

HUMANITARIAN RESPONSE PLAN GUATEMALA

HUMANITARIAN
PROGRAMME CYCLE
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About

This document was consolidated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of the Humanitarian Country Team and the partners. The Humanitarian Response Plan (HRP) is the presentation of a coordinated and strategic response conceived by humanitarian organizations to meet the acute needs of people affected by the emergency. It is based on the evidence of the needs described in the Humanitarian Needs Overview (HNO) and addresses them.

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fts.org/appeals/2023

Table of Contents

05	Foreword
06	Overview of the Response Plan
08	Context of the crisis and impacts
10	Summary of response by strategic objectives
12	Planned response
13	HRP Key Figures
14	Historic trends
15	Part 1: Strategic response priorities
17	1.1 People in need prioritised for the response and underlying humanitarian conditions
21	1.2 Strategic objectives, specific objectives and response approach
27	1.3 Costing methodology
29	1.4 Planning, operational capacity and access assumptions
31	1.5 Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP)
33	1.6 Consolidated overview on the use of multi-purpose cash transfers
35	Part 2: Response monitoring
36	2.1 Monitoring approach
38	2.2 Strategic and specific objectives: indicators and targets
45	Part 3: Sectoral objectives and response
46	Overview of sectoral response
49	3.1 Food Security
52	3.2 Nutrition
55	3.3 Sexual and reproductive health
60	3.4 Water, sanitation and hygiene (WASH)
63	3.5 Protection
66	3.5.1 Protection: Child Protection
67	3.5.2 Protection: Gender-based Violence
75	3.6 Temporary emergency accommodation (shelters)
79	3.7 Education in emergencies
83	3.8 Early Recovery
87	3.9 Humanitarian coordination
88	Part 4: Annexes
89	4.1 List of Operational Partners
90	4.2 Planning Figures by sector and geographical area
91	4.3 What Happens if We Do Not Respond?
92	4.4 How to Contribute
93	4.5 Acronyms
95	4.6 Estimating humanitarian gaps with sectoral counterparts



GUARAQUICHE, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau

Foreword

The Humanitarian Country Team (HCT), formed by the United Nations Agencies, Civil Society Organizations, the Red Cross Movement and the Government of Guatemala, works together with the National Coordinator for Disaster Reduction (CONRED) in response to the most critical humanitarian needs of the Guatemalan population.

During 2021 and 2022, under the Humanitarian Response Plan (HRP) strategy, around \$84 million was directly mobilised and some \$110 million indirectly to benefit 1.7 million people.

During 2023, the multi-sectoral response will be maintained through a new HRP that foresees the mobilisation of \$126 million to benefit 2.3 million people. This time, the most severe humanitarian needs were identified in the departments of Izabal,

Alta Verapaz, Quiché, Huehuetenango, San Marcos and Chiquimula. Humanitarian action will focus on populations affected by the impacts of food and nutrition insecurity (INSAN), the aftermath of Eta/Iota, the consequences of the last rainy season and on the groups with human mobility in all its manifestations.

The 2023 HRP has been formulated through the work of the HCT sectoral roundtables involving specialised humanitarian actors as well as government lead institutions. Between July and October 2022, the Humanitarian Needs Overview (HNO) was prepared, quantifying these needs and identifying the population groups and regions most affected. Subsequently, the response strategy and sectoral plans of the HRP were defined following a review of the government institutions' own Response Plans, as well as the programmatic commitments of the UN System's Development Cooperation Framework.

Thus, in presenting this 2023 HRP for Guatemala, I would like to thank all humanitarian actors for their exceptional work and appeal to the solidarity of donors and the international community in funding the projects included. With this process, we reaffirm our commitment to the country and to the populations most in need.

José Miguel Barreto

Resident Coordinator of the United Nations System in Guatemala

Co-lead of the Humanitarian Country Team (HCT)

Overview of the Response Plan

PEOPLE IN NEED	TARGET POPULATION	FINANCIAL REQUIREMENT (US\$)	OPERATING PARTNERS	PROJECTS
5M	2.3M	\$126M	36	39

Between 2021 and 2022 the Humanitarian Country Team (HCT) in Guatemala implemented a Humanitarian Response Plan (HRP) for \$210 million, of which \$84 million was financed (40 per cent of the total amount). The largest amount of funding went to the Food and Nutrition Security sector (FNS) who provided assistance to approximately 35,000 people. Around 11,000 people also benefited through the Protection sector, some 2,000 people through the Early Recovery sector and some 15,000 people through multi-sectoral interventions mainly in the Health and Water, Sanitation and Hygiene (WASH) sectors. Similarly, \$109.8 million was mobilised for projects "outside the HRP" for humanitarian partners whose actions were aligned with the response strategy. For details and projects visit the FTS at: <https://fts.unocha.org/appeals/1085/summary>

In 2022, the Needs Assessment estimated that some 5 million people are in humanitarian need.¹ This is a 32 per cent increase in the number of people relative to the 2021 HNO (3.8 million). This time, the most severe humanitarian needs are in the departments of Izabal, Alta Verapaz, Quiché, Huehuetenango, San Marcos and Chiquimula. In these areas, the impacts of food insecurity, the aftermath of Eta/Iota, the rains of 2022, and the high rates of human mobility in all its manifestations (entry, transit, expulsion and return) overlap. These are the needs and regions that have been prioritised for the Response Plan strategy.

For the operational prioritisation of the target population and of the actions in the Sector Plans, at least three criteria have been considered:

1. Severity of the needs identified by the sectors (most of the needs included correspond to Phases 3 (severe) and 4 (extreme) of the Joint Intersectoral Analysis Framework (JIAF) matrix);
2. Intersectoral needs (e.g., families suffering from food insecurity, presenting cases of malnutrition, with unmet needs left by Eta/ Iota and living in geographic areas related to human mobility were prioritised);
3. Families and geographic areas that are not being addressed by government programmes or humanitarian actors or where attention is partial or incomplete.

The Plan's response strategy aims to have integrated and intersectoral actions, to respond jointly, not in isolation, to the needs of the target population. The Plan has been designed to respond collectively to each of the crises identified in the HNO, with an emphasis on food and nutrition insecurity (which is at an all-time high with 4.6 million people in need) and on the protection and humanitarian needs of the population on the move (with 2.6 million people in need). Humanitarian assistance is complemented by health, WASH and education actions during emergencies and by the improvement of living conditions.

¹ Download HNO at: <https://reliefweb.int/report/guatemala/guatemala-panorama-de-necesidades-humanitarias-2023-diciembre-2022>

The intersectoral rationale of prioritising actions and selecting a target population has enabled each of the sectors to define their sectoral objectives, coordinate the area of intervention with their operational partners and thus been able to define a total target population of 2.3 million people for the HRP.

In line with lessons learned from the previous HRP, the humanitarian response will once again be strategically focused on two scales of action: household and community. At the household level, the primary focus is on the family. This includes food assistance, nutrition and health services, gender-based violence (GBV) care services, replacement of household goods and housing refurbishment, provision of safe water, sanitation and hygiene, restoration of agricultural livelihoods and productive capacities, empowerment and autonomy of women, and the protection of vulnerable groups. In addition, the Plan has a strong component of human mobility, focused directly on the care and accompaniment of Guatemalan families and individuals who have returned from Mexico or the United States, as well as to non-Guatemalan families and individuals who are in transit through Guatemala and/or who are requesting refugee or asylum status.

The recovery and rehabilitation of systems and services, as well as support with safety nets, will be done at the community level, in conjunction with risk governance and community resilience-building activities within the framework of the humanitarian, development and peace triple nexus. The timeframe for the implementation of the Plan is between January and December 2023.

The Plan has been formulated with the participation of the Executive Secretariat of the National Coordinator for Disaster Reduction (CONRED), the institutional focal points for sectoral issues; Secretariat for Food and Nutritional Security (SESAN); Ministry of Public Health and Social Assistance (MSPAS); Ministry of Agriculture, Livestock and Food (MAGA); Ministry of Education (MINEDUC) and Ministry of Foreign Affairs (MINEX), the leaders and co-leaders of the sectoral roundtables and the members of the Humanitarian Country Team (HCT), under the leadership of the UN Resident Coordinator and with the technical assistance of the OCHA country team and the regional office.

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Photo: OCHA/Vincent Tremeau



Context of the crisis and impacts

In 2022, the humanitarian needs of vulnerable people in Guatemala occurred in a complex context, influenced by the aftermath of the COVID-19 pandemic and the economic impacts of the war between Russia and Ukraine. Both exogenous factors have had a substantial impact on the dynamics of life in the country as rising prices for food, fuel (including domestic propane gas) and fertilisers are inhibiting full recovery.

The country has also faced some changes in the political, legal, institutional, security and governance landscape, as well as the occurrence of new extreme weather events (mainly tropical storm Julia in October 2022). The political scenario will be very active as the country prepares for the next general elections in 2023, where the president, vice-president, deputies to the Congress and the Central American Parliament, mayors and municipal corporations will be elected.

At the same time, violence, in its different manifestations, continues to impact the population and women, girls and adolescents are disproportionately affected. According to data from the Public Ministry, cases of homicides and disappearances of women have increased.

Throughout the year, the most relevant shocks that are generating humanitarian needs have been food and nutritional insecurity, human mobility and disasters derived from hydro-meteorological events.

Food assistance needs are at a record high. Some 4.6 million people are food insecure at the crisis and emergency level² and need immediate attention, especially subsistence and sub-subsistence farming families and households with minimal or no income. In addition, some 1.9 million people have

humanitarian needs related to acute malnutrition, including children under five, pregnant women and those of childbearing age, older persons and persons with disabilities.

On the other hand, Guatemala is a country of origin, transit, destination and return of people, refugees and applicants for refugee status, many of whom have specific protection needs. According to the International Organisation for Migration's (IOM) website, the number of Guatemalan returnees doubled from 19,000 (January to May 2021) to 41,000 in the same period in 2022. These numbers reflect an increase in risks and needs for protection and humanitarian response.

In the 2022 rainy season, tropical storms Julia and Lisa impacted areas already affected by storms Eta and Iota in 2020. CONRED statistics indicate that about 6.1 million people were affected, with 67 people reported dead, 14,000 people sheltered, and more than 25,000 houses damaged, in addition to the impact on roads, bridges, schools and health infrastructure. Consequently, it will be necessary to reinforce the availability of emergency health services, to ensure access to water, sanitation and hygiene in both quality and quantity, to provide safe spaces and food availability for the student population and to improve support and care services for women, girls and adolescent victims of violence, among others.

² Phases 3 y 4 respectively, of the Integrated Food Security Phase Classification (IPC)

Finally, it should be noted that the identification and quantification of humanitarian needs covered the entire country and its population (17.3 million people) living in Guatemala's 22 departments and 340 municipalities. The results indicate that 5 million people have humanitarian needs, with the highest numbers in the food security, protection and nutrition sectors.

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Photo: OCHA/Vincent Tremeau



Summary of response by strategic objectives

The Humanitarian Country Team (HCT) recognises that the first response to socio-natural disasters and humanitarian crises is provided by the Government of Guatemala through its institutions. The HCT's interventions complement these efforts in prioritised areas, targeting those most affected and/or with the most severe needs, including multi-affected areas, where response capacities are limited or where response gaps exist.

The strategy and operational priorities of the Humanitarian Response Plan are in line with the response plans formulated by Government institutions for 2023. According to the results of the Humanitarian Needs Overview, the response focuses on areas affected by food insecurity and nutritional needs, areas with human mobility in all its manifestations, protection needs and unmet needs resulting from Eta/Iota and the 2021-2022 rainy seasons addressed by the government (see Annex 6).

Therefore, the implementation of the HRP complements the Government's response by prioritising the areas most affected and/or with the most severe needs, including areas with multiple impacts, where response capacities are limited or where response gaps exist (for visualisation, see the map of the planned response in the next section).

The sectoral plans included in the HRP are aligned with two strategic objectives: one which includes the humanitarian response actions, aimed predominately at saving lives and reducing the suffering of affected people, and the other, which includes actions that complement the humanitarian response with an approach to recovery of family environments, recovery of basic systems and services and increasing community resilience.

Strategic Objective 1 (SO1).

To respond to the humanitarian needs and save the lives of populations severely affected by food and nutrition insecurity, human mobility and impacted by hydro-meteorological disasters with a human rights approach, an intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.

Under this objective, intersectoral actions will facilitate the provision of humanitarian assistance in a comprehensive manner, in order to provide:

- Food assistance to families in IPC3 Phases 3 and 4, either as cash transfers, vouchers and/or food bags;
- Detection and immediate attention to cases of acute malnutrition in children under 5 years of age, in pregnant and nursing women, and in food insecure families (IPC Phases 3 and 4), including referrals to nutritional care centres;
- Provision of emergency health services to food and nutritionally insecure families, including sexual and reproductive health services, guaranteeing the operation of first and second level health services, as well as the existence of life-saving supplies and medicines;
- Provision of good quality water for drinking, as well as hygiene and sanitation measures in the household and community environment;
- Implementation of protection measures, attention to humanitarian needs and the provision of safe accommodation spaces for groups with human mobility in all its manifestations (entry, transit, return, asylum and refugee applications, etc.), including LGBTIQ+ groups, children and adolescents, women and families;

³ Clasificación Integrada de la Seguridad Alimentaria en Fases

- Specialised care, including protection, referral to care institutions, provision of information, among others, for women, girls and adolescents who are victims of gender-based violence, sexual violence and violence against women,

In response to the mandate of the humanitarian community, actions for the prevention and immediate care of sexual abuse and exploitation are also included.

Strategic Objective 2 (SO2).



that increase the protection, resilience and empowerment of severely affected people, improving their environment and enhancing recovery with a focus on sustainable development (triple nexus).

This objective includes actions that complement humanitarian assistance through the safe environment and habitat of families in need, the recovery and diversification of productive livelihoods, the provision of health services through the refurbishment of nutritional care units, sexual and reproductive health modules and supplies, and the provision of safe environments for the student community in each community in need.

It also includes complementary actions for the protection and support of populations in human mobility, including the facilitation of rights and services, such as housing, documentation, sexual and

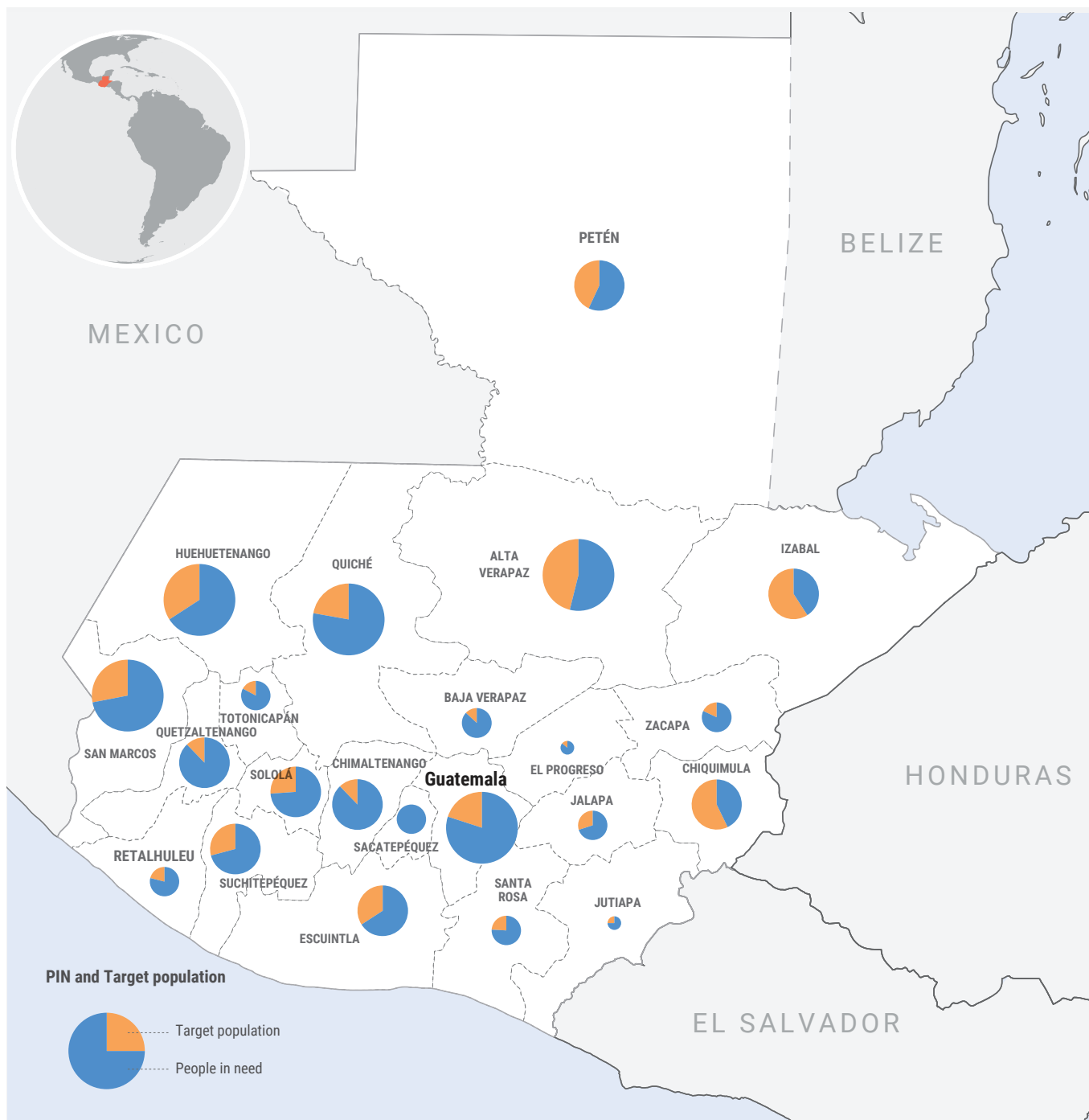
reproductive health, education, capacity building and economic opportunities; and the incorporation and strengthening of national institutions with a mandate to protect and respond to human mobility or to prevent and respond to GBV.

The actions of SO2, place special emphasis on projects that reactivate the productive and economic capacities of families, primarily those related to agricultural and livestock livelihoods. In addition, actions will be implemented for the improvement of the family habitat, for the recovery of domestic and productive furnishings, for small refurbishment works around homes and to upgrade community systems for safe water and safe spaces.

STRATEGIC OBJECTIVES		TARGET POPULATION
S01	To respond to the humanitarian needs and save the lives of populations severely affected by food and nutrition insecurity, human mobility and impacted by hydro-meteorological disasters with a human rights approach, an intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.	1.61M 
S02	To complement humanitarian response with actions that increase the protection, resilience and empowerment of severely affected people, improving their environment and enhancing recovery with a focus on sustainable development (triple nexus).	690K 

