

# Guatemala

## Food Insecurity & Acute Malnutrition Appeal



FAO/2010

March 2010



## Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

### SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GOAL	MACCA	TEARFUND
ACTED	GTZ	Malteser	Terre des Hommes
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	Solidarités	World Vision International

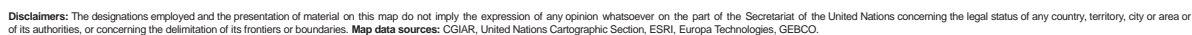


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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from [www.reliefweb.int/fts](http://www.reliefweb.int/fts).



## 1. EXECUTIVE SUMMARY

Guatemala is currently in the grip of a protracted food insecurity crisis, which has particularly affected the approximately 2.7 million people living in the country's so-called Dry Corridor (and neighbouring departments). Global acute malnutrition among children under five in the Dry Corridor and two neighbouring provinces is 11%, and among women of child-bearing age 13%, both above the emergency threshold of 10%. This crisis stems from a combination of factors, above all, its vulnerability to changes in global markets and to climate-related events.<sup>1</sup> In 2009 Guatemala was severely affected by 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 in combination with continuously high food prices, a decrease in remittances, cost increases for agricultural inputs and a decrease in employment opportunities for unqualified labour, have resulted in poorer populations suffering from decreased capacities to access food and basic services.

Due to lower yields of basic grain crops, household food reserves have been reduced or depleted sooner than normal. For the second consecutive year, the annual period of food shortage has started in February, three months sooner than usual. The *El Niño* phenomenon is forecast to further delay the rainy season, with extreme temperatures aggravating the situation. Additionally, the season of high demand for unqualified labour ends in the first quarter of 2010, which will reduce options for generating income for food purchases and access to basic services. This situation of food insecurity is worsening what is already one of the highest rates of chronic malnutrition in the world (affecting 43% of children below five years of age).<sup>2</sup> The rise in acute malnutrition, including clinical cases of kwashiorkor and marasmus, has particularly affected the Dry Corridor in the east and centre of the country.<sup>3</sup> The Dry Corridor encompasses the departments of Baja Verapaz, Jalapa, Jutiapa, El Progreso, Chiquimula, Santa Rosa, and Zacapa.

Guatemala Food Insecurity and Acute Malnutrition Appeal: key parameters	
<b>Duration</b>	March - August 2010
<b>Key milestones in 2010</b>	Planting seasons: March- June and August- September Harvest season: January- March Rainy season: May- November
<b>Target beneficiaries</b>	136,000 families
<b>Total funding requested</b>	<b>Funding requested per beneficiary</b>
\$34,193,050	\$50

To address this situation and other concurring emergencies, the Guatemalan Government declared a State of Public Calamity on 8 September 2009, and has since spent US\$17.5 million<sup>4</sup> in immediate food and humanitarian aid. This emergency appeal seeks a total of **\$34,193,050** for projects targeting the Dry Corridor and the two neighbouring departments of Izabal and Quiché, addressing the sectors of food, health, nutrition, agriculture, early recovery, and water-sanitation-hygiene. Projects in these sectors will support and complement national humanitarian efforts over a planning and budgeting horizon of six months, benefiting approximately 136,000 families (roughly 680,000 individuals). Projects included in this appeal have been planned and budgeted in consultation with the Guatemalan Government and with the in-country Humanitarian Network (a group comprised of both NGO and UN partners.) The coordination with different governmental authorities has ensured necessary links between emergency response, recovery, and long-term development programmes and objectives.

<sup>1</sup> Guatemala is one of the ten countries in the world with the highest vulnerability to climate change according to the United Nations International Strategy for Disaster Reduction's (UNISDR) *Global Assessment Report on Disaster Risk Reduction, 2009*, which was presented to the United Nations at the XV. International Conference on Climate Change, Copenhagen, December 2009.

<sup>2</sup> Centers for Disease Control and Prevention (CDC), *Universidad del Valle de Guatemala*, Ministry of Public Health and Welfare (MSPAS), the National Statistics Institute (INE), National Survey of Maternal and Child Health (ENSMI), 2009

<sup>3</sup> For example, since August 2009 the number of cases of severe acute malnutrition have tripled in the province of Jalapa, compared to the previous year. MSPAS, Situation Reports, 2009

<sup>4</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service.

(This appeal shares characteristics of both a flash appeal and consolidated appeal: it is a slow-onset but new situation needing an acute response (which may prove to be relatively short-term), yet it has been developed after a period of analysis and inclusive joint planning.)

### Basic humanitarian and development facts about Guatemala

		<b>Most recent data</b>
	Population	2010: 14,361,666 individuals ( <i>Instituto Nacional de Estadística</i> or INE projections)
<b>Economic status</b>	GNI per capita, Atlas method (current US\$)	\$2,680 (World Bank: Key Development Data & Statistics 2008)
	Percentage of population living on less than \$1 per day	21.5% (MDG Report, 2006)
<b>Health</b>	Adult mortality	284/1,000 male 163/1,000 female 222/1,000 both sexes (World Health Organization or WHO: core indicators)
	Maternal mortality	290/100,000 live births (UNICEF: Childinfo statistical tables)
	Under-five mortality m/f	45/1,000 (National Survey of Maternal and Child Health or ENSMI 2008-9 )
	Life expectancy	70.2 years ( <i>Centro Latinoamericano de demografía</i> or CELADE)
	Number of health workforce (physicians+nurses+midwives) per 10,000 population	50/10,000 (WHO: Core indicators)
	Measles immunization coverage among one-year-olds	Rural: 83.4% Urban: 86% (WHO: Core indicators)
<b>Food &amp; Nutrition</b>	Prevalence of chronic malnutrition	43% (ENSMI 2008-9)
	Food security indicator	14.6 ("serious") (The International Food Policy Research Institute or IFPRI Global Hunger Index)
<b>WASH<sup>5</sup></b>	Proportion of population without sustainable access to an improved drinking water source	47% (MDG Report, 2006)
<b>Other vulnerability indices</b>	European Commission Humanitarian Aid or ECHO Vulnerability and Crisis Index score	Vulnerability: 2, rounded from 1.56 Crisis: 2 (out of a scale from 0-3.) (Source: ECHO Global Needs Assessment or GNA 2008-2009)
	UNDP Human Development Index score	0.704, 122nd of 182 countries (Medium Human Development)
	Inter-Agency Standing Committee Early Warning - Early Action rating	Priority 3, Yellow

<sup>5</sup> WASH: water, sanitation and hygiene.

