actions on water and sanitation implemented in affected prioritized communities depending on health damages.	Y
FAO - RR - Agriculture - US\$287,528 (08-FAO-061) -	2008	20	Production Recovery of staple food of rural households affected by No. 16 storm in the Departments of Alta Verapaz, Quiché and Petén of Guatemala.	Agricultural products minimize food insecurity impact on the affected households. - - Families restore their agricultural activities on maize and beans - - Maize and beans hectares restored. - - Livelihoods evaluation report that allows the activation of the affected assets to restore the productive activities related to agriculture.	Y
UNFPA - RR - Health - US\$68,072 (08-FPA-044) -	2008	13	Restore the health system's capacity to provide emergency reproductive health services in the affected counties of the departments of Peten, Izabal, Alta Verapaz and Quiche.	Neonatal and maternal deaths reduced through establishing minimum capacities in hospitals and health centers in the affected counties, to provide obstetric and neonatal services. - - Indicators: - % of maternal and neonatal care capacities restored. - - Amount of vulnerable population in reproductive age and pregnant women cared for.	Y
WFP - RR - Food - US\$603,297 (08-WFP-075) -	2008	13	Emergency assistance to food-insecure households affected by the tropical storm	Meeting in a timely manner immediate food needs of 30,000 vulnerable populations; - - Save lives and reduce acute malnutrition of the affected population with special focus on children and lactating women.	Y
WHO - RR - Health - US\$213,809 (08-WHO-069) -	2008	19	Reduce the impact in the loss of life and health of the population due to floods in the Departments of Petén, El Quiché, Alta Verapaz e Izabal	Mortality and morbidity in the affected population maintained at levels prior to the floods. - - The Ministry of Health in the affected areas has an increased response capacity in order to respond to the health situation, and coordinate and evaluate rapid health interventions. - - Epidemiological surveillance system, disease control and health care services functioning. - - Decisions taken as per information provided by health and disaster situation rooms. - - Affected health services supplied with emergency health kits, essential drugs, oral rehydration salts and laboratory supplies for rapid diagnosis. - - An action plan carried out for the psychosocial treatment of the affected population.	Y
UNICEF - RR - Health - Nutrition - US\$358,443 (09-CEF-052-A) -	2009	15	Attention to children identified with moderate and severe acute malnutrition	• Children with severe acute malnutrition detected and treated timely. - - • Mortality of children under 6 years of age with moderate and severe acute malnutrition is reduced. - - • Treatment of children with severe acute malnutrition at the hospital and local levels is standardized. - - • Children under 6 months with exclusive breastfeeding and continued until 2 years of age. - - • Appropriate Infant feeding practices to prevent acute malnutrition, especially for children under 5 years of age, are promoted. Families will incorporate better practices regarding infant feeding.	Y
UNICEF - RR - Water and sanitation - US\$299,975 (09-CEF-052-B) -	2009	15	Water, sanitation and environmental hygiene in affected communities by drought	1) Improving access to safe water and sanitary conditions for groups affected by drought, especially the most vulnerable, including children, pregnant women and infants approximately 6,000 persons. - - 2) Reduction in 10%(minimized) of the risks attributable to emerging diseases in the population of affected communities as well as environmental health problems. - - 3) Implementation of rapid water and sanitation actions in 100 affected communities, especially those with higher priority due to health damage. - - 4) Implementation of a mass media dissemination plan on safe water and sanitation for 6,000 families.	Y
FAO - RR - Agriculture - US\$804,524 (09-FAO-031) -	2009	20	Immediate assistance to re-establish food production and the livelihoods of the vulnerable farmers affected by the drought in Guatemala	1. Beneficiaries families have rehabilitated the production of short-cycle food crops and vegetables, improving: - - • The availability of carbohydrates thanks to the restart of crop (Maize) production; - - • The availability of proteins thanks to small livestock production; - - • The intake of micronutrients by pregnant mothers and children through vegetable production. - - C.2. established the conditions for water harvesting in 600 households. - - C.3. 315 farmers will grow 110.25 has of local maize variety seeds to ensure adapted seeds' availability to farmers in the dry zone of Guatemala affected by drought. At the end of the cycle they will produce maize seeds for 4,725 families. - - C.3. 4,725 families will receive certified seeds of maize for the next production cycle. - - C.4. Greater resilience and reduction in vulnerability through the reduction of asset stripping and loss of goods.	Y
UNFPA - RR -	2009	15	Decrease the mortality from	1. Reduction in mortality and morbidity rates of the affected population (mainly women of	Y

