

January 24th, 2019
Guatemala, Guatemala

H.E. Ban Ki-moon
General Secretariat
United Nations New York,
NY 10017 USA

Dear Mr Ki-moon:

I would like to take this opportunity to renew **Fundación Vision Mundial Guatemala** commitment to the United Nations Global Compact and its Ten Principles in the areas of Human Rights, Labour, Environment, and Anti-Corruption.

It is my pleasure to submit our first Communication of Engagement with the United Nations Global Compact for the time period of January 2017 to January 2019. We appreciate any feedback. This report focuses on our engagement at the local (Guatemala) level and emphasises our clear intention to remain committed to the initiative. Fundación Visión Mundial Guatemala strategy calls on partnerships to support in delivering our purpose to advance most vulnerable childhood and adolescence well being and impact the communities for a positive life transformation.

Our organization reiterate our commitment to the Global Compact to promote development and, as part of our institutional values of transparency and accountability, we will share with our stakeholders the progress of our management.

With best wishes,



Peter Gape
National Director
Fundación Visión Mundial Guatemala



**REPORT ON
CHILD WELL-BEING
CONTRIBUTION**

WORLD VISION GUATEMALA

AFI6-AFI7

World Vision

Por los niños



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Glossary

ADAPT	Analysis, Design and Planning for Childhood Protection
FY	Fiscal Year
AGEXPORT	Export Guatemalan Association
AY	Adolescents and Youth
PAC	Permanent Assistance Center
CC	Climate Change
COCODE	Development Community Council
COMM	Community Committees
COMUDE	Municipal Development Council
CPA	Child Protection and Advocacy
CVA	Citizen, Voice and Action
CWBO	Childhood Wellbeing Objectives
DAP	Development Assets Profile
DM&E	Design, Monitoring and Evaluation
ADD	Acute Diarrheic Disease
ENSMI	Mother & Child National Survey
TA	Technical Approach
FAO	Food and Agriculture Organization
SL	Skills for Life
INCAP	Central American and Panama Nutritional Institute
INTECAP	Technical Training and Productivity Institute
INFOM	Municipal Development Institute
INSAN	Food and Nutritional Insecurity
IRAS	Acute Respiratory Infections
MAGA	Agriculture, Livestock and Food Ministry
MARN	Ministry of the Environment and Natural Resources
MINECO	Ministry of Economy
MINEDUC	Ministry of Education
MSPAS	Ministry of Public Health and Social Assistance
MUW	Most Use Words
MVC	Most vulnerable childhood

NN	Boys and Girls
NNAJ	Childhood, adolescents and youth
OBC	Community-based organization
OBF	Faith-based organizations
ODAN	Right for Food Observatory
ODS	Sustainable Development Objectives
GO	Governmental Organization
OMPNA	Childhood and Adolescence Protection Municipal Bureau
ON	National Office
ONG	Non-governmental Organization
OR	Regional Office
OS	Support Office
OSAR	Reproductive Health Observatory
OZ	Zone Office
PBAS	Partnership Budget and Effective Figures System
PDA	Area Development Programme
PMA	Worldwide Food Programme
PNDRI	Rural Integral Development National Policy
PRODESSA	Santiago Development Project
PROSAN	Food Security National Programme
PT	Technical Programme
SESAN	Food and Nutritional Security Executive Bureau
SINASAN	Food Security National System
SISMOM	Ministry Monitoring System
STAR	Standardized Test for the Assessment of Reading
TTC	Timed and Targeted Counseling
UNICEF	United Nations Children's Fund
URL	University Rafael Landívar
USAC	University San Carlos de Guatemala
UVG	University del Valle de Guatemala
WASH	Water, Sanitation and Hygiene
WVG	World Vision Guatemala

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1. Executive Summary

World Vision Guatemala -WVG- applies its Childhood Wellbeing approach (CWB) in every model and methodology prioritized for the benefit of the most vulnerable childhood and adolescence. This is reflected in their programmatic actions responding to the four Childhood Wellbeing Objectives (CWBO), One: Boys and girls reporting higher wellbeing; two, children protected against violence; three, increment of well-nourished children; and four; increment of the amount of children who can read at the age of 11. These CWBOs would be described hereinafter from the primary information reported in the Ministry Monitoring System (SISMOM), internal assessments and secondary information available and reliable at national level.

Christian identity of the organization is lived at WVG which is expressed through stewardship in financial processes supporting programmatic and management actions. Likewise, we have established spiritual nourishment practices for the staff at NO and ZO. At programmatic level WVG implements two models reflecting our Christian identity. The first model is called Celebrating Family which provides families with basic tools to contribute to the strengthening of a safe and loving environment for the integral wellbeing and upbringing of childhood. Second model is named Channels of Hope which refers to specific processes and implementation steps designed for response outcomes of faith on themes influencing childhood wellbeing.

WVG strives to contribute and impact the lives of the most vulnerable childhood and adolescence (MVCA), working on the four vulnerability categories such as: CAY in extreme privation; CAYs victims from critical discrimination; CAY in abusive relationships, exploitation and CAY

exposed to natural disasters. Approach was made from context at western, central and eastern zones of the country. Considering the vulnerability conditions mentioned, the main problems have been classified into the following projects: Childhood Integral Development (DIN)¹, Livelihood and Resilience (MVR)² and Community Organization and Local Government (OCGL)³. Among the different problems are: childhood malnourishment; mother&child health; timely stimulation; and school preparedness; reading comprehension, participation and protection of childhood and adolescence and risk reduction management.