**Table I: Summary of requirements (grouped by cluster)**

Guatemala Food Security Appeal 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Cluster	Original Requirements (US\$)
AGRICULTURE AND LIVELIHOODS	5,542,000
EARLY RECOVERY	2,354,000
FOOD	13,928,555
HEALTH	5,691,695
NUTRITION	4,280,000
WASH	2,396,800
<b>Grand Total</b>	<b>34,193,050</b>

**Table II: Summary of requirements (grouped by appealing organization)**

Guatemala Food Security Appeal 2010

as of 2 March 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Appealing Organisation	Original Requirements (US\$)
CISP	429,000
FAO	5,542,000
PAHO (WHO)	2,652,029
Plan	401,026
SC - US	409,640
UNDP	2,354,000
UNFPA	1,800,000
UNICEF	6,676,800
WFP	13,928,555
<b>Grand Total</b>	<b>34,193,050</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 2 March 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## 2. CONTEXT AND HUMANITARIAN CONSEQUENCES

### 2.1 CONTEXT AND RESPONSE TO DATE

Due to a combination of worsening climatic, economic and sanitation-related factors, food and nutrition security indicators have steadily worsened in Guatemala over the last few years, giving rise to a greater number of cases of acute malnutrition among women and children under five, especially in the Dry Corridor.<sup>6</sup>

	Department	Population
<b>Dry Corridor</b>	Baja Verapaz	215,915
	Chiquimula	302,485
	El Progreso	139,490
	Jalapa	242,926
	Jutiapa	389,085
	Santa Rosa	301,370
	Zacapa	200,167
<b>Sub-total Dry Corridor</b>		<b>1,791,438</b>
<b>Neighbouring departments also assessed as affected by food insecurity</b>	Izabal	314,306
	Quiché	655,510
<b>Grand total (Dry Corridor and neighbouring departments)</b>		<b>2,761,254</b>

Source: XI Censo Nacional de Población y VI de Habitación (CENSO 2002)



Results from the October 2009 assessment carried out by the Guatemalan Humanitarian Network in the Dry Corridor, and the assessment in November/December 2009 by the World Food Program (WFP) and Food and Agriculture Organization (FAO) in two neighbouring departments, indicate the following:

- A rate of 11% of acute malnutrition in children under five (0.9% being the national rate)<sup>7</sup>
- A rate of 13% of acute malnutrition in women of childbearing age
- As of January 2010, 77.5% of households in the Dry Corridor, including those at the highest risk of food insecurity, have depleted their food reserves
- 77% of families depend on agriculture for their livelihoods, household staple foods being corn (cultivated by 95%) and beans (cultivated by 88%)
- Subsistence farmers have reported crop losses of 50-100% for corn, beans, sorghum and yucca, limiting food availability to the region

Due to low income and limited income generation opportunities, the vast majority of households in the Dry Corridor will continue to face high levels of food insecurity in the coming months. In general, acute malnutrition is a more frequent and severe problem in the eastern provinces of the country, especially in the Dry Corridor, while chronic malnutrition is more prevalent in the western regions of the country. Chronic child malnutrition results from protracted food insecurity in vulnerable homes, in particular those repeatedly affected by adverse natural events. In 2008-2009, the prevalence of chronic malnutrition among children under five was 43.4% – the highest rate in Latin America and the Caribbean, and the fourth highest in the world.

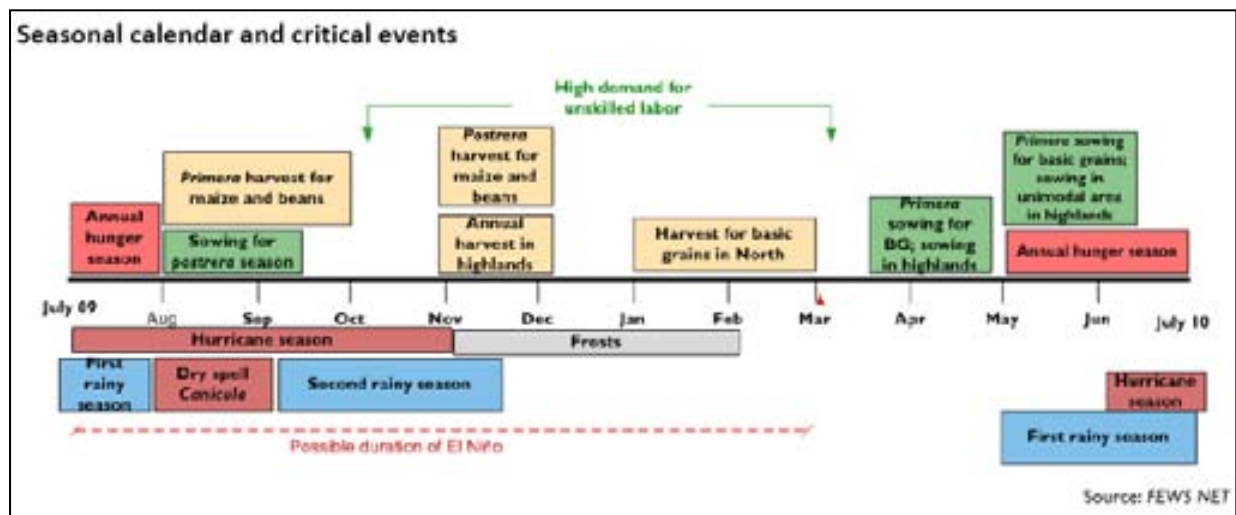
<sup>6</sup> Mesoamerican Food Security Warning System (MFEWS), Guatemala, Food Security perspective, September 2009 to March 2010.

<sup>7</sup> Mid-upper arm circumference (MUAC) was used.



Drought in the second half of 2009 was essentially due to a reduction in rainfall combined with higher-than-average temperatures. 2009 saw only 33% of the usual rainfall seen in previous years, whilst the annual average temperature has been recorded at 34°C up from 21°C. Increased temperatures, and the increased use of water from sources such as wells and streams, is accelerating the drying-up of many of these water sources. In November 2009, the Joint Crop and Food Security Assessment Mission by FAO and WFP confirmed that population groups most affected by the drought are small subsistence farmers. While Guatemala has an acceptable national level of food production and thus food availability, poorer families face a serious lack of physical and economic access to food, in particular as prices for staple foods such as corn and beans have increased dramatically between July 2006 and July 2009 (43% and 58%, respectively).

In terms of livelihood strategies, both basic grain farmers in the Dry Corridor and subsistence farmers have limited alternatives for income and food generation. Both groups rely mainly on farming, either as small producers or as day labourers. As of now, these households do not have food reserves and will have to wait until the next harvest season (around August 2010) to have access to their own food production. Alternative income generation activities, mainly day labour, are unstable and unreliable, as there is insufficient demand for labour. In addition, remittances have decreased drastically.



In response to the State of Public Calamity declared on 8 September 2009 by the Guatemalan President, the Government sought \$100 million from the international community. The in-country Humanitarian Team initiated complementary actions to respond to the food and nutritional insecurity emergency by obtaining \$5 million in rapid response grants from the Central Emergency Response Fund (CERF). These funds supported life-saving activities during a three-month period in late 2009.

To date, the Guatemalan Government has allocated \$17.5 million for relief response, while the international community has committed approximately \$27 million through financial, food and technical assistance contributions (a response to the Government's appeal for \$100 million). Food assistance programmes have been implemented by the Government, the international community, and the private sector for the general population, with food distribution as well as conditional distribution to community and household activities for livelihood recovery.<sup>8</sup>

Due to the high impact of acute malnutrition in the higher-risk areas, the Guatemalan Government has extended the State of Public Calamity through March 2010. However, given the extent of needs, the situation is likely to remain serious beyond that date.

