

# HUMANITARIAN RESPONSE PLAN GUATEMALA

HUMANITARIAN  
PROGRAMME CYCLE  
AUGUST 2021 TO DECEMBER 2022



# About this document

This document has been consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of humanitarian agencies' coordinated and strategic response to meet the acute needs of people affected by overlapping emergencies. It is based on and responds to the evidence of needs described in the Humanitarian Needs Overview (HNO).

This document will be updated by the end of 2021.

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# Table of Contents

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<b>05</b>	<b>Introduction</b>
<b>06</b>	<b>Overview of the Response Plan</b>
08	Crisis Context and Impacts
10	Summary of Response by Strategic Objective
13	Planned Response
14	HRP Key Figures
15	Historic trends
<b>17</b>	<b>Part 1: Strategic Response Priorities</b>
21	1.1 People in need prioritized by the humanitarian response
24	1.2 Strategic Objectives, Specific Objectives and Response Approach
29	1.3 Cost methodology
31	1.4 Planning Assumptions, Operational Capacity and Access
32	1.5 Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Abuse (PSEA)
35	1.6 Consolidated Overview on the Use of Multipurpose Cash Transfers
<b>36</b>	<b>Part 2: Response Monitoring</b>
37	2.1 Approach to Monitoring
<b>44</b>	<b>Part 3: Cluster/Sector Objectives and Response</b>
45	Sector Response Overview
48	3.1 Food Security
52	3.2 Nutrition Sector
56	3.3 Health/Sexual and Reproductive Health
61	3.4 WASH Sector
65	3.5 Early Recovery Sector (housing and agriculture/livelihoods)
72	3.6 Protection Sector
80	3.7 Education Sector
<b>85</b>	<b>Part 4: Appendix</b>
86	4.1 List of operational partners
87	4.2 What happens if we do not respond?
89	4.3 How to contribute
90	4.4 Acronyms (in order of appearance in the document)





CHIQUMULA, GUATEMALA

Photo: Action Against Hunger/Lys Arango



# Introduction

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The Republic of Guatemala is a multicultural, multiethnic and multilingual country. Considering its exposure to different natural and climatological phenomena, it is also a country vulnerable to multiple hazard risks. Per the 2020 World Risk Report, Guatemala ranks 10th in the world in terms of exposure to disasters and 28th in vulnerability according to INFORM's 2021 Risk Index. Taking into consideration the last 20 years, Guatemala ranks 16th on the 2021 Global Climate Risk Index.

In addition to the historical social gaps that produce high levels of deprivation in terms of access to basic services, vulnerability and multidimensional poverty, every year hundreds of thousands of people suffer from the impacts of disasters and humanitarian crises. In 2020, Guatemala witnessed a record-breaking Atlantic hurricane season, with extreme rainfall, catastrophic winds and deadly landslides devastating the country.

Additionally, heightened volcanic activity has destroyed infrastructure and productive assets, displacing communities and causing loss of human life. Food and nutrition insecurity remains a stark and persistent reality in Guatemala, which is particularly pronounced in the country's interior, especially in rural areas. Migration and forced displacement have also increased due to complex, multifaceted vulnerabilities and risk factors.

The rapid spread of the COVID-19 pandemic generated an unprecedented simultaneous global crisis, owing to the containment measures implemented by almost all countries across the globe. As a result, the Human Development Index declined for the first time in 2021, eroding 6 years of progress. In the case of Guatemala, despite the gradual reopening that began in the second half of 2020, along with the prevention and monitoring measures implemented by the Government which have helped contain the virus to a certain extent, the reality in mid-2021 is that we must remain vigilant as we are now faced with the greatest spread of the virus since the pandemic began. In this context, the most vulnerable

groups are suffering the greatest socio-economic impact: indigenous peoples, women, children and adolescents, the elderly, people with disabilities and people on the move.

The current context poses a great challenge for the different development partners in Guatemala. Humanitarian needs and deprivations continue to multiply amid a state of constant crisis.

The United Nations System, under the premise of leaving no one behind and a human rights-based approach aimed at strengthening the links between humanitarian and development interventions, has been working for several years with partners from different sectors together with the Government of Guatemala, carrying out joint activities and multisectoral coordination through the Humanitarian Country Team (HCT) in response to major emergencies, disasters and crises affecting the Guatemalan people.

The current humanitarian situation requires unprecedented action to help 4.8 million affected people, including 3.8 million in urgent need of humanitarian assistance. This is why we are launching this Humanitarian Response Plan (HRP). The support that the international community is capable of providing through humanitarian assistance will help save lives and reduce the suffering of almost a quarter of the Guatemalan population. This is a complex and urgent situation that must be addressed through the collective efforts of all sectors and actors, including the Government, private sector, civil society, donors, and national and international organizations, which adhere to the universal principle of humanity.

Guatemala needs us and is counting on our support.

**Rebeca Arias Flores**

**Resident Coordinator of the United Nations System in Guatemala**

# Overview of the Response Plan

PEOPLE IN NEED	TARGET POPULATION	FINANCIAL REQUIREMENT	OPERATING PARTNERS
3.8M	1.68M	US\$210M	20

In recent years, the Republic of Guatemala has been affected by different shocks and crises that have generated a wide range of humanitarian needs. From disasters (Fuego volcano eruption in 2018; Eta and Iota in 2020) and complex humanitarian crises (increased human mobility since 2018 and food insecurity and acute malnutrition since 2015) to environmental and health emergencies, virtually all regions of the country have been affected.

The Humanitarian Needs Overview (HNO)<sup>1</sup> estimated that 3.8 million people are in need of humanitarian assistance in at least 11 departments across the country: Izabal, Alta Verapaz, Quiché and Huehuetenango (damages due to Eta and Iota); Chiquimula, Jalapa, Jutiapa and El Progreso (climatic shocks in the Dry Corridor); and Escuintla, San Marcos and Quetzaltenango (high prevalence of acute malnutrition and food insecurity). Acute malnutrition

## CUILCO, GUATEMALA

Photo: Action Against Hunger/Lys Arango



<sup>1</sup> Download at: <https://bit.ly/3CiHcU3>



and food insecurity also affects several of the aforementioned departments facing other crises.

Some departments, such as Alta Verapaz, Huehuetenango, Quiché, Izabal and Chiquimula, were affected by Eta and Iota and experience mixed flows of migrants and refugees or are departments that receive a significant number of return migrants, suffering the direct impacts of up to three crises, including high levels of food and nutrition insecurity.

The intersectoral coordination space has prioritized needs with the highest severity levels, identifying humanitarian gaps and population groups of concern to define the target population for the HRP. This approach has made it possible to better tailor the response strategy and define the contribution of each sector to achieve its strategic objectives. The goal of the HRP is to reach 1.68 million people.

Interventions will be strategically focused at two levels. The humanitarian response will be provided mainly at the household (family) level through food assistance, nutrition and health services, housing repair and replacement of household goods, provision of water, sanitation and hygiene (WASH), restoration

of agricultural livelihoods and productive capacities, empowerment and autonomy of women and the protection of vulnerable groups. The recovery and rehabilitation of systems and services, on the other hand, will be carried out at the community level, creating strategic linkages with governance and community resilience-building activities within the framework of humanitarian-development collaboration. The Plan will be implemented between August 2021 and December 2022.

The Plan has been formulated in constant communication and collaboration with the Executive Secretariat of the Guatemalan Coordinating Agency for Disaster Reduction (CONRED), with participation of institutional focal points (Secretariat of Food and Nutrition Security - SESAN; Ministry of Public Health and Social Assistance - MSPAS; Ministry of Agriculture, Livestock and Food - MAGA; Ministry of Education - MINEDUC; Ministry of Foreign Affairs - MINEX; Vice-Ministry of Housing), sectoral groups and members of the HCT, under the leadership of the UN Resident Coordinator and the technical assistance from the OCHA team in the country and from the regional office.

## Crisis Context and Impacts

Guatemala is the most populated country in Central America with 17.1 million inhabitants, of which 8.7 million are women (50.8 per cent) and 8.4 million are men (49.2 per cent). An estimated 53 per cent of the population lives in urban or peri-urban areas (Population Census, National Statistics Institute, 2018).

Over the last decade, Guatemala has suffered a considerable increase in the recurrence and magnitude of disasters and humanitarian crises. Food insecurity has positioned itself as a permanent crisis that affects not only vulnerable families in the Dry Corridor, but also impoverished families in the central-western highlands, specifically indigenous subsistence farming families and day laborers. According to the Emergency Food Security Assessments (EFSA) and the Integrated Food Security Phase Classification (IPC), there has been a steady increase in food insecurity since 2014 among the affected population in need, jumping from 600,000 people in 2013 to 3.5 million in 2021.

Meanwhile, the burden of acute malnutrition, in a country where half the child population is chronically malnourished, has risen sharply from about 13,500 cases in 2013 to 28,000 in 2020 and approximately 16,853 cases as of 3 July 2021 (National Information System for Food and Nutrition, SIINSAN).

Human mobility is also generating a humanitarian crisis both in the country and along the Guatemala-Mexico migration corridor as well as the southern border of the United States. Guatemala is a country of transit, asylum, return and origin of refugees and migrants, a complex context of mixed migratory flows where displacement takes multiple forms, including human trafficking and smuggling. According to U.S. Border Patrol, the number of Guatemalan migrants apprehended annually at the border has increased from 17,338 people in 2007 to 265,129 people in

2019. Between 2020 and so far in 2021, 235,483 apprehensions have been reported.

Mixed migration flows from Guatemala include unaccompanied children and minors with 8,567 of them apprehended in 2020, a number that skyrocketed to 30,376 in May 2021. There has also been an increase in the number of women seeking asylum in Mexico, which doubled between 2018 and 2019, reaching 36 per cent of all asylum applications received from northern Central America. Of these asylum seekers, 35 per cent are girls and adolescents between 0 and 18 years of age, and 60 per cent are women between 19 and 45.<sup>2</sup>

With the onslaught of the COVID-19 pandemic in 2020, the capacity of Guatemala's hospitals was overwhelmed, affecting the health system's ability to provide routine emergency services and medical treatment, including for common illnesses. As of the date of preparation of the HRP, the Ministry of Public Health and Social Assistance (MSPAS) reports 333,827 cumulative COVID-19 cases and 9,914 deaths.

In the education sector, school closures affected more than 4.5 million children and adolescents, according to UNESCO. UNICEF has estimated that 30 per cent of the school-going population did not have access to the resources required to continue their studies amid the pandemic.

Finally, in November 2020, tropical storms Eta and Iota affected a large part of the Guatemalan territory. According to CONRED, there were almost 4,000 incidents reported following the passage of these storms, with 2.4 million people affected and 1.8 million people left in need of humanitarian assistance. The storms damaged and destroyed homes and community infrastructure, including water systems,

<sup>2</sup> The Exchange/UN Women using data from the National Institute of Migration (2020)



schools, bridges, wells, crops, animals and livelihoods, road infrastructure as well as health system infrastructure.

The HNO estimated that 3.8 million people still recovering from these crises remain in need of humanitarian assistance, with the Department of Alta Verapaz having the largest number of people in need (724,000), followed by Huehuetenango (398,000), Izabal (339,000), Quiché (332,000), San Marcos (302,000), Escuintla (249,000), Chiquimula (200,000), Petén (179,000), Santa Rosa (149,000), Quetzaltenango (148,000), Jutiapa (144,000) and Zacapa (127,000).

In terms of the number of people in need and the severity of those needs, the following stand out as priorities: detection and treatment of acute malnutrition, food assistance, provision of health services, including for sexual and reproductive health, WASH, attention to and prevention of gender-based violence (GBV), protection of children and women, people on the move and education. It is important to note that women and children face greater risks given the fact that they are disproportionately affected by chronic malnutrition. The most vulnerable groups within each of the aforementioned areas will be appropriately targeted by the actions included in this HRP.

#### IZABAL, GUATEMALA

Photo: OCHA/Laura Solórzano



## Summary of Response by Strategic Objective

The HCT recognizes that the Government of Guatemala provides the primary response to disasters and humanitarian crises. As such, HCT interventions complement these efforts in prioritized 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.

Based on this approach, the HCT has prioritized as strategic areas of interest and target groups for this Response Plan people affected by tropical storms Eta and Iota, those located in the Dry Corridor as well as migrants in mixed migration flows. These crises and the populations affected by them were effectively analyzed and integrated into the HNO.

The strategies and actions included in this Response Plan are aligned with two strategic objectives, the first of which includes actions to save lives and reduce the suffering of people in acute need, while the second consists of actions to help recover people's well-being, rehabilitate systems and services and strengthen the resilience of communities.

### **Strategic Objective 1 (SO1):**

Protect and help save the lives and preserve the dignity of severely affected people through a humanitarian response grounded in a human rights-based approach and an intersectional perspective which takes into consideration differences based on age, gender and diversity that is culturally and linguistically relevant.

This objective includes actions that will make it possible to respond comprehensively to people with humanitarian needs and/or those exposed to critical protection risks in their family environment. There will be a rehabilitation of family water supply systems, cleaning and recovery of artisanal wells, repairing of pipe networks, pumping systems and storage tanks, including actions to improve hygiene and sanitation conditions for families.

The food security of families will be restored through the delivery of cash transfers or food kits, while at the same time recovering their productive capacities by restoring and/or diversifying their livelihoods (basic grain crops, family and community gardens, basic community grain banks, medicinal plants, recovering minor animal species) and improving their systems of collection, storage and use of water harvested from rainfall for agricultural production or human consumption.

In some families, depending on the municipal prioritization, children under five, women of childbearing age, pregnant and lactating women will be assisted by nutritional brigades to actively detect cases of acute malnutrition and provide immediate treatment and referrals to the health system as required. These brigades will also support women and adolescents with sexual and reproductive health issues as well as prevention and response measures for GBV, sexual violence and violence against women. The repair of homes that suffered light to moderate damage following the passage of Eta and Iota will be conducted. This will also include prevention and mitigation measures against landslides, mudflows and floods. The activities planned to reduce and respond to critical protection needs include prevention, mitigation and immediate multisectoral response measures delivered by way of strengthening protection systems and routes with support provided to Government agencies in order to bolster their capacities, as well as through the provision of specialized services that take into consideration key cross-cutting issues such as protection, age, gender and diversity characteristics. In accordance with the mandate of the humanitarian community, actions promoting the prevention of and immediate response to sexual abuse and exploitation will be integrated.



**Strategic Objective 2 (SO2):**

Promote sustainable solutions that contribute to the exercise of rights, promote the self-sufficiency, empowerment and resilience of affected people, with a focus on protection, intersectionality and differences based on age, gender, cultural and linguistic diversity, as well as the connection between humanitarian, recovery/resilience and development activities (triple nexus).

This objective includes actions aimed at the recovery and/or rehabilitation of systems and services, as well as economic and productive capacities, at the community level. Health centers and hospitals damaged by Eta and Iota will be refurbished and rehabilitated to restore the provision of health services, including sexual and reproductive health. Rehabilitation will include infrastructure, basic equipment and supplies as well as safe water supply systems.

Similarly, educational facilities affected by the storms will be refurbished and rehabilitated to support and encourage a gradual return to school when the conditions of the COVID-19 pandemic permit. In addition, support to the education system will include recovering school feeding programmes, educational delivery and teacher training, provision of teaching materials and school supplies, communication and awareness, as well as the creation of strategic alliances with different sectors to relaunch services and strengthen the quality of education provided.

In the agricultural sector, protected agriculture structures (macro tunnels, greenhouses and net houses) as well as drip irrigation systems for vegetable production will be repaired and rehabilitated, while soil will be restored through conservation practices in sand-covered areas and to conserve moisture and prevent erosion in the Dry Corridor. Additionally, fishponds will be created or repaired.

At the community level, actions will be carried out to promote economic recovery, temporary employment, asset creation, strengthening the social fabric and governance and repairing community water systems, among others. Activities implemented will also help build capacity in community organizations and

leadership for the early detection and recognition of signs of acute malnutrition, basic principles of child feeding in emergencies and appropriate management of such issues at the closest health facility.


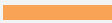
The creation of Local Disaster Reduction Coordination Groups (COLRED) will make it possible to bring together all the capacities and tools available at the family and community level for all sector-based interventions. These groups will also allow for better communication and management together with municipal authorities to meet their needs, generating greater self-sufficiency and resilience at the community level. This component of the intervention exemplifies the connection between humanitarian action and the building of resilience and self-sufficiency among beneficiary families and communities.

The activities that will contribute to restoring the rights of the target population will be carried out through the implementation of preventative and durable solutions promoting universal access and the socioeconomic stability of people. Likewise, strengthening institutional and community capacities will contribute to the mitigation and management of protection risks through a community-based approach, which involves the satisfaction of rights and livelihoods while also contributing to early recovery.

The response to the challenges posed by human mobility will be supported by means of accompaniment actions, the provision of information on rights, legal guidance, comprehensive psychosocial care and other specialized protection services. Protocols for dealing with large-scale mixed migration movements will be strengthened, including assistance measures in shelter, food, water, health services, nutrition as well as the provision of protection services indicated under Strategic Objective 1.

Coordination of response efforts with the National Protection Network and corresponding humanitarian sectors will be ensured in order to guarantee that protection actions are mainstreamed throughout all elements of the humanitarian response, working with protection networks and agents to establish referral routes, immediate assistance and safe mechanisms

for reporting sexual exploitation and abuse which prioritize vulnerable groups, including women, children and adolescents. In this regard, actions will be taken at the household, community and institutional levels.

STRATEGIC OBJECTIVE		TARGET PEOPLE	COST (US\$)
S01	Contributing to protect and save the lives and dignity of severely affected people by means of humanitarian response with a human rights approach, intersectional perspective and differentiations of age, gender, diversity, cultural and linguistic relevance.	1.1M 	\$134.13M
S02	Promote sustainable solutions that contribute to the exercise of rights, promote self-sufficiency, empowerment and resilience of affected people with a focus on protection, intersectionality and age, gender, cultural and linguistic diversity and relevance, and the connection between humanitarian actions, recovery, resilience and development (triple nexus).	0.58K 	\$75.25M

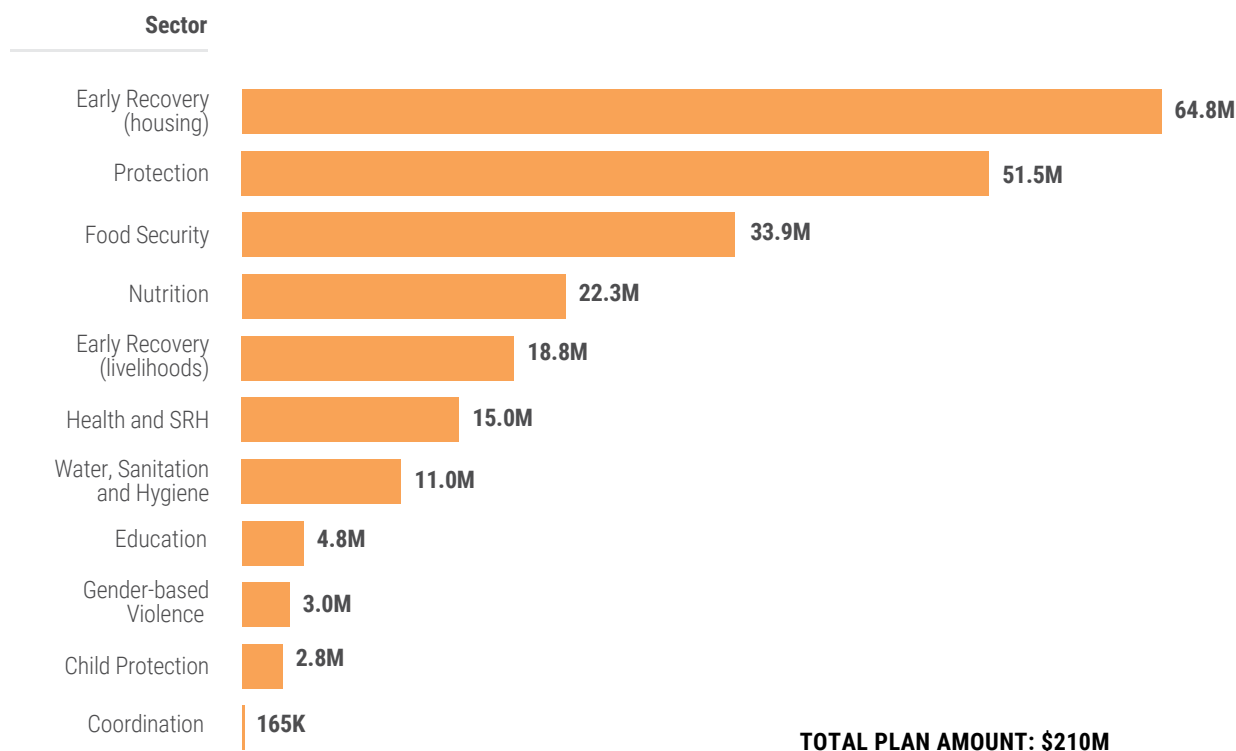


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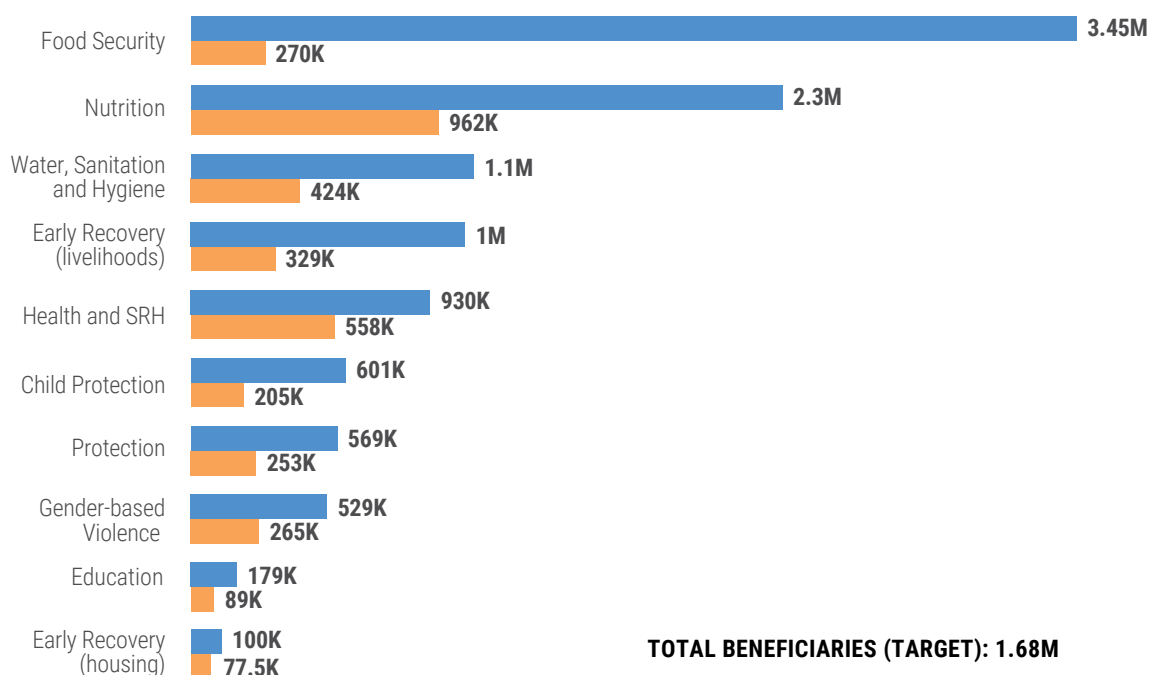