Health - Nutrition - US\$203,514 (09-FPA-027) -			severe acute malnutrition and related diseases, 11 departments of Guatemala's "dry corridor"	childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor". - - 2. Increased response capacity of health centres of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment. - - 3. Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the "dry corridor".	
WFP - RR - Food - US\$2,500,000 (09-WFP-059) -	2009	20	Food assistance to people affected by drought and crop losses	The immediate, life-saving, requirements of food for 11,500 families at high and very high risk of food insecurity, covered for three months, avoiding the deterioration of their nutritional status.	Y
WHO - RR - Health - Nutrition - US\$833,512 (09-WHO-054) -	2009	15	Decrease the mortality from severe acute malnutrition and related diseases, 11 departments of Guatemala's "dry corridor"	1. Reduction in mortality and morbidity rates of the affected population (mainly women of childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor". - - 2. Increased response capacity of health centres of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment. - - 3. Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the "dry corridor".	Y
UNAIDS - RR - Health - US\$43,335 (10-AID-003) -	2010	32	Saving lives and protecting the health of the population affected by Tropical Storm	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Y
UNICEF - RR - Water and sanitation - US\$262,364 (10-CEF-034-A) -	2010	30	Water, sanitation and environmental hygiene in affected communities	1) Improved accessibility to 7,500 families in water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and women. - - 2) Reduced risk families affected to the spread of gastrointestinal diseases due to water contamination. - - 3) Reduced/minimized risks in 7,500 families related to diseases that develop in permanent shelters and communities, such as environmental health. - - - 4) Ensured provision of safe water and sanitation services facilities and hygiene means in affected prioritized communities to avoid health impact/damages.	Y
UNICEF - RR - Protection/H Rights - US\$112,350 (10-CEF-034-B) -	2010	30	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Storm Agatha and the eruption of Pacaya Volcano in Guatemala	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.	Y
FAO - RR - Agriculture - US\$562,671 (10-FAO-029) -	2010	32	Immediate assistance to restore food production and livelihoods of farmers affected by the storm in Guatemala	The beneficiary families rehabilitated in the short-term their food production systems in the cornfield and household backyard production improving: The availability of carbohydrates, protein, micronutrients and minerals through the production of maize, small livestock and horticulture. - - -525 hectares planted with improved maize seed, benefiting 1500 families, with a projected production of 2025 MT in August / September 2010 - - 650 families recuperate their backyard production system (vegetables and small animals) that provides the nutrients, micronutrients, protein and minerals necessary for their diet in 3 month following the disruption forced by the storm. Here are included the results of the veterinarian kits en relation to avoid the massive death of stocks.	Y
UNFPA - RR - Protection/H Rights - US\$102,977 (10-FPA-022) -	2010	18	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Storm Agatha and the eruption of Pacaya Volcano in Guatemala	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.	Y
UNFPA - RR - Health - US\$172,052 (10-FPA-023) -	2010	30	Saving lives and protecting the health of the population affected by Tropical Storm	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Y

IOM - RR - Shelter and NFI - US\$438,979 (10-IOM-019) -	2010	30	Establishment and maintenance of basic living and sanitary conditions in temporary shelters for populations affected by Tropical Storm Agatha and the eruption of Pacaya Volcano in Guatemala	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.	Y
WFP - RR - Food - US\$1,212,840 (10-WFP-039) -	2010	31	Food assistance to people affected by floods, landslides and crop losses	The affected population has physical access to sufficient and safe food. Life-saving, requirements of food for 47,500 people at high and very high risk of food insecurity, covered for three months, avoiding the deterioration of the nutritional status of children.	Y
WHO - RR - Health - US\$365,405 (10-WHO-038) -	2010	17	Saving lives and protecting the health of the population affected by Tropical Storm	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Y
WHO - RR - Water and sanitation - US\$103,095 (10-WHO-039) -	2010	17	Water, sanitation and environmental hygiene in affected communities	1) Improved accessibility to 7,500 families in water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and women. - - 2) Reduced risk families affected to the spread of gastrointestinal diseases due to water contamination. - - 3) Reduced/minimized risks in 7,500 families related to diseases that develop in permanent shelters and communities, such as environmental health. - - - 4) Ensured provision of safe water and sanitation services facilities and hygiene means in affected prioritized communities to avoid health impact/damages.	Y