<sup>8</sup> Additionally, the European Union has channeled 11 million euros through the FAO/WFP Food Facility Project (signed in July 2009) and another 4.9 million euros were channeled to NGOs since January 2010. As part of humanitarian aid from the EU, ECHO approved a funding decision for 1.3 million euros for this emergency (pending confirmation on implementing institutions and projects to be financed.) Other contributions may exist which have not been reported to the humanitarian Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

## 2.2 HUMANITARIAN CONSEQUENCES AND NEEDS ANALYSIS

Cluster	Number of beneficiaries being supported by the Red Cross Movement (2009-2010)	Number of beneficiaries being supported by the Government (2009-2010)	Number of beneficiaries to be supported through this appeal, March-Sept. 2010
<b>Agriculture</b>	In 2009, the Crops Rehabilitation Program, in 21 Communities in Izabal, Jalapa and Chiquimula assisted a total of 2,053 families	<ul style="list-style-type: none"> <li>• In 2009, the Ministry of Agriculture (MAGA) supported 56,000 families with access to seeds for the production of basic grains, seeds for diversified vegetable production, technology and inputs for livestock production.</li> <li>• In 2009, the Fertilizer Program from PRORURAL: supported 56,000 families</li> </ul>	<ul style="list-style-type: none"> <li>• 24,000 farming families benefit from increased access to seeds and inputs and technology for the production of basic grains</li> <li>• 24,000 farming families benefit from diversified vegetable production</li> <li>• 48,000 farming families have restored and/or increased small livestock productions</li> <li>• 12,000 farming families benefit from immediate income generation activities</li> </ul>
<b>Early Recovery</b>	In 2009, the Recovery and Alternative Livelihoods Program in 21 Communities in Izabal, Jalapa and Chiquimula, assisted a total of 2,053 families	Conditional cash transfer (economic recovery) for 98,564 families in the "Dry Corridor."	Affected populations and local governments
<b>Food</b>		<ul style="list-style-type: none"> <li>• The government has delivered food assistance for over 50,000 families in the country with 'Food Bags', until December 2009.</li> <li>• In 2010, the Government has started to deliver food aid, assisting 54,000 families in the Dry Corridor.</li> </ul>	235,000 people
<b>Health</b>	In 2009, the Community Health Program in 21 Communities in Izabal, Jalapa and Chiquimula, assisted a total of 2,053 families.	<ul style="list-style-type: none"> <li>• MOH for surveillance system and provisional health services</li> <li>• In 2009, the Government's Social Cohesion Program <i>Mi Familia Progres</i>a: 477,746 families, 485,214 children under five years attending health services.</li> </ul>	201,853 people
<b>Nutrition</b>		14,615 children with nutritional status evaluated in Chimaltenango, Santa Rosa, Jutiapa, Jalapa y Alta Verapaz. CERF funds channeled from the UN were used to support these children to improve their nutritional status.	400,000 people
<b>WASH</b>	In 2009, the Water, Sanitation and Hygiene Promotion Program, in 21 Communities in Izabal, Jalapa and Chiquimula, assisted a total of 2,053 families.	6,000 families assisted through the CERF in coordination with water and sanitation local authorities and national stakeholders.	250,000 people

### 2.2.1 Agriculture

The corn and bean production of subsistence farmers in the Dry Corridor in the 2009/2010 farming season will not be enough to cover their basic food needs as of February 2010. Families will have to resort to the market to cover food needs long before it is usually necessary. Meanwhile, relatively high basic grain (corn and bean) prices, income reductions due to falling cash crop prices, the marginal soil conditions for these producers and a drastic reduction in remittances, result in a dramatic reduction of food access for the most vulnerable populations.

Corn is the main crop in the affected region, cultivated by nearly all households, while beans are produced by more than 80% of households. For small and medium producers, day labour in rural activities and food production is the most important source of food and income and the only source of employment. This pattern has been affected specifically and structurally by the severe climate events of 2008, particularly by Tropical Depression 16, and by the erratic rainfall pattern of 2009.<sup>9</sup> These disruptions affected the availability of agricultural inputs (basic grain seeds and fertilizers), production of and access to basic grains and animal protein, and the demand for rural labour.

An immediate intervention is necessary, in coordination with the government efforts to support 136,000 affected families cultivating about 50,000 hectares. Some 8,000 families already are being assisted through the EU Facility contribution and other 4,800 with maize production projects and other income-generating activities. Preliminary reports indicate that in the Dry Corridor, there are some areas with about 80% of crop losses, while other specific areas are reported losses between 50 and 100%.

### 2.2.2 Early Recovery

To date, means of subsistence and the capacity to access foods are limited and future scenarios point to a further aggravation of the problem. According to the Mesoamerican Food Security Warning System (MFEWS), income generation perspectives over the next seven months are not encouraging, as the season of demand for unqualified labour in the agro-industrial sector ends in March. Consequently, rural workers will see an even greater reduction in employment opportunities. As such, it is essential to provide households with mechanisms for immediate access to funds, in order to recover livelihoods and incorporate them into agriculturally productive cycles. Limited options in income generation activities significantly limit economic access to food, as well as the availability of resources to afford land rental costs and to purchase first-rate agricultural inputs.

At the same time, institutional and community weaknesses to anticipate and respond to such circumstances have been evident. The result of these weaknesses is that municipalities lack tools to efficiently guide emergency and early recovery processes. In order to confront these circumstances, it is imperative to initiate projects that will reduce the human suffering and the loss of human lives among the most vulnerable population. With this in mind, the early recovery activities proposed will enable the restoration of means of subsistence and access to foods, contributing to a transition from an emergency phase to an early recovery phase.

### 2.2.3 Food

Food insecurity levels have worsened in the affected areas due to the accumulated effects of Tropical Depression 16 in 2008, the recent drought, and the current world economic crisis which has led to a drastic decrease in remittances. A rapid assessment conducted in October in nine departments and 75 municipalities indicated that 77% of households had two months' worth of food reserves to cover basic food needs, meaning they were depleted by December 2009.

<sup>9</sup> The effects of Tropical Depression 16 led to a Flash Appeal for Honduras in October 2008 for \$17 million.

According to this assessment, WFP estimates that at least 136,000 families are food-insecure and require emergency assistance. Of these, the Guatemalan government can assist approximately 54,000 families, United States Agency for International Development's (USAID) Single Year Action Plan (SYAP) assists 27,000 families, and the WFP-EU Food Facility assists 8,000. This leaves approximately 47,000 families (235,000 individuals) who are currently not covered by assistance programs, and who will require food assistance in the next six months.

These conditions demonstrate that, given the indicators determined in the case of subsistence farmers, once food aid is suspended the situation for these households will become critical. Affected families need to be assisted in the coming months through a combination of generalized food distribution (GFD) complemented, as part of early recovery, by food-for-work activities geared toward re-establishing agricultural production and livelihoods. Further, in order to prevent greater deterioration of health and nutritional status of high-risk groups, including pregnant and breastfeeding women and children under five, nutritional needs must be covered through complementary foods containing micronutrient supplements, accompanied by weight monitoring and nutritional education.

## 2.2.4 Health

Malnutrition is the main health problem deriving from the drought, affecting in particular children under five, women of childbearing age, and pregnant or lactating women. Malnutrition is also associated with respiratory and gastrointestinal diseases. During the month of July 2009, there was a noticeable increase in the number of children hospitalized with symptoms of acute malnutrition and health complications.

The main causes of morbidity associated with malnutrition were: coughs, colds, fever and diarrhoea. Whether or not medical assistance was sought was dependent upon the perceived gravity of the illness. Respiratory illnesses most frequently motivated families to seek medical assistance. It should be highlighted that the main reasons reported for not seeking medical attention for ill children were lack of money (33%) and the lack of nearby health services (26%). The rapid assessment also showed that 13.4% of women suffered from acute malnutrition, with an evident correlation between the number of children and the level of malnutrition: women with more children had a higher level of malnutrition.