# HRP Key Figures

## Financial requirements by sector



■ PIN / Sector    ■ Target population / Sector    National PIN = 3.8M





## Historic trends

A Humanitarian Response Plan had not been developed for Guatemala since 2015-2016. On that occasion, the country was suffering from the effects of a prolonged heat wave and drought associated with the El Niño phenomenon, putting 1.5 million people in need of humanitarian assistance across the central-eastern Dry Corridor. The crisis was worsened by the exponential increase in cases of acute malnutrition and low health service coverage. A US\$55.4 million Plan was formulated in response, with just \$25M in funding mobilized, approximately 50 per cent of the required amount.

Between 2015 and 2019, nearly \$10 million was mobilized through 3 consecutive Central Emergency Response Fund (CERF) Rapid Response projects for droughts associated with El Niño in the Dry Corridor, culminating with a \$5 million CERF allocation received through the underfunded emergencies window to respond to food insecurity, acute malnutrition, livelihood recovery, WASH, emergency health, women's protection and empowerment, as well as GBV prevention and care in the Department of Huehuetenango.

Additionally, the HCT responded with its own funds to floods in Las Verapaces and Petén in 2017 and mobilized resources from various sources, including CERF, in response to the eruption of the Fuego volcano in Escuintla and Sacatepéquez in June 2018. In the case of the Fuego volcano, \$5 million was mobilized for response efforts, of which \$3.4 million was mobilized by national and international nongovernmental organizations (NGOs).

The most recent collective intervention was in response to the COVID-19 pandemic and tropical storms Eta and Iota in 2020. In response to COVID-19, a \$26.2 million Plan was developed, with \$18 million mobilized, or around 68.68 per cent of the total funding required.

For Eta and Iota, on the other hand, an \$38.8 million Action Plan was rolled out by partners. As of May 2021, \$28.9 million, or 74.21 per cent, had been received for the Plan, including a CERF allocation of \$2.5 million (implemented by WFP, UNICEF and PAHO/WHO), \$16.1 million in USAID financing as well as internally redirected funds from NGOs, such as Plan International, Mercy Corps, Food for the Hungry, Oxfam/ASEDE, World Vision, IsraAid, Heifer, Doctors of the World and Save the Children.

### Resource mobilization for Eta and Iota Humanitarian Action Plan

SECTOR	PARTNER	US\$ REQUIRED	US\$ MOBILIZED	US\$ GAP
		10,100,000	3,507,977	6,592,023
WASH	UNICEF		1,476,228	
	Plan International		260,687	
	Mercy Corps		152,800	
	Oxfam/ASEDE		44,000	
	World Vision		62,000	
	IsraAid		120,700	
	Save the Children		1,391,562	
Shelter		835,000	171,050	663,950
	IOM		105,000	
	Oxfam/ASEDE		15,192	
	Save the Children		50,858	

## Resource mobilization for Eta and Iota Humanitarian Action Plan

SECTOR	PARTNER	US\$ REQUIRED	US\$ MOBILIZED	US\$ GAP
		20,000,000	3,922,291	16,077,709
Food Security	WFP		3,300,000	
	Oxfam/ASEDE		37,826	
	World Vision		103,483	
	Heifer		176,297	
	Save the Children		304,685	
Health		4,400,000	2,185,779	2,214,221
	PAHO/WHO		600,000	
	Médicos del Mundo		450,000	
	World Vision		15,000	
	IsraAid		66,750	
	Save the Children		1,054,029	
Protection and Area of Responsibility (AoR) Protection/Gender		971,000	1,243,640	-272,640
	UN Women	230,500	23,555	
	IsraAid		78,850	
GBV	UNFPA	140,500	0	
	Oxfam/ASEDE		7,937	
Child Protection	UNICEF	600,000	235,000	
	Plan International		237,575	
	World Vision		32,600	
	Save the Children		628,123	
Nutrition	UNICEF	1,565,718	827,412	738,306
		1,000,000	844,524	155,476
Education	UNICEF		150,000	
	World Vision		89,254	
	Save the Children		605,000	
Multi-sector	USAID		16,144,000	
	Save the Children	(cash transfers)	5,820,848	
Total		38,871,718	28,846,673	10,025,302
		100%	74.21%	25.79%



## Part 1: **Strategic Response Priorities**

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Photo: Save the Children Guatemala



Guatemala faces a complex crisis due to the interaction of at least three underlying humanitarian emergencies. Some 3.8 million people have life-threatening humanitarian needs that negatively affect their quality of life, including children, adolescents, women of childbearing age and child mothers, indigenous people, the elderly, people with disabilities and the LGBTIQ+ community.

This Response Plan focuses mainly on those areas affected by Eta and Iota (Izabal, Alta Verapaz, Quiché and Huehuetenango), the Dry Corridor (Chiquimula, Zacapa, Jalapa, El Progreso and Baja Verapaz) and the departments with the highest rates of return migrants and mixed migration flows (San Marcos, Huehuetenango, Quetzaltenango and Quiché).

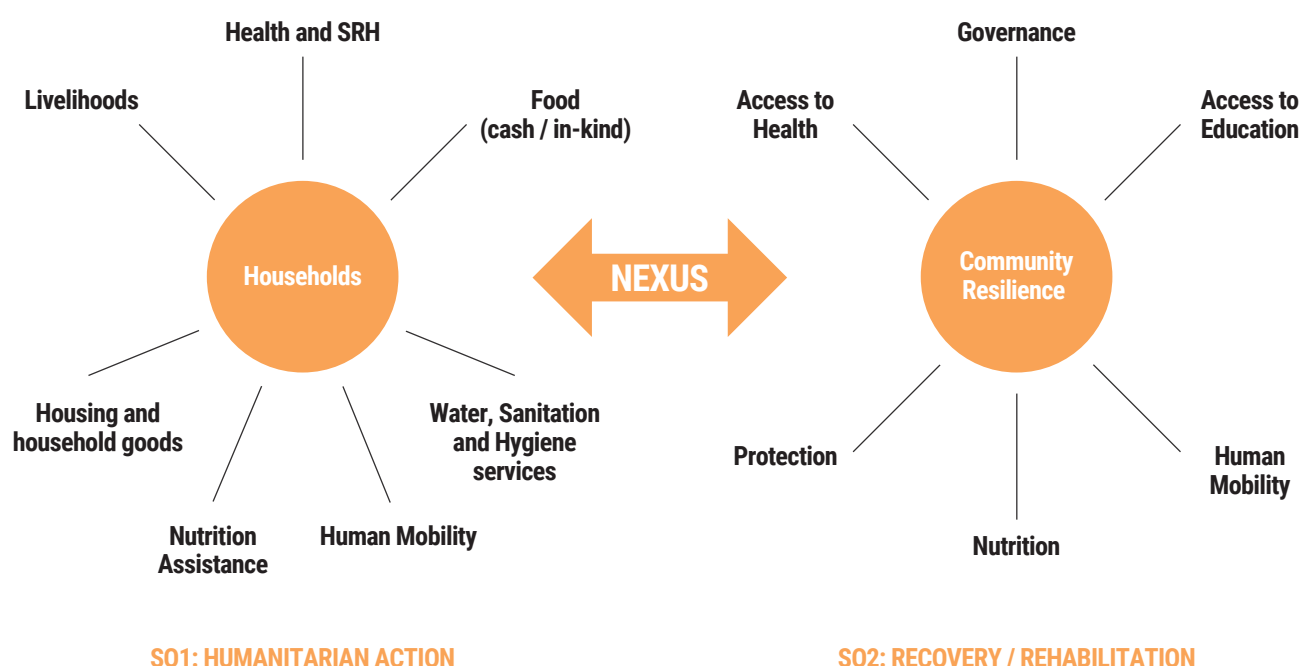
The timeline of the Response Plan schedule will span a maximum of 17 months, subject to revisions as necessary.

The response strategy focuses on actions that will save lives and reduce the suffering of affected individuals and families as well as interventions that will boost the recovery, rehabilitation and resilience of community systems and services (see diagram below).

ECLAC estimates that 51 per cent of the Guatemalan population lived in poverty in 2019. Even with the support of remittances from relatives in the United States, 18.7 per cent of the population was estimated to be living in extreme poverty (3 million people). However, without the support of remittances, extreme poverty would have risen to 23.5 per cent (4 million people). Additionally, Guatemala has the sixth highest prevalence of chronic malnutrition globally and the highest in Latin America and the Caribbean. Chronic child malnutrition and stunting affects 47 per cent of children under 5, around 58 per cent of indigenous children and 66 per cent of children in the lowest income quintile. In 2019, Guatemala ranked 68th in food security out of 113 countries worldwide, with only 40 per cent of households being food secure.

In this context, the humanitarian response must be strategic, comprehensive, efficient and timely.

At least one third of Guatemala's departments, 7 out of 22, suffer from overlapping climate impacts (extreme drought and flooding), extreme poverty, food insecurity and acute malnutrition alongside marginal incomes and limited economic opportunities.



### Critical humanitarian needs

In Guatemala, 3.45 million food-insecure people find themselves in Crisis (IPC 3) and Emergency (IPC 4) phases of food insecurity. Some 174,000 faced with Emergency levels of food insecurity urgently need food assistance. These people usually live in precarious conditions without access to basic services (electricity, piped water), in large extended families (parents, grandparents, older sons and daughters with their families and several brothers/sisters), and in one- or two-room houses with wood-burning stoves, dirt floors, adobe or reed walls and tile or thatch roofing.

The vicious cycle of chronic malnutrition is significantly worse in these households. In fact, as this section of the report is completed, 4 children under the age of 5 will die from complications related to acute malnutrition. Some 2.3 million of these children, as well as women of childbearing age, elderly and adolescents, need to be identified, monitored and promptly treated for life-threatening malnutrition. In these living conditions, with almost no access to proper sanitation and hygiene, the prevalence of gastrointestinal and respiratory diseases remains an ever-present threat to the lives of the most vulnerable.

Nearly one million people living in these conditions across the areas affected by Eta and Iota do not have access to basic health services, prenatal care, vaccinations, vitamin supplementation or outpatient medical treatment. Additionally, they do not have social security coverage or support from Government social programmes. About 3 out of every 10 of these children, mainly girls, will not go to school and without schooling they will continue to depend on unstable sources of income, such as seasonal agricultural crops (coffee, sugar cane, cardamom), low-paid day labor on farms, the informal economy or assistance received through charity and social solidarity.

For women and girls, domestic violence, violence and sexual abuse irreversibly mark their lives and futures in multifaceted ways. Some 1.1 million women, children and adolescents in these communities need access to protection mechanisms or institutional support to report mistreatment and abuse. The most reported crimes in the Guatemalan justice system are child abuse, femicide and other forms of violence against women, rape, assault

and other sexual crimes. In the departments included in this Response Plan, rates as high as 934 victims per 100,000 inhabitants have been reported so far this year. In the first 5 months of 2021 alone, the Reproductive Health Observatory reported 794 births to child mothers between the ages of 10 and 14.

According to ECLAC's assessment of the effects and impacts of Eta and Iota, the back-to-back tropical storms affected some 56,000 homes in the 4 most affected departments (Izabal, Alta Verapaz, Quiché and Huehuetenango), of which some 16,362 suffered slight damage, 37,465 moderate damage and 2,242 severe damage, affecting an estimated 350,000 people with losses totaling around \$231 million. In addition, ECLAC's report cites 339 health centers with slight, moderate or severe damage and 28 completely destroyed with losses of approximately \$1.5 million; 430 educational establishments damaged and 5 destroyed with losses of \$4.6 million; and massive damage to community and family water systems in almost all the municipalities of Alta Verapaz, with losses amounting to \$1.5 million. Agricultural losses totaled \$129 million across 137,000 hectares of staple crops such as corn, beans, bananas, plantains, tomatoes, onions, broccoli, cardamom and coffee, affecting some 204,500 families.

Human mobility is also generating a humanitarian crisis both in the country and along the Guatemala-Mexico migration corridor as well as the southern border of the United States. According to U.S. Border Patrol, the number of Guatemalan migrants apprehended annually at the border has increased from 17,338 people in 2007 to 265,129 people in 2019. Between 2020 and so far in 2021, 235,483 apprehensions have been reported. In 2020, almost 42,000 new applications for refugee status were filed by Guatemalan nationals globally, bringing the number of Guatemalans seeking international protection as asylum seekers or refugees to more than 170,000.

In 2020, the total number of people apprehended was 8,567, while as of May 2021, this number had soared to 30,376 people. Of the total migratory flow, unaccompanied children and minors remain the greatest group of concern.



In 2020, despite the COVID-19 pandemic, the migration of children and adolescents continued unabated. During this period, more than 4,500 unaccompanied children and adolescents were returned from Mexico and the United States in addition to more than 2,100 who were accompanied. Unaccompanied children and adolescents who have returned involuntarily stated that they have protection needs because of forced recruitment by criminal groups, including receiving death threats from such groups, domestic violence, belonging to the LGBTIQ+ community, or being victims of GBV and violence against women. Along migratory routes, they face situations of human trafficking and smuggling.

In addition, 2020 saw two massive migration flows of people travelling in so-called caravans in January and October and again in January 2021, each with more than 4,000 people, of whom approximately 30 per cent were children and adolescents. These people on the move required psychosocial support to detect and prevent violence, exploitation and sexual abuse, follow-up on processes of family reunification and building resilience, medical care, hygiene and recreation kits, and personal

protective equipment (PPE) for the staff as well as children and adolescents in shelters.

The National Protection Network, operated by UNHCR and its partners, assisted 48,542 people in transit through Guatemala in 2020, of whom 75 per cent were male and 25 per cent female. Among these people on the move, 87 per cent were adults and 13 per cent children and adolescents, mainly from Honduras (85 per cent) and to a lesser extent Guatemala (9 per cent), El Salvador (3 per cent), Nicaragua (2 per cent) and other places of origin (1 per cent).

So far, in 2021, the National Protection Network has assisted 17,858 people in transit through Guatemala, 78 per cent male, 21 per cent female; 73 per cent adults and 27 per cent children and adolescents.



#### SAN CRISTÓBAL, ALTA VERAPAZ, GUATEMALA

The loss of homes and crops are just some of the impacts felt by inhabitants of this town after the water level dropped as a result of Tropical Storm Eta.

Photo: WFP Guatemala/Alejandro Arriola

1.1

People in need prioritized by the humanitarian response

Population Group #1: Children under 5, adolescents and women of childbearing age, pregnant or lactating women

PEOPLE IN NEED (PIN)	PIN WOMEN	PIN CHILDREN
3.8M	1.9M	1.8M

In the context of a nutrition emergency, this population group may contribute to the incidence of death, as high as 53 per cent among children under 1. At birth, children do not yet have a developed immune system and, as such, infections can be fatal, especially in the context of a humanitarian crisis, increasing the likelihood of death from pneumonia and/or diarrhoea, with nonbreastfed children being particularly vulnerable. Among pregnant and lactating women, it is important to ensure adequate food intake and supplementation with micronutrients. Ensuring these two services helps prevent maternal mortality from acute malnutrition and complications during childbirth and serves as a protective measure that promotes overall good health.

Women, particularly those of reproductive age, girls and adolescents, women with disabilities, LGBTIQ+

people, heads of single-parent households, survivors of GBV, migrants, displaced women, refugees and returnees as well as rural, indigenous and Afro-descendant women have been disproportionately affected by the humanitarian impacts of multiple emergencies.

Girls, adolescents and women faced with poverty and malnutrition as well as those affected by tropical storms remain in spaces that leave them vulnerable and constantly exposed to the risk of violence. On the other hand, the lack of access to sexual and reproductive health services will result in an increase of unplanned pregnancies and pregnancy-related morbidity and mortality, sexually transmitted infections, HIV and a lack of specialized care for pregnant girls who are particularly high risk.

Population Group #2: Subsistence and infra-subsistence farmers, day laborers and people in the informal economy, maquilas and small businesses

PEOPLE IN NEED (PIN)	PIN WOMEN	PIN MEN	PIN ELDERLY
1.7M	876.6K	827.4K	170.6K

Agriculture is the most important productive sector in Guatemala. Sixty-one per cent of the population lives in rural areas and the economically active agricultural population is 58.6 per cent. In other words, about 2 million people work in the agricultural sector. Subsistence agriculture represents 53 per cent of producers and accounts for 67 per cent of the country's basic grain production. Subsistence farmers usually produce in units smaller than 3.6 hectares, mainly for consumption, requiring agricultural wage labor to supplement family income. Subsistence farmers, together with landless farmers, suffer most from food insecurity.

Small-scale producers and day laborers are vulnerable because they do not have access to social protection mechanisms and depend totally on circumstances beyond their control, such as climate conditions and market prices, among others. Infra-subsistence farmers are those who cannot cover their family's food needs (mainly corn and beans) by working

small plots of land, most of which are rented, do not own productive resources and have limited access to markets. They supplement what they produce by buying from markets using income generated through wage work.

Subsistence farmers, on the other hand, manage to meet their family's food needs (corn, beans and sorghum) by cultivating small plots of land and contribute to the national production of basic grains and other products for the domestic market, but lack access to credit or technology.

Job losses (mainly in tourism, maquilas and fishing), the reduction of household stocks of basic grains and their increasing prices, along with mobility restrictions aimed at curbing the spread of COVID-19, have greatly reduced the movement of people between departments, limiting the ability to sell their labor and carry out informal trade.

### Population Group #3: People on the move (displaced people, asylum seekers, refugees, migrants and returnees)

PEOPLE IN NEED (PIN)	PIN WOMEN	PIN MEN	PIN CHILDREN	PIN ADULTS	PIN ELDERLY
<b>242K</b>	124.6K	117.3K	113.7K	104K	23.7K

People on the move face protection and assistance challenges (trafficking and smuggling, sexual and gender-based violence, extortion, deprivation of liberty, family separation of children and adolescents, etc.), particularly those who make the journey irregularly or lack valid documentation. The increase in migration control measures implemented by authorities, the lack of appropriate information and exploitation at the hands of migrant smuggling and human trafficking networks expose people on the move to increased protection risks.

Refugees and asylum seekers in particular face challenges in accessing efficient legal procedures, documentation and local integration into host

communities, suffering stigma and discrimination. These challenges are more pronounced for women survivors of violence, particularly sexual violence or trafficking for sexual exploitation. The challenges faced by returnees include the inability to return to their communities of origin or limited reintegration support in these communities.