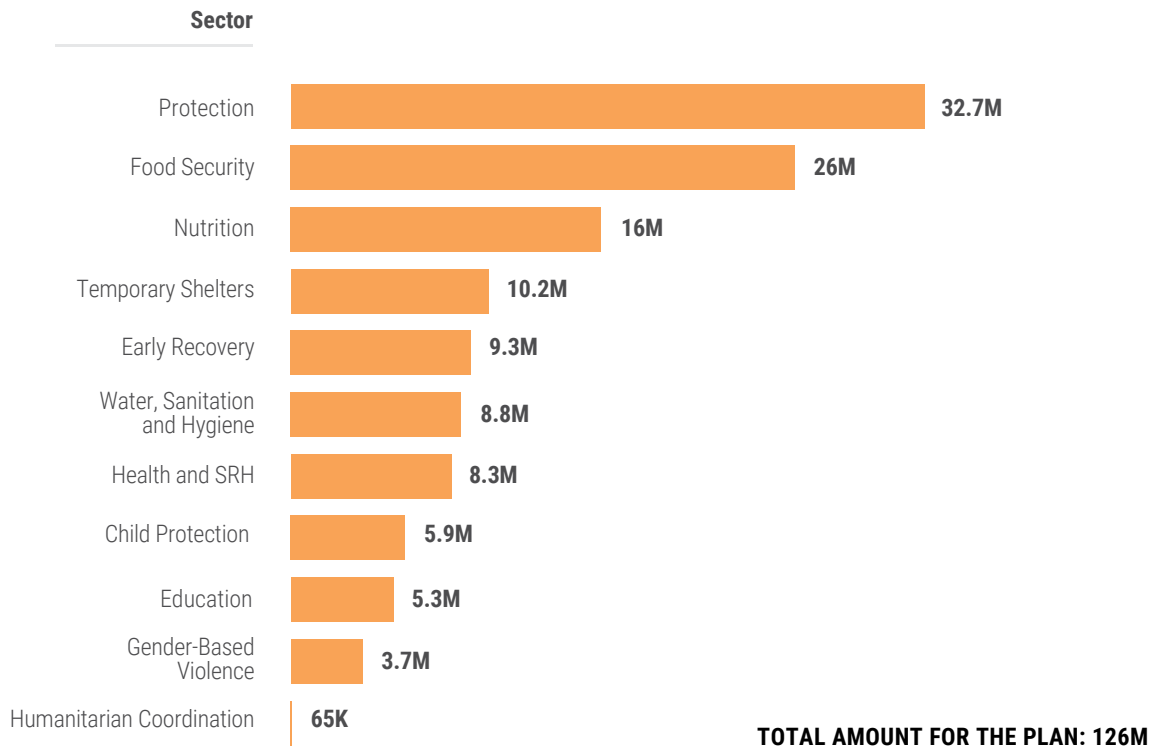
Planned response

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
5M	2.3M	55%	28%	10%

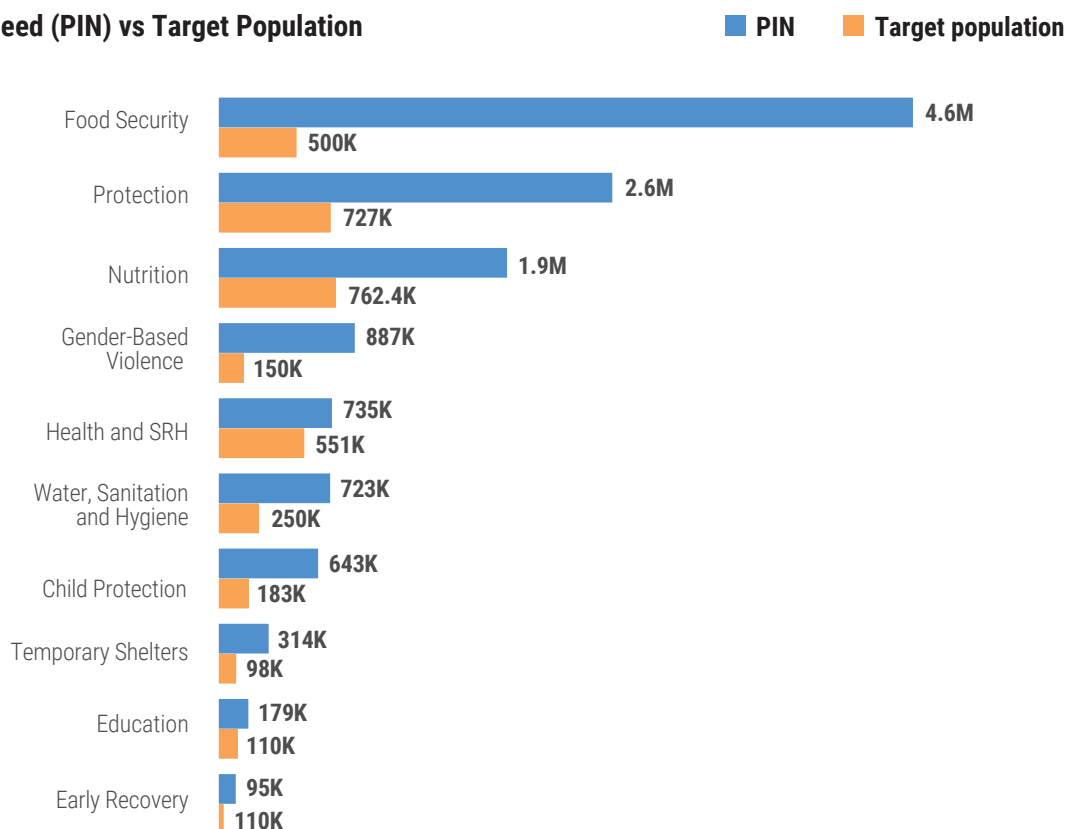


HRP Key Figures

Financial Requirements



People in Need (PIN) vs Target Population



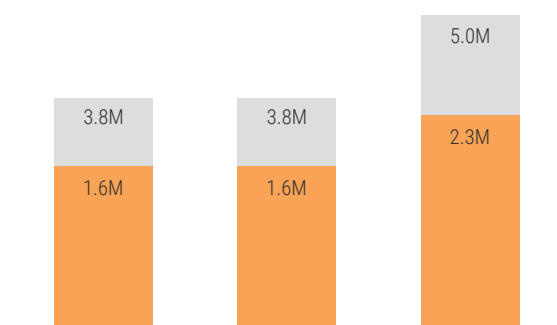
Historic trends

Between August 2021 and December 2022, the Humanitarian Response Plan was implemented with a total funding requirement of \$210 million for a target population of 1.68 million people and 41 projects. Based on information from the Financial Tracking System (FTS), at least 19 projects are reported to have been implemented through 8 operational partners for \$84 million, that is, 40 per cent of the required amount. The largest proportion of funds executed focused on food assistance, protection, human mobility and some multi-sectoral projects.

During the 2021 and 2022 rainy season, the Humanitarian Country Team partners supported the response to localised emergencies, mainly related to extreme rainfall and tropical storms. Most notably they provided support in the response to Tropical Storm Julia in October 2022, in areas that had been affected previously by Eta/Iota.

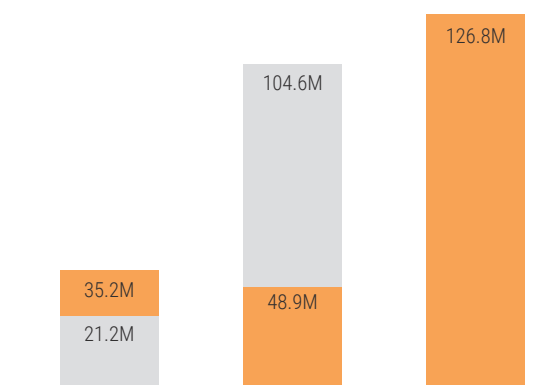
NUMBER OF PERSONS IN NEED VS TARGET POPULATION

Target Population
Persons In need not included in target



FINANCIAL REQUIREMENTS (US\$)

Funded
Unmet requirements



YEAR OF APPEAL	PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2021	3.8M	1.68M	210M	35.2M	62.5%
2022	3.8M	1.68M	210M	126M	32%
2023	5.0M	2.30M	126M	---	---

According to FTS, total funded 2021-2022 = 84,062,571 USD
According to FTS, funded "outside of the HRP" = 109.8M USD

Part 1: Strategic response priorities

TALQUEZAL, JOCOTÁN, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau



The Guatemalan population continues to face a complex crisis due to the interaction of at least three underlying humanitarian crises. Around 5 million people have humanitarian needs that impact their physical and mental well-being; approximately 2.6 million people have protection needs, including children, adolescents, women of childbearing age and child-mothers, indigenous people, older persons, persons with disabilities and LGBTIQ+ persons.

The largest number of people with the most severe humanitarian needs (3 and 4 out of a maximum of 5) have been identified in the departments of Izabal (280,000 in severity Phase 4), Alta Verapaz (more than 600,000 in severity Phase 3 and 4), Petén (240,000 severities 3 and 4), Chiquimula (190,000 severity Phases 3 and 4), Huehuetenango (480,000 severity Phases 3 and 4), Quiché (363,000 in severity Phase 3) and San Marcos (337,000 in severity Phase 3). These departments have been prioritised within the HRP sectoral plans (see Part 3).

The largest number of people in humanitarian need was reported by the Food and Nutrition Security (FNS) sector with 4.6 million. The Nutrition sector has reported 1.9 million people with needs related to acute malnutrition. Therefore, about 40 percent of the HRP funds will be allocated to respond to this crisis through food assistance, attention to acute malnutrition, provision of health services and Water, Sanitation and Hygiene (WASH).

The Protection Sector reported the second highest number of people with needs, with 2.6 million people in positions of human mobility, impacted by violence in all its manifestations and in need of safe spaces. This is substantiated by reports from the GBV, Child Protection and Temporary Shelter Sectors, therefore 48 per cent of the HRP funds will be allocated to respond to these needs.

This strategy aims to complement humanitarian action by guaranteeing the functionality of health services (to attend to cases of acute malnutrition, for example), providing resources and supplies to government institutions to assist in responses, improving the living conditions of families in need (to prevent relapses of cases of acute malnutrition and promote full recovery) and by expanding the options for safe places and provide healthy food to the educational community, mainly children and adolescents. The Health, Education, WASH and Early Recover Sectors have been allocated around 12 per cent of the Plan's funds to cover these activities.

Protection and prevention of GBV will be mainstreamed in all projects as the impacts of domestic violence, violence and sexual abuse against women and girls has an irreversible impact in their lives and futures. An estimated 1.1 million women, children and adolescents in these communities need to access protection mechanisms or institutional support to report abuse. The most reported crimes in the Guatemalan justice system are child and adolescent abuse, femicide, rape, assault and other forms of violence against women. Between January and October 2022, the Observatory on Sexual and Reproductive Health (OSAR) reported more than 57,000 birth registrations from girls between 10 and 19 years of age, of which 1,824 were mothers between 10 and 14 years of age. The highest rates were in Huehuetenango, Alta Verapaz, Guatemala, Quiché and San Marcos.⁴

The 39 projects that operationalise the nine Sector Plans will be implemented by 36 operational partners, members of the Humanitarian Country Team (see Annex 1).

⁴ Pregnancy rates: See details in <https://osarguatemala.org/embarazos-y-registro-de-nacimientos-2022/>

1.1

People in need prioritised for the response and underlying humanitarian conditions

The HRP was formulated to respond to the three humanitarian crises impacting the Guatemalan population: food and nutrition insecurity; human mobility/protection; and the aftermath of hydro-meteorological disasters. A cross-sectoral approach will be used to respond to families affected by these crises and with severe humanitarian needs. In some cases, there are populations and areas where one, two

or even three crises overlap. Therefore, each sector will focus on the population group with humanitarian needs related to its own sector and will complement the response of the other sectors.

The population groups included as part of the target population in most plans include the following:

Population Group #1 Children under Five Affected by Chronic and Acute Malnutrition (in Food Insecure Households)

NUMBER OF PERSONS BY LEVEL OF SEVERITY					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMUM	STRESS	SEVERE	EXTREME	CATASTROPHIC			
20.8%	50.7%	17.9%	9.2%	1.5%	444K	65 35	30 65 5

he most vulnerable group impacted by the malnutrition crisis in Guatemala are children under five years of age, due to deficient food intake that does not meet the requirements for adequate growth, development, and in many cases, survival.

malnutrition increases the risk of under-five mortality by up to nine times. In a context like Guatemala, where chronic malnutrition affects half of all children (in some areas the number rises to eight out of 10), this risk is even higher.

The youngest children, as well as those living in inadequate housing conditions and in rural areas with less access to health services, are the most vulnerable. Children with disabilities need special care to prevent their death in a humanitarian context. The primary goal is to ensure that no child dies from acute malnutrition. As such, it is necessary to increase access to treatment through early identification to prevent acute malnutrition and provide care for mothers.

Similarly, it is essential to attend to women of childbearing age, with special emphasis on pregnant and breastfeeding women, and child-mothers, due to the vulnerability they present in having to care for their children and themselves at the same time. According to estimates by the Nutrition Sector, between 2020 and 2022, some 176,914 girls between the ages of 10 and 19 became mothers. During these periods they are more vulnerable to being underweight, suffering from malnutrition, anaemia and other deficiencies because their attention is focused on their children, and so they forget their own well-being.

Acute malnutrition is typically used as an indicator of the severity of the impact of a food insecurity crisis. Children with acute malnutrition have severely altered physiology and metabolism and are at increased risk of death from their condition. Severe acute

Population Group #2 Indigenous and Rural Families, Especially Women, Experiencing Food Insecurity (with Cases of Malnutrition in Children).

NUMBER OF PERSONS BY LEVEL OF SEVERITY					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMUM	STRESS	SEVERE	EXTREME	CATASTROPHIC			
---	44.6%	55.45%	---	---	▶ 4,6M	52 48	11 62.4 ---

Indigenous and rural women, impacted by the loss of assets and housing, the lack of access to health services, and with no legal certainty of ownership of land, no economic autonomy and no telephone service coverage to seek for services, are exposed as victims of violence and excluded from spaces of participation and decision making. Their inaccessible geographic location, lack of transport and poverty limits their access to comprehensive care, services and alternative means for filing complaints. Women and adolescent girls providing care to families, caring for the elderly and with no income of their own, are also particularly vulnerable.

Generally, because of the sexual division of labour and women's and men's unequal access to resources and decision-making power, women are more vulnerable to climate change and its effects, and their possibilities to react are more limited. It has also been documented that, in situations of socio-natural shocks, the majority of victims are often women due to their reduced mobility and their role as caregivers for children, the sick and elderly. Usually, women try to protect family members before saving themselves.

Along with widespread violence and poverty, women have been increasingly affected by the socio-economic effects of disasters and the consequences of food and nutrition insecurity. Women who are undernourished are more likely to become ill during pregnancy and have a higher risk of premature birth, miscarriage, stillbirth and even their own death. Additionally, they are more likely to contract infections, experience weakness and have lower productivity.

Women with micronutrient deficiencies are at increased risk of dying during childbirth, giving birth to a low birth weight or cognitively impaired infant, and affecting the health and development of breastfed infants. In resource-poor settings, young children who are not breastfed are more likely to die from pneumonia and diarrhoea than those who are breastfed. Children with micronutrient deficiencies have a higher risk of death from infectious diseases and impaired physical and mental development. Children with acute malnutrition, particularly the severe form, are up to nine times more likely to die than children who are not malnourished.

Population Group #3 Persons in Situation of Human Mobility, Including Children, Adolescents and LGBTIQ+ Persons

NUMBER OF PERSONS BY LEVEL OF SEVERITY					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMUM	STRESS	SEVERE	EXTREME	CATASTROPHIC			
---	---	---	---	---	2,6M	88 12	12 88 ---

The groups in human mobility include different profiles, such as people seeking refugee status, refugees, people in mixed movements in transit, and Guatemalan people who have moved within or outside Guatemala. All profiles are represented, with an increase in the number of single women, families, unaccompanied children and youth, and LGBTIQ+ persons. Humanitarian response must address many needs in order to mitigate protection risks, including rights violations by criminal networks, challenges in accessing countries and refugee status determination systems, counselling services and humanitarian support.

LGBTIQ+ persons in human mobility are at higher risk of sexual and gender-based violence. Young men and boys have a high exposure to recruitment by organised crime. Throughout the entire cycle of human mobility, the risk violence against women is pertinent, with the risk being highest among adolescents and young people.

Refugees and migrants with disabilities face two processes of invisibility. On the one hand, persons with disabilities live in a world where society and the state do not take them into account (buildings, streets, public spaces and services are not designed to be universally accessible, nor are reasonable adaptations provided to ensure equal access to rights and, when they do exist, their visibility is characterized by a sense of strangeness, fear or pity). On the other hand, refugees and migrants also live in a contradiction: they go from the invisibility of not being recognised as subjects of rights to the unpredictability of being seen by the media and sectors of public opinion as a threat to the social order.

Some women, girls and adolescents in mobility face loss of livelihoods and economic autonomy, barriers to accessing rights such as health, work, education, protection, information and justice, as well as specific manifestations of gender-based violence (sexual, physical and psychological) in transit and at destinations. This is exacerbated by factors (such as lack of support networks and basic social services, irregular migration status and lack of documentation) that increase vulnerability and risk of GBV and that limit their access to state protection and essential services in cases of violence.

Vulnerable children and adolescents (especially migrants, refugees, children with disabilities, indigenous children, and children at risk of exclusion) that belong to households who have suffered a reduction of income and are exposed to school dropout, may fall into negative coping mechanisms such as child labour, early marriages, unaccompanied human mobility and other activities, including recruitment by gangs and survival sex. According to a survey of 552 minors by Pastoral de Movilidad Humana (PMH, Pastoral for Human Mobility), with the support of the Danish Refugee Council (DRC), the greatest perceived risks are adverse environmental conditions, drug or alcohol addiction, recruitment by criminal groups, exploitation, bullying, malnutrition and sexual exploitation.

Population Group #4 People with Disabilities

NUMBER OF PERSONS BY LEVEL OF SEVERITY					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS ELDERLY (%)
MINIMUM	STRESS	SEVERE	EXTREME	CATASTROPHIC			
---	24%	64%	12%	---	521K	--- ---	--- --- ---

The World Health Organisation (WHO) has estimated that people with disabilities represent 15 percent of the global population. In Guatemala they make up 12 per cent of the population (56 per cent men and 44 per cent women). Children and older persons represent 29 per cent, while youth and adults comprise 71 per cent. In all instances, the social approach to disability promoted by the Convention on the Rights of Persons with Disabilities is based on the premise that disability is not, in itself, a specific need for protection, nor a situation of risk or vulnerability, but rather that, by interacting with threats and barriers, accentuates increased exposure to risks.

People with disabilities (born or acquired) are often among the poorest and tend to face limitations in terms of access to education and training, health care, employment, physical and financial assets, and opportunities for social integration. These constraints expose them to disproportionate risks in disaster and emergency situations, given the lack of accessibility in evacuation and disaster response efforts.

According to data from the National Disability Survey (ENDIS, 2016), out of 13,073 people surveyed, 10.2 percent have some disability condition. It was also found that persons with disabilities were 1.5 times more likely to be in the poorest quintile. In addition, disability (that prevents work) generates losses in the country's gross domestic product of up to six percent, according to the World Bank.

Adults with disabilities have fewer opportunities to earn a stable income. According to the 2016 ENDIS, adults with disabilities were less likely to report working occasionally or year-round compared to adults without disabilities. By age group, people aged 35-49 and over 65 with a disability were less likely to have worked.

Deprivation, lack of access to safety networks, limited livelihoods, infrastructural barriers, profound isolation, low quality of life and limited possessions are common realities that trap persons with disabilities, especially in rural areas. Persons with disabilities also face multiple barriers in accessing services and humanitarian assistance. In the context of disasters and crises, the discrimination they face is often exacerbated and their participation reduced, resulting in inequitable access to information and humanitarian aid.

1.2

Strategic objectives, specific objectives and response approach

TARGET POPULATION	REQUIREMENTS	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
2.3M	\$126M	36	39

The scope and response strategy of the Plan was collectively discussed, agreed and endorsed by sectoral leaders and co-leaders of the Humanitarian Team, government counterparts (SESAN, MAGA, MINEDUC, MSPAS, etc.) as well as with the participation of actors with longer-term development programmes, not only from the government, but also from international cooperation. A workshop was organised in October, where the programmatic portfolio of the United Nations Strategic Cooperation Framework for Sustainable Development (2020-2025) and the Government's Plans and Programmes

related to humanitarian needs (e.g., the Great National Crusade for Nutrition or the National Plan to Respond to Food Insecurity) were analysed and the progress of the current HRP was reviewed. The main objective of the collective analysis was to identify priority areas for interventions through the identification of humanitarian gaps. It was also important to identify those plans and programmes that interconnect to respond to humanitarian crises, that establish rehabilitation/ recovery actions and that implement longer-term resilience programmes (Triple Nexus).



GUARAQUICHE, DEPARTMENT OF CHIQUIMULA, GUATEMALA
Photo: OCHA/Vincent Tremeau

Strategic Objective 1 (SO1)

To respond to the humanitarian needs and save the lives of populations severely affected by food and nutrition insecurity, human mobility and hydro-meteorological disasters with a human rights approach, an intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.

TARGET POPULATION	WOMEN	CHILDREN	DISABLED
1.61M	38.5%	19.6%	7%

Specific Objective 1.1 and Coordinated Response Approach

Objective	To restore food and nutrition security through cash transfers and/or food bags, livelihood recovery, productive capacities and nutritional counselling.
Target Groups	FSubsistence and sub-subsistence farming families, day labourer families with minimal or no income.
Target Population	500K
Timeframe	01/2023 – 12/2023

There will be coordination between the FNS and Nutrition sectors to identify families with moderate to severe food insecurity and cases of acute malnutrition in children under 5 years of age, pregnant and breastfeeding women, or elderly people. The FNS sector will deliver food rations and/or conditional or unconditional cash transfers. Agricultural supplies will also be delivered to increase agricultural production and/or increase household assets. The Nutrition Sector will undertake actions to complement the treatment of cases of acute malnutrition, recover the optimal nutritional level or refer cases to the health system (see Specific Objective 1.2).

Specific Objective 1.2 and Coordinated Response Approach

Objective	To contribute to the reduction of morbidity and mortality in children and women through comprehensive health care and maternal, neonatal and infant nutrition through the detection, treatment and timely referral of life-threatening pathologies, with emphasis on the early detection of acute malnutrition for its adequate treatment in restored and functional health spaces; with broad community participation, addressing personal, family and community risks, favouring adequate health, food and nutrition practices.
Target Groups	Children, adolescents, women of childbearing age, pregnant and breastfeeding women, including pregnant adolescents and child mothers.
Target Population	133K
Timeframe	01/2023 – 12/2023

There will be close coordination with the Health Sector, including Sexual and Reproductive Health (SRH). Comprehensive nutrition and health brigades, working directly with the Ministry of Public Health and Social Assistance (MSPAS), will attend rural, remote communities that do not receive regular care to assess the nutritional and health status of families, with an emphasis on women, children and adolescents, and to identify acute malnutrition and provide immediate treatment. Cases requiring referral to the health system are coordinated with the corresponding sector. Complementary micronutrient care, deworming and counselling are provided.

Specific Objective 1.3 and Coordinated Response Approach

Objective	To respond to the humanitarian needs and save the lives of populations severely affected by food and nutrition insecurity, human mobility and hydro-meteorological disasters with a human rights approach, an intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.
Target Groups	Farming and day labourer families with minimum income; populations in human mobility, with emphasis on children and adolescents; and disaster-affected communities.
Target Population	727k for Protection + 150k for GBV
Timeframe	01/2023 – 12/2023

Actions by relevant national actors and institutions will be promoted to respond to the humanitarian needs of people in human mobility in all its manifestations, guaranteeing the effective exercise of their rights. Also under this objective, access to quality multi-sectoral GBV services for survivors and victims of violence will be facilitated, including safe referral pathways and case management as well as the technical competence of service providers' staff.

Specific Objective 1.4 and Coordinated Response Approach

Objective	To strengthen complaint and reporting mechanisms, including PSEA, in the framework of accountability to affected populations (AAP).
Target Groups	Women, children and adolescents who are part of the beneficiary groups of HRP projects, including organisations, local and community networks, and groups involved in the subject matter.
Target Population	7.5K
Timeframe	01/2023 – 12/2023



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Photo: OCHA/Vincent Tremeau

Strategic Objective 2 (SO2)

To complement the humanitarian response with actions that increase the protection, resilience and empowerment of severely affected people, improving their environment and enhancing a recovery focused on sustainable development (Triple Nexus).