## ANNEX VI. ANALYSIS ON SELECTED PROJECTS WITH SCORES

Project	Activity	Documents available	Gender Marker	Reasons for score	Vulnerability Marker	Reasons for score	Cross-cutting marker	Reasons for score
GT: 10-FAO-029-RR. FAO: Agriculture - \$562,671	The beneficiary families rehabilitated in the short-term their food production systems in the cornfield and household backyard production improving: The availability of carbohydrates, protein, micronutrients and minerals through the production of maize, small livestock and horticulture. - - -525 hectares planted with improved maize seed, benefiting 1500 families, with a projected production of 2025 MT in August / September 2010 - - -650 families recuperate their backyard production system (vegetables and small animals) that provides the nutrients, micronutrients, protein and minerals necessary for their diet in 3 month following the disruption forced by the storm. Here are included the results of the veterinarian kits en relation to avoid the massive death of stocks.	Project Submission Annual Report FAO CERF evaluation	1	Mostly male beneficiaries	2b	Provided to poorest sectors and regions	1	Is only sector specific but has a water and environmental component
GT: 09-FAO-031-RR. FAO: Agriculture - \$804,524	1. Beneficiaries families have rehabilitated the production of short-cycle food crops and vegetables, improving: - - • The availability of carbohydrates thanks to the restart of crop (Maize) production; - - • The availability of proteins thanks to small livestock production; - - • The intake of micronutrients by pregnant mothers and children through vegetable production. - - C.2. established the conditions for water harvesting in 600 households. - - C.3. 315 farmers will grow 110.25 has of local maize variety seeds to ensure adapted seeds' availability to farmers in the dry zone of Guatemala affected by drought. At the end of the cycle they will produce maize seeds for 4,725 families. - - C.3. 4,725 families will receive certified seeds of maize for the next production cycle. - - C.4. Greater resilience and reduction in vulnerability through the reduction of asset stripping and loss of goods.	Project Submission Annual Report FAO CERF evaluation	1	Mostly male beneficiaries	2b	Provided to storm / flood Victims	0	Is only sector specific
GT: 08-FAO-061-RR. FAO: Agriculture - \$287,528	Agricultural products minimize food insecurity impact on the affected households. - - Families restore their agricultural activities on maize and beans - - Maize and beans hectares restored. - - Livelihoods evaluation report that allows the activation of the affected assets to restore the productive activities related to agriculture.	Project Submission Annual Report FAO CERF evaluation	1	Mostly male beneficiaries	2b	Provided to storm victims	0	Is only sector specific
GT: 10-IOM-019-RR. IOM: Shelter and non-food items - \$438,979	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the	Project Submission Annual Report, RC Annual Report	2b	Specifically geared to protection of women and females children	2b	Specific to those most affected by storm	1	Has some components (HIV)

	establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.							
GT: 10-AID-003-RR. UNAIDS: Health - \$43,335	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Project Submission Annual Report, RC Annual Report	2a	Medical support tailored to women but not a strong gender explicit included	2b	Specific to poorest sectors and those affected by disaster	1	Has some psychosocial but tends to concentrate on health
GT: 10-FPA-022-RR. UNFPA: Protection/Human Rights/Rule of Law - \$102,977	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.	Project Submission Annual Report, RC Annual Report	2b	Explicit targeting of women	2b	Specific to displaced	2a	Addressing social and psychological and health needs
GT: 10-FPA-023-RR. UNFPA: Health - \$172,052	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Original and final proposal, summary (4 documents)	2a	Includes a component on SGBV	2a	Focus on vulnerable groups in proposal	2a	Included people living with HIV/AIDS and the disabled
GT: 09-FPA-027-RR. UNFPA: Health - Nutrition - \$203,514	1. Reduction in mortality and morbidity rates of the affected population (mainly women of childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor". - - 2. Increased response capacity of health centres of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment. - - 3. Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the	Project Submission Annual Report, RC Annual Report	2b	Explicit targeting of women	2b	Specific to displaced	1	Specific to health only