People displaced by Eta and Iota face increased vulnerabilities due to precarious conditions in shelters lacking adequate infrastructure, sanitation and access to safe drinking water, all critical to mitigating the risks associated with COVID-19 and other communicable diseases endemic in countries affected by these storms.



Children and adolescents in vulnerable conditions (especially migrants, refugees, those with disabilities, indigenous children and those at risk of exclusion) belong to households that have suffered a reduction

in income, putting them at higher risk of dropping out of school and having to resort to negative coping mechanisms such as child labor, motherhood and early marriages and gang recruitment.

Population Group #4: Indigenous people

PEOPLE IN NEED (PIN)	PIN WOMEN	PIN MEN	PIN CHILDREN	PIN ADULTS	PIN ELDERLY
2.2M	1.1M	1.1M	1.1M	969.3K	225.4K

In Guatemala, indigenous populations are most affected by chronic malnutrition (61 per cent, reaching as high as 78 per cent in some cases) and as a result, are also more likely to suffer from acute malnutrition due to a weak and underdeveloped immune system. Rural and indigenous communities face greater humanitarian risks because, in addition to their deteriorated nutritional status, there is limited coverage of health services in these areas for the timely identification and treatment of acute malnutrition and other health needs. These humanitarian risks are only exacerbated by their more precarious and impoverished living conditions.

Indigenous, Afro-descendant and rural women often live in situations of acute poverty and face several critical issues, such as a lack of certainty regarding land ownership, exclusion from decision-making in indigenous territories, limited access to health services, including those for sexual and reproductive health, restricted economic autonomy and exposure to violence. Their geographic location, lack of transportation and poverty often limit their access to comprehensive care services and alternative means of filing complaints.

Population Group #5: People with disabilities

PEOPLE IN NEED (PIN)
380K

In some cases, people with disabilities living in vulnerable conditions depend on the care of other people, as they have distinct difficulties in mobility or accessing assistance. In general, the provision of health services for people with disabilities are disproportionately affected in emergencies and as a result, they encounter multiple barriers in accessing services and humanitarian assistance. People with disabilities affected by the passage of Eta and Iota reported unsafe conditions in temporary shelters and a lack of adequate assistance measures.

In disaster and emergency contexts, discrimination against people with disabilities often worsens and their participation is even further limited, leading to inequitable access to necessary information and

humanitarian assistance. Children with disabilities have limited access to adequate food, putting their lives at risk by contributing to the possible development of acute malnutrition, especially during emergencies.

People with disabilities are disproportionately affected in disaster, emergency and conflict situations given that evacuation, response (including shelter, camps and food distribution) and recovery measures are inaccessible. The needs of people with disabilities continue to be overlooked in long-term recovery and reconstruction plans, thus missing yet another opportunity to ensure that disability-inclusive measures are in place to deal with future disasters.

## 1.2

## Strategic Objectives, Specific Objectives and Response Approach

The HRP will assist 1.68 million people, approximately 44 per cent of the 3.8 million people with pressing humanitarian needs identified in the HNO. In this Plan, those groups most in need of assistance have been prioritized in order to reduce suffering and save lives in the geographic areas hardest hit by overlapping crises. The Plan will focus on ensuring that beneficiary families receive comprehensive humanitarian assistance, such as repairs to homes and water and sanitation systems, reactivation of family-based economies through crops and livestock, nutrition and health services, including for sexual and reproductive health, and access to specialized protection services, including those to protect against violence and abuse, among others.

In addition, interventions will be implemented to rehabilitate basic health and education services, restore safe water systems, reinforce protection services, and rehabilitate productive agricultural land and infrastructure, reconfiguring the social fabric and improving the sustainability of response interventions, community resilience and governance.

All interventions will adhere to humanitarian and protection principles, including protection from sexual exploitation and abuse, and integrate considerations for inclusion, gender equality and intersectionality, ensuring accountability to beneficiaries and an appropriate and differentiated response effort.

The HRP considers the inclusion, protection and dignity of people with the most severe multi-sectoral needs. The response is aimed at providing protection, saving lives and contributing to durable solutions to restore the rights and socio-economic stability of people who have been affected by the multiple crises unfolding in the country.

The planning, formulation and implementation of activities are being carried out in close communication and coordination with lead government institutions across sectors through the existing humanitarian coordination architecture as well as the methodologies and tools of the Humanitarian Programme Cycle (HPC).

# Strategic objective 1

Protect and help save lives and preserve the dignity of severely affected people through a humanitarian response grounded in a human rights-based approach and an intersectional perspective which

takes into consideration differences based on age, gender and diversity that is both culturally and linguistically relevant.



**SOLOLÁ, GUATEMALA**  
Photo: Action Against Hunger/Lys Arango

TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
2.4M	19.2%	47.3%	10%

### Justification and Expected Results

The HNO analysis identified urgent needs in the populations most affected by Eta and Iota, climatic crises in the Dry Corridor and human mobility. The effects of these crises on everyday people and on community systems and services were carefully analyzed. Populations suffering the consequences of all three crises who display overlapping accumulated

needs were identified. The most recurrent needs include: food, high rates and risks of chronic malnutrition as well as cases of acute malnutrition in children and women; safe water, improved sanitation systems and hygiene practices/supplies, health (including sexual and reproductive health); protection of women, adolescents and girls; and the repair and

rebuilding of homes affected by Eta and Iota, including the replacement of damaged household goods.

This objective focuses on humanitarian response efforts at the household level to deliver services and supplies that contribute to saving lives and restoring the rights and dignity of affected families. These response activities include food assistance (through food kits or cash transfers), assistance for children under 5, women, adolescents and the elderly related to issues of malnutrition, including timely treatment, health and reproductive health services, emergency WASH services and provision of sanitation and family hygiene. Additionally, they include interventions aimed

at recovering agricultural assets and productive capacity for the immediate production of animal and plant-based foodstuffs, repair of homes and household goods, including those that support livelihoods, access to specialized protection services, such as protection for women, children and adolescents, and for people on the move who are at risk of violence, abuse and other crimes.

These actions are expected to benefit some 2.4 million people. The activities of the Plan will be implemented between August 2021 and December 2022.

#	Five Specific Objectives	Target groups
1.1	Assist in the recovery of habitability conditions in 9,898 homes, including household goods, and contribute to the reestablishment of WASH services through "building back better".	<b>294,043 people</b> Families and communities affected by flooding and landslides caused by tropical storms Eta and Iota and those in the Dry Corridor.
1.2	Restore food security through cash transfers and/or food kits as well as recovery of livelihoods and productive capacities of 117,465 families.	<b>443,964 people</b> Small-scale infra and subsistence producers and families dependent on informal commerce, maquilas and small enterprises affected by COVID-19 restrictions.
1.3	Contribute to the reduction of morbidity and mortality among children and women through the delivery of comprehensive maternal, neonatal and infant health care, as well as effective detection, treatment and timely referrals, including for acute malnutrition, with broad-based community participation, addressing personal, family and community risks and promoting appropriate feeding and nutrition practices.	<b>1,296,781 people</b> Children under 5, adolescent girls and women of childbearing age, pregnant and lactating women.
1.4	Facilitate the generation or reestablishment of protective environments and immediate response to human rights violations for people facing critical protection risks and those affected by GBV, guaranteeing dignity, autonomy, risk reduction and access to essential services.	<b>366,749 people</b> People on the move, women, children and adolescents as well as relevant public officials involved.
1.5	Strengthen complaint mechanisms, including for PSEA, within the framework of Accountability to Affected People (AAP).	<b>37,650 people</b> Women agents of protection, people in vulnerable communities, community leaders and humanitarian organizations.



# Strategic objective 2

Promote sustainable solutions that contribute to the exercise of rights and promote the self-sufficiency, empowerment and resilience of affected people, with a focus on protection, intersectionality and differences

based on age, gender, cultural and linguistic diversity, as well as the connection between humanitarian, recovery/resilience and development activities (triple nexus).



SESAAB, SAN PEDRO CARCHÁ, GUATEMALA  
Delivery of mattresses and blankets.  
Photo: ASEDE-OXFAM

TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
911K	19.2%	47.3%	10%

## Justification and Expected Results

The HNO analysis identified needs related to the impact on municipal and community systems and services owing to the various impacts of Eta and Iota in addition to needs arising in the Dry Corridor and those associated with human mobility. These needs are related to the institutional and community

structures that sustain people's well-being and quality of life. Significant damage was identified in health infrastructure (mainly health centers and health posts) and educational facilities, as well as considerable damage to community water systems, productive assets and the protection environment for vulnerable groups.

Therefore, interventions under this strategic objective are focused on the recovery and rehabilitation of systems and services, with the aim of fostering greater community resilience and self-sufficiency. These interventions include repairs to health centers and health posts, replacement of medical equipment and supplies; repairs to educational centers and provision of essential supplies for education; and capacity building for self-management in nutrition and health, including sexual and reproductive health. Additionally, other related activities include training or strengthening of community protection networks, women protection agents as well as nutritional change agents; support for women, girls and adolescents at risk, or those with complaints related to abuse and violence, and support for children and adolescents on the move, who are often left unprotected in communities with higher rates of migration.

In the agricultural sector, protected agriculture structures (macro tunnels, greenhouses and net houses) as well as drip irrigation systems for vegetable production will be repaired and rehabilitated, while soil will be restored through conservation practices in sand-covered areas and to conserve moisture and prevent erosion in the Dry Corridor. Additionally, fishponds will be created or repaired.

These actions are expected to benefit some 2.4 million people and will be implemented between August 2021 and December 2022.

#	Four Specific Objectives	Target groups
2.1	Restore the operation of networks for health services and educational facilities, providing safe water in the departments affected by Eta and Iota, to guarantee continuity and equal access to culturally relevant first and second level health services, including sexual and reproductive health services.	<b>699,869 people + 254 health facilities and 447 educational facilities</b> Women of childbearing age, pregnant women, women with medical complications, those with level 3 health care needs, children under 5 and the educational community.
2.2	Contribute to strengthening the capacities of families, communities and key actors for a comprehensive approach to nutrition and recovery of food security in order to prevent the deterioration of reproductive, maternal and neonatal health as well as the population's nutritional status and the emergence of new cases of acute malnutrition.	<b>155,211 people</b> Families facing food insecurity, including children under 5, adolescent girls, women of childbearing age, and pregnant and lactating women.
2.3	Strengthen national and territorial mechanisms for protection, resilience, equal participation and empowerment of the affected population with emphasis on women, children and adolescents, the LGBTIQ+ community and people on the move through rebuilding the social fabric to promote rights and reduce protection risks, including GBV.	<b>55,898 people</b> People from vulnerable communities, women, children and adolescents, people on the move and teachers involved in protection activities.
2.4	Re-establish the operation of the local organization for emergency response and sustainable recovery through processes of empowerment and capacity building under the auspices of a rights-based approach to "building back better".	<b>20 municipalities and 200 communities</b> Local authorities, mayors and deputy mayors, and organized community groups, including COCODEs and COLREDs.

## 1.3

## Cost methodology

The HCT, sectors and other partners selected a project-based costing methodology as the most appropriate method considering the context, previous experiences and the capacities of humanitarian actors in the country. Projects that were developed and uploaded to the Projects Module were reviewed and approved and their final requirements for 2021-2022 were calculated accordingly. Within each project, cost estimations were calculated on a per unit basis based on the cost catalogues used by each sector. Overall, the logistics and operating environment is relatively homogeneous, access is not compromised and the geographic areas of intervention are adjacently located.

Given the importance of cross-cutting issues, consideration has been given to the use of tools such as the Gender with Age Marker (GAM), the integration of an environmental approach, the inclusion of people with disabilities as well as the centrality of protection, including PSEA.

Projects have been agreed upon and approved by sectoral leadership based on criteria aligned with the strategic objectives of the Plan, humanitarian principles, evidence-based prioritization, implementation capacities, specific needs of vulnerable groups and the most affected geographic areas. Additional criteria include an implementation strategy consistent with financial requirements,

establishment of and commitment to a monitoring and evaluation mechanism, the inclusion of a protection risk analysis (including the mitigation of GBV and PSEA) and a GAM self-assessment. The proposed projects were presented to the UN Resident Coordinator, Government focal points (CONRED, Ministry of Foreign Affairs, relevant ministries and secretariats) and the HCT.

Using this methodology, the Plan consists a total of 41 approved projects with a total financial requirement of \$210 million. The departments of Alta Verapaz, Quiché, Huehuetenango, Izabal and Chiquimula have been prioritized in the response strategy, while children, adolescents, women, indigenous and Afro-descendant communities and people with disabilities were the vulnerable population groups identified. As such, humanitarian actors will prioritize activities focusing on these departments and vulnerable population groups within the framework of the 2021 HRP.

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

Sector	Total amount (US\$)	Target population	Cost per beneficiary (\$US)
Housing	46,127,928	77,543	612.56
Protection	51,537,260	253,351	203.80
Food Security	33,952,617	270,000	122.22
Livelihoods	18,739,265	329,175	57.11
Education	4,872,953	89,198	47.85
Health and SRH	15,000,000	558,000	26.88
WASH	11,000,000	424,000	25.94
Nutrition	22,350,000	961,981	23.23
Child Protection	3,000,000	204,750	14.65
GBV	3,078,532	264,630	12.47
Coordination	165,000	N/A	N/A
	<b>209,823,555</b>		



## 1.4

## Planning Assumptions, Operational Capacity and Access

### Planning assumptions

Planning has been carried using the HNO, identified humanitarian needs and discussions with Government actors, local authorities and community representatives. Many of the planned actions focus on the humanitarian gaps identified in the response already being provided by the Government of Guatemala through projects carried out by its various implementing agencies and institutions.

It is expected that there will be no access limitations in the areas of intervention due to conflicts, organized crime, insecurity or the impacts of new disasters. It is also expected that the COVID-19 situation will not significantly worsen in the coming months and that neither the Government nor local authorities will impose new mobility restrictions.

### Operational capacity

The implementation of each Sector Plan will be the responsibility of the sectors involved. Sector lead and co-lead agencies and organizations will make their operational, logistical, and financial capacities available to support project development and resource mobilization. In each sector, implementing partners with a proven track record have been identified who will play an integral role in the formulation of projects and the implementation of activities. To date, some 20 operating partners have been identified. Sector-based operational capacity is complemented in the areas of intervention by the involvement of personnel from Government institutions who are counterparts of the different sectors or have operational partnerships with agencies and organizations. The coordination of activities, including the monitoring of plans and projects as well as decision-making, is the responsibility of HCT management (UN Resident Coordinator, CONRED's Executive Secretary and the

Director of Action Against Hunger representing NGOs), with technical assistance provided by OCHA's team in-country and from its Regional Office. The main coordination space will be the inter-cluster forum that will hold regular meetings convened by OCHA.

### Access

At the time of the preparation of this Response Plan, there are no access limitations in the areas where beneficiaries are located that are related to security conditions, damage to road infrastructure or ongoing conflict. The only potential implementation risk is posed by the peak of the rainy season and the possibility of hydrometeorological hazard affecting the country during the hurricane season. Some of the areas of intervention are seismic zones with a latent risk of earthquakes that would have collateral impacts on roads, including cracking, land subsidence and landslides. Additionally, there could be road blockages due to protests. In either case, there will be constant monitoring of geological and political conditions, monitoring of daily reports from the US National Hurricane Center and constant communication with the UN Department for Safety and Security (UNDSS).

## 1.5

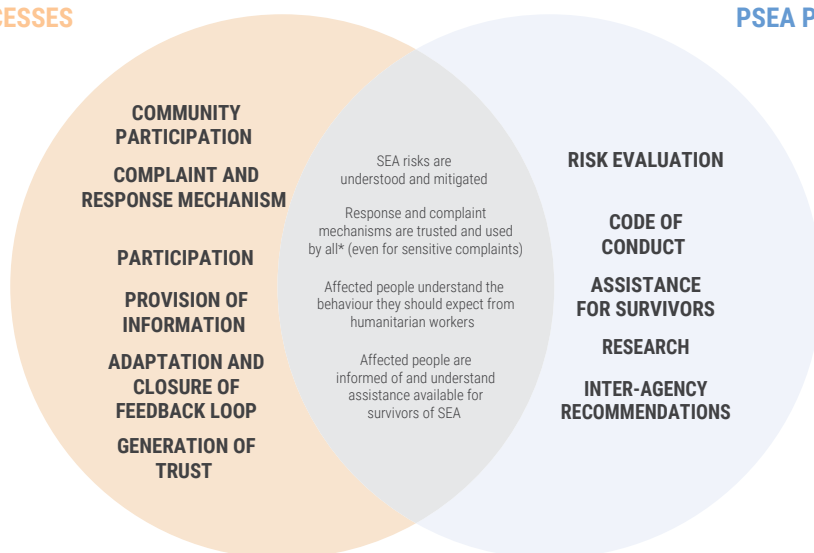
## Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Abuse (PSEA)

Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) are the responsibility of HCTs in all countries and of implementing partners involved in HRPs. Guided by the principle of putting affected people at the center of the humanitarian response and the recommendations laid out by IASC, it is of paramount importance to ensure the integration of these two cross-cutting issues as part of the foundation of all humanitarian action.

As can be seen in the graphic below, the two complement and reinforce one another. To report sensitive grievances, communities must be aware of and have access to community feedback mechanisms with reliable, inclusive and secure communication channels. Communities use these to submit sensitive complaints, comments and questions regarding the humanitarian assistance received, which must be managed appropriately and ensure the effective closure of the feedback loop.

### RESULTS OF THE COLLABORATION / LINKS BETWEEN AAP AND PSEA

#### AAP PROCESSES



Adapted from a diagram created by the IASC Task Force on Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA).

\* The term "all" is intended to capture all groups in the community: women, men, children, youth and the elderly as well as people with disabilities and specific minority groups.

## **The six minimum commitments on Accountability to Affected People (AAP)**

Guatemala's HRP partners affirm their intention to achieve the six minimum commitments for improved AAP. This collective effort will be prioritized and integrated as a standing item on the agenda of regular HCT follow-up meetings. AAP will be integrated in all stages of the HPC to help identify new trends, requests for information on humanitarian assistance, unmet needs and to ensure that community voices contribute to the improvement of humanitarian action from design through to implementation.

1. Strengthen partners' capacities 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 on humanitarian assistance and are aware of their rights with respect to that assistance.
3. Support affected communities to participate in decisions that concern them at all stages of the HPC, including women, men, boys, girls, adolescents, youth, the elderly, people with disabilities and LGBTIQ+ people.
4. As part of project implementation, establish a community feedback mechanism including a variety of secure, accessible, inclusive and confidential channels, in line with IASC Standard Operating Procedures, to receive and appropriately refer PSEA suggestions, questions, and complaints."
5. Closing the community feedback loop, prioritizing the management and referral of sensitive complaints, following up on suggestions and comments received, and providing communities with clear information on the changes that have been implemented based on the feedback received.
6. Strengthen inter-institutional and inter-agency coordination for the advancement of collective

AAP and coordination between AAP and PSEA efforts to establish efficient and quality feedback and complaint mechanisms focused on the different population groups receiving assistance.

## **Protection against Sexual Exploitation and Abuse (PSEA)**

In line with the standards, policies and strategies of the UN Secretary General's Zero Tolerance on Sexual Exploitation and Abuse (SEA), all HCT partners involved in the Response Plan will develop actions aimed at preventing, mitigating and responding to SEA, a severe form of GBV, through their assistance programmes and projects implemented in affected communities.

Based on the results of the initial inter-agency mapping to be rolled out in 2021 and the minimum standards of PSEA, humanitarian actors will carry out the following minimum actions: 1) Identification and mitigation of SEA risks through capacity building for staff and communities; 2) Establishment or strengthening of codes of conduct that integrate SEA; 3) Installation of community complaint mechanisms to report cases or suspicions of SEA, including safe, accessible, inclusive and confidential channels considering gender, age, ethnicity and disability characteristics; 4) Information sessions with communities regarding community complaint mechanisms so that they are aware of them and know how to use them; 5) Provide quality, immediate, inclusive and safe assistance and protection to victims/survivors (including medical, psychosocial and legal assistance, reintegration support, shelter and non-food items); 6) Promote the integration of specialized SEA assistance into the referral pathways of the GBV and Child Protection Subsectors; and 7) Investigate allegations in a prompt, safe and survivor-centered manner.

These actions aim to strengthen the engagement of the humanitarian community at the national and regional level on PSEA based on the knowledge, experiences and tools developed by humanitarian actors together with women, girls, adolescents, boys, men and LGBTIQ+ victims/survivors. This will be accomplished in a coordinated manner through the establishment of an action plan and a network of

PSEA focal points to provide technical support in the development of these activities.

### **AAP and PSEA indicators**

To measure the collective progress of the Guatemala HRP on the commitments to AAP and PSEA, and in accordance with the guidelines required in the Project Proposal Template, it is recommended that partners, sectors and the Inter-Cluster Coordination Group promote and integrate indicators outlined below into response monitoring.