CWBO #1, children reporting higher wellbeing level through the operational model of Prominence Network; CAY express feeling included, respected, safe, cared for and hopeful for their future. WVG registered an increment in CAY's participation in prominence networks, from 8,055 CAYs (FY15) to 10,625 CAYs (FY16 and FY17). Likewise, there was the participation of 35,373 CAYs from 13-18 years from Holiday School. Nonetheless, regarding the tool of Development Asset Profile we established that in a potential scale from 1-30 points, according to the 8 Asset Categories⁴ and the five contexts⁵, average for FAY 16 was of 23 points, while in FY17 the average was 22 points.

CWBO#2 Children under five protected from diseases and infections from actions carried out by WVG regarding their health. We registered an increment of 17.5% for children under 5 who received adequate treatment for DDA. As for the prevalence of ARI for children under 5, it showed an increment of 2.8% in cases properly assisted. Regarding a complete immunization schedule, there was an increment of 14.7%. Likewise, supplement of Vitamin "A" increased in a 7.8%.

¹ Capacity building for CAYs and their families on health, education, nutrition and leadership.

² Strengthens abilities in families and groups to improve their livelihood and strengthening their resilience when facing adverse situations.

³ Strengthens community organization and local empowerment for social negotiation and impact within municipal and national

environment, oriented toward the design and implementation of public policies contributing to achieve CWBOs.

⁴ Support, strengthening, limits and expectations, constructive use of time, commitment for learning, positive values, soft skills and positive identity.

⁵ Personal, Social, Family, school and community.

CWBO #3: Well-nourished children, considering that parents are responsible for their children's feeding and health, WVG at CIDCs contribute with training on health and nutrition for 1327 guiding mothers. Likewise, we also trained 898 parents on the 7/11 Strategy with the methodology of Timely and Targeted Counseling (TTC) for children's caring. That is why we evidenced that mothers of children from 6-8 months of age, increased their adequate knowledge on how to feed their children; from an 83.2% (FY16) to a 91.9% (FY17). Similar situation with mothers of children from 9 to 11 months, who increased their knowledge from a 57.3% (FY16) to a 73.3% (FY17).

CWBO #4; children who can read at the age of 11. Actions regarding education during early childhood (timely stimulation and school preparedness), carried out through the CIDC model we registered a coverage for FY16 and FY17 of 16,081 children under six years at 584 CIDC. Also, we contributed so that 9,146 children enter first grade of elementary school duly prepared. Regarding reading comprehension of Spanish, outcomes from assessments carried out by WVG show that reading fluency increased to 19.76%. Also, reading of Spanish passages and correct comprehension increased to 11%, respectively.

CWBO #5; Children protected against violence during FY16 and FY17, from the model of Local Protection Systems (LPS) there have been a total of 980 actions to strengthen and train local government actors, civil society, churches and volunteers. At family level, there were 3,370 families implementing actions favoring childhood and adolescence protection and we trained 6,662 mothers on Childrearing with Love. Through association with Municipalities, we kept 28 Municipal Offices for Childhood and Adolescence Protection (OMPNA) reported in FY17 and we opened 5 additional ones, for a total of 33 offices for FY17: through which, for FY16 and FY17, we identified and assisted 685 cases of defenselessness.

Among WVG success for FY16 and FY17, stand out sustainability and increment of OMPNA. In spite of constant political changes in the country, provoked by municipal elections generating local authority rotation we were able of making changes in municipal intervention plans integrating into local

budgets the issue of childhood protection. The model permanence has been achieved through the influence of municipal officers on themes related to: a) training on childhood protection; b) support in the elaboration of diagnose for childhood protection finished at communities within ADP coverage; and c)

Actions for childhood protection implemented jointly between WVG and partners from the Local Level Protection System. As for health and nutrition, we have achieved an increment of knowledge for mothers on key nourishment messages for children under five. This resulted in the increment of breast feeding of children under two years, from a 74.4% (FY16) to 79.8% (FY17).

Among WVG's challenges is the nutrition of children under five, though it was an increment in knowledge of nutritional messages for mothers of children under five, and were positive outcomes as for breast feeding, it is necessary to work on the application of such knowledge in an integral way through daily practices with families. Actions to be implemented by WVG start with the Food and Nutritional Security Technical Programme (SAN) addressing not only behavioral change through the TTC approach, but also carrying out actions to promote availability and access for food as alternative for intake increment. Regarding CAYs wellbeing, through the tool DAP, WV detected that for FY17, CAYs from 12-18 years showed a significant decrease in four out of eight categories (support, strengthening, limits and expectations and commitment for learning). Regarding context, CAY express that they perceive that their personal, social and community context continue the same as for FY15. Family and school context presented a statistically significant decrease among CAY. That is why, WVG, through the Sub-regional technical program for a violence-free childhood, adolescence and youth, would focus its efforts on strengthening childhood-youth networks, Local Protection Systems and Global campaign. We need everyone to eradicate violence against childhood, as an integral approach for childhood and adolescence protection. The total of sponsored CAYs for FY 16 and FY17 was 73,185.