	"dry corridor".							
GT: 08-FPA-044-RR. UNFPA: Health - \$68,072	Neonatal and maternal deaths reduced through establishing minimum capacities in hospitals and health centers in the affected counties, to provide obstetric and neonatal services. - - Indicators: - % of maternal and neonatal care capacities restored. - - - Amount of vulnerable population in reproductive age and pregnant women cared for.	Project Submission Annual Report, RC Annual Report	2b	Specific to pregnant women and reproductive health	2b	Specific to flood victims	1	Specific to health only
GT: 10-CEF-034-A-RR. UNICEF: Water and sanitation - \$262,364	1) Improved accessibility to 7,500 families in water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and women. - - 2) Reduced risk families affected to the spread of gastrointestinal diseases due to water contamination. - - 3) Reduced/minimized risks in 7,500 families related to diseases that develop in permanent shelters and communities, such as environmental health. - - - 4) Ensured provision of safe water and sanitation services facilities and hygiene means in affected prioritized communities to avoid health impact/damages.	Original and final proposal and summary	0	No attention to gender, even though water and sanitation is normally strongly gendered	2a	Targeted communities are vulnerable due to storm and rain damage, but no specific targeting of vulnerables	0	No particular attention to cross-cutting issues
GT: 10-CEF-034-B-RR. UNICEF: Protection/Human Rights/Rule of Law - \$112,350	1. Two-thousand four-hundred (2,400) families, (14,400 persons), will receive humanitarian assistance and NFIs. - - 2. Ten shelters will receive emergency repairs, to meet minimum acceptable accommodation and living standards for two-thousand seven-hundred twenty (2,720) persons. - - 3. One-hundred (100) shelters will receive support in the establishment of community-based safe environments for children and women, including child-friendly spaces, with particular attention to girls, adolescents, and their caregivers, as well as to the provision of early childhood development activities. - - 4. Cases of gender-based violence will be identified; affected girls, adolescents, and women will receive medical, psychological, and legal support.	Project Submission Annual Report, RC Annual Report	2a	Specific to creating safe environment for women	2b	Specific to displaced populations	2a	Integrates health, shelter and protection
GT: 09-CEF-052-A-RR. UNICEF: Health - Nutrition - \$358,443	• Children with severe acute malnutrition detected and treated timely. - - • Mortality of children under 6 years of age with moderate and severe acute malnutrition is reduced. - - • Treatment of children with severe acute malnutrition at the hospital and local levels is standardized. - - • Children under 6 months with exclusive breastfeeding and continued until 2 years of age. - - • Appropriate Infant feeding practices to prevent acute malnutrition, especially for children under 5 years of age, are promoted. Families will incorporate better practices regarding infant feeding.	Project Submission Annual Report, RC Annual Report	2a	Specific to children of women	2b	Life saving malnourished children	0	Deals with social environment as well as health
GT: 09-CEF-052-B-RR. UNICEF: Water and sanitation - \$299,975	1) Improving access to safe water and sanitary conditions for groups affected by drought, especially the most vulnerable, including children, pregnant women and infants approximately 6,000 persons. - - 2) Reduction in 10%(minimized) of the risks attributable to emerging diseases in the population of affected communities as well as environmental health problems. - - 3) Implementation of rapid water and sanitation actions in 100 affected communities, especially those with higher	Project Submission Annual Report, RC Annual Report	2a	Includes hygiene kits for women	2b	Geared toward displaced	0	Primarily one sector only