According to the 2008 ENSMI, Guatemala has a relatively high rate of fertility, 3.6 children per woman, while among rural populations it is 4.2 (the global rate of fertility is 2.56).<sup>10</sup> This, in conjunction with an above-average annual population growth of 2.5% (the average growth rate for Central America is 1.2%)<sup>11</sup>, results in basic health and education services not being able to meet the increasing demand.

The 2009 ENSMI demonstrates important progress in terms of access to family planning services, though it also shows that many challenges persist, evidenced by existing inequalities. The overall proportion of women who wish to plan their pregnancies or control how many children they will have, and yet do not have access to family planning, is 20.8%, while it is 25.4% in rural areas and 29.6% among indigenous women. The nationwide use of family planning methods is still only 54.1%.

## 2.2.5 Nutrition

The rapid assessment carried out by the Humanitarian Network in October of 2009 revealed acute malnutrition problems, as 11% of the 1,247 children under five evaluated through the MUAC tape showed acute malnutrition (5% severe and 6% moderate – see table below), while 173 out of 1,333 women (13%) were affected by malnutrition. Assessment in the highlands of Guatemala indicated that 5% of the assessed population has acute malnutrition, less than in the Dry Corridor but still much

<sup>10</sup> Source: UNFPA State of World Population 2009

<sup>11</sup> *Ibid*



higher than the national rate for the weight/height indicator, associated with 78% of families classified as food-insecure. The following table demonstrates the nutritional state of children by age group in the Dry Corridor and the departments of Quiché and Izabal in October 2009.

Age Category (months)	Nutritional Status			Total
	Severe Acute Malnutrition	Moderate Acute Malnutrition	Without Malnutrition	
6 to 11	13 7%	18 9.7%	154 83.2%	185 100%
12 to 23	22 5.7%	35 9.1%	329 85.2%	386 100%
24 to 35	16 5.5%	18 6.2%	258 88.4%	292 100%
36 or older	11 2.9%	4 1%	369 96.1%	384 100%
<b>TOTAL</b>	<b>62</b> <b>5%</b>	<b>75</b> <b>6%</b>	<b>1,110</b> <b>89%</b>	<b>1,247</b> <b>100%</b>

In this context, it is urgent to carry out an active and immediate screening of all of the affected communities in order to detect and treat cases of malnutrition in women and children, and to avoid the loss of lives. Through these actions, technical support will be provided, as well as resources to detect, treat, and follow-up on moderate and severe acute malnutrition cases at community level. The Ministry of Public Health and Welfare (MSPAS) has developed protocols for implementing nutritional treatment and care of children. The nutrition cluster will coordinate with the food security cluster so that families with acutely malnourished children can also receive food rations.

## 2.2.6 Water, Sanitation and Hygiene

For the populations in the region of the Dry Corridor, the availability of water is of vital importance. In many of these areas, water scarcity has reached critical levels. The drought in the second half of 2009 was essentially due to a reduction in rainfall combined with higher-than-average temperatures. 2009 saw only 33% of the usual rainfall seen in previous years. The annual average temperature is 21°C, while currently the average is 34°C, accelerating the drying of many water sources. This also means that water extraction and pumping is more expensive and requires more time.

Beyond water scarcity, water quality has also deteriorated. The quality of water in wells (the few of them that remain useful) is not safe for drinking, posing a higher risk for people's health. Ensuring that the few wells that are still operational provide safe water has therefore been identified as a priority. For instance, water from various sources is increasingly contaminated with faecal remains, making it unsafe for human consumption. As an example, the province of Jalapa has registered an increase in water-related diseases by as much as 20%. The distances people must travel to obtain water is causing increasing numbers of families to drink contaminated water from nearby rivers, springs or ponds.

Some of the provinces most affected by the drought (Zacapa and Chiquimula) show water scarcity as the most critical problem, as their rivers are at risk of drying in the coming years.

## 2.3 SCENARIOS

### Most likely scenario

- The end of the season of high demand for unskilled labour in much of the country will reduce income generation options for the purchase of food.
- Because the yields of staple cereal crops last year were lower, we would expect subsistence reserves of households to also be reduced, and depleted earlier than normal. This will cause the annual hunger season, which normally begins in March/April, and forces the poorest population to depend on the purchase of food, this season has started before March for the second consecutive year.
- Once the income of these households is reduced at the end of the sugarcane harvest and the harvest of other agricultural exports, these households will struggle to buy food, causing deterioration in their food security.
- The forecast of a continued El Niño until May or June may cause an irregular start of the rainy season in April/May, with deficient rainfall periods. This is important because the onset of rains leads to the first planting of staple cereals throughout the country by large numbers of subsistence farmers who do not have irrigation systems.

### Worst-case scenario

- If no actions are taken to improve availability of food and agricultural inputs at home level in the most vulnerable populations, families who are moderately food-insecure will slip into severe food insecurity and the caseload of acute malnutrition cases will increase, along with the high mortality risk this implies particularly for children under five.

### 3. CLUSTER RESPONSE PLANS

The effects of food and nutritional insecurity have not been totally mitigated by the humanitarian response actions implemented to date by the Government and international actors; challenges continue to be quite extensive, and gaps in key sectors persist. The short-term outlook is critical, with high-risk communities likely to be rendered even more vulnerable during the dry season in Guatemala, usually August to September.

This emergency appeal targets the Dry Corridor and the two neighbouring departments of Izabal and Quiché, addressing the main affected sectors: food, health, nutrition, agriculture, early recovery, and water and sanitation, and hygiene.

Assessment data from the western area of the country indicates that the situation is not so critical yet, with an average of 5% global acute malnutrition being reported. However, it is important to highlight that more than 60% of the poor population in this area are food-insecure and have exhausted their food reserves. This could trigger problems in the coming months.

One of the strategic priorities of this appeal is to ensure the first harvest of basic grains for the entire country, in order to avoid an even greater deficiency of these grains in the poorest homes. It is also necessary to prioritize timely delivery of agricultural inputs, such as diverse seeds, adequate to the forecasted climate, and available fertilizers. Given the difficulties of the process of providing subsidized fertilizers, which should ensure timely delivery to the neediest population, it is unlikely that this will be feasible. Additionally, climate forecasts should be constantly monitored and transmitted to vulnerable populations for timely decision-making with regards to agricultural production activities.

Priority needs and sectors have been identified through consultations between UN organizations and non-governmental organizations (NGOs), with overall guidance from the Government. Whenever possible, early recovery projects aim to complement activities and available resources of the Government, the Red Cross, and NGO partners of the Guatemalan Humanitarian Network.