Regarding funds obtained by WVG, there was an increment from FY16 to FY17 reported as follows:

Chart No. 2 Financing approved for FY16 and FY17

Financing	FY16 Expressed in USD	FY17 Expressed in USD
Sponsorship	11,217,681	9,981,768
Non-sponsorship	1,783,887	3,133,966
Government	475,398	2,739,810
Total	13,476,966	15,855,544

Source: Control of finance information FY16 and FY17

There are different learnings from the moment this report was elaborated, such as:

- Partnership with governmental institutions is key to serve only as a link of actions between government mandate and WVG’s mission; that is, we learned that WVG should be a linking organization with different partners (formal and non-formal) to strengthen its implementation ability and not to implement actions parallel to government plans.
- The decision of not continuance with a model or methodology, such as the Hearth Initiative, should be accompanied with a transition plan and an alternate response for the substitution of actions. This in order to prevent negligence toward certain problems affecting childhood and adolescence wellbeing.
- Sponsorship actions should be integrated to the programmatic offer of the organization in order to be effective and efficient with WVG’s resources. Likewise, this would provoke that impact of WVG’s actions be more integral and focused. This is the reason why WVG would start the implementation of Transformed Field Environment (TFE) in every ADP.
- Complementary projects (such as PNS⁶ and grants) provide for wellbeing actions of childhood and adolescence and should be monitored according to WVG systems. At the same time, they turn funds obtained from sponsorship more efficient and effective by executing actions leveraging ADP programming. From these funds, during FY16 and FY17 we have been able of impacting 6,719 CAYs and 5,452 adults, for a total impact in 12,171 persons.

2. Introduction

2.1 General Description

The purpose of this report is to inform, through quantitative and qualitative data, the contribution of WVG during FY16 and FY17 regarding the following CWBO which was possible through the financing of 7 SOs and partnership with social actors at local, municipal and national level, for a total of 30 ADPs for FY16 and 25 ADPs during FY17; the decrease of number was due to the transition of 1 ADP and the closing of 4 ADPs due to Australia SO exit.

National strategy of WVG for FY16 and FY17 was outlined from three programmatic objectives for the contribution in the improvement of the CWBO mentioned above. Just as shown in the following chart, from childhood wellbeing expectations, in the framework of CWBO, we have selected key indicators to determine those actions WVG has taken and the impact of same in CAYs wellbeing.

Table No. 1 Estimate number of children for whom WVG contributed through changes in CWBO

Expectations for childhood wellbeing	CWBO	Key indicators	# of CAYs impacted	
			FY16	FY17
Are cared for, protected and participating	1) Increment of CAYs protected against violence.	Number of CAYs from 9-18 years participating in leadership and prominence training.	4,789	5,836
	2) CAYs between 12-18 years reporting higher wellbeing level.	Number of CAYs from 13-18 years participating in holiday school.	17,648	17,725

⁶ Non-Sponsorship Project

		Number of governmental officers trained on childhood protection themes.	523	373
Enjoying good health	3) Increment of well-nourished children.	Number of mothers trained on Childrearing with Love (7-11)	3,783	2,879
		Number of sponsored and non-sponsored children identified with low weight for their age participating in Hearts Initiative.	2,758	N/A ⁷
	4) Increment of children protected from infections and diseases (0-5 years)	Number of mothers participating in training process on basic health messages.	1,727	999
Educated for life.	5) Increment of children studying elementary school who can read.	Number of sponsored and non-sponsored children participating in CIDCs	9,392	6,689
		Number of children starting first grade with the necessary Introduction to basic skills	5,487	3,659
		Number of children participating in reading comprehension activities.	42912	33106
SUBTOTAL			89019	71266
TOTAL			160,285	

Source: Monitoring Systems of Ministry Model (SISMOM) FY16 and FY17.

2.2 Learning

The elaboration and assessment of FY15 CWBO report was useful to determine contents and how they ought to be presented. That is why, the FY16 and FY17 CWBO report, presents the contribution from each of the CWBO programmed for such fiscal period. This contribution from WVG is supported by monitoring data from SISMOM and evaluations carried out from DM&E. Likewise, we have incorporated successful stories supporting quantitative information. Successful stories provide qualitative data of the effect and impact WVG has had for the benefit of CAYs in Guatemala.

Protection facts reported in the DAP (Development Asset Profile) are disaggregated by gender and geographic zone. This provides information for analysis and reflection about outcomes. It is necessary to mention that these data were gathered from evaluations carried out during FY16 and FY17 at every ADP. Programmatic and organizational changes during FY16 and FY17 are as follows: Regarding educational actions on reading comprehension during FY16 and FY17, we have selected tools for educational actions such as: Functional and Essential Life Skills Assessment – FELSA- and the standardized test for reading assessment –STAR-. Such tools have been useful for measuring reading and numeric skills from students at schools within coverage area. Also, the implementation process of tools like DAP, FLAT, STAR and Family Survey (information about children under five) was carried out by the team from ZO and ADP with the support from DM&E, determining the sample size by country. Implementation included 24 ADPs, with a measurement during FY16 and FY17, performed intentionally and comparatively among such groups. This was carried out timely for the elaboration of this report, considering that there were not sufficient evaluations providing quantitative data. Hence, tools such as DAP, FLAT, STAR, and Family Survey were carried out in a random way for intervention groups. This process allowed us to have quality data from information gathered at every CWBO reported (see annex C).

As for educational actions for FY17, we decided to end the partnership between WVG and Santiago Development Project (PRODESSA) for reading comprehension actions. This was considering that the reading comprehension methodology of such organization was being implemented parallel to the reading comprehension methodology of MINEDUC. That is why we decided to strengthen the Ministry's methodology in order to have a more sustainable intervention with the lowest possible cost.

And, regarding nutritional actions, WVG omitted the use of Heart Initiative during FY17. As a consequence, outcomes from assessment performed by the organization, did not have the expected impact. For this, the Technical Program SAN would address this problem in an integral way.

⁷ Does not apply, this model was omitted in FY17.