	priority due to health damage. - - 4) Implementation of a mass media dissemination plan on safe water and sanitation for 6,000 families.							
GT: 08-CEF-089-RR. UNICEF: Water and sanitation - \$310,835	1) Improved accessibility to water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and pregnant women. - - Reduced vulnerability to the spread of gastrointestinal diseases due to water contamination. - - Reduced/minimized risks related to diseases that develop in permanent shelters and communities, such as environmental health. - - Rapid actions on water and sanitation implemented in affected prioritized communities depending on health damages.	Project Submission Annual Report, RC Annual Report	1	No sepecific gender component, although women are identified as being among the most vulnerable	2b	Specific to disaster victims	0	Primarily one sector only
GT: 10-WFP-039-RR. WFP: Food - \$1,212,840	The affected population has physical access to sufficient and safe food. Life-saving, requirements of food for 47,500 people at high and very high risk of food insecurity, covered for three months, avoiding the deterioration of the nutritional status of children.	Project Submission Annual Report, RC Annual Report	2a	Geared toward women and children as priority	2b	Specific to storm affected	0	Only, food aid
GT: 09-WFP-059-RR. WFP: Food - \$2,500,000	The immediate, life-saving, requirements of food for 11,500 families at high and very high risk of food insecurity, covered for three months, avoiding the deterioration of their nutritional status.	Project Submission Annual Report, RC Annual Report	2a	Geared toward women and children as priority	2b	Specific to drought victims	0	Only food aid
GT: 08-WFP-075-RR. WFP: Food - \$603,297	Meeting in a timely manner immediate food needs of 30,000 vulnerable populations; - - Save lives and reduce acute malnutrition of the affected population with special focus on children and lactating women.	Project Submission Annual Report, RC Annual Report	2a	Geared toward women and children as priority	2b	Specific to flood displaced groups	0	Only food aid
GT: 10-WHO-038-RR. WHO: Health - \$365,405	1. Morbidity and mortality rates in areas affected by the emergency reduced. - - 2. Medical and laboratory supplies, emergency kits, other essential drugs and medical care supplies provided. - - 3. Epidemiological surveillance system, early warning, rapid response, prevention and control of outbreaks strengthened. - - 4. Mental health services to vulnerable communities and population living in shelters improved. - - 5. Health promotion, information and communication, culturally tailored, implemented.	Project Submission Annual Report, RC Annual Report	2a	Health support will cover more women and females	2b	Specific to displaced	2a	Psychosocial and HIV included
GT: 10-WHO-039-RR. WHO: Water and sanitation - \$103,095	1) Improved accessibility to 7,500 families in water and hygiene-sanitation conditions for the most vulnerable groups, amongst them children and women. - - 2) Reduced risk families affected to the spread of gastrointestinal diseases due to water contamination. - - 3) Reduced/minimized risks in 7,500 families related to diseases that develop in permanent shelters and communities, such as environmental health. - - - 4) Ensured provision of safe water and sanitation services facilities and hygiene means in affected prioritized communities to avoid health impact/damages.	Project Submission Annual Report, RC Annual Report	1	Will have impact on women	2b	Specific to poorest sectors	1	Education component



GT: 09-WHO-054-RR. WHO: Health - Nutrition - \$833,512	1. Reduction in mortality and morbidity rates of the affected population (mainly women of childbearing age, pregnant and breast-feeding, newborns, infants, children, older people and those with immunosuppressive diseases) in 11 prioritized departments of Guatemala's, including the "dry corridor". - - 2. Increased response capacity of health centres of the Ministry of Health to save lives through skilled medical staff and appropriate drugs and equipment. - - 3. Improved epidemiological nutritional surveillance and early warning system of the Ministry of Health and Social Assistance, established and operating in the 11 prioritized departments including the "dry corridor".	Project Submission Annual Report, RC Annual Report	2a	Will have greater affect on women than other groups	2b	Specific to displaced populations	1	Primary health sector – some psychosocial component
GT: 08-WHO-069-RR. WHO: Health - \$213,809	Mortality and morbidity in the affected population maintained at levels prior to the floods. - - The Ministry of Health in the affected areas has an increased response capacity in order to respond to the health situation, and coordinate and evaluate rapid health interventions. - - Epidemiological surveillance system, disease control and health care services functioning. - - Decisions taken as per information provided by health and disaster situation rooms. - - Affected health services supplied with emergency health kits, essential drugs, oral rehydration salts and laboratory supplies for rapid diagnosis. - - An action plan carried out for the psychosocial treatment of the affected population.	Final project proposal, summary (2 documents)	1	Age breakdown of population given. Number of pregnatnt women to be served identified.	1	No specfic targeting of vulnerables with a needy population	1	Trrining element.

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