The projects selected for this appeal meet the following criteria:

1. Preserve the life, health, security and rights of the most vulnerable population groups
2. Promote sustainability and self-reliance to the greatest extent possible as early as possible
3. Provide common essential services for all humanitarian actors which enable effective actions

### 3.1 AGRICULTURE

LEAD AGENCY: **FAO**

<b>Appealing Agency</b>	<b>FAO</b>
<b>Number of Projects</b>	4
<b>Implementing Partners</b>	Ministry of Agriculture, Livestock, and Food (MAGA), UNDP, NGOs,
<b>Beneficiaries</b>	<ul style="list-style-type: none"> <li>• 24,000 farming families benefit from increased access to seeds and inputs and technology for the production of basic grains</li> <li>• 24,000 farming families benefit from diversified vegetable production</li> <li>• 48,000 farming families have restored and/or increased small livestock productions, which leads to improved household diets</li> <li>• 12,000 farming families benefit from immediate income generation activities</li> </ul>
<b>Funds Requested</b>	<b>\$5,542,000</b>
<b>Contact Information</b>	FAO Representative, Mr. Ernesto Sinópoli <a href="mailto:ernesto.sinopoli@fao.org">ernesto.sinopoli@fao.org</a> +502 2472 2605

#### Sectoral Objectives

To ensure food security in affected areas, by restoring production capacity through the provision of basic inputs and technical support in the production of basic grains (maize and beans), horticulture and livestock.

#### Strategy and proposed activities

Given the scale of the crisis, with 136,000 families affected, FAO aims to complement Government efforts to minimize the effects of the drought in the Dry Corridor of Guatemala, following and complementing efforts already underway in the area.<sup>12</sup>

FAO's strategy includes:

- Income-generating activities for the rural poor
- Ensure the production of basic grains in the upcoming agricultural season by providing inputs and technical support
- The reactivation of orchard production systems and livestock. This program relies on close coordination with the Government (MAGA), other UN agencies such as UNDP, and NGOs with experience in production and recovery of productive assets

#### Expected Outcomes

- Increased availability and access to seeds and inputs for the production of basic grains (maize and beans)
- Improved production of basic grains through proven technologies in the dry corridor
- Restored household ability to consume a diversified diet through horticultural and livestock production
- Immediate income provided to facilitate immediate access to food through community work

<sup>12</sup> FAO/WFP, Evaluation of crop and food supply in Guatemala, November 2009



### 3.2 EARLY RECOVERY

LEAD AGENCY: UNDP

Appealing Agency	UNDP
Number of Projects	3
Implementing Partners	CARE, CARITAS, CECI, Fundación Solar, World Vision
Beneficiaries	Affected populations and local governments
Funds Requested	<b>\$2,354,000</b>
Contact Information	UNDP Representative, Mr. Julio Martinez <a href="mailto:julio.martinez@undp.org/">julio.martinez@undp.org/</a> +502 2384 3289

#### Sectoral Objectives

To immediately assist food-insecure families in the recovery of their subsistence resources, in order to avoid suffering and loss of lives.

#### Strategy and proposed activities

Collectively the activities aim to assist families directly, through complementary actions that will provide them with economic resources to begin the recovery of their livelihoods and production means

The monitoring process developed by the Secretariat of Food and Nutritional Security (SISAN) will be supported, specifically by conducting community food security analysis and identifying thresholds of food insecurity. Emergency scenarios will also be developed

A program of temporary job creation will be developed, these projects will include road improvements and basic sanitation activities

#### Expected Outcomes

8,000 families have begun to recover their livelihoods and production means as a result of an increase in income

25 communities (approximately 3,125 families) are capable of rapid detection of food insecurity situations, which will allowed them to protect their lives and livelihoods

- 16 Local Governments and Municipal Commissions of Food Security and Nutrition (COMUSAN) have improved their ability to respond to emergencies and implement early recovery

### 3.3 FOOD

**LEAD AGENCY: WFP**

<b>Appealing Agency</b>	<b>WFP</b>
<b>Number of Projects</b>	1
<b>Implementing Partners</b>	Government of Guatemala at the central (Secretariat for Food and Nutritional Security (SESAN), MSPAS and MAGA) and local level, Plan International and Action Against Hunger
<b>Beneficiaries</b>	235,000 people
<b>Funds Requested</b>	<b>\$13,928,555</b>
<b>Contact Information</b>	WFP Representative, Ms. Irma Palma <a href="mailto:irmaesperanza.palma@wfp.org">irmaesperanza.palma@wfp.org</a> +502 5528 5928

#### Sectoral Objectives

- To prevent acute malnutrition and loss of lives by supporting immediate interventions for the affected families, mainly subsistence farmers, combining emergency response and mitigation measures.
- To restore agricultural livelihoods by distributing food (general) and implementing food-for-work (FFW) interventions whenever possible

#### Strategy and proposed activities

- GFD or FFW activities for 47,000 families
- Acutely undernourished children and women will receive therapeutic food through the Nutrition Cluster as well as 'WFP family food rations'
- An estimated 100,000 children under five, pregnant and lactating women at risk of becoming acutely undernourished will receive fortified blended food through health services and NGO-run health facilities

WFP's food rations will consist of:

- Maize, beans, vegetable oil, and 'corn-soy blend plus' (CSB-plus) (GFD/FFW food basket)
- Vitacereal (fortified blended food) through health services, maternal and child health

Through this emergency operation, WFP Guatemala will distribute 12,675 Metric Tons (MT) of food to affected children, women and families, from 15 March to 14 September 2010 in nine provinces. In coordination with the Government and the Humanitarian Network, WFP will assist 47,000 out of an estimated 136,000 food insecure families. Of the remaining affected population; 54,000 families will receive food assistance from the government, 8,000 from the WFP-EU Food Facility and 27,000 from USAID private voluntary organisations (PVO). There will be a gradual shift from general food distributions to FFW activities where and when it is feasible.

Following WFP's policy on Enhanced Commitment to Women (ECW), WFP will ensure that women will be the direct recipients of food rations where appropriate.

#### Expected Outcomes

- Lives have been saved and acute malnutrition reduced among the most vulnerable groups affected by the drought and the combination of other factors
- The lives and livelihoods of subsistence farmers affected by the drought are restored

### 3.4 HEALTH

**LEAD AGENCY:** Pan-American Health Organization (PAHO)

<b>Appealing Agencies</b>	<i>Comitato Internazionale per lo Sviluppo dei Popoli (CISP)</i> , Pan-American Health Organization (World Health Organization) (PAHO), WHO, United Nations Population Fund (UNFPA), Save the Children - USA (SC) , Plan International (Plan)
<b>Number of Projects</b>	1
<b>Implementing Partners</b>	Ministry of Health, SESAN, the Humanitarian Network
<b>Beneficiaries</b>	201,853 people
<b>Funds Requested</b>	<b>\$ 5,691,695</b>
<b>Contact Information</b>	PAHO/WHO Representative, Dra. Hilda Leal de Molina <a href="mailto:irmaesperanza.palma@wfp.org/">irmaesperanza.palma@wfp.org/</a> + 502 5308 0584

#### Sectoral Objectives

Early detection of acute malnutrition in children under five, focusing on children under three and women in reproductive age, pregnant and lactating women

Rapid and effective medical and nutritional care of acute malnutrition cases and its complications by the network of health-care of the MSPAS

#### Strategy and proposed activities

- Promotion of articulated and complementary activities with the different clusters, particularly with nutrition, so that the nutritional inputs provided will be adequately used at the institutional level
- Promotion of articulated and complementary activities among the members of the Humanitarian Network facilitating liaisons with officials from the network of health services and the decision-making and managerial levels of the MSPAS
- For the active search of malnutrition cases, promotion of an open dialogue and consultation at the community level with community leaders to disseminate the warning signs and its impact on survival and to take advantage of the information of the population for the location of cases, as well as devising innovative methods for data transmission from the health posts to health areas
- In activities with local governments, to empower them with the ownership of malnutrition issues and achieve a responsible participation in establishing the mechanisms that will enable to rapidly determine and provide care of cases detected in their communities
- Communities in a rural and sprawling areas with a significant number of cases will require establishing mechanisms for access to timely medical care and/or qualified referral