TARGET POPULATION	WOMEN	CHILDREN	DISABLED
690K	16.5%	8.4%	3%

Specific Objective 2.1 and Coordinated Response Approach

Objective	To restore the functionality of health services and educational facilities, with the provision of safe water to ensure continuity and equitable access, and with cultural relevance in the provision of first and second level care services, including sexual and reproductive health services and health emergencies.
Target Groups	Families with emergency health and SRH needs; educational community, mainly children and adolescents.
Target Population	723K
Timeframe	01/2023 – 12/2023

This will contribute to recovering the functionality of health services, educational infrastructure and water, sanitation and hygiene services. This complements the strategy of the food and nutritional insecurity response and includes actions to benefit people in human mobility and to recover safe spaces for returning to school.

Specific Objective 2.2 and Coordinated Response Approach

Objective	To contribute to strengthening the capacities of families, communities and key actors for a comprehensive approach to nutrition and recovery of their food security in order to prevent the deterioration of nutritional status, reproductive, maternal and neonatal health, as well as the appearance of new cases of acute malnutrition.
Target Groups	Families of subsistence and sub-subsistence farmers, families of day laborers with no or minimal income, and families and communities that were diagnosed by the nutritional brigades with cases of acute malnutrition. Also, health personnel and local and community actors.
Target Population	152.5K
Timeframe	01/2023 – 12/2023

Livelihoods and the productive capacity of food insecure families will be strengthened through good agricultural practices to improve production (soil conservation, rainwater harvesting, reforestation, etc.) and coping strategies for the reduction of livelihoods. Health personnel and local stakeholders will improve their competencies for early detection, treatment and timely referral of cases of acute malnutrition. Supplies and equipment for nutritional response in health services will also be provided.

Specific Objective 2.3 and Coordinated Response Approach

Objective	To strengthen national and local mechanisms for protection, resilience and equal participation and empowerment of the affected populations, with emphasis on women, children and adolescents, people with disabilities, LGBTIQ+ population and people in human mobility, through the recovery of the social fabric for the promotion and demand of rights, and reduction of protection risks and gender-based violence.
Target Groups	People in need of protection and in human mobility, including women and children and adolescents, persons with disabilities, LGBTIQ+ population, Afro-descendants and indigenous peoples.
Target Population	32.6K
Timeframe	01/2023 – 12/2023

Complementary actions will be taken to enhance the self-sufficiency and resilience of people in need through access to rights (such as housing, documentation, emergency health, education, economic opportunities, among others) and the strengthening of protective environments for these populations. In addition, national and local mechanisms for protection will be indirectly strengthened, promoting resilience, equal participation and empowerment of the population.

Specific Objective 2.4 and Coordinated Response Approach

Objective	To implement a process of assistance in the recovery of habitability conditions (housing, basic services, equipment and household goods) with a focus on "building back better" for 15,407 people (2,201 families) whose houses have been affected in the departments of Alta Verapaz, Izabal and Quiché.
Target Groups	Families suffering from the cumulative effects of the aftermath of Eta/ e Iota with impact of food insecurity
Target Population	15K
Timeframe	01/2023 – 12/2023

The process of recovering habitability conditions involves prioritising families in need, based on the housing evaluation carried out by CONRED, while considering that the Government of Guatemala is also implementing a strategy to support families in need. In addition to the improvement of housing, actions will be taken to improve the environment, to provide access to water and sanitation, to support families with basic household equipment that was damaged, among others. These actions are complemented by strengthening the resilience of local governance, which will work with municipalities and other local actors.

Specific Objective 2.5 and Coordinated Response Approach

Objective	To restore the functioning of the local organisation for emergency response and sustainable recovery with a rights-based approach and to "build back better" through the implementation of a process of empowerment and capacity building. To promote the triple nexus between humanitarian response, resilience and sustainable development.
Target Groups	Local authorities and civil society organizations
Target Population	400 communities
Timeframe	01/2023 – 12/2023

Local risk governance will be strengthened by promoting the empowerment of community organisations (COCODE⁵ y COLRED⁶) to increase resilience and promote safe and sustainable development. Coordination mechanisms between local authorities and disaster-affected populations will also be promoted. The ultimate goal will be to support processes for preparing Community Development Plans within the framework of national institutions

⁵ Community Councils for Urban and Rural Development (COCODE)

⁶ Local Disaster Reduction Coordinating Committees (COLRED)

1.3

Costing methodology

The costs of the HRP are calculated per project and per unit based on the cost catalogues managed by each sector leader and co-leader. Most projects are standardised to the humanitarian response that has been implemented since the previous HRP and CERF projects in 2019 and 2020. The logistics and operating environment of the projects is also homogeneous; access is maintained and geographical areas are adjacent. Finally, the HRP projects are intersectoral, favouring joint implementation and decreasing the dispersion of actions while maintaining optimal costs.

The sectoral plans and the respective projects have been agreed upon and approved collectively considering the implementation capacity of the partners, aligning with the strategic objectives of the HRP, prioritising the areas and populations with the most severe impacts, responding to the specific needs of groups in vulnerable conditions and based

on evidence supported by the HNO. Additionally, the operational partners commit to the Plan's monitoring and evaluation mechanism, respect for humanitarian principles, the HCT codes of conduct, prevention and zero tolerance of sexual exploitation and abuse, and the application of transparency mechanisms for accountability to affected populations (AAP). All projects are subject to a Gender and Age Marker (GAM) analysis.

The sectoral planning methodology resulted in the formulation of 39 projects for a total financial requirement of \$126.85 million. The response will focus on the departments of Chiquimula, Izabal, Alta Verapaz, Quiché and Huehuetenango and prioritise the target populations.

PITAHAYA, CAMOTÁN, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau



The cost ratio per beneficiary is presented in the following table:

SECTOR	AMOUNT OF SECTOR PLAN (MILLIONS USD)	TARGET POPULATION	COST PER BENEFICIARY (USD)
Food and Nutrition Security (FNS)	26M	500K	52
Nutrition	16M	762.4K	21
Health and SRH	8.3M	551K	15
Water, Sanitation and Hygiene (WASH)	8.8M	250K	35
Protection	32.7M	727K	45
• Child Protection	5.9M	183K	32
• Gender-Based Violence (GBV)	3.7M	150K	25
Temporary Shelters	10.2M	98K	104
Education	5.3M	110K	48
Early Recovery	9.3M	15,4K	603
Humanitarian Coordination	65K	---	---
Total	126M		

1.4

Planning, operational capacity and access assumptions

Planning Assumptions

The decisions and actions to be prioritised in the sector plans for the HRP were discussed and approved collectively in direct conversation with each of the government counterparts.

OCHA facilitated several workshops with the participation of humanitarian and development actors, government counterparts and cooperation framework monitoring officers, and thematic experts (economy, climate change, food insecurity, among others). The objective of these workshops was to review the Government's response plans for 2023 (mainly in the areas of food assistance, combating malnutrition and post-disaster recovery), the regular programmatic framework of the HCT agencies and organisations,

and the commitments of the government cooperation framework.

After the review, it was possible to identify the gaps and prioritise the populations where HRP actions will be directed. These are those areas with severe humanitarian needs, where there is no presence of humanitarian actors or government program responding to the needs.

Each sectoral analysis projected the identified humanitarian needs in 2022 and, even considering that the post-COVID-19 economic conditions and the negative impacts of the Russia-Ukraine war will not be solved in the short term, determined that

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Photo: OCHA/Vincent Tremeau












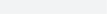











more or less the same scenarios and situations were expected in 2023.

Operating Capacity

involved. The lead and co-lead agencies and organizations will utilise their operational, logistical and financial capacities for project formulation and resource mobilisation. In each sector, a series of implementing partners have been identified with a long track record and previous experience, who will be able to take part in the implementation of actions and project formulation. To date, 36 operational partners have been identified. The operational capacity of the sectors is complemented in the areas of interest through the involvement of government counterparts or government institutions that have operational alliances with the agencies and organisations. The Humanitarian Team's management (Resident Coordinator, Executive Secretary of CONRED and Director of World Vision) are responsible for the coordination of actions, part of the monitoring of plans and projects and decision making, with technical assistance from the OCHA country and regional team., The coordination space will be inter-cluster and will hold regular meetings convened by OCHA.



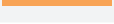

Partners by Sector

PROVINCE	TARGET POPULATION	NO. OF PARTNERS
Food Safety	500K 	5 
Nutrition	762K 	5 
Health and SRH	551K 	6 
WASH	250K 	6 
Protection	727K 	4 
• Child Protection	183K 	10 
• GBV	150K 	5 
Temporary Shelters	98K 	6 
Education	110K 	2 
Early Recovery	15K 	4 
Coordination	---	1 

Access

In general, at the time of the HRP, there are no access limitations to the areas of implementation related to security conditions, damage to road infrastructure or conflict. The primary potential risk is, as always, the rainy and hurricane seasons, in which there is the possibility of meteorological phenomena impacting the region. Additionally, some of the areas of interest of the projects are in seismic zones with a latent risk of earthquakes, where collateral effects on roads, subsidence, cracking and landslides could occur. Eventually, there could be road blockades due to social protests or in relation to the general elections that will take place in June 2023. In any case, constant monitoring of political and geological conditions will be maintained, as well as daily reports from the Miami Hurricane Centre and constant communication with the United Nations Department of Safety and Security (UNDSS).

Partners by Type

TYPE	TARGET POPULATION	NO. OF PARTNERS
UN Agency	--- 	10 
International NGO	--- 	26 

1.5

Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP)

Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) are active responsibilities of Humanitarian Country Teams in all countries and of partners in Humanitarian Response Plans. Guided by the principle of putting affected people at the centre of the response and by the recommendations of the Inter-Agency Standing Committee (IASC), it is paramount to ensure the integration and linkage of these two cross-cutting themes as part of the rationale for all humanitarian action.

Under the leadership of the United Nations Resident Coordination Office (RCO) in Guatemala, internal mechanisms have been strengthened to prevent and apply zero tolerance to sexual exploitation and abuse in humanitarian action. This has been done within the framework of the Zero Tolerance Policy promoted by the Secretary General. The consultation and complaint lines have been strengthened, and a working group has been formed to mobilise resources and enhance the management capacity of the "hotlines". This also seeks to increase the number of staff dedicated to these tasks, to generate information and advocacy material, and, in the near future, to try link the mechanisms of PSEA that manage the rest of the members of the Humanitarian Country Team.

Sector leaders and co-leaders, as well as the implementing partners of the sector plans and any actor involved in the execution of the HRP, should adhere to the following guidelines:

- Train project implementers on PSEA, adhering to the HCT Code of Conduct and promoting positive changes in the organizational culture;
- Communicate and disseminate the different community complaint mechanisms for reporting cases or suspicions that include safe, accessible, inclusive and confidential channels, considering gender, age, ethnicity and disability;
- Inform about the procedures that Guatemalan law establishes against sexual aggressors or abusers as well as the mechanisms for psychosocial care for victims;
- In the particular case of UNICEF, all human resources that implement HRP actions must be certified with the PSEA course and partner organizations must pass a PSEA evaluation regarding institutional policies that prevent, detect and investigate cases of PSEA;
- The HRP includes a Specific Objective (1.4) on PSEA to "facilitate equal access of women, girls, boys and adolescents to key information, safe channels to report and receive care for sexual exploitation and abuse in the areas of intervention". As such, the Protection Sector have included four indicators to monitor the PSEA situation during the implementation of the HRP:
 1. # of women and protection agents accessing key information and safe channels to report and receive attention on sexual exploitation and abuse through ICTs and smart phones,
 2. # of organisations, local and community networks, and women-led groups that actively participate in GBV management and coordination mechanisms,

3. # of community mechanisms for reporting, attention, referral and follow-up of PSEA cases adapted to the local context and led by women,
4. % of projects that include specific PSEA actions.

The six minimum commitments of accountability to affected populations.

The Guatemala Humanitarian Response Plan partners affirm their intention to achieve the six minimum commitments for improved accountability to affected communities. This collective effort will be prioritized and included as a fixed item on the agenda of regular HCT meetings for follow-up and will be conducted on an ongoing basis throughout all stages of the humanitarian program cycle. This will help identify new trends, demands for information about humanitarian assistance, unmet needs, and will ensure that community voices help improve humanitarian action from the design to implementation phase.

1. Strengthen the capacity of partners to adopt a comprehensive accountability process that includes communication with communities, community participation and feedback;
2. Ensure that affected communities and populations have access to information about humanitarian aid and are aware of their rights with respect to assistance;
3. Support and assist affected communities to participate in decisions that affect them at all stages of the humanitarian programming cycle, including women, men, boys, girls, adolescents, youth, older persons, people with disabilities and LGBTIQ+ persons.
4. As part of project implementation, establish a community feedback mechanism, including a range of channels that are safe, accessible, inclusive and confidential, in line with the IASC Standard Operating Procedures, to receive and appropriately refer suggestions, questions and complaints about PSEA.
5. Close the community feedback cycle, prioritising management and referral of sensitive complaints, following up on suggestions and comments received and providing communities with

clear information on changes that have been implemented based on the opinions and perspectives received and considered.

6. Strengthen inter-institutional and inter-agency coordination for the advancement of collective AAP and coordination between AAP and PSEA to establish efficient and quality feedback and complaints mechanisms, focused on the different population groups served.

The projects and interventions will be implemented in close coordination with the institutional spaces for management and decision making in the regions. For example, the Municipal Commissions for Food and Nutritional Security (COMUSAN), which are chaired by the Municipal Mayors are where the government institutions in charge of the response participate. Another example of implementation is with the health institutions at the department level, where the acute malnutrition situation is analysed and operational priorities are defined. Finally, actions in the communities are carried out with the accompaniment of local leadership, and the lists of people in need are validated in an open and transparent manner with local authorities.

1.6

Consolidated overview on the use of multi-purpose cash transfers

In recent years, cash transfers have become a viable option for humanitarian assistance. Their flexibility allows them to be linked to practically all sectors of humanitarian action while maintaining the dignity of participants and the capacity for participants to decide their own priority needs.

Although this modality has been used in Guatemala since 2010, it was not until 2015 that it gained momentum. Since then, it has continued to present itself as a feasible option for rapid action in times of crisis and/or emergencies. Currently at least two donors with presence in the country support and promote this modality (USAID and ECHO).

The Multi-Sector Cash Transfer Multi-Stakeholder Group (GMTM), formed in 2018, makes a joint effort with member organisations to support the integration of cash transfers in humanitarian responses, as well as to continuously seek better strategies for the implementation of Multi-Purpose Cash Transfers to populations of interest.

According to GMTM records, the main forms of delivery in 2021 were on-line transfers, collection at bank windows and by mobile cell phone service. The use of agents and the so-called “Cajas Rurales” also increased as a way of bringing cash transfers closer to those who need them, eliminating the need to travel long distances. This modality is preferred by the communities and particularly benefits the women who receive them, as they are able to prioritise the purchase of what they consider the main necessities for their family.

As such, the use of multi-purpose cash transfers has been increasing. It is now recommended to continue implementing mitigation measures to minimise the risk of contagion of COVID-19 and its variants, as well as to continue promoting the inclusion of people with disabilities and the elderly. Additionally, it is recommended to continue considering protection and facilitation measures for minors, including child mothers, as well as people in conditions of human mobility (returnees, refugees or applicants for refugee status), who regularly do not have identification documents and who have had to make agreements with Financial Service Providers for the creation of special products so that they can access financial entities.

In line with the strategic objectives of this Plan, non-conditional/multipurpose and conditional deliveries may be implemented. The restriction of deliveries for the purchase of food, medicines and hygiene items can be considered. It is recommended that training is provided to participating families on the appropriate use of the cash transfer and protection measures for participants.

As humanitarian organizations that work with cash transfers, it is essential for us to have the corresponding market studies and to understand the economic fluctuations in order to have cash transfers according to the current realities. It is especially significant to consider the rainy season and the recurrent socio-natural disasters in the country that directly impact the access to markets due to floods and landslides, where products are scarce and therefore increase in price.

Member organisations will implement their own delivery mechanisms and post-distribution monitoring, ensuring above all that they be planned, coordinated, executed and evaluated as required by the GMTM guiding principles.

As with any process, there are challenges to be faced, for example, the number of Financial Service Providers that provide the service nationwide, their coverage and their limited options. Currently, the most widely used

are BANRURAL, which has the greatest coverage in the municipal capitals and has currently made available the 5B ATM network as well as rural ATMs, and TIGO MONEY, which delivers through agents and ATMs.

TALQUEZAL, JOCOTÁN, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau



Part 2:

Response monitoring

TALQUEZAL, JOCOTÁN, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau



2.1

Monitoring approach

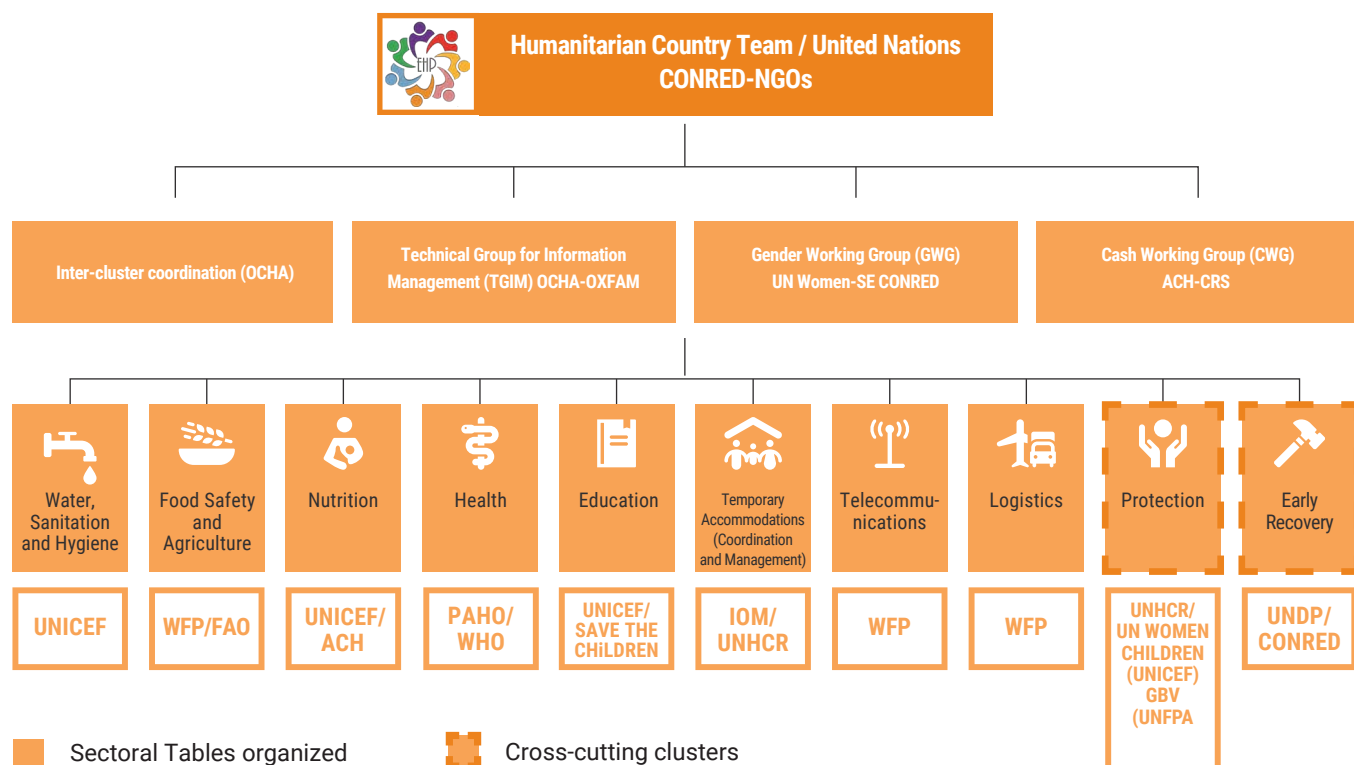
Each implementing partner is responsible for monitoring their projects using their own organisational monitoring framework and instruments, and in accordance with their commitments to respective donors. They will report to the sector leaders on a pre-agreed monthly or quarterly basis. Sector leaders will be responsible for monitoring their sector plan using the previously proposed indicators. While projects can be monitored monthly or quarterly, the Sector Plan can be monitored semi-annually. Each sector may form a monitoring committee that will operate under its own agreements. The results of this monitoring will be reflected in regular status reports.

OCHA will participate in monitoring both projects and sector plans as it will coordinate the preparation and dissemination of information products for the humanitarian community (newsletters, infographics and others). At the country level, OCHA will promote the use of the 345W for implementing partners to provide their information on a monthly basis and feed the system. The 345W will be designed in congruence with the structure of the projects being implemented. At the regional level and in connection with the global level, OCHA will verify that partners and sector

leaders report regularly on the Financial Tracking Services (FTS) platform that generates reports to donors and the humanitarian community. The results of both tools will be published in the quarterly Humanitarian Newsletters.

In a way, the monitoring of projects, sector plans and the HRP will be linked to AAP strategies and actions as, while the evolution of humanitarian needs will be verified, the mechanisms of AAP, in parallel, will be utilised and revised, along with the efficiency and relevance of all interventions. Projects and plans will be flexible enough to be modified or adapted to changes as needed if/when the situation warrants it. To the extent that funds are mobilised, an attempt will be made to organise regional discussions and consultation roundtables, tentatively before the rainy season (April) and again before the end of the HRP (October or November).

Humanitarian Architecture in Guatemala



Two additional coordination spaces for Humanitarian Teams have been confirmed in the departments of Alta Verapaz and Izabal

Source: Humanitarian Country Team - Guatemala

2.2

Strategic and specific objectives: indicators and targets

Strategic Objective **S01**

To respond to the humanitarian needs and save the lives of populations severely affected by food and nutritional insecurity, people in human mobility and hydrometeorological disasters with a human rights approach, intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.