To measure whether the response is based on community participation:

**Indicator 1: % of projects** where key decisions are influenced by affected communities at all key stages of the project cycle (assessment, design, implementation, monitoring and final review).

**Indicator 2: % of affected people** who feel that humanitarian assistance providers take their opinions into consideration.

- Core Humanitarian Standard Indicators, CHS Alliance.

In order to measure whether community feedback and complaints (including sensitive ones) are adequately addressed:

**Indicator 3: % of affected people** who know how to ask questions, make suggestions or complaints regarding humanitarian assistance and report misconduct and abuse by providers.

- Core Humanitarian Standard Indicators, CHS Alliance.

**PSEA indicator: % of children and adults** who have access to a safe and accessible channel for reporting SEA.

- Global PSEA Indicator, Global Humanitarian Response Plan (GHRP).



## 1.6

## Consolidated Overview on the Use of Multipurpose Cash Transfers

One of the main characteristics of cash as a form of assistance is its flexibility, as it can be used to support the provision of goods and services related to food security, housing, health, education, income generation and protection, among others, while maintaining the decision-making power of beneficiaries.

This response modality has been employed in Guatemala since 2010, gaining momentum from 2015 onward. Currently, at least two donors in the country (ECHO and USAID) are strongly promoting cash-based assistance. In 2018, the Multisectoral Cash Transfer Group (GMTM, for its Spanish acronym) was established, a joint effort to support all phases of response as well as the identification of coordinated solutions to better serve target populations.

According to the Who does What, Where, When and for Whom (345W) platform for Eta and Iota, some 25,000 people received assistance through multipurpose transfers. The principal methods of delivery were mobile transfers and cash pickup at bank counters. Evidence gathered by the GMTM suggests that cash transfers and vouchers are the preferred modalities of affected communities, being particularly beneficial for women.

In 2021, it is expected that the use of multipurpose transfers will increase. As such, it is recommended that mitigation measures continue to be implemented in order to minimize the risks of COVID-19 and to overcome limited transportation to and from communities that may affect this response modality. The latter will be crucial for people with disabilities and the elderly. It will also be important to consider protection and support measures for minors, including child mothers, returnees, refugees or applicants for refugee status, who normally do not

have proper identification documents and therefore, lack access to financial institutions.

In accordance with the strategic objectives of this Plan, both unconditional and conditional cash transfer modalities could be implemented. Consideration will be given to restricting deliveries to the purchase of food, medicines and hygiene items, as appropriate. It is recommended that training sessions be scheduled for beneficiary families on the appropriate use of transfers and suitable protection measures.

During the implementation stage, market and risk studies will be conducted taking into consideration the fact that during the rainy season extreme hydrometeorological hazards often have a major impact on access to markets, mainly due to road networks damaged by floods and landslides, with essential products becoming scarce and rising in price while public transportation is potentially suspended. Each organization will implement its own cash transfer delivery and monitoring mechanisms in a coordinated manner.

One of the main challenges faced in the provision of cash is the limited number of financial service providers nationwide, the most widely used being Banrural (with a presence in most municipal capitals) and Tigo Money (which provides services through ATMs and banking agents). Some organizations have reported that the only bank agency or ATM in some municipalities are overwhelmed and/or that administrative procedures take too long.

## Part 2:

# Response Monitoring

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### ALTA VERAPAZ, GUATEMALA

Following the heavy rains brought by Tropical Storm Eta, the entire valley of the town of Las Pacayas turned into a lagoon. There are still homes under water. Photo: WFP Guatemala/ Alejandro Arriola



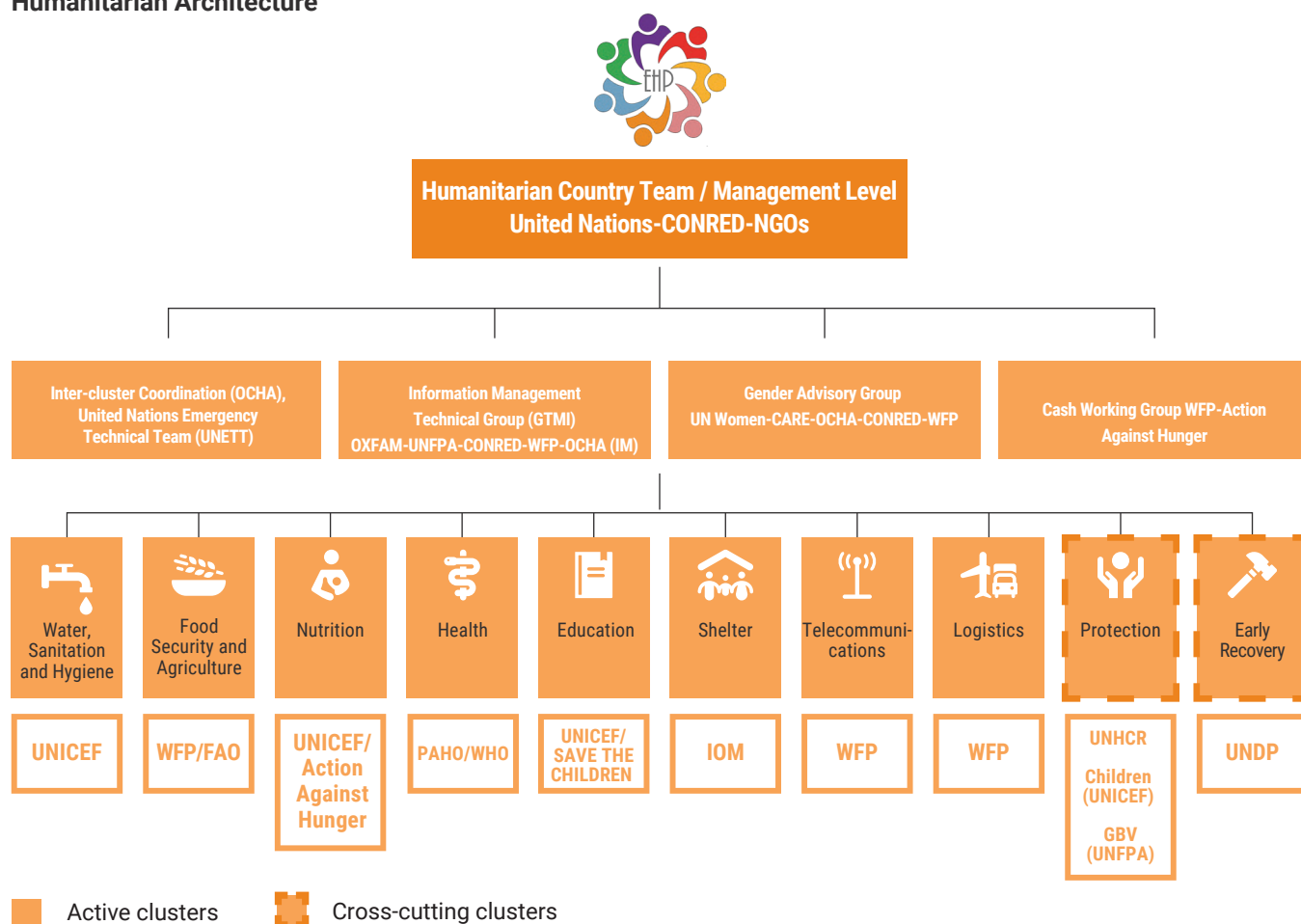
## 2.1

## Approach to Monitoring

Each implementing partner is responsible for monitoring their projects using the monitoring framework and tools employed within their respective organizations. 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 agreed upon indicators. While projects can be monitored on a monthly or quarterly basis, the Sector Plan can be monitored on a semi-annual basis. Each Sector may establish 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 the monitoring of both projects and Sector Plans and will coordinate the elaboration 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 upload information to the system monthly. The 345W will be designed in accordance with the structure of the projects being implemented. At the regional and global level, OCHA will verify that partners and sector leaders regularly report to the Financial Tracking Service (FTS) platform, which generates reports for donors and the humanitarian community.

### Humanitarian Architecture



Source: Humanitarian Country Team - Guatemala



## Table of Strategic Objectives, Specific Objectives, Indicators and Targets

### Strategic objective 1

Protect and help save the lives and preserve the dignity of severely affected people through a humanitarian response grounded in a human rights-based approach and an intersectional perspective which takes into consideration differences based on age, gender and diversity that is culturally and linguistically relevant.

#### Specific Objective 1.1

Assist in the recovery of the habitability conditions in 9,898 homes, including household goods, and contribute to the reestablishment of WASH services through "building back better".

INDICATORS	BASELINE	NEED	TARGET
# of families with rebuilt homes	0	12,594	9.8K
# of families with access to basic housing supplies/equipment			4K
# of families with landslide and flood mitigation measures implemented at the household level			3.5K
# of people accessing the temporary employment programme associated with housing construction		---	800
# of women, single heads of households, accessing household items and equipment that used for livelihoods prior to Eta/Iota		500	500
# of solar panel allocations for three light sources		1.06M	145K
# of people with access to an improved water facility		2.2M	19.5K
# of people with access to educational institutions with basic WASH services (disaggregated by sex/gender and age) (150 est. * 130 CE)		930.3K	52K
# of people with access to health facilities with basic WASH services (disaggregated by gender and age)		1.06M	45.5K
# of people with access to an improved sanitation facility (disaggregated by sex/gender and age)		2.2M	19.5K
# of people with access to educational institutions with basic WASH services (disaggregated by sex/gender and age)		930.3K	52K
# of people with access to health facilities with basic WASH services (disaggregated by sex/gender and age)			

#### Specific Objective 1.2

Restore food security through cash transfers and/or food kits as well as the recovery of livelihoods and productive capacities of 117,465 families.

INDICATORS	BASELINE	NEED	TARGET
# of families with improved food availability measured in months	0	46K	46K
# of families that received food rations			
# of families that received conditional cash transfers for food			90%
% of families that improved their food consumption index			
% of families reducing the use of coping strategies		1.1M	329K
% of households that reduce spending on food and prioritize it for other purposes		1.1M	329K
# of people who implement livelihood-related coping strategies		1.1M	329K
# of people rehabilitating their livelihoods and productive capacities in the farm component (milpa)			
# of people rehabilitating their livelihoods and productive capacities in the backyard component (home)			



## Specific Objective 1.3

Contribute to the reduction of morbidity and mortality among children and women through the delivery of comprehensive maternal, neonatal and infant health care, and effective detection, treatment and timely referrals, including for acute malnutrition, with broad-based community participation, addressing personal, family and community risks and promoting appropriate feeding and nutrition practices.

INDICATORS	BASELINE	NEED	TARGET
# of children screened for acute malnutrition in prioritized communities	0	250K	175K
% of children identified with acute malnutrition receiving treatment		5K	100%
# of children who receive comprehensive nutritional interventions		250K	150K
# of women, including pregnant adolescents and child mothers, who receive information, counseling, and health and nutrition assistance in prioritized communities		567K	15K
of pregnant women with complications detected and referred		11.5K	8.5K
# of pregnant and adolescent girls and child mothers detected and referred		2.3K	1.7K
# of midwives/community midwives trained in health and nutrition		8.4K	2K
# of change agents trained in health and nutrition		6.6K	4.9K
# of community emergency committees strengthened in health and nutrition		420	200
# of municipal health districts strengthened in health and nutrition emergency response		42	42
# of pregnant women and adolescents who receive information, counseling and maternal-perinatal health assistance		139K	5K
# of women of reproductive age, adolescents and key populations that benefit from sexual and reproductive health activities, including family planning, STI/HIV prevention and sexual violence, through a rights-based, gender-sensitive and culturally relevant approach		55.8K	104K
# of health and community personnel trained and/or sensitized to address the sexual and reproductive health needs of affected people from a rights-based and culturally relevant perspective		500	500
# of community emergency committees strengthened on the detection, stabilization and referral of maternal and neonatal complications, including the provision of PPE, medicines and essential health supplies		235	150
# of traditional midwives strengthened on the detection, stabilization and referral of maternal and neonatal complications, including the provision of PPE, medicines and essential health supplies		2K	2K

## Specific Objective 1.4

Facilitate the generation or reestablishment of protective environments and immediate response to human rights violations for people facing critical protection risks and those affected by GBV, guaranteeing dignity, autonomy, risk reduction and access to essential services.

INDICATORS	BASELINE	NEED	TARGET
# of people on the move who received information on rights and services, free legal guidance, comprehensive psychosocial care and/or other specialized services	0	290.8K	200K
# officials and beneficiaries trained in protection issues	0	51.4K	39.6K
# of prevention campaigns and risk mitigation strategies	0	14	14
# of people, including women, children and adolescents, with specific protection needs who access humanitarian assistance and/or specialized comprehensive services through a differentiated approach based on age, gender and diversity	0	278.2K	214K
# of referral routes on protection issues developed, implemented or strengthened	0	30	10
# of women, adolescents, girls and the most vulnerable population with access to information on referral and care routes, remote services and emergency lines	0	1.11M	370K
# of GBV survivors with access to essential face-to-face, remote, automated, mobile and emergency hotline services	0	529.2K	265K
% of health service facilities with trained personnel, medical supplies and equipment for clinical care of survivors of violence within 72 hours of an incident or exposure	0	100%	80%
% of essential service providers trained in international standards for GBV care in humanitarian settings as well as referral and follow-up on cases		100%	80%
% of essential service providers that have access to psychological support to ensure personal well-being and the quality of service delivery		100%	55%

## Specific Objective 1.5

Strengthen complaint mechanisms, including for PSEA, within the framework of Accountability to Affected People (AAP).

INDICATORS	BASELINE	NEED	TARGET
# of humanitarian organizations that have implemented actions to prevent sexual exploitation and abuse, including in temporary shelters	0	58	35
# of women, agents of protection, who access key information and safe channels to report and receive care for sexual exploitation and abuse through of ICTs and smart phones	0	4.2K	2K
# of community mechanisms for reporting, care, referral and follow-up on SEA cases adapted to the local context and led by women	0	42	17

## Specific Objective 2

Promote sustainable solutions that contribute to the exercise of rights, promote self-sufficiency, empowerment and resilience of affected people with a focus on protection, intersectionality and age, gender, cultural and linguistic diversity and relevance, and the connection between humanitarian actions, recovery, resilience and development (triple nexus).

### Specific Objective 2.1

Restore the operation of networks for health services and educational facilities, providing safe water in the departments affected by Eta and Iota, to guarantee continuity and equal access to culturally relevant first and second level health services, including sexual and reproductive health services.

INDICATORS	BASELINE	NEED	TARGET
# of rehabilitated health facilities that have improved safety, capacity and access to care by at least 5 per cent and strengthened referral systems	32	247	111
# of health services that have a water supply system with the capacity to meet the daily demand for 72 hours			
# 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, sexual violence as well as STIs and HIV	0	500	500
# of departmental and municipal health directorates that have situation rooms and tools for coordination, information management and timely decision-making during health emergencies and disasters		7	7
# Municipal and health institutions (Municipal Health Commissions, NGOs) supported or strengthened for care and maintenance of services, including the provision of medicines as well as personal protection and other essential health care supplies, and the minimum initial service package for SRH in emergency contexts	47	47	47
# of people participating in WASH planning meetings satisfied with the process		245K	155K
# of municipalities trained in planning and implementation of the triple nexus approach in WASH		26	20
% of students with access to remote and face-to-face educational services			90%
% of teachers with access to culturally relevant didactic and pedagogical material			100%
% of students receiving backpacks and basic school supplies			
% of schools equipped with guides, learning materials and supplies for recreational activities			
% of teachers with skills and competencies to implement the emergency curriculum			80%
% of children with disabilities or outside the system of beneficiaries			100%
% of decision-makers who advocate for a return to classes that prioritizes girls			
% of updated school risk management plans	0	100%	80%
% of prioritized schools with improved access to telephones and electricity			100%
% of educational centers that comply with the biosafety protocols established by the Ministry of Education			80%
% of children and adolescents who return to in-person classes in rehabilitated schools			90%
% of educational centers affected by Eta/Iota rehabilitated and/or reconstructed that have dignified and healthy learning spaces			80%
% of schools with refurbished water and sanitation systems			
% of schools implementing protocols to resume classes during school reopening			89.2K
# of children receiving take-home rations delivered as part of school feeding programs			5%
% of children and adolescents with access to infrastructure that align with their needs			
% of schools implementing the biosecurity protocol "Comprehensive Plan for Prevention, Response and Recovery from COVID-19"			100%

## Specific Objective 2.2

Contribute to strengthening the capacities of families, communities and key actors for a comprehensive approach to nutrition and recovery of food security of reproductive, maternal and neonatal health as well as the population's nutritional status and the emergence of new cases of acute malnutrition.

INDICATORS	BASELINE	NEED	TARGET
# of leaders trained in preparedness and response to nutritional issues	0	4.2K	2.1K
# of communities with warning systems in place		420	420
# of families strengthened to benefit more from social programmes		7.2K	1.4K
# of departmental and municipal health directorates that have situation rooms and tools for coordination, information management and timely decision- making during health emergencies and disasters		7	7
# of people trained in climate change adaptation		40K	40K
# of women or youth empowered in organizing women's rights and savings groups		20.8K	20.8K
# of women accessing family farming projects		32K	12K
# of women accessing native seeds and agricultural tools to produce medicinal plants		73K	20K
# of women producing food in household and/or community gardens through seed procurement and processing		6K	1K
# of women who have family rainwater harvesting equipment			800

## Specific Objective 2.3

Strengthen national and territorial mechanisms for protection, resilience, equal participation and empowerment of the affected population with emphasis on women, children and adolescents, the LGBTIQ+ community and people on the move through rebuilding the social fabric to promote rights and reduce protection risks, including GBV.

INDICATORS	BASELINE	NEED	TARGET
# of women participating in decision-making on humanitarian action and/or protection responses to vulnerable and high-risk people	0	1.9K	1.5K
# Number of organizations, local and community networks and women-led groups actively participating in GBV management and coordination mechanisms	0	420	100
# of people with specific protection needs and those in mixed migration flows, with emphasis on women, who access livelihood programs to mitigate protection risks and strengthen resilience, disaggregated by sex, age and ethnicity	0	16.2K	16.2K
# of people in affected communities trained in psychological first aid, mental health and psychosocial services		198K	40.5K
# of protective infrastructure projects, including shelters, identified in a participatory manner that are implemented and improved at the community level	0	420	48
# of GBV survivors accessing mental health and psychosocial support services appropriate to their age, gender, and ethnic and linguistic background	0	529.2K	185K
# of organizations, local and community networks, and women-led groups actively involved in GBV management and coordination mechanisms	0	400	100



Specific Objective 2.4

Re-establish the operation of the local organization for emergency response and sustainable recovery through processes of empowerment and capacity building under the auspices of rights-based approach to "building back better".

INDICATORS	BASELINE	NEED	TARGET
# of COCODEs trained and equipped with management tools to incorporate risk variables into the recovery process	0	540	500
# of COLREDs trained, equipped with management tools and capable of promoting prevention measures and efficiently managing emergency and post-crisis recovery			
# municipalities trained and equipped with management tools to promote inclusive recovery linked to resilient territorial development		54	20

## Part 3:

# Cluster/Sector Objectives and Response

Photo: Save the Children



## Sector Response Overview

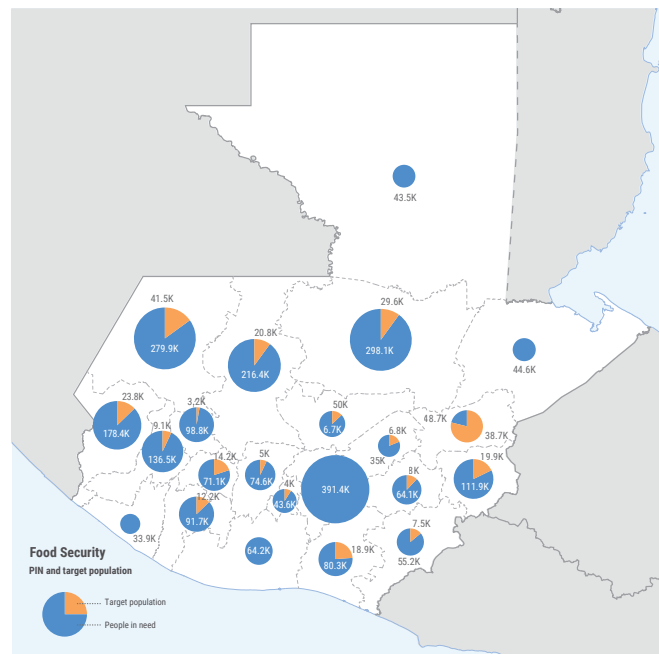
A coordinated and complimentary multisectoral response has been proposed in which each of the sectors delivers assistance to roughly the same populations in need and within the same geographic areas. In some cases, sectors such as WASH could provide services to other sectors, for instance health and education, ensuring the provision of water and sanitation in hospitals, health centers and schools. Alternatively, the Health Sector could provide outpatient treatment to children under 5 or women of childbearing

age who are identified and diagnosed by the Nutrition Sector and need treatment and follow-up for acute malnutrition. These intersectoral interventions also strengthen community or institutional networks in the geographic areas of intervention to ensure that effective coordination and standardized protocols are in place from the identification to the referral of patients to health centers or other services.