#### Expected Outcomes

1. Increased capacity of MSPAS to detect, refer and treat cases of acute malnutrition of children and women
2. Active epidemiological surveillance system functioning to detect and refer cases of acute malnutrition

### 3.5 NUTRITION

**LEAD AGENCY:** United Nation's Children's Found (UNICEF)

<b>Appealing Agency</b>	<b>UNICEF</b>
<b>Number of Projects</b>	1
<b>Implementing Partners</b>	Ministry of Health, CARE, World Vision, Plan International, SHARE
<b>Beneficiaries</b>	400,000 people
<b>Funds Requested</b>	<b>\$ 4,280,000</b>
<b>Contact Information</b>	UNICEF Representative, Mr. Ramiro Quezada <a href="mailto:rquezada@unicef.org">rquezada@unicef.org</a> + 502 2327 6373

#### Sectoral Objectives

To prevent morbidity and mortality among children under five and women of childbearing age associated to acute malnutrition.

#### Strategy and proposed activities

The main strategy will be providing comprehensive care for the treatment of acute malnutrition at community level, with participation of different community actors such as the MSPAS's Community Outreach Program, other community health programs, nutrition and food security councils, development community councils, and local leaders.

- To provide nutrition products and technical support to save the lives of children under five and women of childbearing age with acute malnutrition (moderate and severe)
- Immediate identification and treatment of acute malnutrition cases at the community level to save the lives of children under five and women of childbearing age
- To provide families and community actors with information, education and communication with emphasis on counselling for the identification of acute malnutrition danger signs
- Promotion of appropriate feeding practices for nutritional recovery of children under five and women of childbearing age

#### Expected Outcomes

1. Availability of anthropometric equipment (for the immediate identification of cases), inputs for the treatment of acute malnutrition with complication in hospitals (therapeutic formulas F75 and F100) and for uncomplicated cases at community level (ready-to-eat therapeutic food and ready-to-eat supplementary food) and micronutrient powder to treat vitamin and mineral deficiencies
2. Organization and training of key community members in identifying and reporting cases of acute malnutrition
3. Definition of prompt and efficient mechanisms for referral of cases at community level
4. Active search to identify acute malnutrition cases at community level
5. Monitoring by community members of the acute malnutrition cases identified and being treated to ensure their recovery
6. Implementation of an information, education and communication plan with emphasis on counselling at community level to identify acute malnutrition danger signs and for the promotion of appropriate feeding practices for nutritional recovery



### 3.6 WATER, HYGIENE AND SANITATION

**LEAD AGENCY: UNICEF**

<b>Appealing Agency</b>	<b>UNICEF</b>
<b>Number of Projects</b>	1
<b>Implementing Partners</b>	Ministry of Health, Local Governments and CARE
<b>Beneficiaries</b>	250,000 people
<b>Funds Requested</b>	<b>\$2,396,800</b>
<b>Contact Information</b>	UNICEF Representative, Mr. Ramiro Quezada <a href="mailto:rquezada@unicef.org">rquezada@unicef.org</a> + 502 2327 6373

#### **Sectoral Objective**

To prevent morbidity and mortality caused by unsafe water consumption, inadequate sanitation and low hygiene in the communities.

#### **Strategy and proposed activities**

A major boost will be given to joint, articulated and complementary government actions, led by the MSPAS, local governments and people living in the affected areas.

The priority action is to provide the most vulnerable populations with safe water and adequate sanitation and to ensure effective hygiene practices. It is necessary to provide adequate supplies and sanitary/hygiene education to the affected communities in order to achieve the proposed objective:

Supplement already existing assessments with continuing in-depth evaluations of water and sanitation conditions in the affected areas, such as the status of water supply systems

- To provide chlorine and bleach tablets to purify water, as well as other supplies for safe water consumption. This shall include detailed instructions for use in the local language, as well as portable chlorination equipment.
- Cleaning and disinfection of remaining water wells in order to reduce the risks from communicable diseases, and to increase access to water by the affected population
- To install a monitoring system in order to test water quality
- To provide products for personal hygiene, such as soap and toilet paper
- To deliver key messages on hygiene related to the use of water and diseases caused by excreta
- Support for adequate excreta and solid waste disposal, including instructions and support for building latrines, providing shovels and stressing, through messages, the importance of keeping excreta (including children's faeces) buried and far from living houses

#### **Expected Outcomes**

1. Reducing the risks caused by emerging diseases in the affected communities' population as environmental health problems
2. Improving access to safe water and hygienic-sanitary conditions for the groups affected by drought, especially for the most vulnerable ones, among them children, pregnant and breastfeeding women
3. Implementing quick water and sanitation actions in affected and prioritized communities
4. Implementing a water and sanitation communication plan in mass media
5. Surveillance system for water quality in place, with commitment of MSPAS and local authorities.

#### 4. ROLES AND RESPONSIBILITIES

At the central level in Guatemala, the Resident Coordinator of the United Nations System (UNS) coordinates the response to this emergency with the Country Team and the In-Country Humanitarian Team (Humanitarian Network/IASC), under the leadership of the Government of Guatemala. In support of the government, the representatives of agencies, funds and programmes of the UNS participating in the appeal, wherever relevant, have assumed the sector leadership in support of and in coordination with partner organizations.

Actions will be implemented in order to support the participation of the main concerned parties and to enable inclusion of cross-cutting issues such as gender, human rights and protection.

At the operational level, SESAN will be responsible for coordinating response actions at national level.

Sector/cluster	Governmental institutions	Cluster lead	Humanitarian stakeholders
Agriculture	Ministry of Agriculture, Livestock and Food (MAGA)	FAO	UNDP and Humanitarian Network
Early Recovery	SESAN National Coordinator for Disaster Reduction (CONRED) General Secretariat of the Presidency for Programming and Planning (SEGEPLAN)	UNDP	FAO, Caritas, <i>Fundación Solar</i> , Centre for International Studies and Cooperation (CECI), CARE and World Vision
Food	MAGA SESAN MSPAS	WFP	Action against Hunger, Plan International
Nutrition	SESAN MSPAS	UNICEF	WFP, CARE, World Vision, Plan International and Share
Health	MSPAS	WHO	WFP, United Nations Population Fund (UNFPA), Plan International, Save the Children USA, SESAN, Emergency Programme of the Italian Cooperation through NGOs: <i>Istituto per la Cooperazione Universitaria</i> (ICU)- <i>Fundacion para el Desarrollo Integral</i> (FUDI) and International Committee for the Development of Peoples (CISP); Mercy Corps, Action Against Hunger
Water, Sanitation and Hygiene	MSPAS	UNICEF	Humanitarian Network