TARGET
1.61M

Specific Objective **SP1.1**

Restore food and nutritional security through cash transfers and/or food bags, recovery of livelihoods, productive capacities and nutritional counselling.

NEED
350K

TARGET
350K

INDICATORS			
	# of families who received food bags	350K	350K
	# of families that received cash transfers	350K	350K
	# of households improving their food security	350K	350K
	# of households reducing the use of consumption-based coping strategies	350K	350K
	# of people with access to improved water facilities	723K	250K
	# of people with access to improved sanitary facilities	723K	75K

Specific Objective **SP1.2**

To contribute to the reduction of morbidity and mortality in children and women, through comprehensive health care and maternal, neonatal and child nutrition by means of detection, treatment and timely referral of life-threatening pathologies, with emphasis on the early detection of acute malnutrition, for its adequate treatment in restored and functional health spaces; with broad community participation, addressing personal, family and community risks, favouring adequate health, food and nutrition practices.

NEED
222K

TARGET
133K

INDICATORS			
	# of children screened for acute malnutrition in prioritized communities	>735K	>551K
	# of children identified as acutely malnourished receiving treatment in prioritized communities	3K	100%
	# of children who receive comprehensive nutritional care actions	222K	133K
	# of women, including adolescents, pregnant women and child mothers, who receive information, counselling and health and nutrition care in prioritized communities	399K	10.5K
	## of pregnant women diagnosed with complications and referred	8K	5.6K

INDICATORS	# of pregnant and adolescent girls and child mothers identified and referred	---	1.5K	0.9K
	# of pregnant women and adolescents receiving information, counselling, maternal and perinatal health care and nutrition	---	24K	19K
	# of women of reproductive age, adolescents and key populations that benefit from sexual and reproductive health actions, including family planning, STI/ HIV prevention and sexual violence, with a focus on rights, gender and cultural relevance	---	376K	282K
	# of health and community personnel trained and sensitized to address the sexual and reproductive health needs of affected people from a rights-based and culturally relevant approach	---	500	500
	# of people in a situation of human mobility who receive essential health, psychosocial support and sexual and reproductive health services	---	---	5K

Specific Objective SP1.3

To facilitate the generation or reestablishment of protective environments and immediate response to human rights violations for people affected by critical protection situations, gender-based violence and human mobility, guaranteeing dignity, autonomy, risk reduction and access to essential services

BASE LINE**NEED****TARGET**

2.6M

727K

INDICATORS	# of persons in need of protection and in human mobility, including women, children and adolescents, who received information on rights and services, free legal counselling and/or other specialized protection services with a differentiated age, gender and diversity approach	---	727K	280K
	## of officials and beneficiaries with strengthened capacities on protection issues	---	30K	10K
	# of supported legal, judicial, administrative or regulatory processes	---	---	15K
	# of referral routes on protection issues developed, implemented or strengthened	---	---	2
	# of people in human mobility receiving in-kind assistance	---	90K	30K
	# of people in a situation of human mobility receiving essential health, psychosocial support and sexual and reproductive health services	---	100K	35K
	# of people in need of protection supported with cash transfers	---	50K	6,3K
	# of self-identified survivors of gender-based violence who receive response services	---	887K	95K
	# of women, adolescents, girls and population reached with the information processes on routes, referral guides and immediate attention, risk mitigation, remote services and emergency lines	---	887K	38K

INDICATORS	# of care interventions for women and girls participating in psychosocial support activities, mental health and essential services appropriate to age, gender, ethnic and linguistic backgrounds	---	887K	1K
	# of institutions and organizations providing essential services (medical, legal, psychological assistance) with personnel trained in comprehensive care for GBV survivors, based on national and international protocols, guidelines and standards	---	8	8
	% of essential service providers with access to self-care processes and psychological support to ensure their personal wellbeing	---	100%	25%
	# of children and adolescents, parents and caregivers benefited from actions to prevent violence against children	30k	300K	140K
	# of cases of child and adolescent victims of violence receiving psychosocial care	50	1K	500
	# of children and adolescents, fathers, mothers and caregivers in the context of human mobility benefited by psychosocial care and humanitarian assistance actions	20K	50K	25K
	# of people in human mobility housed in safe and dignified temporary shelter solutions	---	120K	76K
	# of people with protection needs receiving specialized housing solutions	---	8K	2K
	# of temporary shelters that have access to efficient and articulated registration and processing of information	---	---	5
	# of adequate and equipped temporary shelters for the care of the displaced or on the move populations	---	---	13
	# of people in human mobility receiving humanitarian assistance through non-food items (NFIs)	---	60K	22K
Specific Objective SP1.4 To strengthen grievance and complaint mechanisms, including PSEA, within the framework of accountability to affected populations (AAP).			NEED ---	TARGET ---
INDICATORS	# of women that are protection agents accessing key information and safe channels to report and receive care for sexual exploitation and abuse through ICTs and smartphones		4.2K	2.5K
	# of organizations, local and community networks, and women-led groups actively involved in GBV management and coordination mechanisms		400	200
	# of community mechanisms for the reporting, care, referral and follow-up of SEA cases adapted to the local context and led by women		420	48
	% of projects including specific PSEA actions		100%	100%

Strategic Objective SO2

To complement the humanitarian response with actions that increase the protection, resilience and empowerment of severely affected people, improving their environment and enhancing recovery focused on sustainable development (triple nexus).

TARGET
690K

Specific Objective SP2.1

To restore the functionality of the health services network and educational facilities with safe water supply to ensure continuity, equitable access, with cultural relevance in the provision of first and second level care services, including sexual and reproductive health services and health emergencies.

BASE LINE

NEED

136K

TARGET

551K

INDICATORS		---	26	26
# of municipal and health institutions that improve the response capacity of the first response health service network		---	26	26
# of health districts that have been strengthened and that have improved their functional capacity and the provision of furniture, equipment and supplies for the care of massive flows of people in a situation of human mobility and the host population of the migrant route		---	26	26
# of migration and health committees strengthened for coordinating sectorial actions vis-a-vis massive flows of people in human mobility		---	26	26
# of municipal health districts that have a risk communication strategy for population flows in a situation of human mobility and reception		---	26	26
# of health facilities that improve operational and functional capacity by at least 5% of their safety, capacity and access to care and that have strengthened their referral systems	165	247	82	
# of health services that have a water supply system with the capacity to meet the daily demand for 72 hours	36	247	82	
# of health facilities with trained personnel and resources, including supplies, essential equipment and procedures for the care of adolescents, women of childbearing age, pregnant women, safe delivery, child health, GBV and STI/ HIV	---	500	500	
# of area, departmental and municipal health directorates that have situation rooms and tools for coordination, information management and decision making in a timely manner in the context of health emergencies and disasters	2	5	3	
# of municipal and health institutions (Health Commissions, NGOs) supported or strengthened for protocolized health care and maintenance of services, including provision of personal protection supplies, medicines and essential supplies for health care and the minimum initial service package for RH in the context of an emergency	---	26	26	
# of community emergency committees strengthened for detection, stabilization and referral of maternal and neonatal complications, including provision of personal protective equipment, medicines and essential health care supplies	---	235	150	
# of traditional midwives strengthened for detection, stabilization and referral of maternal and neonatal complications, including provision of personal protective equipment, medicines and essential health care supplies	2	2K	2K	

INDICATORS	# of people participating in WASH planning meetings	---	303K	45K
	# of people assisted with water treatment supplies and hygiene kits	---	303K	45K
	% of teachers with access to culturally relevant teaching and learning materials	---	100%	80%
	% of students receiving backpacks and basic school supplies	---	100%	80%
	% of schools equipped with guides, learning materials and supplies for recreational activities	---	100%	80%
	% of teachers with skills and competencies for the implementation of the emergency curriculum	---	100%	80%
	% of educational centres that comply with the biosafety protocols established by MINEDUC	---	100%	80%
	% of children and adolescents who return to classes in schools refurbished with improved water and sanitary facilities that have decent and healthy learning spaces	---	100%	80%
	% of schools with rehabilitated water and sanitation systems	---	100%	80%
	# of educational centres affected by tropical storms restored and/or refurbished and provided with decent and healthy learning spaces	---	100%	80%
	# of children receiving school meals in facilities refurbished with improved water and sanitary fixtures	---	100%	80%

Specific Objective SP2.2

To contribute to strengthening the capacities of families, communities and key actors for a comprehensive approach to nutrition and recovery of their food security to prevent the deterioration of nutritional status, reproductive, maternal and neonatal health, as well as the emergence of new cases of acute malnutrition.

NEED

150K

TARGET

150K

INDICATORS	# of households reducing the use of livelihood coping strategies	150K	150K
	# of people who are trained in climate change adaptation and mitigation	150K	150K
	# of farmers implementing good agricultural practices to improve production (soil conservation, rainwater harvesting, reforestation, etc.)	150K	150K

INDICATORS	# of community midwives updated in health and nutrition	7.4K	1.8K
	# of change agents trained in health and nutrition	5.8K	4.5K
	# of municipal health districts strengthened for health and nutrition emergency response	39	39
Specific Objective SP2.3 To strengthen national and territorial mechanisms for protection, resilience, equal participation and empowerment of the affected population with emphasis on women, children and adolescents, people with disabilities, LGBTIQ+ population and people on the move, through the recovery of the social fabric for the promotion and demand of rights and reduction of protection risks and gender-based violence.		NEED 2.5K	TARGET 400
INDICATORS	# of people with specific protection needs and in human mobility with an emphasis on women accessing livelihood programs to mitigate protection risks and strengthen resilience, disaggregated by sex, age and ethnicity	30K	1.5K
	# of protection infrastructure works, including shelters, identified in a participatory manner, implemented and improved at the community level	150	32
	# of women participating in decision-making for humanitarian action and/or protection responses to people in vulnerable and most-at-risk situations	---	3K
	# of people involved in community protection and peaceful coexistence initiatives	---	3K
	# of women, youth and adolescents who participate in activities developed in community-based safe spaces to prevent and respond to GBV	---	50K
	# of participatory processes involving women for the monitoring and design of community mechanisms for early warning, case management, community resilience, participation, empowerment, and protection	---	100
	# of persons receiving humanitarian response and psychosocial care for the protection of their rights	16K	8K
	# of service providers and essential institutions strengthened in international standards for managing and handling temporary shelters	---	38
	# of people involved in community initiatives for participation and peaceful coexistence in temporary housing and host communities	314K	98K

Specific Objective SP2.4

To implement a process of assistance in the recovery of habitability conditions (housing, basic services, equipment and household goods) with "building back better" approach in the family habitat of 15,407 people (2,201 families) with affected housing in the departments of Alta Verapaz, Izabal and Quiché.

NEED
15.4K

TARGET
15.4K

INDICATORS			
	# of families with rebuilt homes	13.6K	2.2K
	# of families with access to basic housing furnishings	2.2K	300
	# of families with local landslide and flood mitigation works carried out	2.2K	300
	# of families with water and sanitation initiatives implemented on the family habitat	2.2K	300
	# of people accessing the temporary employment program associated with housing construction	2.2K	300
	# of single female heads of household accessing household items and equipment that were used for their livelihoods prior to the Eta/Iota storms	2.2K	300
	# solar panel installations for three light bulbs	2.2K	300

Specific Objective SP2.5

To restore local organizations' capacity for emergency response and sustainable recovery with a rights-based and "build back better" approach through the implementation of a process of empowerment and capacity building, fostering the triple nexus between humanitarian response, resilience and sustainable development.

NEED

TARGET

INDICATORS			
	# of COCODEs trained and with management tools to incorporate the risk variable into the recovery and long-term development process	400	150
	# of COLREDs trained with management tools and equipped to promote prevention and efficiently manage emergency and post-crisis recovery	400	150
	# of municipalities trained and equipped with management tools to promote inclusive recovery linked to resilient territorial development	43	15

Part 3:

Sectoral objectives and response

GUARAQUICHE, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau

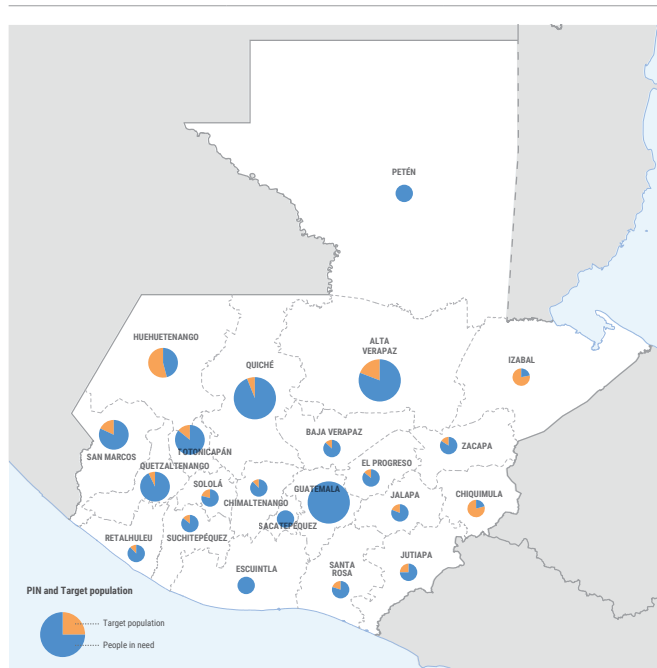


Overview of sectoral response

SECTOR/MULTI-SECTOR	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NO. OF PROJECTS	PEOPLE IN NEED	TARGET POPULATION	NEED TARGET
Food Security	\$26M 	5	7	2.6M	500K	
Nutrition	\$16M 	5	4	1.9M	762K	
Health and SRH	\$8.3M 	6	6	735K	551K	
WASH	\$8.7M 	6	5	723K	250K	
Protection	\$32.7M 	3	3	2.6M	727K	
• Child Protection	\$5.9M 	10	3	643K	183K	
• GBV	\$3.7M 	5	3	887K	150K	
Temporary Shelters	\$10.2M 	6	2	314K	98K	
Education	\$5.3M 	2	2	179K	110K	
Early Recovery	\$9.3M 	4	3	95K	15.4K	
Coordination	\$65K 	1	1	---	---	

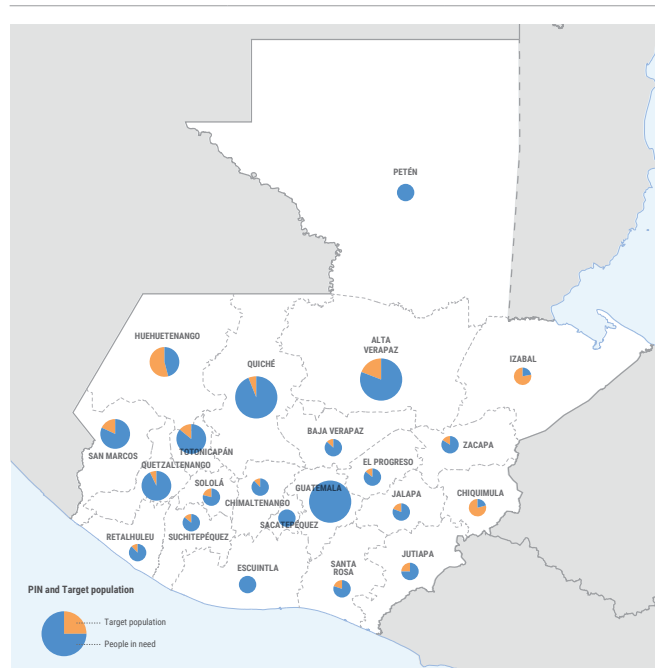
3.1 Food Security

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
4.6M	500K	\$26M



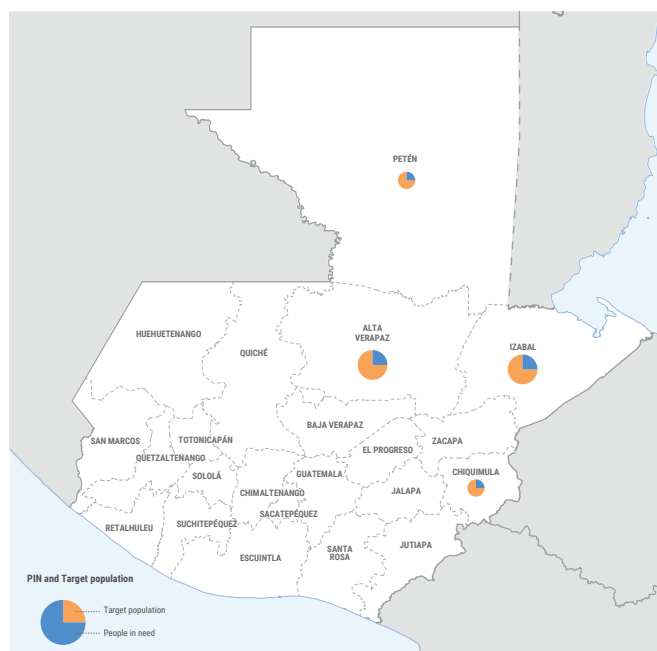
3.2 Nutrition

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
1.9M	762.4K	\$16M



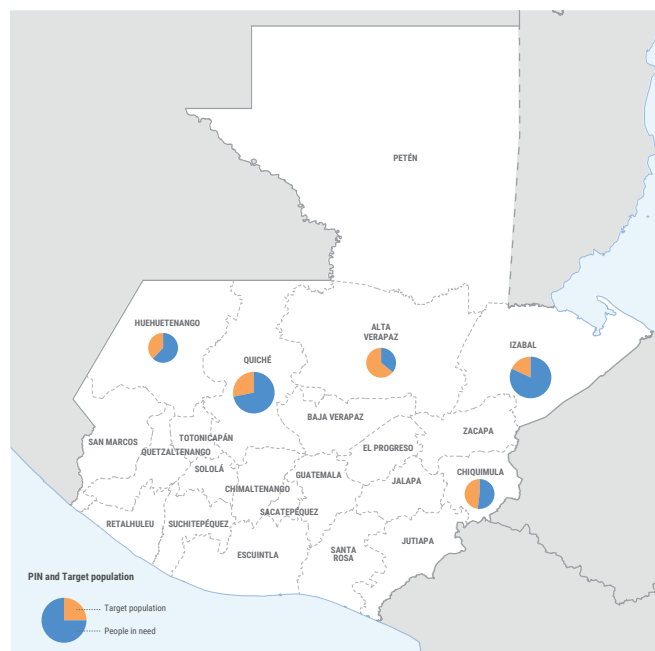
3.3 Health and Sexual and Reproductive Health

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
735K	551K	\$8.3M



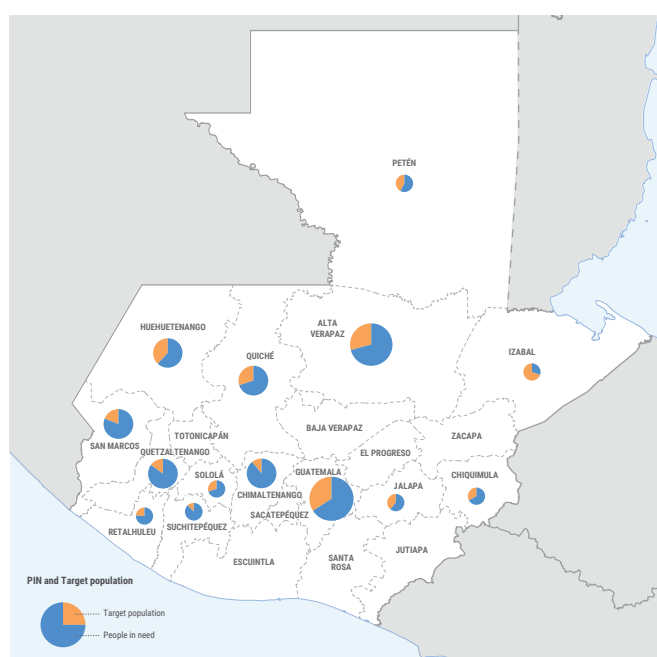
3.4 Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
723K	250K	\$8.8M



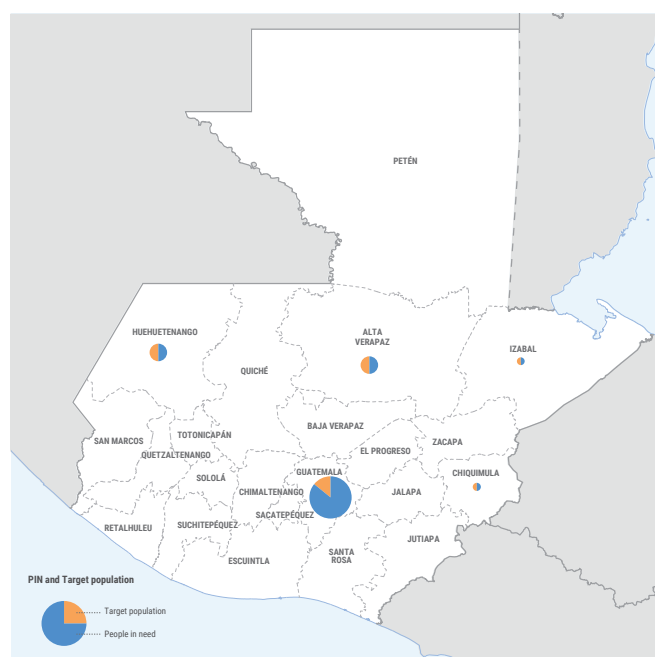
3.5 Protection

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
2.6M	727K	\$32.7M



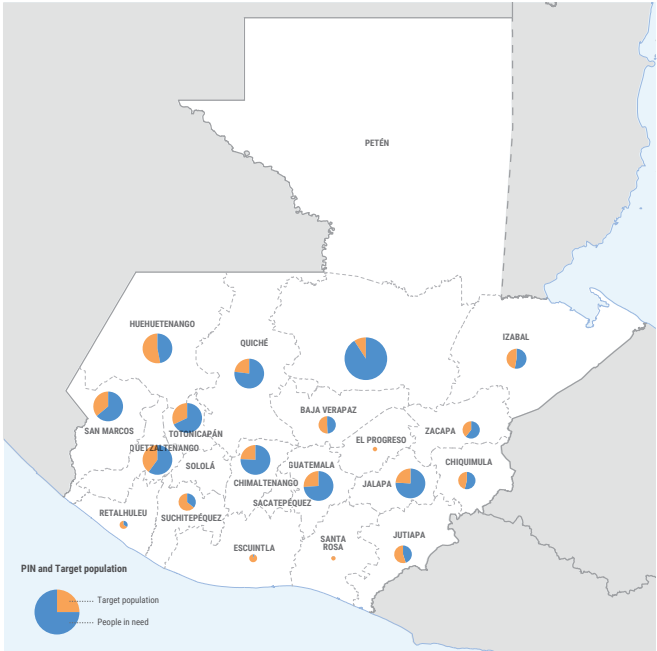
3.5.1 Protection: Gender-Based Violence (GBV)