2.3 Context

WVG carries out its programmatic activities in a country with an estimated population of 16,176, 133 inhabitants for the year 2015⁸, 49% men and 51% women. Country context has been characterized by the constant change of ministry authorities and social demonstrations demanding transparency and corruption eradication; independence of the three branches of government, the good use of financial resources, among other; facts generated within judicial investigations against corruption and impunity in the country. Along with the uncertain political scenery of the country, socioeconomic factors in Guatemala have impacted the basic living conditions of the inhabitants. According to the Human Development National Report (HDNR) (2015/2016), during the period from 2006 to 2014, the Human Development Index (HDI), registers an annual growth underneath 0.3%. (p.11)

Remittances from migrants based in United States of America influence in this increment; such remittances represent approximately a 12% from national Gross Domestic Product (GDP). According to the International Organization For Migration (IOM): Guatemalan population, beneficiary of remittances, is conformed approximately by 6, 212,099 inhabitants. Compared to year 2010, this figure shows a growth of 37.8%, representing an annual average increment of 284,000 people benefitting from such resources⁹. That is, according to population estimate of 2015, a 38% of Guatemalan population receives remittances from their fellow citizens living abroad.

This information reflects the increment and importance of migratory flow of Guatemalans outside the national territory. As for childhood and adolescence non-accompanied mobility, statistics reflect that for the year 2015, there was a return of 10,166 CAYs, followed by 8,403 cases in 2016, and 2,293 CAYs returned by August 15, 2017¹⁰. Which relates to the age of remittance receptors because in 2016, the group conformed by CAYs from 0-17 years show a significant change of 34.1%, while in 2010, it was a 37.4%¹¹; that is, CAYs receiving such remittances in 2010, most probable migrated abroad during the following years, considering the increment of the amount of migrating children and adolescents non accompanied, mentioned above.

As for education of the country, according to data from MINEDUC¹², net enrollment rate (NER)¹³ for elementary level decreased from (80.42%) in 2015 to (78.21%) in 2016. Likewise, NER for middle school presented a decrease during the same period from 45.89% to 44.67%. However, NER for high school level increased from 23.99% in 2015, to a 24.51% in 2016.

Nonetheless, according to statistical annual reports from MINEDUC, from the year 2015 to 2016, hold back rate decreased in the three different levels; elementary, middle and high school, being the most significant for elementary level which decreased from 9.61% (2015) to 6.04% (2016). Likewise, the Promotion Rate¹⁴ increased for the three school levels, especially in high school which had an increment of 82.10% (2015) ((2016) ()).

In spite of the Little school increment described above, the country continues with an illiteracy rate of 13.09%¹⁵. Lack of access to educational system has a direct effect in the health of Guatemalan childhood and adolescence, since, according to the National Survey of Mother/Child Health (ENSMI, 2014 – 2015), 67% of malnourished children have mothers with no school level. Likewise, data from ENSMI reflect that chronic prevalence of malnutrition reaches a 46.5%; from this, 53% have an indigenous mother. Prevalence of chronic malnutrition is 17% and less than 1% suffers from acute malnutrition and prevalence of global malnutrition is 12.6%. Higher prevalence of chronic malnutrition was reported for children from 18-23 months, with a 55%; and a 52% for children between 24-27 months.

⁸Consulted on October 31, 2017 at: <https://ine.gob.gt/index.php/estadisticas/tema-indicadores>

⁹OIM, 2016, p.18

¹⁰ Consulted on October 31, 2017 at: <http://www.sbs.gob.gt/>

¹¹ OIM, 2016, p.21

¹²Consulted on October 31, 2017 at: <http://estadistica.mineduc.gob.gt/anuario/2015/main.html> y <http://estadistica.mineduc.gob.gt/anuario/2016/main.html>

¹³ Net schooling rate (NSR) refers to the relationship among alumni of a certain age, or age group studying a considerate issue, regarding the total population of same age of age group.

¹⁴ It is a combined indicator of approval and permanence within educational system. Values reaching 100 indicate that most students from previous grade approved, and also continued studying in the next school cycle (Consulted on November 6, 2017 at: http://www.inee.edu.mx/bie/mapa_indica/2005/PanoramaEducativoDeMexico/AT/AT12/2005_AT12_.pdf)

¹⁵ Consulted on October 31, 2017 at: <http://estadistica.mineduc.gob.gt/anuario/2015/main.html>

Regarding protection of CAYs, in Guatemala, according to the Office of the Counsel-General of the Nation¹⁶ (OCGN), in the annual report states that during 2016, they received 11,039 reports of violation against CAYs. At the Operational Unit of Alba-Keneth Alert System¹⁷ from the (OCGN) during the same period, they were able of defusing 8,596 alerts of CAYs who were missing or had been taken away from home. As for violence against CAYs, the Office of the Public Prosecutor for Human Rights¹⁸, reported that during the month of January, 2017, they received reports of 328 cases of sexual abuse (88% women and 12% men); 30 murders of children under 6. As for fertility rate in women from 15-19 years (adolescents), a permissible rate could be less than 30 for every 1000 born alive; nonetheless, in Guatemala, this rate reaches 112 for every 1000 born alive.¹⁹

2.4 About data

This report was elaborated in 5 stages: 1) Previous planning with tasks, deadlines, and a multidisciplinary team conformed by representatives from every unit from NO, ZO, and ADP. This team was integrated with activities and experience they have in each one of the CWBO included in the report. 2) Systematized data recollection process in each one of the 24 ADPs to obtain quantitative information. Once the data recollection was finished, we could determine the need of having qualitative data supporting this report, for which we carried out different focal groups with people from the community and CAYs on themes such as health, nutrition and protection. 3) Data analysis; every group conformed to respond CWBO, collected primary and secondary information as well as statistics to review the information of the different themes, impact, and learning from actions implemented during both FY. 4) Report elaboration, which was performed according to guidelines provided by partnership and from the different round tables held for each CWBO. 5) Review and feedback from TSO (Technical Support Organization), which were considered and incorporated within final report.