Sector	Requirement (US\$)	Operational partners	# of projects	PIN	Target
Food Security	33.9M	4	4	3.45M	270K
Nutrition	22.35M	2	4	2.3M	962K
Health and SRH	15M	4	4	930K	558K
WASH	11M	3	4	1.1M	424K
Livelihood Recovery	18.73M	2	4	1.05M	329K
Housing Recovery	46.1M	3	5	1.1M	77.5K
Protection	51.53M	5	5	569K	253K
• Protection against Gender-Based Violence	3M	3	5	529K	265K
• Child Protection	3M	1	3	601K	205K
Education	4.8M	2	2	179K	89K
Coordination	165K	1	1	---	---
<b>Total</b>		<b>29</b>	<b>41</b>		

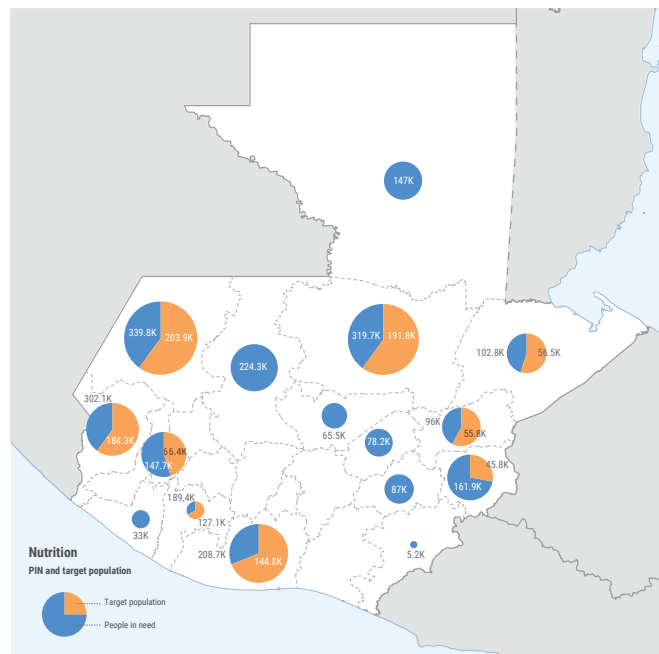
### 3.1 Food Security

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
3.45M	270K	33.9M



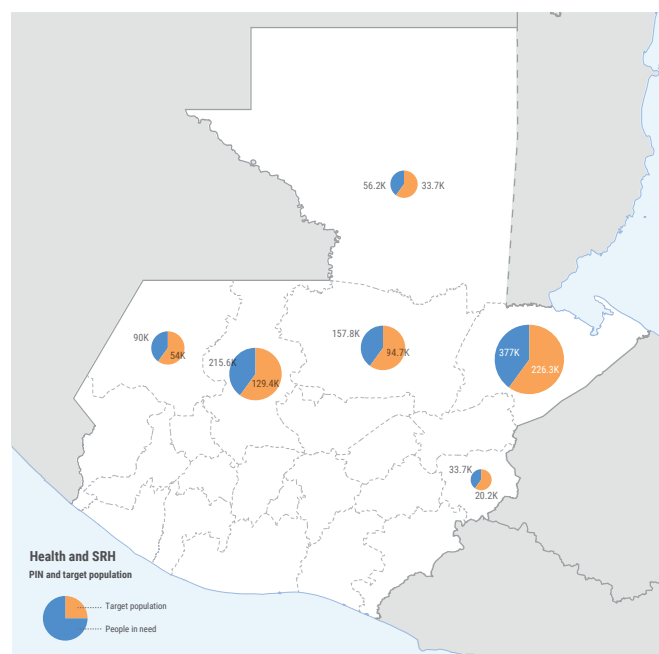
### 3.2 Nutrition

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
2.3M	962K	22.3M



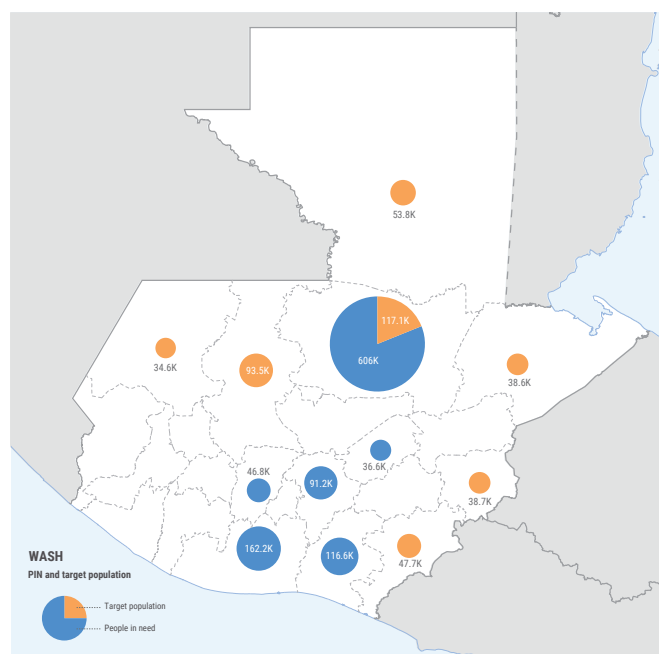
### 3.3 Health and SRH

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
930K	558K	15M



### 3.4 WASH

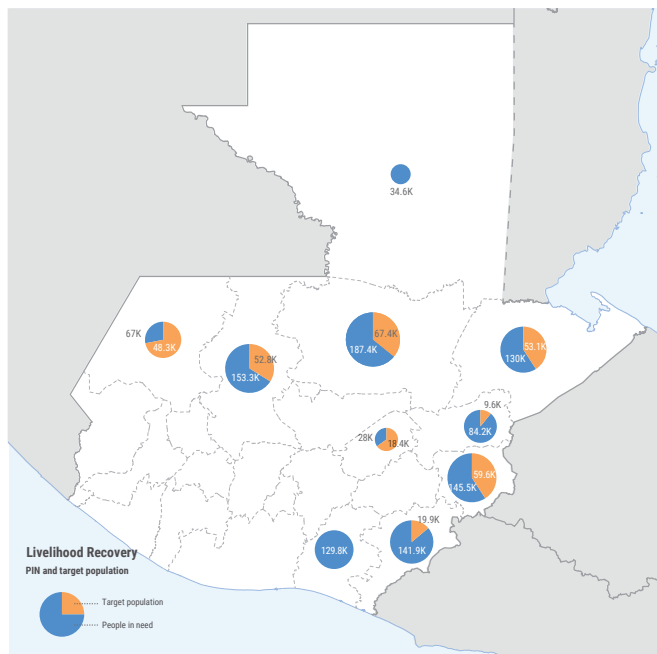
PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
1.1M	424K	11M





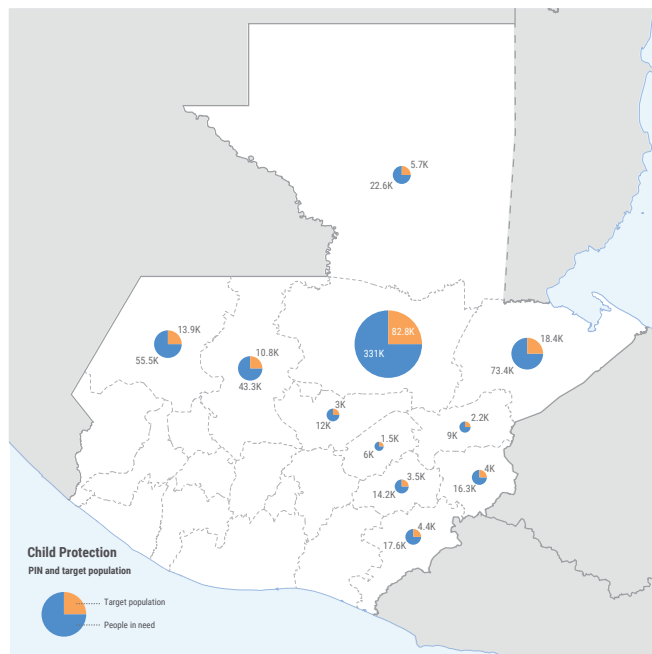
### 3.5 Livelihood Recovery

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
<b>1.1M</b>	<b>406.5K</b>	<b>64,86M</b>



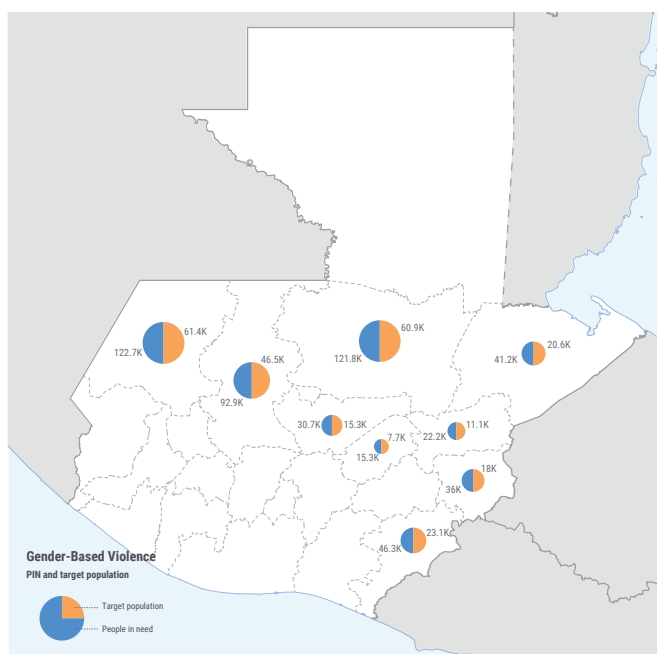
### 3.6 Child Protection

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
<b>601K</b>	<b>205K</b>	<b>3M</b>



### 3.7 Gender-Based Violence

PEOPLE IN NEED	TARGET POPULATION	REQUIREMENTS (US\$)
<b>529K</b>	<b>265K</b>	<b>3M</b>





## 3.1 Food Security

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
3.45M	270K (55K FAMILIES)	138.8K	88K	5.4K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
34M	4	4		

During the seasonal drought period from May to August 2021, about 3.5 million people were in Crisis or Emergency (IPC Phase 3 or worse) and require urgent assistance. This figure is projected to decrease to 2.5 million during the period of least food insecurity between September 2021 and January 2022.

As of August 2021, 16 departments are classified as in Crisis (IPC Phase 3): Alta Verapaz, Baja Verapaz, Chimaltenango, Chiquimula, El Progreso, Huehuetenango, Izabal, Jalapa, Quetzaltenango, Quiché, San Marcos, Santa Rosa, Sololá, Suchitepéquez, Totonicapán and Zacapa.

From September 2021 to January 2022, 5 departments are projected to remain in Crisis (IPC Phase 3): Alta Verapaz, Chiquimula, Huehuetenango, Quiché and Totonicapán; and 11 departments are projected to improve to a situation of heightened food insecurity (IPC Phase 2).

The most vulnerable population are infra-subsistence and subsistence agricultural households, who suffered income losses due to the damages caused by Eta and Iota in November 2020, small informal vendors and agricultural wage laborers affected by the limitations posed by the COVID-19 pandemic. These

households are forced to use crisis and emergency coping strategies to close food gaps, such as selling assets and using their savings. In the departments in Crisis (IPC Phase 3), there is a depletion of food reserves, difficulties in accessing markets, mainly due to a lack of money, and at least one out of every five households uses crisis coping strategies to feed themselves regularly.

The Government of Guatemala plans to assist 1.05 million people through the Ministry of Agriculture, Livestock and Food (500,000) and the Ministry of Social Development (550,000).

This Sector plan intends to reach 270,000 people. This Plan, together with interventions from the Government and UN System, will still leave a gap of 2.2 million people who will continue to face food and nutrition insecurity (out of 3.45 million people). An additional \$181 million in funding is required to expand projects delete to cover these needs.

### Sector objectives

- 1.2.1** Restoring food security for families in need through cash transfers and/or food kits.
- 1.3.1** Restore livelihoods and productive capacities of food-insecure families.

### Sector response

The humanitarian response will focus on addressing the needs of infra-subsistence and subsistence farming households, who do not produce enough to meet their basic food needs throughout the year, as well as households that depended on informal commerce, maquilas and small businesses that were forced to downsize or close operations due to COVID-19. The underlying premise of the response strategy is that socioeconomic conditions can be improved by responding to labor market adaptations from 2022 onwards.

The distribution of food or cash transfers is planned from August 2021 to February 2022 for households classified as critically food-insecure in the departments prioritized by the IPC, including Huehuetenango, San Marcos, Totonicapán, Quetzaltenango, Alta Verapaz, Chiquimula and Quiché. This will support the response provided by the Ministry of Social Development (MIDES), which plans to provide assistance to 105,000 families affected by Eta and Iota through a monthly voucher of Q1,000 for 4 months for a total of Q420 million (about US\$54 million).



Delivery of food kits to families affected by Eta and Iota.

Photo: TECHO Guatemala

## Actions

- Delivery of food rations
- Delivery of conditional cash transfers for the purchase of food

Within the framework of the humanitarian-peace-development nexus, and considering the needs of the population exacerbated by COVID-19 and recurrent shocks affecting staple grain harvests, activities aim to increase the resilience of communities.

- Climate change adaptation
- Empowerment of women and youth
- Entrepreneurship and market access
- Nutrition and Gender-Sensitive Governance
- Innovation

## Cost of Response

Humanitarian component = **\$19M**

Livelihoods and asset building component = **\$14M**

Total: **\$33M**

## Monitoring

Monitoring is expected to be carried out through post-distribution evaluations of food measured against the indicators set out in the logical framework of the programs financed and agreed upon with the donors.

The random selection of households to be interviewed will be done through statistical sampling and, depending on the development of the COVID-19 pandemic and the restrictions established by the Government, the interviews could be carried out in-person or by telephone with project beneficiaries.

In addition to food insecurity indicators (consumption, use of strategies and household expenditures), resilience indicators, such as Resilience Index Measurement and Analysis (RIMA), have also been included.

## Table of Objectives, Indicators and Targets

### Contributes to Specific Objective 1.2.

1.2.1. Restoring food security for families in need through cash transfers and/or food kits.

INDICATORS	BASELINE	NEED	TARGET
# of families with improved food availability measured in months	0	46K	46K
# of families that received food rations	0	46K	46K
# of families that received conditional cash transfers for food	0	46K	46K
% of families that improved their food consumption index	0	46K	90%
% of families reducing the use of coping strategies	0	46K	90%
# of households that reduce food spending and prioritize it for other purposes	0	46K	90%



## Contributes to Specific Objective 2.2.

2.3.1. Restore livelihoods and productive capacities of food-insecure families.

INDICATORS	BASELINE	NEED	TARGET
# of people trained in climate change adaptation	0	40K	40K
# of women or youth empowered in organizing women's rights and savings groups	0	20.8K	20.8K

### Contact person

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Irene del Rio, WFP, Deputy Representative; [irene.del-rio@wfp.org](mailto:irene.del-rio@wfp.org)

Héctor Roca, WFP, Food Security and Nutrition Focal Point; [hector.roca@wfp.org](mailto:hector.roca@wfp.org)



## 3.2 Nutrition Sector

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
2.3M	962K	708.9K	253.1K	2.5K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
22.3M	2	4		

### Sector objectives

#### Humanitarian Response (at the household level)

- 1.3.1** Improving the identification of children, adolescents, women of childbearing age, and pregnant and lactating women who are underweight, acutely malnourished and anemic in order to reduce the risk of complications and save lives.
- 1.3.2** Contribute to improving the institutional response to micronutrient supplementation, deworming, zinc treatment, and food and nutrition counseling, as well as other reproductive, maternal and neonatal health actions, to safeguard the health of children, adolescents, women of childbearing age, and pregnant and lactating women.
- 1.3.3** Improving the competencies of health personnel as well as local and community stakeholders for early detection, 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 counseling.
- 1.3.4** Provide supplies and equipment necessary for a timely institutional nutrition response.

#### Recovery and Resilience (at the community level)

- 2.2.1** Strengthening the capacities of communities, community leaders and families in emergency preparedness and response to meet the needs of children, adolescents, women of childbearing age, pregnant and lactating women, presenting risk factors or signs of acute malnutrition in emergency situations through a culturally relevant, rights-based approach.
- 2.2.2** Strengthening surveillance and information systems for the activation of early warnings in a timely manner in communities.
- 2.2.3** Guiding families on the proper use of social protection and food assistance programs for the benefit of family nutrition and health, especially for members at risk or with impaired nutritional status.

## Sector response

The response will be focused on 9 departments and 42 prioritized municipalities:

Department	# of municipalities
Huehuetenango	9
San Marcos	6
Alta Verapaz	3
Quetzaltenango	2
Chiquimula	3
Escuintla	12
Izabal	3
Zacapa	2
Suchitepéquez	2

The sector response is aimed at the identification and timely treatment of acute malnutrition through a life-saving and comprehensive approach to health and nutrition assistance both the preparedness and immediate humanitarian response phases. It focuses on 253,104 children under age 5 and 708,878 women (including girls, adolescents and pregnant or lactating women), as are part of the most vulnerable groups among the population. In addition to the comprehensive institutional response, the strengthening of community actors and local networks is planned, as they are the ones who have a long-standing presence in communities and can be activated in a time-efficient manner to provide emergency response support if their health and nutrition capacities are strengthened. The nutrition sector's actions are coordinated with those of the health and food security sectors.

## Main actions

- Establishing, equipping and training nutrition brigades to actively screen for acute malnutrition in the most remote and vulnerable prioritized communities.
- Provide the necessary equipment for community visits.
- Develop strategic alliances with community stakeholders.
- Advocate for comprehensive nutritional care provided by health service providers and nutritional brigades.
- Strengthen the capacities of health personnel to provide adequate maternal and child health care, sexual and reproductive health services and nutritional care.
- Capacity building for identifying and referring acute malnutrition, warning signs, and food and nutrition awareness among community stakeholders through "agents of change".
- Strengthening the capacities of other community actors and networks such as midwives, birth attendants and community emergency committees for the detection and timely referral of complications related to pregnancy, childbirth, postpartum and malnutrition.
- Strengthening the capacities of local SINASAN actors (CODESAN and COMUSAN) to respond in a timely manner to the needs identified in food, nutrition and health of adolescents and women in emergency situations.
- Needs assessment (including human resources, supplies and equipment) of health services at the different levels of care.
- Provision of essential complementary resources for nutrition assistance and pregnancy as well as childbirth and postpartum care based on identified needs.
- Implementation of an immediate training program for emergency preparedness and response at the community level.
- Implementation of an early warning system in nutrition and maternal health for an organized and timely community response to emergencies using appropriate technological tools.

- Implementation of communication strategies for social and behavioral change to guide better use of social protection programs for the benefit of maternal and child health as well as nutrition.

### Cost of Response

**\$22.35M**

### Monitoring

Monitoring will be carried out in coordination with partners through mechanisms appropriate to the 'new normal', such as virtual communication, field verification on the progress of the interventions, preparation of progress reports on activities, indicators and financing. The frequency of these activities will

be determined together with relevant institutions and health authorities, aligning with management and donor funding cycles. Ongoing monitoring will allow for timely adjustments and facilitate the implementation of activities.

In addition, monitoring of data from national and local information systems developed during the implementation of the programme and epidemiological surveillance systems will be used in a complementary manner.

### Table of Objectives, Indicators and Targets

#### Contributes to Specific Objective 1.3.

1.3.1. Improving the identification of children, adolescents, women of childbearing age, and pregnant and lactating women who are underweight, acutely malnourished and anemic in order to reduce the risk of complications and save lives.

INDICATORS	BASELINE	NEED	TARGET
# of children screened for acute malnutrition in prioritized communities	0	250K	175K
% of identified children with acute malnutrition receiving treatment in prioritized communities		5K	100%

1.3.2. Contribute to improving the institutional response to micronutrient supplementation, deworming, zinc treatment, and food and nutrition counseling, as well as other reproductive, maternal and neonatal health actions, to safeguard the health of children, adolescents, women of childbearing age, and pregnant and lactating women.

INDICATORS	BASELINE	NEED	TARGET
# of children who benefit from comprehensive nutritional care activities	0	250K	150K
# of women, including pregnant adolescents and child mothers, who receive information, counseling, and health and nutrition care in prioritized communities		567K	15K
# of pregnant women with complications detected and referred for care		11.5K	8.5K
# of pregnant and adolescent girls and adolescent mothers detected and referred for care		2.3K	1.7K

1.3.3. Improving the competencies of health personnel as well as local and community stakeholders for early detection, 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 counseling.