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
887K	150K	\$3.7M



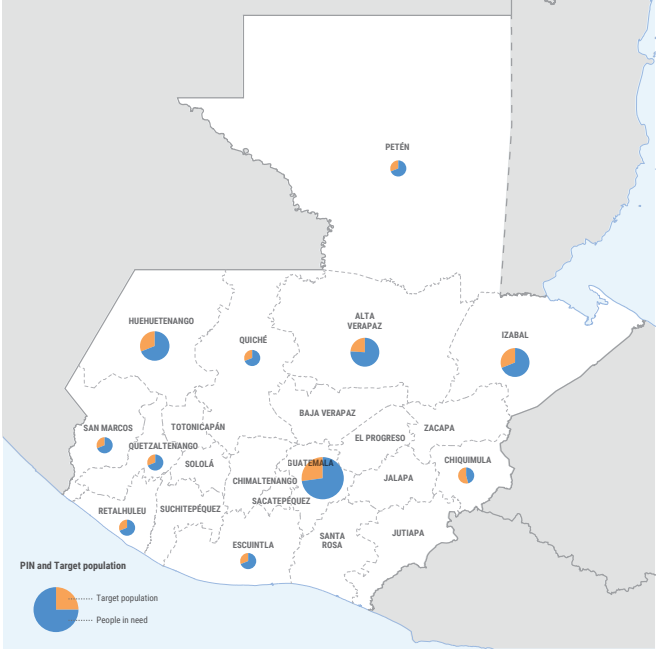
3.5.2 Protection: Child Protection

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
643K	183K	\$5.9M



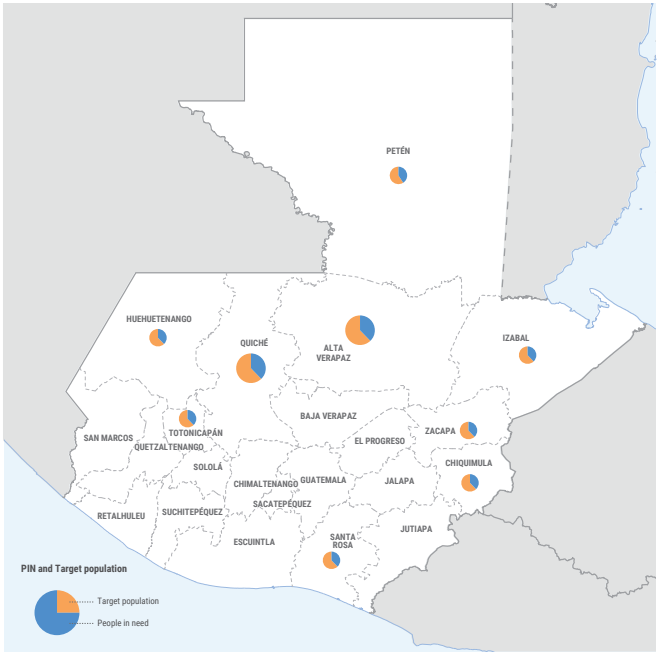
3.6 Emergency Shelters

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
314K	98K	\$10.2M



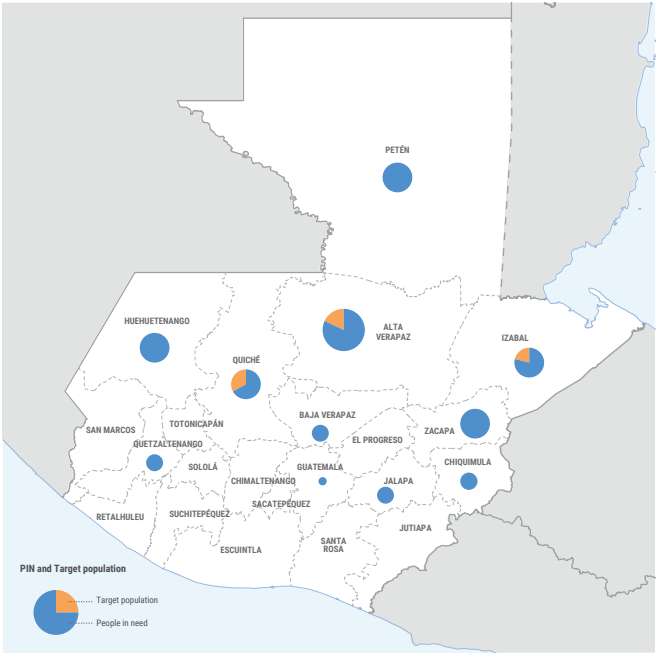
3.7 Education

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
179k	110K	\$5.3M



3.8 Early Recovery

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
95K	15.4K	\$9.3M





3.1 Food Security

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
4.6M	500k	260k	55k	52k

REQUERIMIENTS (US\$)	PARTNERS	PROJECTS
\$26M	5	7

Objectives

According to the results of the Integrated Food Security Phase Classification (IPC, 2022)⁷, for the period of June to September 2022, 4.6 million people were in IPC Phase 3 or higher, equivalent to 26 percent of the Guatemalan population (17.3 million), requiring immediate action.

From March to May 2022, 14 departments were classified in Phase 3 (Crisis): Alta Verapaz, Baja Verapaz, Chimaltenango, Chiquimula, Huehuetenango, Izabal, Petén, Quetzaltenango, Quiché, San Marcos, Sololá, Suchitepéquez, Totonicapán and Zacapa. From June to September 2022, coinciding with the seasonal hunger period, an increase was projected for four departments: El Progreso, Escuintla, Jalapa and Santa Rosa (18 departments in total at Phase 3).

According to the May 2022 IPC report, the most vulnerable population is composed primarily of small sub-subsistence and subsistence farmers, who have depleted their basic grain reserves and decreased their ability to invest for the next harvest due to the high cost of supplies and fuel, and petty traders who have had difficulty selling their products due to the increase in fuel prices.

The National Food Security Assessment (ENSA), conducted by the World Food Program in March 2022 revealed that: i) 28 percent of households report limited and deficient food consumption; ii) 63 percent of households report using livelihood coping strategies; and iii) 51 percent of households report using coping strategies based on food consumption.

A large proportion of households have been forced to use stress (37 per cent), crisis (29 per cent) and emergency (14 per cent) coping strategies to address their food gaps. The stress strategy most used by households was buying on credit and borrowing food (31 per cent), while the crisis and emergency strategies were to reduce health expenses (21 per cent) and consume seeds from the next sowing season (8 per cent), respectively (Source: ENSA, 2022).

The permanent exposure to landslides, floods, earthquakes and other geo-climatic phenomena, along with the location and precariousness of housing and the insufficient coverage of sanitation services and waste management are factors that determine the food security of the Guatemalan population, mainly the indigenous⁸ and those living in rural areas of the country.

⁷ SESAN, PROGRESAN/SICA, mayo 2022

⁸ 40% of the Guatemalan population is indigenous, according to the XII National Census 2018.

Response

To meet the country's food needs, the Government of Guatemala plans to provide food assistance and provisioning programs for 400,000 people⁹ primarily vulnerable families at risk of food insecurity due to crop failure. This will be implemented in coordination between MAGA and SESAN.

In addition to the Government's actions, the Food Security Sector has provided assistance to 500,000 people.

This humanitarian response will be focused on the 22 departments of the country and will address the needs of households located in rural areas, mainly sub-subsistence and subsistence agricultural producers who do not produce enough food to meet their basic food needs during the year and with members under 5 years of age, older adults and indigenous people.

Actions

- Delivery of food rations,
- Delivery of conditional and non-conditional cash transfers,
- Delivery of agricultural supplies to increase agricultural production and/or increase household assets

Within the framework of the Triple Nexus (Humanitarian - Peace - Development), actions are also proposed to increase the resilience of families in food insecurity:

- Adaptation to climate change,
- Empowerment of women and youth,
- Nutrition and gender-sensitive governance

Response Costs

The cost of the response for the care of 500,000 people in food insecurity is \$26 million, of which 70 per cent will be allocated for the humanitarian component and 30 per cent for livelihoods and asset building¹⁰.

The projects will be developed between the World Food Program (WFP), Child Fund, United Nations Population Fund (UNFPA), Food and Agriculture Organization of the United Nations (FAO) and Action Against Hunger (ACH).

Monitoring

Monitoring will use the indicators proposed for the financed projects and in consensus with the donor's monitoring system. The selection of households to be monitored will be random and the number of interviews will be estimated using probability sampling with a confidence level of 95 percent and a sampling error of 5 percent.

⁹ Información proporcionada vía digital por MAGA el 24 de octubre de 2022

¹⁰ Información proporcionada por las organizaciones no gubernamentales que integran el clúster de seguridad alimentaria del 18 al 24 de octubre de 2022

Objectives, Indicators and Targets

Sectoral Objective 1.1.1		NEED	TARGET
To restore food security for food insecure families through cash transfers and/or food bags.		350K	350K
Contributes to the Specific Objective 1.1 (Response to food and nutrition insecurity)		NEED	TARGET
INDICATORS	# of families who received food bags	350K	350K
	# of families that received cash transfers	350K	350K
	# of households improving their food security	350K	350K
	# of households that reduce the use of food consumption-based coping strategies	350K	350K
Sectoral Objective 2.2.1		NEED	TARGET
To restore the livelihoods and productive capacity of food insecure families.		150K	150K
Contributes to the Specific Objective 2.2 (Family and Community Capabilities)		NEED	TARGET
INDICATORS	# of households reducing the use of livelihood coping strategies	150K	150K
	# of people who are trained in climate change adaptation and mitigation	150K	150K
	# of farmers implementing good agricultural practices to improve production (soil conservation, rainwater harvesting, reforestation, etc.).	150K	150K

Contact Persons

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3.2 Nutrition

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED	+70
1.9M	762K	499K	225K	1.4K	38K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS			
\$16M	5	4			

Objectives

The prioritised municipalities have presented an increase in acute malnutrition, putting the lives of children under 5 years of age at risk. Hence, comprehensive nutritional care actions will be implemented in emergencies.

The nutrition cluster has a standardised and monitored approach that includes the population most vulnerable to nutritional problems in emergencies (children under 5 years of age, pregnant and nursing women, child mothers, adolescents and women of childbearing age, people with disabilities and people over 70 years of age).

The projects address the following objectives:

- Identify the population affected by acute malnutrition and provide immediate life-saving treatment.
- Improve the competencies of health personnel and other local actors for nutrition care in emergencies.
- Provide necessary supplies for nutritional care.
- Strengthen capacities of community leaders in preparedness and response for nutritional care in emergencies.
- Activate nutritional early warning systems in the community.

Response

The most rural and remote communities will be addressed through comprehensive nutrition and health brigades, according to the regulations of the Ministry of Public Health and Social Assistance. The population will be evaluated to identify children and women affected by acute malnutrition in order to provide immediate treatment, such as micronutrient supplementation, deworming and counselling, to ensure survival. .

Comprehensive nutritional care will be provided to mothers and their children during prenatal, delivery and postpartum periods. Community leaders' skills will also be strengthened in order for them to provide a sustainable emergency nutrition response. Training in priority emergency nutrition actions in the community will be offered, including early identification of acute malnutrition, timely identification of danger signs for referral to a higher level of care and counselling on adequate nutrition, especially for early childhood. A nutritional early warning information system will also be set up.

Women are at the centre of actions, so tools to facilitate their participation and empowerment in humanitarian response must be considered.

Response Costs

The cost of the response for the care of 762,380 people from the groups most vulnerable to acute malnutrition is \$16 million. 25 per cent will be allocated to the human resources that comprise the integrated nutrition and health brigades (one nutritionist, three assistant nurses, one pilot for each brigade, plus a coordinator from the department); 30 percent will be earmarked for purchases and acquisitions for comprehensive nutritional assessment and treatment of acute malnutrition; 15 per cent will be allocated to human resources training (institutional and community) and 30 per cent for logistics and operation of the response.

Four projects will be presented in such a way that each project will cover two departments as follows:

- Huehuetenango and Quiché
- San Marcos and Alta Verapaz
- Escuintla and Suchitepéquez
- Chiquimula and Izabal

The Sector Plan projects will be implemented by UNICEF, ACH, WFP, UNFPA and World Vision.

Monitoring

The monitoring of the response of the Nutrition sector will be done through close follow-up of the Nutrition Cluster, with technical assistance from the implementing partners and in coordination with the MSPAS. The indicators will be monitored by the implementing partners throughout the execution of the projects, using official records of the Ministry of Health. The health sections of each department will be directly involved in monitoring the response and will act as the supervisors of the actions on the ground to ensure an integrated response. They will also be the link between the local level and the central level. Data collection will be validated monthly, and children identified with acute malnutrition will be followed up to ensure their recovery.

Indicators will be reported periodically as established in each project.

Objectives, Indicators, and Targets

Sectoral Objective 1.2.1		NEED	TARGET
To improve the identification of underweight, acutely malnourished, and anaemic children, adolescents, women of childbearing age, pregnant and breastfeeding women to reduce the risk of complications and save their lives.		222k	133k
Contributes to Specific Objective 1.2 (Responding to Acute Malnutrition)		NEED	TARGET
INDICATORS	# of children screened for acute malnutrition in prioritised communities	222k	133k
	# of children identified with acute malnutrition receiving treatment in prioritised communities	3k	100%

Sectoral Objective 1.2.2

To contribute to improving the institutional response to micronutrient supplementation, deworming, zinc treatment and food and nutrition counselling, as well as reproductive, maternal, and neonatal health actions to safeguard the health of children, adolescents, women of childbearing age, pregnant and breastfeeding women.

NEED
150K

TARGET
150K

Contributes to Specific Objective 2.2 (Family and Community Capacities)

NEED

TARGET

INDICATORS	# of children receiving comprehensive nutritional care actions	222K	133K
	# of women, including pregnant adolescents and child mothers, who receive information, counselling and health and nutrition care in prioritised communities	399K	10.5K
	# of women detected with pregnancy complications and referred	8K	5.6K
	# of pregnant adolescents and girls and child mothers detected and referred	1.5K	0.9K

Sectoral Objective 2.2.1

To improve the competencies of health personnel and local and community actors for early detection and timely treatment and referral of people affected by acute malnutrition and complications associated with pregnancy, childbirth and postpartum, reproductive health and adolescent health, as well as their communication skills for effective counselling.

NEED
13.2K

TARGET
6.3K

Contributes to Specific Objective 2.2 (Family and Community Capacities)

NEED

TARGET

INDICATORS	# of community midwives updated in health and nutrition	7.4K	1.8K
	# of trained change agents in health and nutrition	5.8K	4.5K

Sectoral Objective 2.2.2

To complement with supplies and equipment necessary for a timely and quality institutional response to nutritional care.

NEED
13.2K

TARGET
6.3K

Contributes to Specific Objective 2.2 (Family and Community Capacities)

NEED

TARGET

INDICATORS	# of municipal health districts strengthened for response to health and nutrition emergencies	39	39
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Contact persons

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3.3

Sexual and reproductive health

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
735K	551K	282K	198K	55K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$8.3M	6	6		

Response

The health sector has more than 42 partners with a presence in approximately 14 departments in the country. They have supported the implementation of critical response actions to the different events that have impacted and left consequences on the health of the population: I.e., COVID19, human mobility, Eta/ Iota.

The interventions prioritised by the health sector aim to strengthen and re-establish health systems to meet existing needs and improve access for people in need. At the same time, they seek to ensure that staff are prepared for a disproportionate increase in patients and/or people with an infectious profile, to provide care to cases of post-traumatic stress derived from disasters, and to address sexual and reproductive health needs such as contraception, pregnancy care and complications, safe delivery and postpartum care; all this after the loss of essential services and experiences lived in shelters, including gender-based violence and sexual assault. In addition, care will be provided for people with disabilities, older adults, and people in human mobility situations, where massive flows of people can provoke a humanitarian crisis.

To improve the response capacity and continuum of care, functional health services, equipment, and capacity building of affected first and second level service providers will be provided, with a focus on rights and cultural

relevance. Additionally, the capacity of institutional health services for direct care in rural areas will be strengthened.

To contribute to the implementation of the Response Plan, community participation and sustainability, the establishment of strategic alliances and bilateral working agreements with local NGOs will be encouraged. Coordination and articulation of local actors will also be promoted, under the guidelines of the Ministry of Health and regional requirements and priorities, as well as the application of protection, age, gender, and diversity approaches, according to the context of each region within the framework of humanitarian response and sustainable development.

In coordination with the national and subnational health authorities, the response will contribute to guaranteeing the continuity of basic services, assist in the early detection of outbreaks and medical complications and reduce the negative public health consequences caused by tropical storms and COVID-19.

The projects will target persons in a context of vulnerability (indigenous peoples, women of reproductive age, pregnant women and adolescents, children under 5 years of age, older adults and people with disabilities, migrants who are part of mass

movements). In particular, they will address those from the network of first and second level services of the 26 municipal health districts, from the departments and health areas of Alta Verapaz, Izabal, South-West Petén, and Chiquimula, and those impacted by hydrometeorological and geological phenomena, human mobility, health emergencies such as COVID-19 and the increase in cases of communicable diseases.

Main Activities Proposed

- Minor repairs to health facilities to guarantee the functionality of essential services for the care of the population affected by health emergencies, disasters, and human mobility, with special emphasis on emergency services, maternal and neonatal health, sexual and reproductive health, sexual violence care, and attention to malnutrition.
- Provision of essential supplies, equipment, materials, and kits to respond to health emergencies, disasters and humanitarian crises resulting from human mobility.
- Provide equipment to first responders for the detection of infectious disease outbreaks and other related events that put the health of the affected population at risk.
- Establish referral mechanisms for the care of patients with injuries and complications arising from the flow of people in a situation of human mobility and other health emergencies.
- Support the continued operational capacity of health services, including midwives and health committees, to provide adequate support in emergency and disaster situations, particularly for pregnancy, delivery and postpartum, for new-borns, children and family planning, and for the prevention and care of GBV and STIs, HIV and AIDS.
- Ensure mental health and psychological support in emergencies, as well as support in the clinical management of sexual violence, in the care provided to the flow of people in a situation of human mobility, in events with multiple victims, and to first-line service providers.

- Ensure adequate conditions of basic sanitation, hygiene and safe water in health facilities that provide care to the population in health emergencies, disasters and situations of human mobility.
- Provide basic kits for first responders, including community actors, to support the response in coordination with local health authorities.

Response Costs

The cost of the proposed interventions is estimated to be \$8.3 million. The will primarily focus on guaranteeing the operational capacity of health services, the provision of medical and surgical equipment, supplies and furniture and strengthening the response capacities of the human resources (both institutional and community) responsible for promoting and ensuring the interventions described in this plan. This will be implemented with a rights-based and relevant cultural approach, including the referral and counter-referral systems, and will ensure that projects are contextualised within the impact of COVID-19 in the country.

The Plan will be developed with partners: PAHO/WHO, Guatemalan Red Cross (GRC), World Vision, United Nations Population Fund (UNFPA), Un Techo para mi País (A Roof for my Country) and Doctors of the World.

Monitoring

The monitoring of the plan implementation will be conducted in coordination with the partners, through the health cluster's own tools and the 345W, through field verification of the progress of interventions, and through preparation of progress reports on activities, indicators, and funding. Permanent communication will be maintained through virtual platforms. The frequency will be agreed upon with the relevant health authority and will be aligned with donor management and funding cycles. Monitoring will be a permanent mechanism to adjust and facilitate the implementation of activities in a timely manner. In addition, monitoring data from national and local health information

systems and epidemiological surveillance systems will be used in a complementary manner.

Objectives, indicators, and targets

Sectoral Objective 1.2.1

To improve access and response capacity of the comprehensive, integrated and quality health services network impacted by COVID-19, including referral and response systems, to address the prioritised needs related to maternal, neonatal, child and adolescent health and nutrition, older adults, communicable and non-communicable diseases, from a life course approach (with emphasis on sexual and reproductive health and community participation) and persons with disabilities under a with a rights-based and culturally relevant approach.

NEED
735K

TARGET
551K

Contributes to Specific Objective 1.2 (Responding to Acute Malnutrition)		NEED	TARGET
INDICATORS	# of pregnant women and adolescents receiving information, counselling, maternal and perinatal health, and nutrition care	24K	19K
	# of women of reproductive age, adolescents and key populations benefiting from sexual and reproductive health actions including family planning, STI/HIV prevention and sexual violence under a rights-based, gender, and cultural relevance approach	376K	282K
	# of health and community staff trained and/or sensitised to address the sexual and reproductive health needs of affected people with a rights-based and cultural relevance approach	500	500

Sectoral Objective 1.2.2

To improve the network's response capacity in services to respond to flows of people in human mobility, emphasising attention to sexual and gender-based violence, food security and life support in health emergencies, and risk communication in the target and host population.