## ANNEX I. LIST OF PROJECTS (WITH HYPERLINKS TO OPEN FULL PROJECT DETAILS)

Project code	Appealing agency	Project title	Requirements (\$)
(click on code to open full project sheet)			
<b>AGRICULTURE AND LIVELIHOODS</b>			
<a href="#">GTM-10/A/31658/123</a>	FAO	Emergency assistance to ensure production of basic grains for vulnerable families (maize and beans)	2,110,000
<a href="#">GTM-10/A/31659/123</a>	FAO	Emergency assistance to livestock production of small farm animals	1,400,000
<a href="#">GTM-10/A/31660/123</a>	FAO	Emergency assistance to increase vegetable production	1,400,000
<a href="#">GTM-10/A/31663/123</a>	FAO	Immediate income generation through community work in rural production recovery	632,000
<b>Sub total for AGRICULTURE AND LIVELIHOODS</b>			<b>5,542,000</b>
<b>EARLY RECOVERY</b>			
<a href="#">GTM-10/ER/31666/776</a>	UNDP	Rapid detection of emergency sceneries of food insecurity	347,750
<a href="#">GTM-10/ER/31669/776</a>	UNDP	Economical Recovery	1,819,000
<a href="#">GTM-10/ER/31670/776</a>	UNDP	Support to Local Governments to promptly address the food insecurity situations and post crisis recovery	187,250
<b>Sub total for EARLY RECOVERY</b>			<b>2,354,000</b>
<b>FOOD</b>			
<a href="#">GTM-10/F/31619/561</a>	WFP	Emergency Food Assistance to Families Affected by Acute Undernutrition and Food Insecurity	13,928,555
<b>Sub total for FOOD</b>			<b>13,928,555</b>
<b>HEALTH</b>			
<a href="#">GTM-10/H/32079/1171</a>	UNFPA	Prompt medical care to save lives of affected children and women with acute malnutrition in 9 Departments from the Dry Corridor of Guatemala	1,800,000
<a href="#">GTM-10/H/32079/5497</a>	PAHO (WHO)	Prompt medical care to save lives of affected children and women with acute malnutrition in 9 Departments from the Dry Corridor of Guatemala	2,652,029
<a href="#">GTM-10/H/32079/5524</a>	Plan	Prompt medical care to save lives of affected children and women with acute malnutrition in 9 Departments from the Dry Corridor of Guatemala	401,026
<a href="#">GTM-10/H/32079/5816</a>	CISP	Prompt medical care to save lives of affected children and women with acute malnutrition in 9 Departments from the Dry Corridor of Guatemala	429,000
<a href="#">GTM-10/H/32079/6042</a>	SC - US	Prompt medical care to save lives of affected children and women with acute malnutrition in 9 Departments from the Dry Corridor of Guatemala	409,640
<b>Sub total for HEALTH</b>			<b>5,691,695</b>
<b>NUTRITION</b>			
<a href="#">GTM-10/H/31655/124</a>	UNICEF	Acute malnutrition management at community level	4,280,000
<b>Sub total for NUTRITION</b>			<b>4,280,000</b>
<b>WASH</b>			
<a href="#">GTM-10/WS/31650/124</a>	UNICEF	Water, sanitation and hygiene	2,396,800
<b>Sub total for WASH</b>			<b>2,396,800</b>
<b>Grand Total</b>			<b>34,193,050</b>

## ANNEX II.

## DREF operation update

International Federation  
of Red Cross and Red Crescent SocietiesGuatemala: Food  
CrisisDREF operation n° MDRGT001  
GLIDE No.OT-2009-000169-GTM  
Update n° 1  
22 October 2009

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.



Guatemalan Red Cross volunteers during an evaluation, measuring the bumer perimeter. Source: International Federation

**Period covered by this update:** 15 September to 15 October 2009.

**Summary:** CHF 30,000 (USD 28,907 or EUR 19,832) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Guatemalan Red Cross (GRC) in performing assessments in the high risk areas where the population's livelihoods have been lost. This operation is expected to be implemented over 3 months, and will be completed by 11 December 2009.

A Final Report will be made available by 11 March 2010 (three months after the end of the operation). The possibility exists that the operation may be extended through an appeal, depending on the conclusions gathered from the assessments.

The European Commission Humanitarian Aid Office (ECHO) contributed CHF 30,000 to the DREF in

replenishment of the allocation made for this operation. The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/dref/tools/dref/donors.asp>

[<Click here to view contact details>](#)

## The situation

Since March 2009, the Guatemalan government has been implementing an emergency food assistance contingency plan. On 8 September 2009, the Guatemalan President declared a state of public calamity informing that there was a high incidence of malnutrition resulting from the loss of crops caused by persistent drought and high food and fuel prices. According to the authorities, approximately 54,000 families reside in areas prone to extreme weather conditions.



Lack of rainfall has led to the degradation and loss of crops especially in the Eastern Dry Corridor (departments of Baja Verapaz, El Progreso, Zacapa, Jalapa, Chiquimula, Santa Rosa and Jutiapa) since July 2009.

Reports of the Ministry of Environment of Guatemala indicate that half the country's territory is threatened by desertification due to high susceptibility to drought, affecting the lives of nearly two million people. The Guatemalan government has been on alert since 8 September 2009 and declared a state of public calamity to act against hunger and dengue. Although the disaster is nationwide, the most affected areas are in the Eastern Dry Corridor (El Progreso, Jalapa, Santa Rosa, Jutiapa, Chiquimula, Zacapa and Baja Verapaz), where nearly 700 communities are affected.

Although food insecurity is a chronic problem in Guatemala, the past year had a devastating effect on agriculture that has made the situation even more critical with declining food stocks and rising food prices.



A Guatemalan Red Cross volunteer interviewing a family and visiting grain storage. Source: Guatemalan Red Cross

In the last harvest of 2008, floods weakened the crops, mostly maize and bean crops. The yield of the first harvest of 2009 was 60 to 80 per cent lower than normal due to the lack of rainfall and the persistent drought. The crops being in a fragile state and the lack of access to fertilizers to strengthen them are worrisome indicators as the next harvest's yield in December is crucial to the well-being of the population. Assessments conducted over the past months in the communities most affected indicate there are only enough food stocks until December (for the next two months).

Although the yields of the major national producers have not been affected, it is expected that the price of staple grains would rise due to speculation by traders of crop losses, especially in the affected areas.

## Coordination and partnerships

From the onset of the food crisis the Guatemalan Red Cross has been coordinating with the National Health Office, the Disaster and Development Office and with the Partner National Societies (PNS) on the emergency response. The GRC is participating regularly in municipal meetings in order to coordinate actions and avoid duplication of efforts.

The GRC has been coordinating with all the local branches in the affected areas as well as participating in meetings with the civil protection and other humanitarian organizations specialized in food security.

The GRC participated in a joint assessment with the humanitarian network to provide an overview of the Dry Corridor and interagency analysis of the situation. Assessments provided a better overview of the situation as well as helped identify the specific needs for the affected communities. Furthermore, the information gathered provided data to address the chronic problems the country faces in terms of food security and malnutrition not only in the emergency response phase but in the medium and long-term as well.

The agencies of the United Nations System in Guatemala are working together with government authorities, to meet the basic needs of food, health, water and sanitation, nutrition and agriculture for 65,000 families in the Dry Corridor. A USD 5 million allocation of the Central Emergency Response Fund (CERF) was approved to be implemented in the next three months.

## Red Cross and Red Crescent action

The Partner National Societies in country (the Netherlands Red Cross, the Norwegian Red Cross and the Spanish Red Cross) have been coordinating with the Guatemalan Red Cross on an intervention implementation in addition to participating in the Humanitarian Network meetings to coordinate immediate actions.