INDICATORS	BASELINE	NEED	TARGET
# of midwives/community midwives trained in health and nutrition	0	8.4K	2K
# of trained change agents in health and nutrition		6.6K	4.9K
# of community emergency committees strengthened in health and nutrition		420	200



1.3.4. Provide supplies and equipment necessary for a timely institutional nutrition response.

INDICATORS	BASELINE	NEED	TARGET
# of municipal health districts strengthened for health and nutrition emergency response	0	42	42

## Contributes to Specific Objective 2.2.

2.2.1. Strengthening the capacities of communities, community leaders and families in emergency preparedness and response to meet the needs of children, adolescents, women of childbearing age, pregnant and lactating women, presenting risk factors or signs of acute malnutrition in emergency situations through a culturally relevant, rights-based approach.

INDICATORS	BASELINE	NEED	TARGET
# of leaders trained in preparedness and response to nutritional issues	0	4.2K	2.1K

2.2.2. Strengthening surveillance and information systems for the activation of early warnings in a timely manner in communities.

INDICATORS	BASELINE	NEED	TARGET
# of communities with warning systems in place	0	420	420

2.2.3. Guiding families on the proper use of social protection and food assistance programs for the benefit of family nutrition and health, especially for members at risk or with impaired nutritional status.

INDICATORS	BASELINE	NEED	TARGET
# of families strengthened to benefit more from social programs	0	7.2K	1.4K

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## 3.3

## Health/Sexual and Reproductive Health

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
930K	558K	280K	203K	55K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
15M	4	4		

### Sector objectives

- 1.1.3** Improve access and response capacity of the network of integrated and quality health services, including referral systems, to address prioritized needs related to communicable and non-communicable diseases, women's health, including maternal and neonatal health, and child and adolescence health through a life course approach (with emphasis on sexual and reproductive health and community participation) in the context of COVID-19 through a culturally relevant, rights-based approach.
- 2.1.1** Strengthen and restore the operational capacity of essential services in health facilities amid the COVID-19 pandemic context through a culturally relevant, rights-based approach.
- 2.1.2** Increase and complement the capacities of health sector authorities, institutions and communities to anticipate and respond to health emergencies and disasters.

### Sector response

The health sector has more than 54 partners with a presence in 14 departments across the country. These partners have supported the implementation of critical response activities during different events, including COVID-19, population movements, and Eta and Iota, all of which generated health consequences for the population.

The interventions prioritized by the health sector aim to strengthen and restore health systems in order to meet existing health needs and improve access for people in need. Additionally, interventions intended to support health systems in responding to a disproportionate increase inpatients and/or those with an infectious profile, post-traumatic stress resulting from disasters,

sexual and reproductive health needs, such as contraception, pregnancy care and its complications, safe delivery and puerperium, in the aftermath of the loss of essential services and lived experiences in shelters, including sexual and gender-based violence.

Another focus of the response strategy is the provision of equipment, capacity building and rehabilitation in affected first and second level health services, with a focus on human rights and cultural relevance, as well as the strengthening of the capacity of institutional health services to provide direct care in rural areas with limited access. All of these interventions will be carried out within the framework of the National Strategy for Integrated Health Services Networks (ENRISS).

The generation of strategic alliances and bilateral work agreements with local NGOs that contribute to Response Plan's implementation, community participation and sustainability will be promoted. The coordination of local actors will also be promoted under the guidelines of the Ministry of Health and respective territorial requirements and priorities, with a focus on context-specific protection, age, diversity and gender-sensitive approaches within the framework of humanitarian response and sustainable development.

In coordination with national and subnational health authorities, the response will help ensure the continuity of basic services, early detection of outbreaks and medical complications, and reduce the negative public health consequences of tropical storms and COVID-19.

Project beneficiaries will be people living in vulnerable contexts (indigenous peoples, women of reproductive age, pregnant women and adolescents, children under age 5, the elderly and people with disabilities) within the first and second level service network of the 47 municipal health districts of 7 departments and the health areas of Alta Verapaz, Izabal, Petén Sur Occidente, Ixil, Ixcán, Quiché, Huehuetenango, Chiquimula and Zacapa affected by Eta and Iota.

### Strategies

The strategies to implement the health sector's humanitarian response within the context of COVID-19 include:

- Rehabilitating and equipping first and second level health facilities in priority and high-risk areas to guarantee the provision of essential services.
- Strengthening the capacity of health personnel in prioritized health facilities to provide timely clinical care and referral services, as well as to conduct epidemiological surveillance of public health incidents, health risks and reporting, in accordance with national procedures, along with reinforcing the interaction between community actors, such as traditional midwives, and institutional health facilities.
- Improving access to and quality of health facilities in high-risk areas for the care of women of childbearing age, adolescents and pregnant

women, including safe childbirth, prevention and care of GBV and sexual violence, and child health.

- Strengthening community capacities for health promotion and prevention, with special emphasis on sexual and reproductive health, and maternal and child health.
- Strengthening of referral systems and health care pathways, including maternal and neonatal care.
- Strengthening local capacities for registration, processing and analysis of information for timely decision-making, with emphasis on response to health emergencies and disasters.

### Activities

- Develop/update emergency response plans, including response procedures for disease outbreaks and epidemics.
- Develop tools for health personnel to ensure the continuity of services within the framework of the safe health services strategy.
- Assessment of Essential Conditions (VCE for its acronym in Spanish) and development of plans within the framework of the health services quality process and the ENRISS.
- Develop and implement information tools to improve the infrastructure of the health services network.
- Basic repairs to the infrastructure of first and second level health care units to ensure the operational functionality of essential health services and the rehabilitation of prioritized health facilities, including access to safe water and excreta disposal.
- Procurement and provision of supplies, equipment, materials, kits and tools for epidemiological surveillance; adequate care in family planning, pregnancy, safe childbirth, puerperium, newborn and infant care, including midwives and health committees, and prevention and attention to GBV and sexual violence; improving the safety and capacity to provide health services at the first and second level to populations in at-risk

areas; strengthening situation rooms in priority health facilities in the face of health emergencies as well as the operation of water collection systems, monitoring and control of water quality in health care units.

- Strengthen and equip mobile brigades to deliver health services to hard-to-reach populations in need.
- Reinforce referral and counter-referral systems, including maternal and neonatal care and health complication pathways.
- Train health personnel on the proper use of epidemiological surveillance tools; standards and protocols for sexual and reproductive health care and counseling, family planning, maternal and child health, and nutrition through culturally sensitive, rights-based approach; psychosocial first aid and mental health care in emergencies; clinical management of sexual violence, safe water and basic sanitation; information management and reporting; analysis, risk management and timely response to health emergencies and disasters.
- Strengthen community capacities for life-saving prevention, health promotion and information services, including sexual and reproductive health and infection prevention and control measures in the context of the COVID-19 pandemic.

### **Cost of Response**

The cost of the proposed interventions is estimated at \$15 million. The main investment is focused on the rehabilitation of damaged services, the provision of medical and surgical equipment, supplies and office furniture, and the strengthening of the response capacities of responsible personnel (both institutional and community) for promoting and ensuring the interventions described in this plan through a culturally sensitive, rights-based approach, including referral and counter-referral systems, ensuring they are appropriately adapted to fit the COVID-19 context.

### **Monitoring**

Monitoring of the plan's implementation will be carried out in coordination with partners through mechanisms appropriate to the 'new normal', such as regular virtual communication, field verification on the progress of the interventions, preparation of progress reports on activities, indicators and financing. The frequency of these activities will be agreed on together with relevant institutions and health authorities, aligning with management and donor funding cycles. Ongoing monitoring will allow for timely adjustments and facilitate the implementation of activities.

In addition, monitoring of data from national and local information systems developed during the implementation of the programme and epidemiological surveillance systems will be used in a complementary manner.



**Table of Objectives, Indicators and Targets****Contributes to Specific Objective 1.3.**

1.1.3 Improve access and response capacity of the network of integrated and quality health services, including referral systems, to address prioritized needs related to communicable and non-communicable diseases, women's health, including maternal and neonatal health, and child and adolescence health through a life course approach (with emphasis on sexual and reproductive health and community participation) in the context of COVID-19 through a culturally relevant, rights-based approach.

INDICATORS	BASELINE	NEED	TARGET
# of pregnant women and adolescents who receive information, counseling and maternal-perinatal health care.	0	139K	5K
# of women of reproductive age, adolescents and key populations that benefit from sexual and reproductive health activities, including family planning, STI/HIV prevention and sexual violence services, through a rights-based, gender-sensitive and culturally relevant approach		55.8K	104K
# of health personnel and community personnel trained and/or sensitized to meet the sexual and reproductive health needs of affected people from a culturally relevant, rights-based perspective		500	500

**Contributes to Specific Objective 2.1.**

2.1.1. Strengthen and restore the operational capacity of health facilities to deliver critical essential services in the context of COVID-19 through culturally relevant rights-based approach.

INDICATORS	BASELINE	NEED	TARGET
# of rehabilitated health facilities that have improved safety, capacity and access to care by at least 5 per cent and have strengthened referral systems.	32	247	111
# of health services that have a water supply system with the capacity to meet daily demand for 72 hours.			
# 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, sexual violence and STIs and HIV	0	500	500
# of departmental and municipal health directorates that have situation rooms and tools for coordination, information management and timely decision-making in the context of health emergencies and disasters.	0	7	7

**Contributes to Specific Objectives 1.3. and 2.1.**

2.1.2. Complementing and increasing the capacities of health sector authorities, institutions and communities to anticipate and respond to health emergencies and disasters.

INDICATORS	BASELINE	NEED	TARGET
# Municipal and health institutions (Municipal Health Committees, NGOs) supported or strengthened for care and maintenance of services, including the provision of personal protection supplies, medicines and essential health supplies, and on the minimum initial service package for SRH in emergency contexts.	47	47	47
# of community emergency committees strengthened on the detection, stabilization and referral of maternal and neonatal complications, including the provision of PPE, medicines and essential health supplies.	0	235	150
# of traditional midwives strengthened on the detection, stabilization and referral of maternal and neonatal complications, including the provision of PPE, medicines and essential health supplies.	0	2K	2K

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**EL FARO, GUATEMALA**

Photo: Guatemalan Red Cross

## 3.4

# WASH Sector



PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
1.1M	424K	216K	178K	42.4K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
11M	3	4		

### Sector objectives

- 1.1.1** Rehabilitate, upgrade or construct water systems at the household (single-family, cisterns) and community level (conventional gravity systems) as well as in school and health facilities to improve the resilience and sustainability of services in accordance with current national and emergency regulations.
- 1.1.2** Increase and improve access to sanitation infrastructure and services in homes, education centers and health facilities, in accordance with emergency guidelines as well as rural and urban resiliency and sustainability norms, contributing to the enjoyment of this right by affected people in a dignified manner.
- 1.1.3** Promote behavioral changes in key hygiene and sanitation practices with the participation of women, girls and people with disabilities in decision-making spaces, taking into consideration their vulnerabilities, needs and preferences.

### Sector response

The response will focus on 26 municipalities in 7 departments where water systems have been affected by Eta and Iota and in the Dry Corridor, based on information related to the severity of the effects outlined in the HNO, targeting vulnerable groups such as women, children and adolescents and people with disabilities living in rural areas. Actions will be coordinated and complemented at various levels. At the national level, coordination will be carried out with the Ministry of Public Health and Social Assistance (MSPAS), the Secretariat of Food and Nutritional Security (SESAN), the Institute for Municipal Development (INFOM), and CONRED through the sectoral working group to promote activities aimed at planning and strengthening the response effort by forging synergies with development and resilience

interventions. At the departmental level, partners will coordinate with the Departmental Development Councils (CODEDE), civil society organizations and Governors' Offices to strengthen budgeting and development planning capacities at the municipal and community level, including in emergencies.

Implementation will be carried out through partners in coordination with the municipalities at the district level, strengthening a triple nexus approach, as the aim is to improve their emergency response capacities while linking them to development activities through relevant and timely WASH-related information systems.

Sustainable on the other hand, sustainable water and sanitation systems will be implemented through a resilient, climate-sensitive approach linked to behavioral change activities through an inclusive and

participatory approach. The response targets the most vulnerable people, including the rural population, particularly women, girls and people with disabilities, among other vulnerable population groups, and seeks to improve their resilience in the face of future crises.

In addition, the sector-based response will coordinate with the nutrition, health, education and protection sectors to deliver a cohesive and comprehensive response and thus, contribute to improving the resilience of individuals, communities and municipalities, while developing synergies with the other activities integrated into this plan.

The most relevant actions to be implemented include, but are not limited to:

- Strengthening of MSPAS in its coordination role for the WASH sector at the municipal and departmental level.
- Strengthening of the information system for data management for development and emergency situations.
- Capacity building activities on system sustainability for municipal WASH officials responsible for the management, operation and maintenance of community water systems, as well as to household members in single family-based systems.
- Rehabilitation, improvement and construction of water systems at the family and community level that integrates participatory, gender-sensitive and triple nexus approaches.
- Improved water quality in systems in households, communities, schools and health centers.
- Promotion and integration of the triple nexus approach in WASH activities related to rainwater harvesting, use of water resources, treatment of water for consumption and wastewater for recycling.
- Promotion of sanitation and hygiene through behavioral change activities focused on participation and inclusion in the areas affected by Eta and Iota and priority municipalities in the Dry Corridor.
- WASH in schools using hygiene modules and addressing menstrual hygiene needs.
- WASH in health facilities delivered through an inclusive approach.
- WASH communication campaigns to promote good hygiene practices as well as the disinfection, use and management of water in homes and schools.
- Maintenance and cleaning of wells in areas affected by Eta and Iota.
- Delivery of hygiene kits and tools to households and communities.
- Providing assistance to vulnerable migrants in need of WASH interventions.

### **Cost of Response**

#### **\$11M**

Actions will be carried out in six different areas, as shown in the table below:



**Table No. 1: Cost Breakdown for Humanitarian Response Plan (HRP)**

Category	Cost
Water quality monitoring	154.4K
WASH infrastructure and accessories	5.9M
Actions at the household level	2M
Institutional capacity building and communication	230.4K
Human resources and operations	2.5M
Assistance to migrants	162.8K
<b>Total</b>	<b>11,000,000</b>

It is important to mention that the WASH sector mobilized \$2.1M during the Eta/Iota emergency. The existing gap corresponds to the areas outlined in the table above.

### Monitoring

Progress verification for indicators will be based on the collection of information by municipalities and MSPAS using their information systems. In addition, partners will develop monitoring reports on their interventions, particularly focusing on lessons learned captured through the lens of the triple nexus approach as well as gender, resilience and sustainability

considerations. Stakeholder satisfaction (i.e., project users) should be evaluated through focus groups or other methodologies to identify areas for improvement, strengths and lessons learned in a way that is relevant to the approaches applied. This information will be presented twice a year to donors and in inter-cluster coordination spaces as a "reflection process" that will enable continuous improvement of the WASH sector's response and coordination with other sectors.

**Table of Objectives, Indicators and Targets**

Contributes to Specific Objective 1.1.				
Rehabilitate, improve or construct water systems at the household (single-family systems, cisterns, etc.) and community level (mainly conventional gravity systems) as well as in schools and health facilities to improve the resilience and sustainability of services in accordance with current national and emergency regulations.				
INDICATORS	BASELINE	NEED	TARGET	SCOPE OF THE PROJECT
# of people with access to an improved water facility (disaggregated by sex/gender and age)	0	1.06M	424K	145K
# of people with access to educational institutions with basic WASH services (disaggregated by sex/gender and age) (150 est. * 130 CE)	0	2.2M	---	19.5K
# of people with access to health facilities with basic WASH services (disaggregated by sex/gender and age)	0	930.3K	---	52K

## Contributes to Specific Objectives 1.1. and 2.1.

Increase and improve access to sanitation infrastructure and services in homes, educational centers and health facilities, in accordance with emergency guidelines, and rural and urban resiliency and sustainability norms, contributing to the enjoyment of this right by affected people in a dignified manner.

INDICATORS	BASELINE	NEED	TARGET	PROJECT SCOPE
# of people with access to an improved sanitation facility (disaggregated by sex/gender and age)	0	1.06M	424K	45.K
# of people with access to educational institutions that have basic WASH services (disaggregated by sex/gender and age)	0	2.2M	---	19.5K
# of people with access to health facilities with basic WASH services (disaggregated by sex/gender and age)	0	930.3K	---	52K

## Contributes to Specific Objectives 1.1. and 2.1.1

Promotion of behavioral changes in key hygiene and sanitation practices with the participation of women, girls and people with disabilities in decision-making spaces, taking into account their vulnerabilities, needs and preferences.

INDICADORES	BASELINE	NEED	TARGET	PROJECT SCOPE
% of people participating in WASH planning meetings satisfied with the process (disaggregated by sex/gender, disability and age)	0	245K	221K	155K
# of municipalities trained in planning and implementation of the triple nexus approach in WASH	0	26	26	20

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## 3.5 Early Recovery Sector (housing and agriculture/livelihoods)

TOTAL PEOPLE IN NEED:

1.1M

	Homes	Livelihoods	Total
Target population	77,543	329,175	407K
Women	37,664	132,000	170K
Children	30,478	82,000	112.5K
People with disabilities	517	4,110	4,627
Requirement (\$US)	47.5M	18.8M	64.8M
Partners	3	2	5
Projects	5	4	9

### Subsector objectives - housing

- 1.1.1** Assist in the recovery of livable housing (basic services, equipment and household goods) for 9,898 families with a focus on "building back better" homes affected with slight and moderate damage in the departments of Alta Verapaz, Izabal, Quiché and Huehuetenango.
- 2.0** Re-establish the operation of the local organization for emergency response and sustainable recovery through processes of empowerment and capacity building under the auspices of rights-based approach to "building back better".

### Sectoral objectives for the housing subsector

The strategy adopts a holistic approach and emphasizes working with women as active agents in recovery and resilience-building processes. Actions will focus on: (i) **rebuilding better than before**, reducing vulnerabilities through a "build back better" approach; (ii) **turning adversity into opportunity**, replacing existing precarious construction materials with more resilient ones, a process that will generate temporary employment opportunities in the construction phase; (iii) **recovery with a gender equality focus**: the recovery process will address differentiated needs, taking into account and prioritizing women's concerns and interests; iv) **local**

**governance for resilience**, a capacity-building process for local governments will be implemented to improve municipal governance, promote citizen participation and bring investment and public institutions closer to communities, and empower families and community organizations to make informed decisions, act on their own and actively participate and influence development processes in their communities, with emphasis on the Development Council System (SISCODE) framework.

The recovery process will also serve as a link connecting to development and peace activities through a process of local governance which promotes the empowerment

of families and community-based organizations as key stakeholders. This process will trigger citizen demand and institutional support to reduce the deprivation of populations and thus, move towards enhanced wellbeing and peace. The process will involve two dimensions or components:

**Local governance for resilience:** in partnership with SCEP and SEGEPLAN to strengthen SISCODE at the municipal and community level as the existing participation mechanism.

**Recovery of habitability conditions:** The process of recovering habitable conditions will involve the following phases:

**Phase I. Prioritization of participants:** meetings will be held with SE-CONRED, MICIVI, local governments and the Community Development Councils (COCODE) for the harmonization of lists and prioritization of families based on the housing evaluation carried out by SE-CONRED and MICIVI.

**Phase II. Planning for the recovery of habitability conditions:** Meetings and workshops will be held with participants to analyze the current housing model to identify vulnerabilities and opportunities. The future model will then be developed, identifying the options for effectively meeting the needs, interests and preferences of participants in the recovery and transformation of the living environment. In this phase, the housing development plan will be developed, including the schematic plan (designs) to address housing improvements, access to basic services, mitigation measures for slope stabilization and household furnishing items (beds, cabinets and other items). Once the actions have been defined and prioritized, a technical and financial feasibility analysis as well as programming and resource planning exercise will be carried out together with the families.

The actions to be implemented include:

- Rebuilding affected homes with light and moderate damage.
- Implement small-scale slope stabilization works to mitigate landslide risks at the household level.
- Improve access to water and sanitation at the household level.
- Implement a temporary employment program (cash-for-work) associated with the housing construction phase and the implementation of mitigation measures.
- Providing families with basic household items (beds, cabinets, utensils and supplies).
- Implement a capacity building process (training and development of tools) for the Community Development Councils (COCODE) and the Local Coordinators for Disaster Reduction (COLRED).
- Strengthen local governments to promote inclusive recovery linked to resilient territorial development. .

In addition to government institutions and local governments, implementation will be supported by civil society partners, such as TECHO, CRS and PCI, among others.

As it relates to governance, we intend to implement a capacity building process (training and development of tools) for the COCODEs of the COLREDs as well as a process of strengthening local governments to promote inclusive recovery that is linked to resilient territorial development.