NEED

TARGET

Contributes to Specific Objectives 1.3 and 2.1 (Response to human mobility and health service functionality)		NEED	TARGET
INDICATORS	# of municipal health districts that have a risk communication strategy for human mobility and host population flows	---	26
	# of people in a situation of human mobility receiving essential health, psychosocial support, and sexual and reproductive health services	---	5K
	# of municipal and health institutions (Municipal Health Commissions, NGOs) that improve the response capacity of the first response health services network	26	26
	# of health districts that have been strengthened and that have improved their functional capacity and the provision of furniture, equipment and supplies for the care of massive flows of people in a situation of human mobility and the migratory route's host population	26	26
	# of strengthened migration and health committees for the coordination of sectoral actions in vis-à-vis mass flows of people in human mobility	26	26

Sectoral Objective 2.2.1

To strengthen and restore the operational and functional capacity of critical and essential services of health facilities that are frequently impacted by hydrometeorological and geological events, and health emergencies such as COVID-19 with a rights-based and cultural relevance approach, and community participation.

NEED
736K

TARGET
551K

Contributes to Specific Objective 2.1 (Functionality of Health Services)		BASELINE	NEED	TARGET
INDICATORS	# of health facilities that improve operational and functional capacity by at least 5% of their safety, capacity and access to care and have strengthened their referral systems	165	247	82
	# of health services that have a water supply system with the capacity to meet daily demand for 72 hours	36	247	82
	# of health facilities with trained personnel and resources, including supplies, essential equipment, and procedures for the care of adolescents, women of childbearing age, pregnant women, safe delivery, children's health, GBV and STIs/HIV	---	500	500
	# of departmental and municipal health area directorates that have situation rooms and tools for coordination, information management and decision making in a timely manner in the context of health emergencies and disasters	2	5	3
	# of municipal and health institutions (Municipal Health Commissions, NGOs) supported or strengthened for protocolised health care and maintenance of services, including provision of personal protection supplies, medicines and essential health care supplies and minimum initial service package for HR in emergency contexts	---	26	26
	# of community emergency committees strengthened for detection, stabilisation, and referral of maternal and neonatal complications, including provision of personal protective equipment, drugs, and essential health care supplies	---	235	150
	# of traditional midwives strengthened for detection, stabilisation, and referral of maternal and neonatal complications, including provision of personal protective equipment, drugs, and essential health care supplies	---	2,000	2,000

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Photo: OCHA/Vincent Tremeau





3.4 Water, sanitation and hygiene (WASH)

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
723K	250K	128K	105K	25K
REQUIREMENT (US\$)	PARTNERS	PROJECTS		
\$8.8M	6	5		

Response

The WASH sector response, with the support of six members, will focus on 20 municipalities in five departments where water systems were affected by hurricanes Eta and Iota in 2020 and by Julia in 2022, and aim to aid vulnerable people such as women, children and adolescents and people with disabilities living in rural areas. These municipalities are located in geographic areas that have a prevalence of acute malnutrition, as was determined by information on the severity of impacts in the HNO. Efforts and activities will be coordinated and complemented at various levels. At the national level, with the Ministry of Health, SESAN and CONRED, the sectoral roundtable will promote actions to strengthen and plan the response with the perspective of linking it with development and resilience activities. At the departmental level, with the Departmental Development Councils (CODEDE), Civil Society Organisations and Governors' Offices, capacities will be strengthened for budgeting and planning development at the municipal and community level, even during emergencies.

The response will be supported by partners, who will coordinate with and strengthen the municipalities in the districts, with the triple nexus approach and perspective. The aim is to improve emergency response capacities and to promote development with relevant and sustainable rehabilitation interventions of WASH systems. It also includes a resilience approach

linked to behavioural change activities in an inclusive and participatory manner, which contribute to reducing food insecurity. The focus of the response is for the most vulnerable people, such as rural populations, particularly girls, women, and people with disabilities, among others, and seeks to reduce food insecurity and acute malnutrition.

The response will be integrated in a cohesive manner through coordination with the nutrition, health, education, and protection sectors. As such, it aims to improve the conditions faced due to the impacts of different phenomena and seeks to increase the resilience of people, communities, and municipalities.

Principales actividades propuestas

- Strengthen the emergency response capacities of municipal WASH officers responsible for managing, operating, and maintaining community water systems, as well as household members in single-family units.
- Rehabilitate and improve water systems that are affected by disasters or in areas with malnutrition at the household and community level with participatory, gender-based, inclusive and triple nexus approaches.
- Improve water quality in at the household and community level.
- Promote and link the triple nexus in WASH actions related to rainwater harvesting, water resources

use, drinking water treatment and wastewater treatment for recycling.

- Promote sanitation and hygiene through activities that encourage behavioural changes and with a participatory and inclusive approach in the prioritised areas.
- Develop communication campaigns in WASH to promote the practice of hygiene habits, disinfection, and the use and handling of water in the home to reduce the effects of malnutrition.
- Carry out maintenance and cleaning of wells in areas affected by Hurricane Julia.
- Deliver hygiene kits and tools to households and communities.
- Assist vulnerable people who, due to their migrant and/or refugee situation, require assistance with WASH.

Response Costs

The cost of the proposed actions is estimated at \$8.75 million. This will focus on the monitoring of water quality and infrastructure for the rehabilitation of water, sanitation, and hygiene systems. Additionally, actions will be implemented, with a rights-based approach and culturally relevant for the country, for behavioural change, institutional capacity building and communication, and attention to mobilisation of people, primarily to guarantee conditions of dignity for those affected.

The operational partners will be UNICEF, Action Against Hunger (ACH), Mercy Corps, Water for People, Helvetas and CARE.

Monitoring

Progress of the indicators will be verified in accordance with the information systems being used in municipalities, complemented by the information systems of the MSPAS. In addition, the implementing partners of activities will carry out monitoring reports related to interventions, focusing on lessons learned related to malnutrition, the triple nexus approach, gender, resilience, and sustainability. Client satisfaction results (users/targeted populations of the project) will be included through focus groups or other methodologies to identify strengths, areas of improvement and lessons learned in a contextual manner related to the applied approaches. This information will be presented biannually to donors and to the inter-cluster as a "reflection process" that will allow for continuous improvement of the WASH sector response and coordination with other sectors.

Objectives, indicators, and targets

Sectoral Objective 1.1.1

To rehabilitate and upgrade household (single-family and cisterns) and community (conventional gravity systems) water systems to improve resilience and sustainability of services in accordance with national and emergency regulations.

NEED

TARGET

723K

250K

Contributes to Specific Objective 1.1 (Responding to Food and Nutrition Insecurity)

NEED

TARGET

INDICATORS

of people with access to an improved sanitation facility (disaggregated by sex/gender and age)

723K

250K

Sectoral Objective 1.1.2**NEED****TARGET**

To increase and improve access to sanitation infrastructure and services in accordance with emergency standards, that are resilient and sustainable and contribute to the enjoyment of this right by affected people in a dignified manner, both for rural and urban settings.

723K**75K**

Contributes to Specific Objective 1.1 (Responding to Food and Nutrition Insecurity)

NEED**TARGET**

INDICATORS # of people with access to an improved sanitation facility (disaggregated by sex/gender and age)

723K

75K

Sectoral Objective 1.1.2**NEED****TARGET**

To increase and improve access to sanitation infrastructure and services in accordance with emergency standards, that are resilient and sustainable and contribute to the enjoyment of this right by affected people in a dignified manner, both for rural and urban settings.

723K**75K**

Contributes to Specific Objective 1.1 (Responding to Food and Nutrition Insecurity)

NEED**TARGET**

INDICATORS # of people with access to an improved sanitation facility (disaggregated by sex/gender and age)

723K

75K

Sectoral Objective 2.1.1**NEED****TARGET**

To strengthen and restore the operational and functional capacity of critical and essential services in health facilities that are frequently impacted by hydrometeorological and geological events, as well as health emergencies such as COVID-19, with a rights-based and culturally relevant approach, with community participation.

723K**45K**

Contributes to Specific Objective 2.1 (Re-establishing health and WASH services)

NEED**TARGET**

INDICATORS # of people participating in WASH planning meetings (disaggregated by sex/gender and age)

303K

45K

of people that received water treatment supplies and hygiene kits

303K

45K

Contact persons

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3.5

Protection



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
2.6M	727K	643K	88K	35K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$32.7M	4	3		

Objectives

Violence is the main risk faced by the Guatemalan population, as well as people in mobility in the country, who regularly experience situations that put their lives, safety, and integrity at risk. According to a report by Infosegura based on data from the National Civil Police (PNC), in 2021, 167.7 out of 100,000 inhabitants suffered some criminal act. The main crimes reported were extortion, theft, robbery, homicides, and injuries. Despite the improvement in certain security indicators in the country, the scope, control, and violence exercised by organised criminal groups continues to pose serious challenges to the protection of the general population. Gangs have great influence in the country and are linked to violent crimes, extortion, forced recruitment and drug trafficking activities. Violence and threats particularly affect women, children, and adolescents, as well as especially marginalised groups such as the LGBTIQ+, indigenous and disabled populations.

The economic crisis, resulting from the impact of COVID-19, food insecurity and the war in Ukraine, will fuel situations of inequality, poverty and violence, including gender-based violence (GBV), at all levels.

Protection risks will also increase due to the effects of socio-natural disasters, as well as political instability

in the countries of the sub-region, which has an impact on human mobility in Guatemala, a country of transit, origin, destination and return.

Therefore, it is estimated that there are more than 2.6 million people with protection needs in Guatemala. Approximately 51 per cent of those are women and 25 per cent are children and adolescents. Until December 2023, the protection cluster expects to cover the needs of at least 727,000 people.

UN Women and CARE's Gender Analysis reports that, in some areas of Guatemala, women spend 17.8 per cent of their total available time on unpaid work, compared to 2.4 per cent for men. In addition, the rate of violence against women was 770 per 100,000 inhabitants in 2021. Due to discrimination and gender inequality, institutional tolerance and the naturalisation of violence, women and girls experience additional barriers to accessing comprehensive, differentiated and quality services.

As a consequence of lack of access to multisectoral GBV services, the risk of death from suicidal behaviour, alcohol and psychoactive substance use, sexually transmitted infections, and HIV increases, among other forms of physical and mental health disorders.

Guatemalans continue to flee violence in the country. It is the sixth highest nationality in the world with the pending refugee status applications, highlighting the persistence of the risks that push individuals and families to move across borders. Likewise, Guatemalans move within the country seeking protection for the same reasons. Additionally, during 2022, some 47,000 persons were returned from the United States and Mexico, including unaccompanied and/or separated minors. Returnees remain exposed to the same protection risks that forced them to leave Guatemala, exacerbated by situations of indebtedness, insecurity and discrimination within their own communities that compromise their prospects for reintegration.

On the other hand, people in mixed flows continue to cross Guatemala northbound on a daily basis, facing various protection risks including violations of their rights by criminal networks, challenges in accessing regions and the refugee status determination process, orientation services and humanitarian support. Barriers persist to the economic inclusion of refugees and refugee claimants in relation to health services, education, employment, and social security. Discrimination and xenophobia also create protection risks.

Respuesta

Geographical coverage: Alta Verapaz, Chiquimula, Guatemala, Huehuetenango, Izabal, Jutiapa, Petén, Quiché and San Marcos.

Faced with the multiple dimensions of the protection crisis affecting people and communities at risk in Guatemala, the response of the Protection Cluster proposes to:

1. Strengthen case management services and the provision of individual and community protection assistance, especially for persons affected by or at risk of violence, including gender-based violence and trafficking, for child protection cases such as child recruitment, and for violations of the rights of returnees, people in transit and refugees.
2. Aid the most at-risk individuals and households through cash and in-kind transfers, within the framework of a comprehensive protection response that seeks to meet basic needs from a gender, age and intersectionality approach, mitigate protection risks and avoid the adoption of negative coping mechanisms.
3. Support state actors and institutions to improve protection spaces, systems, and mechanisms, through capacity building and the establishment/strengthening of legal frameworks and public policies, their implementation and translation into protection and assistance programmes, with an emphasis on the governance of mixed flows, strengthening the international protection system, prevention and response to gender-based violence, and the protection of women and children.
4. Strengthen state presence and response in border areas and high-risk communities to improve the protection context and access to territory, rights, and services.
5. Work with affected people and communities to promote their resilience, autonomy, social cohesion and access to rights, to justice, and to comprehensive and sustainable solutions, from an inclusive and participatory approach. Strengthen the social fabric through support to peer networks and community organisations and spaces for consultation and inclusive and equal citizen participation.
6. Promote and strengthen accountability mechanisms for affected persons and communities (AAPs), with a special focus on protection from sexual exploitation and abuse (PSEA), ensuring the availability of accessible and inclusive information and communication channels, the participation of and consultation with communities in decision-making that affects their lives, and access to confidential and effective complaints and reporting mechanisms and systems.



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Photo: OCHA/Marc Belanger



3.5.1

Protection: Child Protection

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
643K	183K	\$5.9M	10	3

Geographic coverage: Quetzaltenango, Alta Verapaz, Chiquimula, Guatemala, Huehuetenango, Izabal, Jutiapa, Petén, Quiché and San Marcos.

Response Strategy

Actions to prevent and respond to violence against children are a priority, in particular through the support and strengthening of family counselling services, psychosocial care for adolescents, particularly victims of violence, and timely early childhood stimulation. This implies a humanitarian action that should complement actions to combat the food insecurity crisis. For this reason, the response should address the different protection needs that children are exposed to the most during a crisis, such as the prevention of physical punishment, humiliating treatment, domestic work and sexual abuse.

Main Activities Proposed

- Implement mechanisms for children, adolescents, parents and caregivers to benefit, with actions to prevent violence against children.
- Follow-up for cases of child and adolescent victims of violence, ensuring access to psychosocial care services in the municipalities of the dry corridor - food security.
- Ensure psychosocial care and humanitarian assistance that benefits children, adolescents, parents and caregivers in the context of human mobility.
- Develop humanitarian response actions and psychosocial care for the protection of the rights of children and adolescents (and their families) affected by natural disasters.

These proposed activities will be carried out in partnership with central and municipal governments and NGOs.



3.5.2

Protection: Gender-based Violence

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
887K	150K	\$3.7M	5	3

Geographic coverage: Chiquimula, Izabal, Alta Verapaz and Huehuetenango (4 departmental capitals and 18 municipalities).

The GBV Sub-Cluster has identified a total of 887,209 people in need of urgent humanitarian response due to GBV and will contribute to quality and relevant GBV case management, including coordination pathways and guidelines for staff involved in managing temporary shelters, health service providers, justice operators and other actors for appropriate and safe referral of GBV cases. The provision of essential services for GBV survivors will be strengthened, including mobile services for legal assistance, medical care and security management measures focused on GBV survivors. Community-based processes will be implemented for self-help, psychosocial care and prevention of GBV, underage pregnancy and early unions. Community-based safe spaces will be promoted to encourage gatherings among and for women and adolescents, especially to provide information on measures to identify GBV risks, on ways to seek immediate help and for the referral of GBV cases. This includes providing crisis care spaces, psychosocial support and accompaniment to re-establish local organisations and enable participation in decision-making for recovery plans.

Culturally appropriate safe spaces for gathering will be promoted to strengthen resilience and provide counselling, emotional support, self-care, conflict management, community management processes for psychosocial care and for the prevention of GBV, underage

pregnancies and early unions. Dignity kits will be distributed to restore the self-esteem, self-care, and security of women in shelters and self-shelters, including information, safety and security measures and cash transfers and seed capital support to restore their livelihoods and reduce the risks of GBV.

Institutional capacities will be strengthened, including assistance and accompaniment to service providers and advocacy for integrating GBV guidelines and interventions based on the Inter-agency Minimum Standards for GBV programming and response. This will be done in close coordination with national institutions and partnerships with civil society organisations that have expertise in GBV, prioritising coverage in priority departments and municipalities.

SO 1.4.1: To facilitate access to quality, safe and survivor-centred multi-sectoral GBV services, safe referral pathways and reliable case management to respond to GBV incidents in a timely, effective, and relevant manner

Priority actions:

Implement specialised, confidential, relevant and survivor-centred essential GBV services¹¹ that include:

- Fast-track routes and procedures, remote and mobile services, emergency hotlines
- Community-based safe spaces to promote GBV awareness, prevention measures, reporting avenues and safe mechanisms for the care and protection of GBV survivors.
- Organise community-based safe spaces to provide information on GBV risk identification measures, referral routes and immediate relief measures.
- Design and implement pathways and guidelines for immediate help-seeking, management, and referral of GBV cases.
- Provision of survivor-centred GBV case management services in accordance with standards and guidelines for the provision of essential services, including mobile services.
- Strengthen inter-institutional coordination, referral networks, pathways and guidelines for managing and providing care for GBV, guaranteeing the inclusion of women in human mobility and with international protection needs, pregnant women and girls under 14 years of age for access to essential services in response to GBV.
- Design and disseminate information materials at departmental and community level in formats that are accessible and culturally and linguistically relevant, with key information and campaigns related to GBV prevention and care, targeting populations in need and most at risk.
- Distribute dignity kits for girls, adolescents, and women to reduce the risk of GBV and promote their safety and dignity as part of a comprehensive GBV reduction, prevention, and response strategy.

SO1.4.2: To strengthen the technical competencies of essential service providers' staff for GBV case management based on relevant quality standards, including coordination mechanisms for appropriate and safe referral of GBV cases

Priority actions:

- Strengthen the technical competencies of essential service providers based on the International Guidelines and Standards for Survivors of GBV in Humanitarian Settings.
- Ensure the knowledge and use of tools for assessing and monitoring conditions for GBV prevention in shelters and temporary self-shelters
- Develop service mapping for effective coordination between humanitarian actors and essential service providers.
- Implement a system of referral and counter-referral by staff in charge of delivering essential and multi-sectoral services.
- Facilitate self-care processes by staff in charge of delivering essential services.

SO 2.3.1 To foster community-based safe spaces to facilitate processes of self-help, psychosocial care, GBV prevention that enable women to regain their self-esteem, physical and emotional well-being, resilience, identify risks of gender-based violence and seek immediate support

Priority actions:

- Psychosocial care services for women, girls, and adolescents to address impacts on their health and well-being and reduce GBV risks.
- Develop and deliver a psychosocial programme to support SRH and GBV service providers to address the impacts caused on their health and well-being and support their stress management for adequate performance, with support from the ECAP partner.
- Provide crisis care services, legal advice, reliable medical and social assistance to GBV survivors, ensuring relevance to the socio-cultural context, in prioritised communities, through the specialised organisation Grupo Guatemalteco de Mujeres - GGM (UNFPA implementing partner).

¹¹ Essential services include: Individual Psychosocial Support (PSS), Clinical Management of Rape (CMR), medical services for Intimate Partner Violence/other forms of physical violence, mental health.

- Strengthen community networks for the promotion of warning and protection systems for indigenous girls and women in emergency contexts.
- Implement mental health and psychosocial wellbeing interventions with an emphasis on indigenous women based on ancestral knowledge and the Mayan cosmovision.
- Work with men, women, adolescents, and youth as agents of change for the transformation of gendered social norms and prevention of gender-based violence.
- Support the establishment of community-based strategies to safely monitor and address GBV risks in affected communities.
- Conduct regular security analysis and audits to identify GBV risks in the context, including other actors and sectors where possible.

Response Costs

The Protection sector response requires a total of \$32.7 million, with the participation of four operational partners: UNHCR, UN Women, CARE and Child Fund. In addition, work will continue with Refugio de la Niñez, Guatemalan Red Cross, Tierra Nueva, La Alianza, FUNDAECO and World Vision.

Additionally, the Child Protection sub-sector requires \$5.9 million, of which \$4.9 million will be used for humanitarian response (83 per cent) and the remaining \$1 million will be used for recovery and resilience activities (17 per cent). Operational support will be provided by 10 partners: Pop Noj, Doctors of the World, Pastoral de la Movilidad Humana, Refugio de la Niñez, IEPADES, La Voz de la Niñez, Fundación Sobrevivientes, CONACMI, ADP, Faith and Joy and with government counterparts: SVET, Social Wellbeing Secretariat (SBS), Ministry of Public Health (MSPAS), Municipalities, Judiciary Branch (OJ), Public Ministry (MP) and national Civil Police (PNC).

Finally,, the GBV sub-sector is requiring \$3.7 million working with five operational partners: UNFPA, Community Studies and Psychosocial Action Team (ECAP), Guatemalan Women's Group (GGM), Médecins du Monde and CARE.

Monitoring

The indicators described in the monitoring framework will be monitored, using, among other tools, the Inter-Agency Standing Committee (IASC) gender and age marker. Information will be collected regularly, disaggregating data by sex, age and diversity and integrating gender analysis, in coordination with the Humanitarian Team's Gender Group.

Working with partners, opportunities will be identified for multi-sectoral monitoring and evaluation exercises to better understand affected communities' perspectives on the relevance and effectiveness of the protection response. Information will be periodically reviewed and analysed for adaptation of the response, where appropriate, to ensure that targets are met by ensuring realistic objectives as the context evolves. According to the agency, the information will be uploaded to an online platform to facilitate analysis.

Objectives, Indicators and Targets

Sectoral Objective 1.3.1

To promote the actions of relevant actors and institutions to guarantee the effective exercise of rights in humanitarian rights in humanitarian action

NEED
TARGET
2.6M
727K

Contributes to Specific Objective 1.3 (Response to human mobility and protection needs).