2.5 Method

This CWBO report integrates results obtained from the assessment performed at ADP in order to collect quantitative data from FY16 and FY17. Besides, we carried out Focal Groups at ADPs for a better understanding of quantitative data and include this relationship into the analysis. For the integration and consistency of database from evaluations performed, we considered criteria such as: sample estimate method; participant selection; and interpretation of indicators; same population and cases. The total of cases included and tools used for each CWBO are registered into the following chart:

Chart No.2: Cases evaluated by CWBO during assessment performed in FY16 and FY17.

CWBO	Age Group	Indicator	Tool	ADP included by CWBO	Sample programmed
1	13-18 years	Average of Integral Development Assets of AY.	DAP	24	471
2	0-5 years	Immunization of children	Tool for children under 5	24	471
		Prevalence of children reporting ADDs			
3	0-5 years	ARI			
		Complementary feeding		24	471
		Breast feeding			
4	6-11 years	Anthropometry			
		Skills for Life in children	FELSA	24	471
Reading comprehension in children	STAR				

Source: Sample framework for CWO assessment FY16 and FY17

For sample estimate we used the sampling method for finite populations, since we did know the target population for each age group. We worked with the age group with bigger population, assuming that, if it were representative

¹⁶ Government institution in charge of the promoting the protection of rights and superior interest of CAYs, their family and the integral protection of childhood and adolescence through its Childhood and Adolescence Advocacy.

¹⁷ This unit is responsible of coordinating, executing and following-up actions of searching, locating and protecting missing or kidnapped CAYs; its objective is ensuring the quick search, location and protection of CAYs.

¹⁸ Consulted on November 6, 2017 at: <https://www.pdh.org.gt/biblioteca/investigacion/category/19-estadisticas.html>

¹⁹ ENSMI 2014-2015

for this group, it would be for everyone. We established a sample of 471 cases for each tool and each age group. Representation is at country level, with a 95% of confidence; an accuracy of 4.5%. Sample unit was one family and its members. Following the formula used:

$$n = \frac{t^2 N p q}{e^2 (N-1) + t^2 p q}$$

N = Universe or population (71,570)

t = Confidence level (1.96)

p = Favorable probability (0.5)

q = Unfavorable probability (0.5)

e = Estimate error (0.045)

3. CWBO

3.1 CWBO #1: CAY reporting wellbeing

This CWBO is focused on actions carried out by WVG so that CAYs perceive a wellbeing feeling as a result from being included, respected, safe, care for and hopeful for their future at family, school, community and system context.

Sustainable Development Objectives (SDO) outlined by United Nations, which are assumed by WVG: SDO5: Achieving gender equity and empowering women and girls; SDO 8; good job and economy; and SDO 16: Promote peaceful and inclusive societies for sustainable development, facilitate access to justice for everyone.

Regarding this CWBO in Guatemala, the National Livelihood Survey (ENCOVI) for the years 2014 and 2015 indicates that 68.59% of AY dedicate part of their time to sport, cultural and recreational activities; while a 19.28% does not. As for emotions, the National Human Development Report (NHDR) for year 2016, reflected that a 23.2% of people surveyed confirmed they feel sad or anxious. This means that almost a 25% of surveyed population live in a context that generates some level of emotional discomfort, which is a vulnerability factor for them. Likewise, according to National Human Development Report (NHDR), 90% of population would like to have time for entertainment and rest. Though only a 68.7% declared having the opportunity for this.²⁰

Therefore, WVG focused its efforts on the following models:

Table No. 3 WVG's Models and actions for CAY

Models	Actions
Prominence Networks	Providing a space, at community level, for experience Exchange, Project development, incidence, fellowship and friendship with adequate tools and the necessary training for participation, involvement and empowerment of CAY. By the end of school year, there would be Holiday School activities where CAYs are trained for a week through games related to protection themes.
Entrepreneurs Group	This model seeks the implementation of auto saving groups, business units and facilitation of credit and market access. In addition, we worked the methodology Youth Ready to address youth viability, including the following stages: entrepreneurship, employment and citizenship.

Source: Methodologic cards LACRO 2016.

²⁰ Human Development Report (2015-2016). Chapter 3 Wellbeing Perceptions in Guatemala, pages 62-63

3.1.1 KEY INFORMATION

According to data gathered, key information on CWBO #1 is summarized in the following chart:

Table No. 5 WVG’s key information for CWBO on Protection

Name of project	Financing source and objective	FY16			FY17			Partner
		Funds in \$	Technical Staff	Number of Participants	Funds in \$	Technical staff	Number of participants	
DIN	Sponsorship Develop integrated and sustainable actions contributing to CAY’s improvement.	5,685,279.00	NO: 3 ZO: 7 ADP: 193	20,771	6,078,035.00	NO: 3 ZO: 7 ADP: 193	20,771	Municipality- Ministry of Public Health. -Ministry of Education.
Pilot Project of Youth Ready model at ADPs located in de San Marcos, Guatemala.	UNHCR- (Office of the United Nations High Commissioner for Refugees) Developing Skills for Life of CAY	9,700	7	31	--	--	--	-Ministry of Education. INTECAP Pasmo

Source: Monitoring System of Ministry Model (SISMOM), Complementary Projects and DAF. FY16 and FY17