The International Federation Zone Office in Panama, the Pan-American Disaster Response Unit (PADRU) and the Regional Representation for Central America and Mexico, also based in Panama, have been in constant communication with the GRC to launch the DREF and to assist and support the GRC in all activities to respond to the food crisis. Public health in emergencies and disaster management delegates were deployed to Guatemala to provide support in assessment planning and assistance in the elaboration of the plan of action.

Federation's assessment methodologies (How to conduct a food security assessment — a step-by-step guide) and tools (questionnaire developed in conjunction with the training) specifically designed for the food crisis are being used in the operation. A National Intervention Team (NIT) used these tools in the field to perform rapid assessments in the affected communities. Additionally, the Guatemalan Red Cross used the personnel trained in food security during previous emergency operations, such as the Hurricane Felix operation.

The NIT teams were mobilized to perform the assessments in the three areas where GRC branches are located: Jalapa, Chiquimula, and Izabal. Additionally, GRC volunteers assisted the NITs in performing needs assessments. This assessment served to identify nutrition patterns, food intake, source of food items and income generating activities carried out by each family in an effort to determine the appropriate intervention. After the completion of the assessments, a plan of action was drafted. Ongoing assessments are under way in order to integrate detailed information on recovery activities and livelihood needs.



A Guatemalan Red Cross volunteer assessing the affected crops.  
Source: Guatemalan Red Cross

## Progress towards objectives

### Damage and need assessments

**Objective:** 50 Guatemalan Red Cross NIT members will perform damage and need assessments in the affected departments due to the food crisis and will elaborate a plan of action.

Expected results	Activities planned
A plan of action will be elaborated to respond to the needs of the most vulnerable people affected by the food crisis and the dengue outbreak.	<ul style="list-style-type: none"> <li>• Conduct assessment workshop for NITs</li> <li>• Conduct emergency damage and needs assessments.</li> <li>• Elaborate a plan of action</li> </ul>

### Progress:

From 14 to 26 September, the GRC has implemented the following activities.



**Trainings:**

To date, 24 NIT members were trained in conducting assessments that included guidelines and methodology. Training was held over a two-day period and included guidelines, methodology, drafting of an assessment questionnaire and simulation to review feasibility and communication techniques. The trainings were facilitated by the GRC department of Relief and Health in Emergencies.

On 16 September the NITs were contacted and printed materials for the training were prepared. The first training for the Jalapa and Chiquimula Team was held at the GRC's headquarters. The Izabal Team was trained the next day.

**Assessments:**

Over an eight-day period, damage and needs assessments took place in three of the most affected and vulnerable departments within the Dry Corridor: Izabal, Chiquimula and Jalapa.

The assessment included the following aspects:

- Breastfeeding and complementary feeding.
- Water, Sanitation and Hygiene Promotion
- Access, Availability and Use of Food
- Logistics and Security
- Malnutrition (Monitoring the arm circumference in children)

A total of 31 GRC volunteers participated in the assessments. The 24 trained NIT members were divided into two groups (Izabal Team and Jalapa and Chiquimula Team), both were led by the National Disaster Secretariat, in coordination with the National Health Secretariat of the GRC. In the three branches, GRC local volunteers joined the team. In addition, seven people from the National Society's headquarter participated in planning, training and field visits.

The selection criteria of the communities assessed was based on the following:

- High risk of food insecurity communities declared by SESAN (Government Secretary for Food Safety) within the Dry Corridor
- Infant morbidity and mortality cases
- Livelihood background
- Rainfall
- Food access
- Isolated communities
- Accessibility to water
- Beneficiaries that did not receive any assistance
- Presence of delegation of the GRC and local logistical capacities.

The communities identified were:

**21 Communities / 2,053 Families prioritized for rapid assessments**

Izabal	Jalapa	Chiquimula
<ul style="list-style-type: none"> <li>• 8 communities</li> </ul>	<ul style="list-style-type: none"> <li>• 3 communities</li> </ul>	<ul style="list-style-type: none"> <li>• 10 communities</li> </ul>
<ul style="list-style-type: none"> <li>• 620 families</li> </ul>	<ul style="list-style-type: none"> <li>• 315 families</li> </ul>	<ul style="list-style-type: none"> <li>• 1,118 families</li> </ul>

**Methodologies and Tools:**

Primary Information: interviews with healthcare professionals, community leaders, direct observation, discussion groups with community focal persons, seasonal calendars and mapping.

Tool: Questionnaires:

- 40 questions in the following sectors: breastfeeding and complementary feeding, water, sanitation and hygiene promotion; access, availability and use of food; logistics; and security.
- Measurement of arm circumference for boys and girls aged 6 to 60 months.

## Contact information

**For further information specifically related to this operation please contact:**

- **In Guatemala:** Teresa Marroquin, Relief Director, Guatemalan Red Cross; email: [teresa.marroquin@cruzroja.org](mailto:teresa.marroquin@cruzroja.org); phone: (502) 2381 6565; fax: (502) 2381 6575.
- **In Panama:** Fabricio López, Regional Representative for Central America and Mexico; email: [fabricio.lopez@ifrc.org](mailto:fabricio.lopez@ifrc.org); phone: (507) 380 0250; fax: (507) 317 1304.
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## ANNEX III. ACRONYMS AND ABBREVIATIONS

CAP	Consolidated Appeal Process
CEC	Centre for International Studies and Cooperation
CELADE	<i>Centro Latinoamericano de demografía</i>
CDC	(US) Centers for Disease Control and Prevention
CERF	Central Emergency Response Fund
CISP	International Committee for the Development of Peoples
COMUSAN	Local Governments and Municipal Commissions of Food Security and Nutrition
CONRED	National Coordinator for Disaster Reduction
CSB	corn-soy blend
ECHO	European Commission Humanitarian Aid Office
ECW	Enhanced Commitment to Women
ENSMI	National Survey of Maternal and Child Health
FAO	Food and Agriculture Organization
FFW	food-for-work
GDP	gross domestic product
GFD	general food distribution
GNA	(ECHO) Global Needs Assessment
IASC	Inter-Agency Standing Committee
ICU-FUDI	<i>Istituto per la Cooperazione Universitaria- Fundación para el Desarrollo Integral</i>
IFPRI	International Food Policy Research Institute
INE	<i>Instituto Nacional de Estadística</i> (National Statistics Institute)
MAGA	Ministry of Agriculture, Livestock and Alimentation
MCH	maternal and child health
MDG	Millennium Development Goals
MFEWS	Mesoamerican Food Security Warning System
MISH	Managerial Information System for Health (SIGSA)
MSPAS	Ministry of Public Health and Welfare
MT	metric tons
MUAC	mid-upper arm circumference
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
PAHO	Pan-American Health Organization
PIDESC	International Protocol of Economic, Social and Cultural Rights
PVO	private voluntary organization
RC	Resident Coordinator
SESAN	Executive Secretariat for Food and Nutrition Security
SISAN	Secretariat of Food and Nutritional Security
SEGEPLAN	General Secretariat of the Presidency for Programming and Planning
SYAP	Single Year Action Plan
UN	United Nations
UNICEF	United Nations Children's Found
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNISDR	United Nations International Strategy for Disaster Reduction
UNS	United Nations System
USAID	United States Agency for International Development
VM	<i>Vision Mundial</i> (World Vision)
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

## Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations' agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- Resource mobilisation leading to a Consolidated Appeal or a Flash Appeal;
- Coordinated programme implementation;
- Joint monitoring and evaluation;
- Revision, if necessary;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts).

***In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.***

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