NEED
TARGET
INDICATORS

of persons with protection needs and in human mobility, including women, children and adolescents who received information on rights and services, free legal orientation and/or other specialised protection services with a differentiated approach to age, gender and diversity

727K

280K

of officials and beneficiaries with strengthened capacities in protection issues

30K

10K

of legal, judicial, administrative or regulatory processes supported

15K

of referral routes on protection issues developed, implemented or strengthened

2

Sectoral Objective 1.3.2

To promote and/or complement the action of competent actors and institutions in the response to rights violations and protection risks through humanitarian assistance and the provision of comprehensive and specialised quality services for people with specific protection needs, particularly women, children and adolescents, people in human mobility, people with disabilities, the LGBTIQ+ population, Afro-descendants and indigenous peoples

NEED
TARGET
280K
1.9K

Contributes to Specific Objective 1.3 (Responding to human mobility and protection needs)

NEED
TARGET
INDICATORS

of people in human mobility receiving in-kind assistance

90K

30K

of people in human mobility receiving essential health services, psychosocial support and sexual and reproductive health services

100K

35K

of people with protection needs supported with cash transfers

50K

6.3K

Sectoral Objective 1.3.3 – GBV

To facilitate access to quality, safe and survivor-centred multi-sectoral GBV services, safe referral pathways and reliable case management to respond to GBV incidents in a timely, effective and relevant manner

NEED	TARGET
887K	100K

Contributes to Specific Objective 1.3 (Response to Human Mobility and Protection Needs)

NEED	TARGET
------	--------

INDICATORS		NEED	TARGET
# of self-identified survivors of GBV receiving response services		887K	95K
# of women, adolescents, girls and population reached with information processes on routes, referral and immediate care guidelines, risk mitigation, remote services and hotlines		887K	38K
# of women and girls reached with psychosocial support activities, mental health and essential services appropriate for their age, gender, ethnic and linguistic status		887K	1K

Sectoral Objective 1.3.4 – GBV

To strengthen the technical competencies of staff of essential service providers for GBV case management based on quality and relevance standards including coordination mechanisms for appropriate and safe referral of GBV cases

NEED	TARGET
8	8

Contributes to Specific Objective 1.3 (Responding to human mobility and protection needs)

NEED	TARGET
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INDICATORS		NEED	TARGET
# of institutions and organizations providing essential services (medical, legal, psychological assistance) with staff trained in comprehensive care for GBV survivors, based on national protocols, guidelines and international standards		8	8
% of essential service providers with access to self-care and psychological support processes to ensure their personal wellbeing		100%	25%

Sectoral Objective 1.3.5 – Child Protection

To prevent, detect and address cases of violence against children and adolescents in the municipalities of the dry corridor in alliance and coordination with municipal governments and NGOs

NEED	TARGET
300K	140K

Contributes to Specific Objective 1.3 (Response to Human Mobility and Protection Needs)

BASELINE	NEED	TARGET
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INDICATORS		BASELINE	NEED	TARGET
# of children and adolescents, parents and caregivers benefiting from actions to prevent violence against children		30K	300K	140K
% of cases of children and adolescent victims of violence receiving psychosocial care		50	1K	500

Sectoral Objective 1.3.6 – Child Protection

To provide psychosocial care and humanitarian assistance for the protection of children and adolescents and their families in the context of human mobility (origin, return, transit and destination)

NEED **TARGET****50K** **25K**

Contributes to Specific Objective 1.3 (Response to human mobility and protection needs)

BASELINE**NEED****TARGET****INDICATORS**

of children and adolescents, fathers, mothers and caregivers in the context of human mobility benefiting from psychosocial care and humanitarian assistance actions

20K

50K

25K

Sectoral Objective 1.4.1

To facilitate equal access of women, girls, boys and adolescents to key information, safe channels to report and receive care for sexual exploitation and abuse in the areas of intervention

NEED**TARGET**

3K

Contributes to Specific Objective 1.4 (AAP/ PSEA)

NEED**TARGET****INDICATORS**

of women, protection actors accessing key information and safe channels to report and receive care for sexual exploitation and abuse through ICTs and smartphones

4.2K

2.5K

of women's organisations, local and community networks and targeted groups actively participating in GBV management and coordination mechanisms

400

200

of community-based mechanisms for reporting, care, referral and follow-up of SEA cases adapted to the local context and led by women

420

48

% of projects that include specific PSEA actions

100%

100%

Sectoral Objective 2.3.1

To advocate to facilitate self-sufficiency and resilience of affected people through access to rights and services such as housing, documentation, sexual and reproductive health, education, capacity building and livelihood opportunities particularly for women, children and adolescents, persons with disabilities, LGBTIQ+ population, members of indigenous communities and people in human mobility

NEED**TARGET****2.5K****400**

Contributes to Specific Objective 2.3 (Protection mechanisms and complementary response to human mobility)

NEED**TARGET****INDICATORS**

of people with specific protection needs and in human mobility with an emphasis on women accessing livelihoods programmes to mitigate protection risks and strengthen resilience, disaggregated by sex, age and ethnicity

30K

1.5K

Sectoral Objective 2.3.2

To strengthen protective environments for the affected populations and encourage their participation in the humanitarian response through a community-based, age, gender and diversity, cultural and linguistic protection approach

NEED**TARGET**

32.6K

Contributes to Specific Objective 2.3 (Protection Mechanisms and Complementing Response to Human Mobility)

NEED**TARGET****INDICATORS**

of protection infrastructure works, including shelters, identified in a participatory manner, implemented and improved at the community level

150

32

Sectoral Objective 2.3.3

To strengthen the leadership of women, indigenous women and women affected by different types of violence and displacement and the co-responsibility of women and men in the protection and care of children, adolescents and people in vulnerable situations

NEED**TARGET****887K****1.5K**

Contributes to Specific Objective 2.3 (Protection Mechanisms and Complementing Response to Human Mobility)

NEED**TARGET****INDICATORS**

of women participating in decision-making for humanitarian action and/or protection responses to people in situations of vulnerability and increased risk

1.5K

Sectoral Objective 2.3.4

To strengthen national and territorial mechanisms for protection, resilience, equal participation and empowerment of the affected population, with emphasis on women, children and adolescents and LGBTIQ+ persons

NEED**TARGET**

3K

Contributes to Specific Objective 2.3 (Protection Mechanisms and Complementing Response to Human Mobility)

NEED**TARGET****INDICATORS**

of people participating in community-based protection and peaceful coexistence initiatives

3K

Sectoral Objective 2.3.5 – GBV

To facilitate community-based safe spaces to facilitate self-help, psychosocial care and GBV prevention processes that enable women to regain self-esteem, physical and emotional well-being, resilience, identify GBV risks and seek immediate support

NEED**TARGET****887K****50K**

Contributes to Specific Objective 2.3 (Protection Mechanisms and Complementing Response to Human Mobility)

NEED**TARGET****INDICATORS**

of women, youth and adolescents participating in activities developed in community-based safe spaces to prevent and respond to GBV

50K

of participatory processes involving women to monitor and design community-based mechanisms for early warning, case management, community resilience, participation, empowerment and protection

100

Sectoral Objective 2.3.6 – Child Protection**NEED****TARGET**

To provide humanitarian response and psychosocial care for the protection of children and adolescents and their families affected by socio-natural disasters (Eta/Iota aftermath and rainy season 2022)

16K**8K**

Contributes to Specific Objective 2.3 (Protection Mechanisms and Complementing Response to Human Mobility)

NEED**TARGET****INDICATORS**

of people receiving humanitarian response and psychosocial care for the protection of their rights

16K

8K

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Photo: OCHA/Vincent Tremeau



3.6

Temporary emergency accommodation (shelters)



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	DISABLED
314K	98K	49.7K	37.2K	5.1K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$10.2M	6	2		

Objectives

Given the dynamics of human mobility in Guatemala, as a country of origin, transit, destination and return migration, the capacity of temporary accommodation in shelters, in many cases, is exceeded. As such, more and better infrastructure is required to meet these challenges.

The spaces that are regularly used as temporary shelters are usually public buildings or facilities designed for other purposes, such as community halls, churches, and even educational facilities. This poses a challenge for meeting minimum standards of habitability.

The limited physical availability of suitable sites for temporary shelter as well as the provision of services within shelters is also a challenge, since psychosocial care, pre-hospital care and education, among others, are limited.

When considering shelter needs due to natural disasters and human mobility, the ten municipalities that require the most attention due to lack of availability are: Chiquimula, Panzós, Morales, Puerto Barrios, Flores, Los Amates, San Cristóbal, Verapaz, Sayaxché, Santa Catalina La Tinta and San Miguel Uspantán.

The prioritised populations are internal migrants due to disasters, people in a condition of human mobility such as migrants in transit, returnees, applicants for international protection and stranded migrants, especially groups such as family units and unaccompanied minors.

Conditions of vulnerability are exacerbated by the effects of climate change on livelihoods, increasingly recurrent adverse weather events, the impact of the COVID-19 pandemic on the economy and jobs, the situation of violence, among other factors, and will force many people to leave their place of origin to seek opportunities elsewhere. In addition, an increase in the migratory transit of extra-continental populations, who require assistance and shelter in temporary shelters, has been observed and is expected to continue rising.

Proper management and coordination of temporary shelters is essential to create a safe and secure environment that facilitates the full exercise of fundamental rights and protection from risks such as gender-based violence and all types of violence.

This same principle encourages close coordination with governmental institutions to promote a complementary and articulated response.

Response

The humanitarian response will focus on the country's departments with the highest incidence of mixed migratory flows and hydro-meteorological events that cause the displacement of people, namely Alta Verapaz, Izabal, Petén, Chiquimula, San Marcos, Huehuetenango, Guatemala, Quiché, Escuintla, Baja Verapaz, Jutiapa, Retalhuleu and Suchitepéquez.

Priority attention will be given to highly vulnerable people, unaccompanied children and adolescents, women and the LGBTIQ+ population, ensuring holistic attention that covers basic needs and a safe environment. In addition, the sectoral actions will complement the temporary shelter initiatives that the Secretariat of Social Works of the First Lady (SOSEP) and the Executive Secretariat of the National Coordinator for Disaster Reduction (SE-CONRED) set out in the most recent National Response Plan.

Main Activities Proposed

- Delivery of dignity kits.
- Delivery of Core Relief Items.
- Adaptation, improvement and equipping of temporary shelters that seek to guarantee minimum humanitarian standards.
- Implement individual shelter solutions for mass mixed flows, ensuring minimum humanitarian standards.
- Strengthen access to and management of information in temporary shelters.
- Strengthen and build capacity for temporary shelter management and coordination.
 - In the framework of the Triple Nexus (Humanitarian-Peace-Development), the following actions are proposed with partners with temporary shelter and host communities:
- Reinforce GBV and PSEA prevention within temporary shelters.
- Promote community participation within temporary shelter activities.

- Address environmental considerations in humanitarian response.

Response Costs

The cost of the response for the care of 98,000 people in temporary shelters is \$10.17 million, of which 80 per cent will be allocated for the humanitarian component in temporary shelters and 20 per cent for the safe delivery of non-food items.

The activities will be carried out jointly with the following operational partners: Plan International, IOM, Pastoral de Movilidad (Mobility Pastoral), Scalabrinian Missionaries, Refugio de la Niñez (Children's Haven) and UNHCR.

Monitoring

Sector partners are strategically deployed in the field, both along the migratory routes and in those departments that have the highest numbers of shelter facilities to disasters. This, together with the National Protection Network, will contribute to the monitoring and collection of information that will allow for the review of the indicators proposed, as well as new needs.

Objectives, Indicators and Targets

Sectoral Objective 1.3.1

To strengthen shelter infrastructure to create protective environments and increase capacity for immediate, safe and dignified care for people in conditions of mobility

NEED **TARGET**

128K **76K**

Contributes to Specific Objective 1.3 (Response to Human Mobility and Protection Needs)

NEED **TARGET**

INDICATORS

of persons in human mobility sheltered in safe and dignified temporary shelter solutions

120K 74K

of people with protection needs receiving specialised shelter solutions

8K 2K

of temporary shelters that have access to efficient and articulated registration and information processing

--- 5

of temporary shelters that are adequate and equipped for the care of displaced or in condition of mobility

--- 13

Sectoral Objective 1.3.2

To provide safe access to essential non-food items to maintain the health, safety and dignity of people affected by disasters, violence or in conditions of human mobility

NEED **TARGET**

60K **22K**

Contributes to Specific Objective 1.3 (Response to Human Mobility and Protection Needs)

NEED **TARGET**

INDICATORS

of people in human mobility receiving humanitarian assistance through non-food items

60K 22K

Sectoral Objective 2.3.1

To promote both technical and humanitarian institutional competencies with a focus on shelter service providers to be able to apply international standards for CCCM

NEED **TARGET**

--- **38**
Instituciones y Proveedores

Contributes to Specific Objective 2.3 (Protection and Complementary Response Mechanisms)

NEED **TARGET**

INDICATORS

of service providers and essential institutions strengthened in international standards for the administration and management of temporary shelters

--- 38

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Photo: OCHA/Vincent Tremeau





3.7

Education in emergencies

PEOPLE IN NEED		TARGET POPULATION	CHILDREN
179K		110K	110K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS	
\$5.3M	2	2	

Objectives

In Guatemala, limited access to comprehensive and inclusive education services during a humanitarian crisis greatly affect the population, especially children and adolescents who, in most cases, have their education interrupted.

In general, when an emergency arises, education response is not prioritised immediately. Faced with this scenario, the great challenge is to design, adjust and/or adapt disaster response strategies through plans and actions that favour and ensure a comprehensive response in order to allow children and adolescents to continue with their daily learning activities in the shortest possible time.

In this context, it is vitally important to unify efforts to establish comprehensive conditions for children and adolescents, who are silent witnesses of how their schools are, in most cases, converted into shelters or are partially or completely destroyed in the event of a disaster.¹²

Most of the damage to schools includes infrastructure damage (roofs, walls, doorways, pipelines, kitchen, toilets). Many schools are flooded; furniture and teaching materials are destroyed. In 2022, 164 schools were used as shelters and will require urgent repairs when the sheltered families are moved to other spaces.

After an emergency, the return of children and adolescents to school, the recovery of learning continuity and the rehabilitation of educational infrastructure are priorities. As such, it is necessary to work on the reopening of schools and/or learning spaces.

This implies an immediate effort to attempt to restore the daily life of children and adolescents as soon as possible and to guarantee their right to education. The national education authorities show a firm political will to rebuild the system and immediately resume educational activities, so partnering with other actors is vital in order to support the implementation of the Ministry of Education's recovery plan and identify sources of national and international funding.

Respuesta

A rapid response from the education sector is justified by the need to ensure children's right to education, based on the principle that education is a fundamental right of all children, particularly in emergency situations.

To ensure the right to education and assist in the process of diagnosis, planning, implementation and monitoring to resume learning, the entire education community (parents, teachers and authorities from the public sector, private sector, affected community

¹² One of the great challenges in the country is that a significant number of educational facilities are used as shelters (according to data mentioned by CONRED at the Education cluster meeting, September 2022, more than 60% of all shelters are schools,).

members and international cooperation) should be involved. During the education sector's response to the COVID-19 pandemic, for example, the support of parents' organisations (POs) proved to be a strength (good practice) that should be capitalised upon in future emergencies.

Likewise, education as an inherent right is a relevant component of humanitarian response, as it provides physical, cognitive and psycho-social protection to children and adolescents affected by disasters of natural, socio-natural or anthropogenic origin, pandemics or conflict-related crises in emergency or disaster contexts.

It is also an important means of restoring a sense of normalcy in children and adolescent's lives so that they can overcome the crisis. It is necessary to ensure that their basic needs for quality learning are met. Emergencies often create additional and urgent learning needs that the Humanitarian Response Plan must address.

In the context of emergencies, education must include psychosocial support, health, school meals, water and sanitation, and in a long-term development perspective, partnerships must be established to achieve the goal of ensuring education for children.

For the recovery of basic school infrastructure, it is necessary to establish temporary, protected and safe learning spaces. Prefabricated spaces can be used where ground conditions allow. Use of alternative school spaces, without desks, can be used for recreational activities. Schools that were occupied as shelters should be rehabilitated, especially their water, sanitation and hygiene systems. An orderly exit plan should be devised for the recovery of basic school infrastructure, including temporary learning spaces that are protected and safe.

To allow for an effective and safe return to classes, damaged education buildings will be repaired. Additionally, ensuring adequate and hygienic kitchen facilities, with potable water systems for food preparation, will enable an efficient distribution of school meals. Water, sanitation and hygiene systems

that meet minimum standards will also be established for learning spaces that are dignified.

In terms of educational materials and continuity of learning, it is necessary to adapt the curriculum to prioritise the areas of reading, writing and mathematics. Teachers should have culturally relevant didactic and pedagogical materials, backpacks and basic school supplies for children and adolescents, culturally relevant guides and learning materials, and supplies for recreational activities (sports, music and art); and design and develop material for virtual education in emergency situations.

It is critical to ensure that education contributes to the protection of children, saving lives by providing safe learning spaces where those in need of assistance can be recognised and supported.

Another key factor is teacher training for coping with crises, so it is important to design courses and training materials for teachers in psychosocial support for coping with stress and trauma. Teachers should be trained in the implementation of emergency curricula, non-formal approaches to encourage flexible use of space, time and available materials and resources to develop basic literacy, numeracy and life skills through games-based learning, adapt activities to local needs and conditions, and identify and mobilise adolescents with leadership qualities to implement recreational activities under the supervision of a teacher. Children with disabilities should be included, even if they do not attend school.

It is important to note that efficient and accurate management of information and student data will allow for timely management of resources and the updating and strengthening of school risk management plans. Clear and relevant communication and awareness-raising also play an important role in an emergency, since they assist in developing and designing a plan to monitor the media and social networks on the impact of the emergency, and the progress of the education sector response.

Costs of the Response

DEPARTAMENT	FACILITIES	ESTIMATED AMOUNT US\$
Alta Verapaz	2,836	\$ 1,864,386.40
Chiquimula	898	\$ 590,345.20
Totonicapán	1,061	\$ 697,501.40
Huehuetenango	37	\$ 24,323.80
Izabal	228	\$ 149,887.20
Petén	1,808	\$ 1,188,579.20
Quiché	456	\$ 299,774.40
Santa Rosa	450	\$ 295,830.00
Zacapa	288	\$ 189,331.20
Total	8,062	\$ 5,299,958.80

The Plan will be implemented between UNICEF and Save the Children.

Monitoring

Each organisation will be responsible for monitoring the progress of interventions,

documenting lessons learned and preparing success stories within the framework of the indicators and tools defined in the Education Sectoral Plan and those set out in each organisation's Performance Monitoring Plan. In addition, they will report to the Education Sector and to MINEDUC's Directorate General for National and International Cooperation (DICONIME). It will be the responsibility of the lead and co-lead organisation of the Education Sector to submit the quarterly and annual report to OCHA according to the approved format to ensure programmatic and financial monitoring.

For the Education Sector, it is of utmost importance to monitor the percentage of students enrolled who do not have access to water and sanitation services by municipality, as it will allow for the verification of progress and results for the improvement of the quality of life, health and learning of the children and adolescents, mainly in the municipalities with high severity of humanitarian needs. The aim will be to ensure the greatest number of educational facilities have water, sanitation and hygiene services to enable the safe return to school. Follow-up and monitoring will be through MINEDUC's statistical records and information.

Objectives, Indicators and Targets

Sectoral Objective 2.1.1

To guarantee equal access for children and adolescents to comprehensive and inclusive educational services, including remote and in-person modalities if necessary, so that they can continue learning and develop their competencies, taking into account the socio-cultural context

NEED

TARGET

100%

80%

Contributes to Specific Objective 2.1 (Functionality of educational infrastructure)

NEED

TARGET

INDICATORS

% of teachers with access to culturally relevant learning and teaching materials

100%

80%

% of students receiving backpacks and basic school supplies

100%

80%

% of schools with provision of guidebooks, learning materials and supplies for recreational activities

100%

80%

% of teachers with skills and competencies for implementing the emergency curriculum

100%

80%

% of educational centres that comply with biosafety protocols established by MINEDUC

100%

80%

Sectoral Objective 2.1.2

To restore the functionality of school infrastructure in disaster-affected departments for the safe return to in-person classes by providing buildings that are safe and free from violence, with biosecurity, school food distribution centres and basic water, sanitation and hygiene services.

NEED

TARGET

100%

80%

Contributes to Specific Objective 2.1 (Functionality of education infrastructure and WASH services)

NEED

TARGET

INDICATORS

% of children returning to in-person classes in schools upgraded with improved water and sanitation facilities that have decent and healthy learning spaces

100%

80%

% of schools with renovated water and sanitation systems

100%

80%

% of schools affected by tropical storms that have been renovated and/or refurbished with decent and healthy learning spaces

100%

80%

% of children and adolescents receiving school meals in renovated schools with improved water and sanitation facilities

100%

80%

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3.8 Early Recovery



PEOPLE IN NEED	TARGET POPULATION	WOMEN	MEN
95K	15K	7,4K	8K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS	
\$9,3M	4	3	

Objectives

The humanitarian assistance housing actions undertaken for people affected by disasters in 2021 and 2022 have been far from being a timely response. This has meant that the country's most vulnerable populations have been immersed in a series of impacts due to the frequency and severity of disasters caused by adverse natural events and overlapping crises. Lacking timely assistance to provide facilities for decent housing or the recovery of a safe living environment, some 15,407 families (95,424 people) who have lost their homes are still living in critical conditions. These families have been deprived of their right to humanitarian assistance, in particular to protection, security and the right to live in dignity. Providing shelter-related humanitarian assistance in a timely manner can be lifesaving in the post-crisis recovery phase, as it can provide protection from weather conditions and is a key pillar in promoting health, dignity, security and access to livelihoods. For many of these families, returning to their properties is not a safe option, as they are located in risky areas. This has led some families to stay with relatives or neighbours, resulting in overcrowding, the erosion of the family fabric and a negative impact on quality of life. The recovery of the housing sector requires a comprehensive people-centred approach, incorporating requirements for physical recovery of housing and measures that seek to integrate a variety of assistance

initiatives to ensure minimum living standards for people affected by disasters.