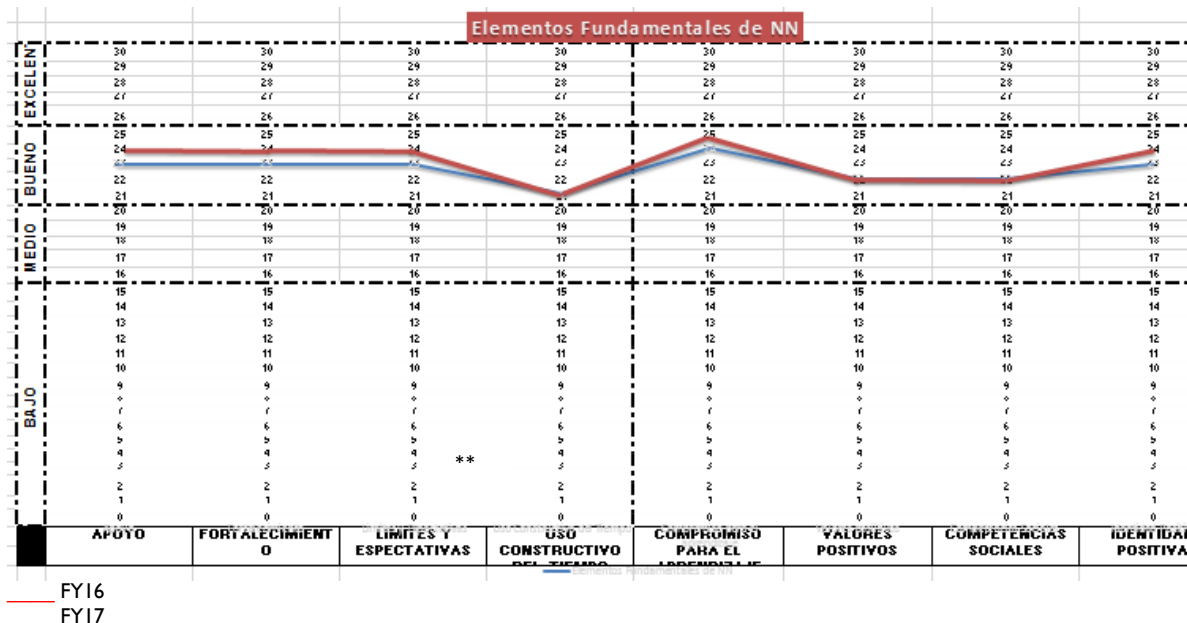
3.1.2 OUTCOMES

Through the Developmental Assets Profile (DAP)²¹ tool, we report outcomes obtained during FY16 and FY17 for CWBO #1. Following you will find the results for internal and external categories of DAP test:

²¹ Webpage: The Developmental Assets Profile (DAP), <http://www.search-institute.org/surveys/dap>,

DAP measures the perception of AYs in 8 internal categories²² of main assets of development in 5

Chart No. 1. Profile for internal and external assets in AY between 12-18 years according to DAP score.



contexts²³. We performed 484 assessments in FY16 and 403 in FY17 for CAYs between 12-18 years. While reviewing confidence intervals obtained from DAP, they show that difference in ranges have a high probability (95%) of being contained within data real values (see annex D2).

According to DAP scale, “good” category contemplates ranges from 21-25 points. In evaluations carried out, during FY16, there was an average of 23 points; while in FY17, the average reached 22 points. When comparing the scoring decrease from FY16 and FY17. According to statistical test of independent means, (p) value reached 0.05 lower than 0.05 for which we could assume that changes are significant to a 95% of confidence. That is, decrease in average score of DAP from one year to another is statistically significant (see Annex D2).

According to chart of internal and external assets, the category with highest score is Commitment for Learning, with an average of 25 points. The category with the lowest score was Constructive Use of Time with an average of 21 points. By reviewing mean tests (p) for independent means, we may infer that categories of Constructive Use of Time, positive values and social skills, do not show a significant variance between years since (p) value is higher than 0.05. Categories of support, strengthening, limits and expectations and commitment for learning and positive identity had a significant decrease to 95% regarding FY16 by having a (p) value lower than 0.05²⁴.

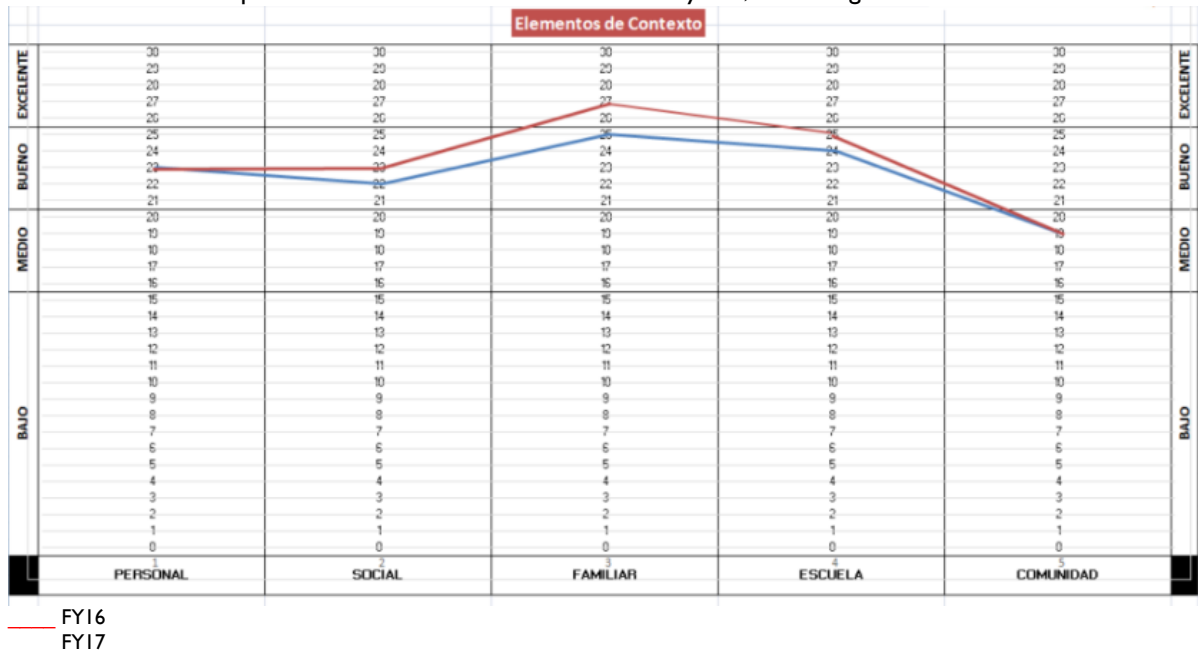
Following is the context for Assets development in the DAP test:

²² Support, strengthening, limits and expectations, constructive use of time, positive values, soft skills and positive identity.