### Subsector Objective - Agriculture and livelihoods

- 1.2.2** Rehabilitation of infra-subsistence and subsistence livelihoods and productive capacities in the farm and backyard food systems of 329,175 people (62,465 families) affected by tropical storms Eta/Iota and in the extended Dry Corridor to improve the availability of plant and animal protein and strengthen resilience.

#### Subsector response in agriculture and livelihoods

The intervention strategy is based on working jointly with the other sectors, as has been done in recent interventions in response to emergencies through CERF-funded projects in the departments of Alta Verapaz and Huehuetenango, in order to assist families through an integrated approach that aims to achieve a more significant impact. In this way, the strategy adopts a triple nexus approach, complementing the actions of other sectors and thus, promoting greater resilience and early recovery with the aim of contributing to local development.

Women will be included on equal terms in livelihood recovery processes, training activities to improve their opportunities for growth and improvement, strengthening of social and economic autonomy, and actions promoting the co-responsibility of men, youth and children in the household and economic activities. These interventions will be carried out with a focus on human rights, intersectionality, age, gender and diversity characteristics as well as cultural and linguistic relevance. The work will focus on implementing climate-adapted practices to restore the productive capacity of families on their farms (milpas) and at home, which will allow them in the short-term to have animal and vegetable food for family consumption and the sale of small surpluses. Furthermore, models for harvesting rainwater for human and agricultural consumption will be implemented as well as activities to restore soil in areas affected by floods and landslides caused by tropical storms and to implement soil and moisture conservation works in hillside areas.

Activities will also be implemented on the rehabilitation of protected productive infrastructure (macro tunnels, greenhouses, net houses) and drip irrigation systems, with the objective of reactivating

vegetable production for self-consumption and the sale of surpluses.

The COCODEs, community promoters and Learning Centers for Rural Development (CADER) will participate in all actions and promote the implementation of a governance mechanism together with the Ministry of Agriculture, Livestock and Food (MAGA), which involves Municipal Rural Extension Agencies, Departmental Headquarters and national authorities (central headquarters). Work will be carried out for knowledge management among partner organizations and institutions (guides for soil restoration, implementation of rainwater harvesters and biosecurity for poultry assets, among others).

It is important to highlight that the implementation of these actions will be strategically combined to reach the same beneficiary families. For example, possible combinations could be soil recovery, micro-irrigation system, rainwater harvesting for human consumption and irrigation; vegetable gardens, fishpond and bird prophylaxis. The combinations will depend on the conditions of the families and the available land in their plots and backyards. The main actions to be implemented are described below:

- Reactivation, recovery or diversification of short-cycle horticultural production through family and community gardens for immediate vegetable production, native and commercial vegetable seeds, bio-fortified tuber species (cassava and sweet potato) and malanga.
- Recovery and/or diversification of minor animal species, mainly to replenish poultry stocks (improved breeds of laying hens, naked-necked and broiler chickens) which provide animal protein for the family diet and opportunities for the sale of surpluses.



Additionally, implement prophylactic plans for large and small livestock.

- Management of and/or recovery of previously planted perennial/fruit crops.
- Reactivation of corn and bean production for family consumption and sale of surpluses through the provision of corn and bean seeds.
- Implement community seed banks for basic grains and vegetables led mainly by women.
- Implement rainwater harvesting systems for human consumption and agricultural use.
- Repair, replacement or implementation of fishponds.
- Soil restoration through conservation practices aimed at reactivating agricultural and livestock production (flooded and sand-covered crop areas).
- Repair and rehabilitation of protected agriculture structures (macro tunnels, greenhouses and net houses) for the production of vegetables for family consumption and sale of surpluses.
- Rehabilitation or implementation of drip irrigation systems for the production of vegetables and fruits for family consumption and sale in markets.
- Replace tillage tools to be used in soil recovery and development of soil and moisture conservation structures.
- Knowledge management for teams from partner organizations and institutions.

### **Target groups**

Subsistence and infra-subsistence farming households in vulnerable conditions who were affected by Eta and Iota and recurrent drought in the Dry Corridor.

The selection of the target area was made by prioritizing the departments with the highest severity of food insecurity according to Integrated Food Security Phase Classification (IPC), namely: Huehuetenango, Quiché, Alta Verapaz and Chiquimula, which were affected by Eta/Iota and three of which are part of the extended Dry Corridor. Izabal was prioritized because it was one of the departments most affected by Eta/Iota, while the departments of El Progreso, Jutiapa and Zacapa were prioritized because they were affected by Eta/Iota and are classified as IPC phase 3. All prioritized municipalities are IPC phase 3.

Departament	Number of municipalities	Population	PIN Families	PIN People	Severity/ CIF/FEWSNET
El Progreso	4	118,690	3,687	18,435	3
Huehuetenango	11	673,343	8,043	48,258	3
Quiché	5	243,808	8,807	52,842	3
Alta Verapaz	10	556,216	13,473	67,365	3
Izabal	2	189,891	10,628	53,140	3
Zacapa	3	31,774	1,924	9,620	3
Chiquimula	4	184,230	11,920	59,600	3
Jutiapa	5	77,507	3,983	19,915	3
<b>Total</b>	<b>45</b>	<b>2,075,459</b>	<b>62,465</b>	<b>329,175</b>	<b>3</b>

### Total Response Costs

Housing recovery = **\$46.1M**

Livelihood recovery = **\$18.73M**

Total = **\$64.8M**

### Monitoring

The monitoring of housing-related activities will be carried out periodically by measuring the values of the indicators (indicator targets). This process will allow for progress to be effectively measured and adjustments to be made, if necessary, including building synergies with new actors rolling out activities for the recovery of housing habitability conditions.

Additionally, it will be promoted as a governance mechanism for an effective housing habitability recovery process to be integrated by representatives of SE-CONRED, MICIVI, local governments and United Nations agencies, with the purpose, among others, of monitoring actions.

For livelihoods monitoring, FAO Guatemala, specifically the Country Office's Program Unit, will be responsible for monitoring, follow-up, evaluation and systematization at both national and departmental level. Projects will be monitored through biannual progress reports (process monitoring and performance monitoring), training reports, field visits and supervision. These reports will be used to update implementation plans, monitor project implementation, and provide inputs for the development of annual reports. Participants will be actively involved in the follow-up on the project work plan and its evaluation, being able to propose solutions and participate in follow-up and evaluation meetings that will be convened periodically.

## Table of Objectives, Indicators and Targets

### Contributes to Specific Objective 1.1.

1.1.1. Implement a process to support the recovery of habitability conditions (housing, basic services, equipment and household items) with a focus on "building back better" the housing environment of 9,989 families whose homes suffered light and moderate damage in the departments of Alta Verapaz, Izabal, Quiché and Huehuetenango.

INDICATORS	BASELINE	NEED	TARGET
# of families with rebuilt homes	0	12.6K	9.89K
# of families with access to basic housing equipment	0		
# of families with landslide and flood mitigation works at the household level	0		4K
# of people accessing the temporary employment program associated with housing construction	0		3.5K
# of single female heads of household accessing household items and equipment that were used as a means of livelihood prior to Eta/Iota	0	---	800
# of three-light solar panel units	0	500	500

### Contributes to Strategic Objective 2

1.1.1 Implement a process to support the recovery of habitability conditions (housing, basic services, equipment and household items) with a focus on "building back better" the housing environment of 9,989 families whose homes suffered light and moderate damage in the departments of Alta Verapaz, Izabal, Quiché and Huehuetenango.

INDICATORS	BASELINE	NEED	TARGET
# of COCODEs trained and equipped with management tools to incorporate risk variables into the recovery process	0	540	200
# of COCODEs trained and equipped with management tools to participate in and promote resilient community development	0		
# of COLREDs trained, equipped with management tools and capable of promoting prevention measures and efficiently managing emergency and post-crisis recovery.	0	54	20
# municipalities trained and equipped with management tools to promote inclusive recovery linked to resilient territorial development	0		

### Agriculture and Livelihoods - Contributes to Specific Objectives 1.2. and 2.2.

1.2.2 Rehabilitation of infra-subsistence and subsistence livelihoods and productive capacities in the farm and backyard food systems of 329,175 people (62,465 families) affected by tropical storms Eta/Iota and in the extended Dry Corridor to improve the availability of plant and animal protein and strengthen resilience.

INDICADORES	BASELINE	NEED	TARGET
# of people who implement livelihood-related coping strategies	0	1.1M	329K
# of people rehabilitating their livelihoods and productive capacities in the farm component (milpa)	0		
# of people rehabilitating their livelihoods and productive capacities in the backyard component (home)	0		
# of women accessing family farming projects	0	32K	12K
# of women gaining access to native seeds and agricultural tools for medicinal plant production	0	73K	20K
# of women producing food at home and/or community gardens through seed procurement and composting	0	6K	1K
# of women who have family rainwater harvesters	0	6K	800

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## 3.6 Protection Sector

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
2.83M*	722.7K	529.2K	301.2K	700
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
57.9M	9	13		

\*includes human mobility, child protection and GBV

### Protection

PIN	1.7M including human mobility		
Target population	253,351		
Geographic coverage:	Alta Verapaz, Baja Verapaz, Chiquimula, El Progreso, Guatemala, Huehuetenango, Izabal, Jalapa, Jutiapa, Peten, Quiché, Zacapa		
FUNDING REQUIREMENT (US\$)	51.5M	NO. OF PARTNERS	5

It is estimated that there are more than 2.4 million people with protection needs in Guatemala. The protection context is marked by deepening challenges due to the COVID-19 pandemic, food insecurity and climatic shocks, including tropical storms Eta and Iota. Approximately 22.8 per cent of the people in need of protection are children, and 43.59 per cent are women. By December 2022, the Protection Sector aims to cover the needs of at least 722,731 people.

In 2020, despite pandemic-related restrictions, more than 41,000 Guatemalan nationals submitted formal applications for refugee status across the globe, bringing the total number of Guatemalan asylum seekers and refugees to more than 170,000. Guatemalan citizens continue to be returned from the United States and Mexico. In 2020, 45,885 people were

returned from these countries, 16 per cent of them children and adolescents. It is estimated that 24 per cent of adult returnees have protection needs, and at least 3 per cent are unaccompanied children and adolescents with protection needs. Unaccompanied children and adolescent returnees have expressed protection needs due to the risk of forced recruitment and threats from criminal groups, domestic and gender-based violence or as a result of belonging to the LGBTIQ+ community. Upon returning to their places of origin, returnees often face the same violence, insecurity, and socioeconomic conditions that initially forced them to flee their communities.

Guatemala is a transit country for mixed movements of people with different needs and profiles, including asylum seekers, refugees, people at risk of



statelessness, survivors of violence against women, victims of trafficking, unaccompanied or separated children and migrants. In 2020, the Safe Spaces Network supported more than 48,542 people in transit and aims to reach more as COVID-19 movement restrictions are relaxed. Gaps in institutional capacities and procedures limit the response to mixed movements, especially at irregular points of entry where identification of people in need of protection is difficult and where migrants and refugees face increased risks of violence, exploitation and abuse.

### **Sector objective**

- Guarantee access, enjoyment and restitution of the rights of affected people and communities.
- Strengthen protection environments and frameworks in coordination with the population, communities and different levels of Government.
- Support individuals and communities' access to comprehensive and sustainable protection solutions, taking into consideration age, gender, ethnic, cultural and linguistic diversity.
- Promote actions that strengthen and/or complement the responses of the State and humanitarian actors and promote resilience, consultation and equal participation, autonomy, inclusion and cohesion, access to justice and the exercise of rights among affected people and communities, with a particular focus on protection against GBV, children, women and people on the move.
- Ensure the centrality of protection in the humanitarian response through joint work with the HCT and other actors involved.

### **Sector response**

The response strategy includes:

- Strengthening services and frameworks for case management and individual and community protection assistance, including temporary shelters, especially in child protection cases, including child recruitment and violations of the rights of people on the move.
- Providing assistance to the most at-risk individuals and households, through cash and in-kind transfers as well as temporary housing, in order to meet people's basic needs, employing a gender and age-responsive intersectional approach, mitigating protection risks and avoiding the adoption of negative coping mechanisms.
- Supporting State actors and institutions to improve protection spaces, systems and mechanisms, including shelter, governance of mixed migration flows, international protection systems, and the protection of women and children.
- Strengthening State presence and response in border areas and high-risk communities to improve the protection environment and access to rights and services.
- Promoting resilience, autonomy, social cohesion and access to rights, justice and comprehensive and sustainable solutions, strengthening the social fabric, peer networks and community organizations and spaces for inclusive and egalitarian citizen consultation and participation.

## Child Protection Subsector

PIN	<b>601,214 children and adolescent victims of violence; in transit and affected by Eta/Iota</b>		
Target population	<b>204,750</b>		
Geographic coverage:	<b>San Marcos, Chiquimula, Izabal, Petén; Huehuetenango; Quiché. Huehuetenango, Alta Verapaz, Quetzaltenango, Sololá, Chimaltenango, Guatemala</b>		
<b>FUNDING REQUIREMENT (US\$)</b>	<b>3M</b>	<b>NO. OF PARTNERS</b>	<b>1</b>

Emergencies generated by disasters, social conflict and public health crises directly affect children and adolescents. The suspension of in-person classes, restrictions on mobility and the lockdown measures imposed during the pandemic increased the vulnerability of children by undermining the protection environment and increasing risk factors. The decrease of crimes against children reported in 2020 does not in itself imply a real decline in violence against children and adolescents, but it does raise concerns about greater difficulties in accessing reporting and protection services during the pandemic.

Eta and Iota left a trail of destruction across several departments. At least 25 per cent of the children in the 7 municipalities most affected by Eta and Iota in Alta Verapaz and Izabal require psychosocial follow-up support. In addition to emergencies generated by the impact of natural hazards, child protection has been affected by social conflict, violence and human mobility. For example, the so-called migrant "caravans" present concrete protection and humanitarian assistance needs for children on the move. Approximately 10,000 children in mixed migration flows require humanitarian assistance.

These situations generate high levels of stress that require urgent attention. The vulnerability of children increases as their caregivers and family members focus their attention on basic survival and neglect most protection needs of children. Given this analysis of the situation of children and their protection needs, our efforts will focus mainly on children in the Dry

Corridor, made up of 88 municipalities where serious deprivations in access to food and high levels of domestic violence create a perfect storm for violence against children, with the percentage of crimes against children reported in this area representing 35.72 per cent of the total nationwide.

Prevention and response to violence against children is a priority response action, particularly through the strengthening of family counseling services, psychosocial care for adolescents and early childhood stimulation interventions. This implies humanitarian action that must effectively complement actions to combat hunger. For this reason, the different protection needs of children in the Dry Corridor, such as prevention of physical punishment, degrading treatment, domestic work and sexual abuse, must be addressed. Of the total number of crimes against children in the Dry Corridor during 2020 (totaling 9,089), most were severe cases of abuse (30 per cent) and sexual violence (20 per cent).

## Gender-based Violence (GBV) Subsector

PIN	529,261 women exposed to some form of gender-based violence in 9 departments affected by Eta/Iota and food insecurity		
Target population	264,630, including prioritized population with no statistics at municipal level		
Geographic coverage:	<ul style="list-style-type: none"> <li>• 9 departments: Izabal, Alta Verapaz, Baja Verapaz, Quiché, Huehuetenango, Chiquimula, Zacapa, Jutiapa, El Progreso</li> <li>• 80 municipalities at level 4 severity</li> </ul>		
<b>FUNDING REQUIREMENT (US\$)</b>	<b>3M</b>	<b>NO. OF PARTNERS</b>	<b>3</b>

GBV is an alarming phenomenon in Guatemala, especially among the most disadvantaged population groups (women, indigenous people, migrants and people with disabilities). It has been perpetuated as a gender social norm and as a tool for the subordination and control of women, girls, and adolescents' lives and bodies. In emergency contexts, GBV is exacerbated due to the tremendous pressures placed on families and communities. This is the case in Guatemala related to food insecurity in the Dry Corridor, the impacts of Eta and Iota and the risks faced by the most vulnerable populations in mixed migration flows.

In the aftermath of Eta and Iota, essential services for the care of survivors of violence suffered damage and saw their response capacities significantly diminished, a situation that continues to limit the implementation of institutional care protocols, the effectiveness of coordination, strengthened support networks, and the provision of supplies and comprehensive assistance for victims of violence. Faced with the loss of goods, access to services and housing, it is believed that women have been most affected, as they are the first line of response, caregivers for their families and communities or have been forced to remain in unsafe spaces, adding to the loss of other protective spaces, such as schools, due to of COVID-19 confinement measures.

In the 9 prioritized departments, 529,261 people with urgent humanitarian needs due to GBV have been identified. As such, interventions in risk mitigation and response to the immediate consequences of GBV

will be promoted based on Inter-Agency Minimum Standards and guidelines for humanitarian action in close coordination with national agencies and civil society organizations. The response aims to ensure the provision of quality essential services with a focus on individuals in need and survivors of GBV. Institutional capacities will be strengthened, including support to service providers and advocacy for the integration of the GBV guidelines in humanitarian interventions, reinforcing institutional and community protection mechanisms against GBV.

Actions will be focused on the implementation of specialized essential services that are confidential, relevant and survivor-centered, including streamlined routes and procedures, remote and mobile services, emergency lines, outpatient services and telemedicine, among others; the strengthening of inter-institutional coordination, referral networks, GBV management and care routes, ensuring the inclusion of women on the move or with international protection needs, pregnant women and girls under 14; the dissemination of information materials at the departmental and community level inaccessible, culturally and linguistically relevant formats, and the delivery of dignity kits for girls, adolescents and women for their safety and dignity as part of a comprehensive strategy to reduce, prevent and respond to GBV.

Personal and technical competencies of specialized service providers will be strengthened on the standards of care for GBV survivors in humanitarian contexts at the institutional and sectoral level,

referral and follow-up on cases, technical assistance for the supervision and monitoring of care, and comprehensive case management for compliance with international standards for GBV response services.

Support will be provided to community leaders for the management and referral of GBV cases, the strengthening of community networks for the promotion of early warning and protection systems for indigenous girls and women in emergency contexts, as well as mental health and psychosocial wellbeing interventions based on the knowledge of indigenous women. Additionally, gender social norms and GBV prevention will be addressed with the involvement of men, women, adolescents and youth as agents of change, and regular security analyses and audits will be conducted to identify GBV risks, including with other actors and sectors.

The interventions will be implemented in coordination with CONRED, MSPAS, MP and DEMI, ECAP, Médicos del Mundo, CAIMUS/GGM and CSOs providing services to GBV survivors in the prioritized departments.

### **Cost of Response**

Protection = **51.53M**  
 Child Protection = **3M**  
 GBV = **3M**  
 Total = **57.9M**

### **Monitoring**

The indicators outlined in the framework will be monitored using the IASC gender and age marker, among other tools. Information will be regularly collected, disaggregated by sex, age and diversity characteristics, integrating a gender analysis in coordination with the HCT's Gender Working Group. Partners will work collectively to identify opportunities for multi-sectoral monitoring and evaluation exercises to better understand affected communities' perspectives on the relevance and efficiency of the protection response. Information will be regularly reviewed and analyzed to adapt the response, where appropriate, in order to meet targets by ensuring that realistic objectives are maintained as the context evolves.

## Table of Objectives, Indicators and Targets

### Contributes to Specific Objective 1.4.

1.4.1. Strengthen the actions and technical capacities of competent actors and institutions to guarantee the effective exercise of rights through early identification, prevention and mitigation of protection risks.

INDICATORS	BASELINE	NEED	TARGET
# of people on the move who received information on rights and services, free legal advice, comprehensive psychosocial care and/or other specialized services	0	290.7K	200K
# officials and beneficiaries trained in protection issues	0	51.5K	39.6K
# of information campaigns on the exercise of rights and access to protection services	0	14	14

1.4.2. Promote and/or complement the actions of competent actors and institutions in response to rights violations and protection risks through humanitarian assistance and the provision of specialized comprehensive quality services for people with specific protection needs, particularly women, children and adolescents, people with disabilities, LGBTIQ+ population, Afro-descendants and indigenous peoples.

INDICATORS	BASELINE	NEED	TARGET
# of people, including women, children and adolescents, with specific protection needs who access humanitarian assistance and/or specialized comprehensive services delivered through a differential approach that considers age, gender and diversity characteristics.	0	278.2K	214K
# of referral routes on protection issues developed, implemented or strengthened	0	30	10

1.4.3. Improve the quality of and access to essential services for survivors of GBV.

INDICATORS	BASELINE	NEED	TARGET
# of women, adolescents, girls and the most vulnerable populations with access to information on referral and care routes, remote services and emergency lines	0	1.11M	370K
# of GBV survivors with access to essential services face-to-face, remote, automated, mobile and emergency hotlines	0	529.3K	265K
% of health service providers with trained personnel, medical supplies and equipment for clinical care of survivors of violence within 72 hours of an incident or exposure	0	100%	80%

1.4.4. Strengthen the personal and technical competencies of essential service providers for the application of international GBV standards.