Response

Interventions for the process of recovering habitability conditions will focus on the departments of Alta Verapaz, Izabal and Quiché. The strategy proposes a comprehensive approach and prioritises interventions with women, as active agents in the recovery process and for increasing resilience.

Actions will focus on:

- building back better, for which the process will be oriented towards reducing vulnerabilities through the application of the "build back better" approach;
- turning adversity into opportunity, replacing existing precarious building materials with resilient ones, which will be used to generate temporary employment opportunities during the construction phase;
- recovery with a gender equality approach, the recovery process will address needs in a differentiated manner, considering and prioritising the concerns and interests of women.
- local governance for resilience, a process will be implemented to enable the transition towards a longer-term strategy, through the articulation with sustainable development processes. To

this end, the capacities of local governments will be strengthened in order to improve municipal management, promote citizen participation in the framework of the System of Development Councils (SISCODE) and bring investment and public institutions closer to the region. Likewise, families and community organisations will be empowered so that they can make informed decisions, be self-sufficient and be able to participate and influence the development processes of their communities, with emphasis on the SISCODE framework;

- Accountability to affected people (AAP), initiatives and mechanisms will be promoted to ensure continuous and meaningful participation in decision-making. The following actions will be implemented: consultation and dialogue with stakeholders - to set priorities and hierarchize results, to analyse what the project does and how it relates to the different stakeholders and to obtain feedback from them in order to analyse if the results are still relevant to them, in order to accomplish action without harm; participatory diagnostics: to capture and record the risks, needs, capacities and aspirations expressed by people and communities; capacity building for community self-management - to capture and record for community self-management: a process of capacity building of individuals and community organisations will be promoted to build self-confidence, strengthen democratic practices at the grassroots level and facilitate citizen participation throughout the project cycle to improve their living conditions;
- Protection against sexual exploitation and abuse (PSEA): actions will be promoted to prevent and protect people from violations of their rights; prevention of sexual abuse, for which a risk analysis will be carried out; conducting an awareness-raising campaign for the population and actors involved in the project; design and disseminate accessible, timely and appropriate communications (regularly updated); home visits and a community-based complaints mechanism.

Main Activities Proposed

The strategy focuses on addressing the vulnerability of the people and the region in a coherent manner through a logic of humanitarian assistance. It aims to

provide household items and equipment, helping to promote development, to consider the vulnerabilities faced by people and to establish a process of recovery of habitability conditions that will generate a bridge between humanitarian action and development. It will ensure people move from a precarious habitat or temporary shelter to a process of recovery with the transformation of their habitat, replacing existing precarious building materials with resilient ones, improving access to basic services and implementing mitigation measures to reduce the levels of exposure to landslides. This recovery process will also serve to incorporate actions for development and peace, by fostering a process of local governance through the strengthening of duty bearers and the empowerment of families and community organisations as rights holders. This will bring about the articulation between citizen's demands and institutional response to reduce the deprivation or vulnerabilities of the populations of the region and thus contribute to wellbeing and peace.

The process of restoring habitability will involve two components:

1. Restoration of habitability conditions, the process of restoring habitability conditions will involve the following phases:
 - Phase I. Prioritisation of participants: meetings will be held with the Executive Secretariat of the National Coordinator for the Reduction of Natural or Provoked Disasters (SE CONRED), the Ministry of Infrastructure, Communications and Housing (CIV), local governments and the Community Development Councils (COCODE), for the formulation of lists and prioritisation of families, based on the housing evaluation carried out by SE CONRED.
 - Phase II. Planning for the recovery of habitability conditions: Meetings and workshops will be held with participants to carry out an analysis of the current housing model to identify vulnerability factors, strengths and opportunities. Afterwards, the future model will be developed in which options will be identified to meet the needs, interests and preferences of the participants for restoring and transforming their habitat. In

this phase, a habitat development plan will be developed, which will include the schematic plan (designs) to address housing improvements, access to basic services, mitigation measures and furnishings (beds, cabinets, household items and equipment). Once the actions have been defined and prioritised with the families, a technical and financial feasibility analysis as well as programming and resource planning will be carried out with the families.

- Phase III. Implementation phase: The construction phase is when the different actions will be implemented to recover habitable conditions, ensuring the "build back better" approach. This phase will be used to design a temporary employment programme.

The actions to be implemented are:

- Rebuild affected houses.
- Implement minor mitigation works for stabilising the site for better conditions for family housing.
- Improve access to water and sanitation in the household.
- Implement a temporary employment programme (cash for actions) associated with the housing construction phase and the implementation of mitigation measures.
- Provide families with basic household equipment (beds, cabinets, utensils and supplies).
- Implement a consultation and dialogue process.
- Conduct participatory assessments.
- Conduct a sexual abuse risk analysis.
- Convene community assemblies to analyse the progress of the project.
- Launch a communication campaign and conduct home visits.
- Implement a community-based complaints mechanism.

2. Local governance for resilience: Partnership will be established with the Coordination Secretariat of the Presidency (SCEP) and the Planning and Programming Secretariat of the Presidency (SEGEPLAN) to strengthen SISCODE at municipal and community level as the existing participatory mechanism.

- Implement a process for strengthening local governance.
- Promote an empowerment process for community organisations (Community Development Councils and Local Coordinating Bodies for Disaster Reduction).
- Design Community Development Plans
- Promote a process of awareness-raising on PSEA
- Further coordination mechanisms between local authorities and the affected population.

In implementing the proposed activities, UNDP will provide guidance to its partners and handle any allegations regarding cases of sexual exploitation and abuse (SEA) and sexual harassment (SH) in accordance with its regulations, rules, policies and procedures.

Response Costs

The approximate cost of the response is \$9.3 million.

The plan will be implemented in coordination between the United Nations Development Programme (UNDP), UN Women, Fundación Solar and TECHO.

Monitoring

The monitoring process will be carried out periodically by measuring the values of the indicators (indicator targets). This will make it possible to determine progress and make adjustments if necessary, including synergies with new actors to establish actions to recover habitability conditions.

The governance mechanism for the process of recovery of habitability conditions will be integrated by representatives of SE CONRED, CIV, Local Governments and agencies, and funds and programmes of the United Nations System (UNS), who will be tasked with the monitoring process, among others.

Objectives, Indicators and Targets

Sectoral Objective 2.4.1		NEED	TARGET
To recover the living conditions of the target population in the departments of Alta Verapaz, Izabal and Quiché		95K	15K
Contributes to Specific Objective 2.4 (Recovery of habitability of housing and environments)		NEED	TARGET
INDICATORS	# of families with reconstructed houses	13,6K	2,2K
	# of families with access to basic furnishings for housing	2,2K	300
	# of households with on-site measures to mitigate damage from landslides and floods	2,2K	300
	# of households that have implemented water and sanitation initiatives at family housing level	2,2K	300
	# of people accessing the temporary employment programme associated with housing construction	2,2K	500
	# of women single heads of households accessing household supplies and equipment that were used for livelihoods before the Eta/Iota storms	2,2K	300
	# of solar panel installations for three light bulbs	2,2K	300
Sectoral Objective 2.5.1		NEED	TARGET
FLocal organisations functioning and sustainable recovery with community empowerment and capacity building		400	150
Contributes to Specific Objective 2.5 (Sustainable Recovery and Resilience)		NEED	TARGET
INDICATORS	# of COCODEs trained and equipped with management tools to incorporate the risk variable in the process of recovery and long-term development	400	150
	# of COLREDs trained with management tools and equipped to promote prevention and efficiently manage emergency and post-crisis recovery	400	150
	# of municipalities trained and equipped with management tools to promote inclusive recovery linked to resilient territorial development	43	15

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3.9

Humanitarian coordination



REQUIREMENTS (US\$)	PARTNERS	PROJECTS
\$65K	1	1

Objectives

The HRP needs constant coordination for efficient and timely implementation. In addition, coordinating, monitoring and reporting of progress on a monthly, quarterly and biannual basis is necessary. These two actions are the responsibility of OCHA. The OCHA team in Guatemala, with the support of the Sub-regional Advisor for the Humanitarian Programme Cycle and the Regional Office in Panama (ROLAC), will follow up on these actions throughout 2023.

Response

The HRP is implemented in parallel with the possibility of the occurrence of other phenomena and disasters that recurrently affect Guatemala. Between the months of May and October 2023, the rainy season will once again coincide with the hurricane season, so the probability of a hydrometeorological phenomenon impacting the country is high. In addition, other geological hazards remain latent and can cause disasters at any time, mainly earthquakes and volcanic eruptions. In other words, the HRP will be executed simultaneously with responding to periodically recurring disasters.

Main Activities Proposed

- Facilitate both inter-sectoral and bilateral meetings with partners and government counterparts and foster other working spaces to maintain constant and efficient coordination throughout the implementation of the HRP,
- Provide implementing partners the operational monitoring and tracking tools, including 345W and FTS, and prepare reports for the humanitarian community and donors, including infographics and humanitarian bulletins,
- Promote spaces for consultation, monitoring and fine-tuning interventions through AAP mechanisms,
- Guarantee zero tolerance for sexual exploitation and abuse during HRP implementation.

Response Costs

The response cost for the Humanitarian Coordination Plan amounts to \$65,000, which will be implemented by OCHA.

Contact Persons

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Part 4:

Annexes

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Photo: OCHA/Vincent Tremeau

























4.1

List of Operational Partners

1. World Food Programme (WFP)
2. Child Fund
3. United Nations Population Fund (UNFPA)
4. Food and Agriculture Organization of the United Nations (FAO)
5. United Nations Children's Fund (UNICEF)
6. Acción Contra el Hambre (ACH, Action Against Hunger), Spain
7. World Vision
8. TECHO
9. Doctors of the World
10. Pan American Health Organization (PAHO) / World Health Organization (WHO)
11. Mercy Corps
12. Water for People
13. Helvetas
14. CARE
15. Office of the United Nations High Commissioner for Refugees (UNHCR)
16. Child Fund
17. Pop Noj
18. Pastoral de la Movilidad Humana (Pastoral of Human Mobility)
19. Children's Shelter
20. IEPADES
21. Voice of the Children
22. Survivors Foundation
23. CONACMI
24. ADP
25. Faith and Joy
26. Community Studies and Psychosocial Action Team (ECAP)
27. Grupo Guatemalteco de Mujeres – GGM (Guatemalan Women's Group)
28. Guatemalan Red Cross
29. Save the Children
30. International Organisation for Migration (IOM)
31. Plan International
32. Scalabrinian Missionaries
33. United Nations Development Programme (UNDP)
34. United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
35. Solar Foundation
36. United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

4.2

Planning Figures by sector and geographical area

TARGET POPULATION		REQUIREMENTS		OPERATIONAL PARTNERS		NUMBER OF PROJECTS	
2.3M		\$126M		36		39	
SECTOR/MULTI-SECTOR	PEOPLE IN NEED	TARGET POPULATION	<div> <div>NEED</div> <div>TARGET</div> </div>	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	
 Food Security	4.6M	500K	<div> <div></div> <div></div> </div>	\$26M 	5	7	
 Nutrition	1.9M	762K	<div> <div></div> <div></div> </div>	\$16M 	5	4	
 Health and SRH	735K	551K	<div> <div></div> <div></div> </div>	\$8.3M 	6	6	
 WASH	723K	250K	<div> <div></div> <div></div> </div>	\$8.7M 	6	5	
 Protection	2.6M	727K	<div> <div></div> <div></div> </div>	\$32.7M 	4	3	
 • Child Protection	643K	183K	<div> <div></div> <div></div> </div>	\$5.9M 	10	3	
 •GBV	887K	150K	<div> <div></div> <div></div> </div>	\$3.7M 	5	3	
 Temporary Shelters	314K	98K	<div> <div></div> <div></div> </div>	\$10.2M 	6	2	
 Education	179K	110K	<div> <div></div> <div></div> </div>	\$5.3M 	2	2	
 Early Recovery	95K	15.4K	<div> <div></div> <div></div> </div>	\$9.3M 	4	3	
 Coordination	---	---		\$65K 	1	1	

4.3

What Happens if We Do Not Respond?

It is expected that many households will have no food reserves as the maize and bean harvest will not be sufficient. These families need food assistance. Otherwise, one of the main impacts will be an increase in cases of acute malnutrition in children. If this is compounded with the fact that these families will not have access to critical health services, the likelihood of death increases dramatically. Hundreds of thousands of vulnerable people do not currently have access to critical health services at the first and second levels of care.

In addition, if the humanitarian health response cannot be provided in the 26 priority districts, 137,000 women of childbearing age will not receive care; 20,687 women will not receive family planning services; 19,308 pregnant women will not have access to prenatal controls; 2,896 of these pregnant women will have life-threatening mother-child complications; 965

pregnant women in need of care at a more complex level of care will not be able to access specialised emergency obstetric services; therefore, maternal and perinatal mortality will increase.

The situation of violence in general has been categorised as epidemic according to WHO/PAHO criteria and public services for victims of violence or disasters, particularly of children and adolescents, are limited and inappropriate.

In light of the above, if the required funds are not mobilised, it is projected that some 30,000 families and 90,000 children will be left without humanitarian and psychosocial care facing dramatic situations that could be prevented or dealt with, such as sexual violence, trafficking and exploitation.

4.4

How to Contribute

Support to the activities of the Guatemala Humanitarian Response Plan (HRP)

The Guatemala HRP is conducted in-country, based on an analysis of response contexts and engagement with national and international humanitarian partners. Direct financial contributions to accredited aid agencies are one of the most valuable and effective forms of emergency response.

Contributing through the Central Emergency Response Fund (CERF)

CERF provides rapid start-up funding for life-saving actions at the onset of emergencies and for essential under-funded humanitarian operations in protracted emergencies. The CERF administered by OCHA receives contributions from various donors, mainly governments, but also private companies, foundations, charities and individuals, which are combined into a single fund. These funds are used for emergencies anywhere in the world.

Recording and acknowledging your contributions

OCHA manages the Financial Tracking Services (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, show the total amount of funding and expose gaps in humanitarian plans. Report yours to FTS, either by email to: fts@un.org or via the online contribution report form: fts.unocha.org

4.5

Acronyms

345W	OCHA's digital tool for reporting who is doing what, where, when and for whom	GGM	Grupo Guatemalteco de Mujeres (Guatemalan Women's Group)
AAP	Accountability for Affected Populations	GMTM	Multisectoral Group on Cash Transfers
ACH	Acción contra el hambre (Action Against Hunger)	HCT	Humanitarian Country Team
ADP	Asociación de Amigos del Desarrollo y la Paz (Friends of Peace and Development Organisation)	HNO	Humanitarian Needs Overview
BANRURAL	Rural Development Bank	HRP	Humanitarian Response Plan
CERF	Central Emergency Response Fund	IASC	Interagency Standing Committee
COCODE	Community Development Committee	INSAN	Inseguridad Alimentaria y Nutricional (Food and Nutrition Insecurity)
CODEDE	Departmental Development Council	IOM	International Organisation for Migration
COLRED	Local Coordinator for Disaster Reduction	IPC	Acute Food Insecurity classification by Phases
COMUSAN	Municipal Commission of Food Security	ISEDE	Institute for Sustainable Education and Development
CONACMI	National Association Against Child Mistreatment	ICTs	Information and Communication Technologies
CONRED	National Coordinator for Disaster Reduction	JIAF	Joint Inter-agency Analysis Framework
ECAP	Community Studies and Psychosocial Action Team	LGBTIQ+	Lesbian, gay, bisexual, transgender, bisexual, intersex, intersex and queer +
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations	MAGA	Ministry of Agriculture, Livestock and Food
ENDIS	National Survey on Disability	MINEDUC	Ministry of Education
ENSA	National Food Security Survey	MINEX	Ministry of Foreign Affairs
FAO	Food and Agriculture Organisation of the UN	MP	Public Ministry
FTS	Financial Tracking System	MSPAS	Ministry of Public Health and Social Assistance
FNS	Food and Nutrition Security	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
FUNDAECO	Foundation for Eco-Development and Conservation	OJ	Judiciary Branch
GAM	Gender and Age Marker	RCO	UN Resident Coordinator's OfficePAHO Pan American Health Organization
GBV	Gender-Based Violence		

PSEA	Prevention of Sexual Exploitation and Abuse	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
PNC	National Civil Police		
ROLAC	OCHA's Regional Office for Latin America and the Caribbean	USAID	United States Agency for International Development
SBS	Social Welfare Secretariat	WASH	Water, Sanitation and Hygiene
SCEP	Executive Coordination Secretariat of the Presidency	WFP	World Food Programme
		WHO	World Health Organization
SEGEPLAN	General Planning Secretariat of the Presidency		
SESAN	Secretariat for Food Security and Nutrition		
SISCODE	System of Development Councils		
SRH	Sexual and Reproductive Health		
SVET	Secretariat Against Sexual Violence, Exploitation and Trafficking in Persons		
UNDP	United Nations Development Programme		
UNDSS	United Nations Department of Safety and Security		
UNFPA	United Nations Population Fund		
UNHCR	Office of the United Nations High Commissioner for Refugees		
UNICEF	United Nations Children's Fund		

4.6

Estimating humanitarian gaps with sectoral counterparts

Target Population Gap (Nutrition)

The Government counterpart of the Nutrition sector, the Ministry of Public Health and Social Assistance (MSPAS), plans to invest a total of \$66 million in 2023 in the sector response to address the humanitarian needs of 2.5 million people. This government response will be provided mainly in the Departments of Escuintla, Suchitepéquez, Izabal, Chiquimula, Alta Verapaz, Quiché, San Marcos, Huehuetenango, Santa Rosa and Jalapa. Therefore, the Nutrition Sector has decided to prioritise the actions of the Sector Plan to provide assistance to 762,380 people in communities

not covered by the MSPAS, in the departments of Huehuetenango, Quiché, Alta Verapaz, San Marcos, Escuintla, Suchitepéquez, Chiquimula and Izabal, with an investment of \$16 million, thus complementing the Government's response.

GUARAQUICHE, DEPARTMENT OF CHIQUIMULA, GUATEMALA

Photo: OCHA/Vincent Tremeau



INSTITUTION	INVESTMENT(USD)	# BENEFICIARIES	DEPARTMENTS
MSPAS	66 M	2.5M	Escuintla, Suchitepéquez, Izabal, Chiquimula, Alta Verapaz, Quiché, San Marcos, Huehuetenango, Santa Rosa, Jalapa

Target Population Gap (Food Security)

The government counterpart of the Food Security sector, MAGA in coordination with SESAN, foresees investing a total of \$23.2 million in 2023 in the sector response to meet the humanitarian needs of 400,000 people. This Government response will be provided in the 22 departments of the country, mainly to the population in food insecurity that is indigenous, resides in rural areas of the country and families with children under 5 years of age.

Therefore, the Food Security Sector will prioritise the actions of the Sector Plan for the care of 500 families/persons in the departments of Alta Verapaz, Baja Verapaz, Chiquimula, Izabal, Huehuetenango and Quiché with an investment of \$23.9 million, thus complementing the Government's response.

INSTITUTION	INVESTMENT (USD)	# BENEFICIARIES	DEPARTMENTS
MAGA, SESAN	\$388,045.16	6,683	Guatemala
	\$578,787.10	9,968	El Progreso
	\$112,238.71	1,933	Sacatepéquez
	\$314,767.74	5,421	Chimaltenango
	\$599,806.45	10,330	Escuintla
	\$1,608,619.35	27,704	Santa Rosa
	\$1,768,645.16	30,460	Sololá
	\$249,967.74	4,305	Totonicapán
	\$902,148.39	15,537	Quetzaltenango
	\$1,361,554.84	23,449	Suchitepéquez
	\$683,477.42	11,771	Retalhuleu
	\$1,226,845.16	21,129	San Marcos
	\$2,366,419.35	40,755	Huehuetenango
	\$2,327,167.74	40,079	Quiché
	\$1,056,774.19	18,200	Baja Verapaz
	\$2,657,612.90	45,770	Alta Verapaz
	\$1,039,296.77	17,899	Petén
	\$606,658.06	10,448	Izabal
	\$36,696.77	632	Zacapa
	\$1,577,961.29	27,176	Chiquimula
	\$769,761.29	13,257	Jalapa
	\$992,554.84	17,094	Jutiapa
Total	\$23,225,806.45		

Target Population Gap (Health)

The Government counterpart of the Health Sector (Ministry of Public Health and Social Assistance - MSPAS) plans to invest a total of \$1,464,000 million in 2023 in the rehabilitation of health infrastructure

damaged by increased rains and hydrological emergencies.

The Government's response will be provided primarily by the Ministry of Public Health and Social Assistance (MSPAS) and the Ministry of Public Health and Social Assistance (MSPAS). This government response will be provided mainly in the departments of Huehuetenango, Alta Verapaz, Izabal, Quiché, Guatemala, Escuintla and Petén.

Therefore, the Health Sector will prioritise the actions of the sectoral plan for the care of 551,648 people in the departments of Alta Verapaz, Izabal, Petén Sur Occidental and Chiquimula, with an investment of \$8.3 million, and thus complement the Government's response.

UNDP Target Population Gap

Of the total number of people in need (95,424 people), the Government of Guatemala plans to invest Q. 149,520,000.00 (US\$19,936,000.00) in 2023 to assist 16,800 people (2,400 families), leaving a gap of 76,624 persons (11,232 families). The Early Recovery Sector will prioritise the actions of the sectoral plan for the care of 15,407 persons (2,201 families) with severe damage in the departments of Quiche, Alta Verapaz and Izabal, with an investment \$9.3 million, thereby complementing the Government's response.

INSTITUTION	INVESTMENT (USD)	# BENEFICIARIES	DEPARTMENTS
MSPAS	1,464,000	10,000,000	Huehuetenango, Alta Verapaz, Izabal, Quiché, Guatemala, Escuintla y Petén

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