²³ Personal, Social, Family, school, and community.

²⁴ Statistical test for mean differences with a confidence (p) of 95%.

Chart No. 2 Developmental context for AYs between 12-18 years, according to DAP score.



— FY16
— FY17
(p) value: 10%~ 5%* 1% **0.1%***
Source: CWBO 2016, 2017 assessment.

DAP test also let us review the context where CAYs grow. Results obtained for FY16 and FY17 reflect that categories for personal, social and community context do not show a significant variance between years. Categories for family and school context decreased significantly to 95% compared to FY16²⁵.

Data from categories of gender context reflect that girls and female adolescents feel safer in most context, except for community context, when compared to male CAY. (see annex C5).

Regarding data from zone context, western zone reflects that CAYs feel safer in most context, except for personal context when compared to other zones. The zone with worst perception of safety in the central zone (See annex C5).

Monitoring data for FY17 reported within SISMOM show an increment in the amount of CAY participating in leadership training and prominence spaces compared to FY16. Likewise, there is an increment of CAYs participating in holiday schools.

Table No. 6 Wellbeing indicators FY16 and FY17

Indicators	AMOUNT OF CAY impacted	
	FY16	FY17
Number of CA from 9-18 years participating in leadership training and prominence spaces.	4,789	5,836
Number of CA from 13-18 years participating in holiday school.	17,648	17,725
TOTAL	22,437	23,561

Source: Monitoring System of Ministry Model (SISMOM) FY16 and FY 17.

At holiday schools AY are trained during a complete week through games and innovative methodologies on childhood protection issues.

Prominence networks provide CAYs with spaces at community level for experience Exchange, Project development, influence, fellowship and friendship. In this training process participated a total of 10,624 CAYs²⁶, during 6 continuous

²⁵ IDEM.

²⁶ Monitoring System of Ministry Model (SISMOM) FY16 and FY17.

months, with an average of 2-hour meetings every two weeks. Meetings were divided in 4 moments: i) spiritual growth, ii) initial activity; iii) uncovering, and iv) learning and meditation. Themes developed were: service leadership, self-esteem, organization, genuine participation, values, child's rights and responsibilities, life plan, and community projects, among other.

3.1.3 ANALYSIS

WVG with its child-youth networks and entrepreneur's groups has provided spaces for development, participation and sense of belonging of CAYs at community level. Data analysis of such activities would be presented according to categories included in DAP: a) Assets category, and b) Context. Regarding Assets Categories, data reveal that the average of development assets of CAYs is classified as good, evidencing that CAYs perceive a wellbeing level that could go to an excellent level should categories with lower score are strengthened. By analyzing outcomes from CAYs we can observe that assets category for DAP with the highest score is the commitment for learning, evidencing interest for school activities and encouragement to try new things. On the other hand, we have the category of constructive use of time which already had the lowest score. This category considers recreational, religious and sport activities within community, family and school, meaning that according to CAYs, there is a deficiency in such category; therefore, it could imply that due to the absence of such activities for CAYs, there is the risk that they get into criminal dynamics or use of drugs or any other risky behavior.

External and internal capacities of CAY's assets were found at a good level. When analyzing each of the main assets for development we could observe that social skills and positive identity did not show any variance between years. That means that it keeps CAYs abilities for conflict resolution, resistance from peer pressure and to be empathetic with people around them.

As for support, strengthening, limits, expectations and commitment for learning, there was a decrease. The above means that CAYs are less encouraged, have fewer rules at home and school, less safety at home and within the community, and less motivation for curricular and extracurricular activities. It is observed that most of the elements decreasing their score are external, reason why it leads to low self-esteem. In focal groups, CAYs expressed that they can't find a space to talk about their problems at home, they have no support from family to do homework, since their parents have no schooling; also, parents and teachers are not a good example when it comes to behavior. In addition to the above, CAYs acknowledge that they are afraid of criminal organized groups. As for learning commitment, CAYS express that their participation at school is affected by lack of economic resources to continue their academic training.

Regarding Contexts, data reveal that sense of belonging both at social and personal context have stayed good. This implies that CAYs are able of keeping their values and beliefs against external pressure, and also have good relationship with their peers and adults. Considering the lack of opportunities for a constructive use of time, high violence indexes, insecurity, and violation of their rights, the community context is kept at average level. According to information gathered from focal groups, it is evident that one of the main reason for which CAYs do not feel safe at their community environment is the lack of credibility from authorities and local leaders.

As for family and school context, data reveal that there was a significant decrease of safety perception among CAYs. The above indicates that in spite of keeping an average level, relationship with parents, teachers; added to regulations, motivation and dialogue has been affected.

In conclusion, models of child-youth networks and entrepreneur's groups have achieved a sustained impact for Assets Categories; that in spite of the decrease of safety perception within family and school environments. However, efforts made by those models, should be unified with educational, health and nutrition models to obtain better results for those external assets and context where results were lower. Access to economic and educational opportunities must be a priority for AYs.