INDICATORS	BASELINE	NEED	TARGET
% of essential service providers trained in international standards for GBV care in humanitarian settings, referral and follow-up of cases	---	100%	80%
% of essential service providers with access to psychological support to ensure personal well-being and quality of service delivery	---	100%	55%



## Contributes to Specific Objective 1.5.

1.5.1. Facilitate equal access for women, children and adolescents to key information, safe channels for reporting and care for sexual exploitation and abuse in the areas of intervention.

### INDICATORS

	BASELINE	NEED	TARGET
# of women and agents of protection who access key information and safe channels to report and receive care for sexual exploitation and abuse through ICTs and smart phones.	0	4.2K	2K
# of humanitarian organizations that have implemented actions to prevent sexual exploitation and abuse, including in temporary shelters.	0	58	35
# of community mechanisms for the reporting, care, referral and follow-up of SEA cases adapted to the local context and led by women	0	42	17

## Contributes to Specific Objective 2.3

2.3.1. Strengthen the self-sufficiency and resilience of affected people through improved 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, people with disabilities, LGBTQ+ population and indigenous people.

### INDICATORS

	BASELINE	NEED	TARGET
# of people with specific protection needs and those in mixed migration flows, with emphasis on women, who access livelihood programs to mitigate protection risks and strengthen resilience, disaggregated by sex, age and ethnicity	0	16.2K	12.5K
# of people in affected communities trained in psychological first aid, mental health and psychosocial services		198K	40.5K

2.3.2. Strengthen protective environments for affected people and facilitate their participation in the humanitarian response through a community protection approach that considers age, gender and diversity characteristics as well as cultural and linguistic relevance.

### INDICATORS

	BASELINE	NEED	TARGET
# of protective infrastructure works, including shelters, identified in a participatory manner which are implemented and improved at the community level	0	420	48

2.3.3. Strengthen the leadership of women, including indigenous women and women affected by different types of violence and displacement, and promote the co-responsibility of women and men in the protection and care of children, adolescents and people in vulnerable situations.

### INDICATORS

	BASELINE	NEED	TARGET
# of women participating in decision-making for humanitarian action and/or protection responses to vulnerable and most-at-risk individuals	0	1.95K	1.5K

2.3.4. Strengthen national and territorial mechanisms for protection, resilience, equal participation and empowerment of the affected population, with emphasis on women, children, adolescents and LGBTIQ+ people.

INDICATORS	BASELINE	NEED	TARGET
# of GBV survivors accessing mental health and psychosocial support services appropriate to their age, gender, ethnic and linguistic status	0	529.3K	185K
# Number of organizations, local and community networks, and women-led groups actively participating in GBV management and coordination mechanisms	0	400	100

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## 3.7 Education Sector

PEOPLE IN NEED	TARGET POPULATION	CHILDREN
178.6K	89.1K	89.1K
REQUIREMENTS (US\$)	PARTNERS	PROJECTS
4.8M	2	2

### Sector objectives

- 2.1.1** Guaranteeing equal access for children and adolescents to comprehensive educational services, including remote and in-person modalities (based on the hybrid modality established by the Ministry of Education for 2021), with inclusive approaches to distance and in-person learning which take into consideration the socio-cultural context.
- 2.1.2** Restoring the functionality of educational infrastructure in the departments affected by Eta/Iota for the safe return to classes post-COVID-19, providing educational buildings as safe spaces with proper biosecurity measures, school food distribution centers and basic WASH services for the 2.2 million people who make up the educational community.

### Sector response

Education is a fundamental right of all children and adolescents, particularly in emergencies. It is an important means of restoring a sense of normality in the lives of children and adolescents as they attempt to overcome crises. Therefore, it is necessary to ensure that their basic learning needs are met through quality education services. Emergencies often create additional and urgent learning needs that humanitarian response plans must address.

A rapid educational response is needed to guarantee the right of children and adolescents to education, a response which must involve parents, the educational community and relevant authorities in the process of planning a return to learning. During the education sector's response to the COVID-19 pandemic, the

support of parent organizations (PPOs) proved to be an asset and strength that should be capitalized on in future emergencies.

In a context of overlapping emergencies, education must include psychosocial support, health interventions, school feeding, water supply, and environmental sanitation measures, with a long-term development perspective that aims to build partnerships to achieve the objective of guaranteeing access to education for children and adolescents. The post-Eta/Iota assessments carried out by the Ministry of Education found significant damages in 13 departments, 74 municipalities and 447 educational centers, adversely affecting the right to education of 89,198 children and adolescents. The Ministry of Education estimates that the repair of damages

caused by Eta and Iota amounts to Q32,863,246.00 (approximately US\$ 4,246,059.55). The Department of Alta Verapaz was hardest hit, with reports of damage to 178 educational facilities, followed by the Department of Izabal with 67. Most of the damages to schools were infrastructure damages (water leak damage, damaged roofs, walls, entrances, kitchens, drainage systems and collapsed washroom facilities). Many schools were flooded, destroying furniture and learning materials. Some 164 schools were used as temporary shelters, which will require urgent repairs when the sheltered families are moved to other spaces.

The return of children and adolescents to school and the recovery of affected educational infrastructure is an urgent priority in the aftermath of an emergency. As such, it is important to work toward the reopening of schools and/or alternative learning spaces. This is an urgent response effort that aims to restore the daily life of children and adolescents and guarantee their right to education. National education authorities have demonstrated a strong political will to rebuild the system and immediately resume educational activities, so partnerships with other actors are crucial.

Below are the strategies and actions prioritized by the Education Sector for the post-Eta/Iota recovery and the immediate reopening of schools that complement the priorities established within the framework of the response to the COVID-19 pandemic.

## **Strategies and actions**

### **Recovery of basic school infrastructure**

1. Establish temporary safe learning spaces.
2. Use prefabricated spaces where the land conditions permit.
3. Use alternative school spaces for recreational activities.
4. Rehabilitate schools that were used as shelters, including their water and sanitation systems.
5. Design an appropriate exit strategy for schools that were used as shelters to prepare for the safe return to classes.
6. Repair damaged educational buildings.

### **Educational delivery**

1. Implement curricular adaptations to prioritize literacy and mathematics.
2. Develop protocols to resume classes through the reopening schools.
3. Provide teachers with culturally relevant teaching materials.
4. Deliver backpacks and basic school supplies to children and adolescents.
5. Provide culturally relevant learning guides and materials.
6. Provide inputs for recreational activities (sports, music and art).
7. Design and develop material for remote learning in emergencies.
8. Acquire, store and distribute educational materials.

### **Teacher training**

1. Produce culturally relevant courses and training materials for teachers on psychosocial support for coping with stress and trauma.
2. Train teachers to implement emergency curricula.
3. Non-formal approaches to encourage flexible use of space, time and available materials and resources to develop basic literacy, math and life skills through play.
4. Adapt activities to local needs and conditions.
5. Identify and mobilize adolescents with leadership qualities to implement recreational activities under the supervision of a teacher.
6. Include children with disabilities, even if they do not attend school.

### **School feeding program**

1. Innovate the operational delivery of school meals through take-home rations for children and adolescents to eat in their own homes.
2. Train parents' organizations (OPF) to participate in the definition of products and distribution of food rations for children and adolescents.
3. Water and sanitation.
4. Assess how many restrooms and hand washing stations are needed in schools and other learning spaces to meet minimum standards.

5. Install safe water supply and sanitation systems, as well as hand washing and food preparation stations in schools and other learning spaces.

#### **Community participation**

1. Promote the participation of community members affected by the emergency in the assessment, planning, implementation and follow-up of educational programming.
2. Establish community services around schools (such as water and sanitation).

#### **Educational information system**

1. Efficiently and accurately manage all information related to students (registration, parental information and special needs, among others), schools (location, type, available infrastructure, programmes, plans, etc.) and teachers (registration, training, specializations, type of contract, etc.).
2. Strengthen mechanisms for the collection, analysis, production and dissemination of information in a timely manner for the design of the response.
3. Identify alternative systems for affected areas that lack or have limited access to phone lines, connectivity or electricity, limiting the flow of information from these areas.
4. Update school risk management plans.

#### **Communication and awareness**

1. Strengthen institutional capacities through the development of a communication plan to respond to the demand for data figures, images and testimonies of the affected population and information on the Education Sector's response.
2. Produce simple and clear communication messages for the population.

3. Produce resources (photographs, maps, videos, newsletters and press releases) to document the impact of the emergency on children's right to education.
4. Design a media monitoring plan, including social media, on the impact of the emergency and the progress of the Education Sector's response.

#### **Partnerships and coordination**

- Establish strategic partnerships between the public and private sectors, civil society and international organizations to guarantee the right of children and adolescents to education.
- Establish strategic partnerships between communities and educational authorities.
- Map stakeholders in prioritized municipalities in order to strengthen partnerships.
- Establish inter-institutional working groups to develop strategies for the dissemination of information and monitoring the progress of children and adolescents.
- Support the implementation of the Ministry of Education's recovery plan and identify national and international funding sources.



**Cost of Response****\$4.3M****Monitoring**

Each organization will be responsible for monitoring the progress of interventions, documenting the lessons learned and developing success stories using the indicators and tools defined in the Education Sector's plan as well as those established in each organization's Performance Monitoring Plan. In addition, they will report to the Education Sector and to the General Directorate of National and International Cooperation (DINOMI). It will be the responsibility of the lead and co-lead organizations of the Education Sector to submit quarterly and annual reports to OCHA in accordance with the approved format to ensure effective programmatic and financial monitoring.

Departament	Facilities	Estimated amount (US\$)
Alta Verapaz	178	2,097,954
Baja Verapaz	1	1,948
Chiquimula	34	302,597
El Progreso	4	28,312
Escuintla	2	5,844
Guatemala	16	95,455
Huehuetenango	22	462,987
Izabal	67	425,455
Jalapa	6	16,234
Peten	26	109,740
Quiche	10	129,870
Santa Rosa	62	437,013
Zacapa	19	154,545
<b>Total</b>	<b>447</b>	<b>4,267,954</b>

**Table of Objectives, Indicators and Targets.****Contributes to Specific Objective 2.1**

2.1.1. Guaranteeing equal access for children and adolescents to comprehensive educational services, including remote and in-person modalities (based on the hybrid modality established by the Ministry of Education for 2021), with inclusive approaches to distance and in-person learning which take into consideration the socio-cultural context.

INDICATORS	BASELINE	NEED	TARGET
% of students with access to remote and in-person educational services			90%
% of teachers with access to culturally relevant didactic and pedagogical material			
% of students receiving backpacks and basic school supplies			100%
% of schools equipped with guides, learning materials and supplies for recreational activities			
% of teachers with the necessary competencies and skills to implement emergency curriculum	0	100%	80%
% of children with disabilities or outside the system of beneficiaries			
% of decision-makers who have an influence on ensuring that girls are prioritized in the return to school			100%
% of school risk management plans updated			
% of prioritized schools with improved access to phones and electricity			80%
% of educational centers that comply with the biosafety protocols established by the Ministry of Education.			100%
# of strategic partnerships with the public and private sectors, civil society and international organizations to finance educational actions			

2.1.2. Restoring the functionality of educational infrastructure in the departments affected by Eta/Iota for the safe return to classes post-COVID-19, providing educational buildings as safe spaces with proper biosecurity measures, school food distribution centers and basic WASH services for the 2.2 million people who make up the educational community.

INDICATORS	BASELINE	NEED	TARGET
% of children and adolescents who return to in-person classes in rehabilitated schools	0	100%	80%
% of educational centers affected by Eta/Iota rehabilitated and/or built that have dignified and healthy learning spaces			90%
% of schools with refurbished water and sanitation systems			80%
% of schools implementing protocols to resume classes during school reopening			
# of children receiving take-home food rations delivered as part of school meals			89.2K
% of FPOs strengthened in their role and responsibility under the food at school programme			90%
% of schools with access to community water and sanitation services			80%
% of children and adolescents with access to infrastructure conditions in accordance with their needs			5
% of schools that apply the "Comprehensive Prevention, Response and Recovery Plan for COVID-19" biosecurity protocol			100%

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## Part 4:

# Appendix

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**CUILCO, GUATEMALA**

Photo: Action Against Hunger/Lys Arango



## 4.1

# List of operational partners

<b>Pan American Health Organization/World Health Organization (PAHO/WHO)</b>
<b>UN Population Fund (UNFPA)</b>
<b>UN Women</b>
<b>UN Development Programme (UNDP)</b>
<b>Food and Agriculture Organization of the United Nations (FAO)</b>
<b>UN Children's Fund (UNCIEF)</b>
<b>International Organization for Migration (IOM)</b>
<b>UN High Commissioner for Refugees (UNHCR)</b>
<b>UN World Food Programme (WFP)</b>
<b>UN Office for the Coordination of Humanitarian Affairs (OCHA)</b>
<b>Doctors of the World – Spain</b>
<b>World Vision</b>
<b>TECHO</b>
<b>Cooperazione Internazionale (COOPI)</b>
<b>Doctors of the World</b>
<b>Colectivo Vida Independiente (El Colectivo)</b>
<b>ChildFund</b>
<b>Action Against Hunger</b>
<b>Save the Children</b>
<b>Helvetas</b>



## 4.2

## What happens if we do not respond?

In Guatemala, humanitarian partners will work to deliver humanitarian assistance that contributes to protecting and saving lives as well as strengthening capacities through sustainable solutions to meet people's basic needs and improve access to livelihoods. This assistance will be delivered according to the rights of affected people to receive dignified assistance through a differential approach that considers age, gender, and diversity characteristics. Additionally, accountability and commitment to the Zero Tolerance Policy on sexual exploitation and abuse will be a central part of the humanitarian response.

Humanitarian partners will deliver assistance to prioritized population groups and geographic areas, addressing the most urgent humanitarian needs. In the event that the humanitarian response cannot be effectively delivered, urgent needs will continue to go unmet and could even worsen given the severity of needs identified across sectors.

**Families affected by Eta and Iota** suffer from many deprivations, significantly increasing the risk of death from acute malnutrition, food insecurity and violence. Food and nutrition assistance and health services in emergencies are urgently needed, while the strengthening of protection networks is crucial to reduce the suffering of vulnerable groups and avoid potential deaths. The rainy season will enter its peak as hundreds of families are still faced with damaged and precarious housing habitability conditions in addition to unmet needs for safe water and minimum sanitation and hygiene conditions.

Without safe water, gastro-intestinal diseases, which are among the leading causes of death in children, will increase. At the same time, it is imperative to restore the operation of all health centers and health posts that were damaged by Eta and Iota to ensure that

vulnerable children, women and elderly people receive the health services they need and safeguard their living conditions. Likewise, the operational capacity of damaged schools must also be restored, as they serve as safe places for children and allow for the reactivation of school feeding programs. Taking all this into consideration, it is important that schools are ready for a return to in-person classes.

If funding is not secured to cover needs in the health sector, 930,000 people in vulnerable situations could see their right to health severely limited, and existing inequities and barriers to access would remain unchanged. Considering that the network of health services, made up of 111 health posts and centers in 47 municipalities across 7 departments, will not have the capacity to provide high-quality services in decent conditions that would guarantee the continuity of essential health services across different phases of life, increasing risks of morbidity, mortality and the burden of disease.

Conditions **in the Dry Corridor** are similar and need to be quickly addressed. Acute malnutrition in children and women, as well as a lack of food among families continues to increase, potentially increasing the number of related deaths. Crisis-affected families need to recover their productive capacities in order to achieve a certain degree of food independence and cover their basic needs.

In general, women, girls and adolescents exposed to the worst forms of violence lack access to appropriate mechanisms to file complaints or seek immediate assistance. As such, sexual crimes may go unpunished and forced maternity of adolescent survivors of sexual violence could increase, along with suicides, emotional crises, a deterioration of overall health, and a lack





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Psychosocial support for women

Photo: SAEDE-COCIGER

of participation among women in decision-making spaces during the early recovery process.

Gender gaps become more pronounced during humanitarian crises, as they disproportionately affect women and children and exacerbate existing vulnerabilities, with worsening food insecurity. The various impacts of Eta and Iota and the COVID-19 pandemic are clear examples of this. Failure to integrate targeted actions aimed at reducing these gaps and diminishing protection risks for women and girls could aggravate existing gender inequalities, leading to the greater exclusion of women, girls and boys from response planning and recovery processes and a failure to consider their differentiated needs and capacities. Consequently, **risks of further violations of their human rights and further exclusion and lack of access to humanitarian assistance and decision-making on matters that affect their lives may increase.**

In terms of protection issues, the basic rights of almost two million people, including the most vulnerable

with overlapping humanitarian needs, would be negatively affected, as well as their access to essential protection services, finding themselves at greater risk of resorting to negative coping mechanisms with increased exposure to **human rights violations, exclusion and violence.** Without adequate funding, the needs of people in mixed migration flows cannot be effectively identified and addressed, including the need for international protection and access to specialized services and livelihoods.

## 4.3

## How to contribute

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**Support the activities of Guatemala's Humanitarian**

**Response Plan.** The Guatemala HRP has been developed based on an analysis of the response context and engagement with national and international humanitarian partners. Direct financial contributions to accredited aid agencies are valuable and effective forms of response in emergencies.

**Contributing through the Central Emergency**

**Response Fund.** CERF provides rapid start-up funding to kick-start life-saving response actions at the onset of emergencies and for essential humanitarian operations in protracted emergencies. CERF, administered by OCHA, receives contributions from a number of 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 Service (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 received and highlight funding gaps in humanitarian response plans. Please report your contribution to FTS, either by email at: [fts@un.org](mailto:fts@un.org) or via the online contribution report form available at: [fts.unocha.org](https://fts.unocha.org)

## 4.4

**Acronyms (in order of appearance in the document)**

<b>INFORM</b>	Index for Risk Management	<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean
<b>HNO</b>	Humanitarian Needs Overview	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>PIN</b>	People in Need	<b>GAM</b>	Gender and Age Marker
<b>HRP</b>	Humanitarian Response Plan	<b>UNDSS</b>	United Nations Department of Safety and Security
<b>CONRED</b>	Guatemalan Coordinating Agency for Disaster Reduction	<b>AAP</b>	Accountability to Affected People
<b>SESAN</b>	Secretariat of Food and Nutrition Security	<b>PEAS</b>	Protection against Sexual Exploitation and Abuse
<b>MSPAS</b>	Ministry of Public Health and Social Welfare	<b>IASC</b>	Inter-Agency Standing Committee
<b>MAGAA</b>	Ministry of Agriculture, Livestock and Food	<b>ECHO</b>	Humanitarian Aid Department of the European Commission
<b>MINEDUC</b>	Ministry of Education	<b>USAID</b>	United States Agency for International Development
<b>MINEX</b>	Ministry of Foreign Affairs	<b>GMTM</b>	Multisectoral Cash Transfer Group
<b>HCT</b>	Humanitarian Country Team	<b>345W</b>	OCHA's platform for reporting humanitarian partners' activities (Who does What, Where, When and for Whom)
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs	<b>FTS</b>	Financial Tracking Service
<b>INE</b>	National Institute of Statistics	<b>GBV</b>	Gender-Based Violence
<b>EFSA</b>	Emergency Food Security Assessment	<b>CATIE</b>	Tropical Agricultural Research and Higher Education Center
<b>IPC</b>	Integrated Food Security Phase Classification	<b>ACH</b>	Action Against Hunger (NGO present in Guatemala)
<b>SIINSAN</b>	Guatemala's National Food and Nutrition Security Information System	<b>COOPI</b>	Cooperazione Internazionale
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization	<b>SRH</b>	Sexual and Reproductive Health
<b>WASH</b>	Water, Sanitation and Hygiene	<b>CRS</b>	Catholic Relief Services (NGO present in Guatemala)
<b>COLRED</b>	Local Coordination for Disaster Reduction	<b>PCI</b>	Project Concern International (NGO present in Guatemala)
<b>CERF</b>	Central Emergency Response Fund		
<b>LGBTIQ+</b>	Lesbian, gay, bisexual, transgender, intersex, and queer. The "+" symbol at the end is used to include all collectives that are not named in the abbreviations above.		

<b>UNDP</b>	United Nations Development Programme
<b>INFOM</b>	Institute for Municipal Development
<b>CODEDE</b>	Departmental Development Council
<b>SCEP</b>	Secretariat of Executive Coordination of the Presidency
<b>SEGEPLAN</b>	Secretariat for the Planning and Programming of the President's Office
<b>SISCODE</b>	System of Development Councils
<b>SE-CONRED</b>	CONRED Executive Secretariat
<b>MICIVI</b>	Ministry of Communication, Infrastructure and Housing
<b>COCODE</b>	Community Development Council
<b>CADER</b>	Learning Center for Rural Development
<b>MP</b>	Office of the Attorney General
<b>DEMI</b>	Ombudsman for Indigenous Women
<b>DINOMI</b>	General Directorate of National and International Cooperation

**HUMANITARIAN  
RESPONSE PLAN**  
GUATEMALA