3.1.4 CONTRIBUTION OF CWBO TO THE MOST VULNERABLE CHILDHOOD (MVC)

Vulnerability category addressed herein was abuse and exploitation. WVG works with CAYs networks in order to promote principles and values according to age, in order to improve their self-esteem and relationship with people around them.

3.1.5 SUSTAINABILITY

Table No.7 Sustainability levels CWBO #1

Sustainability driver	Progress
Partnership	Agreements with municipalities seeking support in the implementation of prominence models, as well as alliances with private sector for the implementation of technical training programs (INTECAP), among other.
Local ownership	Churches are the main partners for the implementation of prominence models, especially holiday schools.

Source: Sustainability levels, LEAP Manual, 3rd. Edition, page 10

3.1.6 KEY LEARNING:

- The constructive use of time represents a challenge to provide recreational spaces and the positive use of time for CAYs. Having such spaces would promote that this population do not waste their time in activities related to gangs or drug consumption, among other. We learned that we should continue working with churches, municipalities and schools to provide a space for CAYs in order to have them occupied in playful and sport activities. For this, Channels of Hope is an adequate methodology to generate commitment and sustainability with partners.
- Categories of assets that decreased their score are external, implying a lower perception of safety within family and school environments. We learned that Childrearing with Love model should be a cross axis when programming all models and methodologies of WVG, aside from their technical specialty in order to transform relationships starting from rehabilitation and training, respect and promotion of childhood rights.
- Among educational limitations expressed by CAYs we have the lack of economic resources to continue their studies. We learned that it is necessary to influence with law guarantors for the implementation of programs contributing to generate access for CAYs to let them finish their studies.
- In addition to the above, we learned that WVG should create extracurricular educational models promoting entrepreneurship and employment; this is contemplated into the Skills for Life Technical Program. Also, we learned that efforts for protection and prominence of child-youth cannot be isolated from other programmatic models of the organization apart from its technical approach.

3.1.7 RECOMMENDATIONS:

- Encourage churches, municipalities and schools to provide, in addition to spiritual nourishment, spaces for musical training, sport competitions, recreational spaces, among other; focused specially on adolescence and youth to reduce any possibility of their involvement into criminal activities and consumption of harmful substances for health.
- Intentionally work with AYs from 16-18 years to get them involved into decision making and participation spaces such as COCODE and other local organizations with methodologies such as Citizenship, Voice and Action (CVA).
- Strengthening extracurricular education of AYs through an Alliance with private sector and municipalities to provide economic development programs for such social groups and families. Likewise, leveraging the operation with grant projects and PNS to obtain a higher impact.
- Implicate models and methodologies of WVG's programs, contemplated within Technical Programs such as Violence-free Childhood and Adolescence, Skills for Life and Food and Nutritional Security, in which we

promote the promotion of social and technical abilities²⁷. This in a way that educational actions that promote CAYs wellbeing are not executed in an isolated way.

3.2 CWBO #2: Increment of children under five years, protected from diseases and infections.

CWBO # 2 refers to protecting actions for children against infections and diseases during their physical, cognitive, motor and socioemotional development. This is related to the following SDO: SDO2: Bring hunger to an end, achieving food security and improvement of nutrition and promoting sustainable agriculture; SDO3: Guarantee a healthy life and promote wellbeing for everyone at every age; and SDO5: Achieve gender equity and empowering women and girls. As a national regulation, it contributes to action principle of the Ministry of Public Health and Social Assistance: “Guaranteeing health as a right of Guatemalan population”²⁸.

Guatemala has reduced the mortality rate for children under 5 from 42 to 35 for every 1000 born alive²⁹. Mobility that affects the most to this population is Acute Respiratory Infections (ARI) with a 50.4%; and Acute Severe Respiratory Diseases (ASRD) with a 41.9%, respectively; therefore, interventions are focused specially on prevention and assistance for such pathologies. In addition, prevalence of children under 5 who have received all vaccines reaches a 50.9%.²

At present, first-level health service assistance has decreased at community level, considering the high rotation of people making decisions, hindering the implementation of health programs during the last two years. This affects the 24 ADPs included herein.

After the above mentioned, WVG prioritized joint actions with MSPAS, NGO, local level communities to implement the following models:

Table No. 9 WVG’s Models and health actions

Models	Actions
Heart Initiative	This model pretends to educate families with underweighted children in order to help them change the way of caring for them and feed them. Healthy families serve as a modeling pattern in order that they imitate whatever they do right and repeat it with other families within the community. (Actions for such model were included up to FY16).
Growing up healthy	This model develops activities to prevent malnutrition and diseases causing death in children under six years. We work especially with children under two years and pregnant women. Through 7 practices with pregnant women and 11 for children under 2 ³⁰ .

Source: LACRO technical newsletter

3.2.1 KEY INFORMATION

DURING FY16, models implemented were carried out with the cooperation from MSPAS, municipalities, churches, community and families to contribute and decrease diseases prevalent according to age. Following is a table showing coverage and budget invested.

²⁷ Soft skills refer to a group of social, logic and communication abilities that allow a person to interact effectively in different environments and hard skills refers to technical abilities acquired for certain tasks or functions.

²⁸ Strategic Educational Plan, 2016-2020 MSPAS

²⁹ National Mother&Child Health Survey 2014-2015

³⁰ Through the methodology of Timely and Targeted Counseling (TTC) we contributed to reduce mother&child mortality through the objective: Improving health and nutrition of mothers and children from pregnancy until the age of 2.

Table No. 10 WVG’s key information for the prevention of infections and diseases prevalent in childhood.²

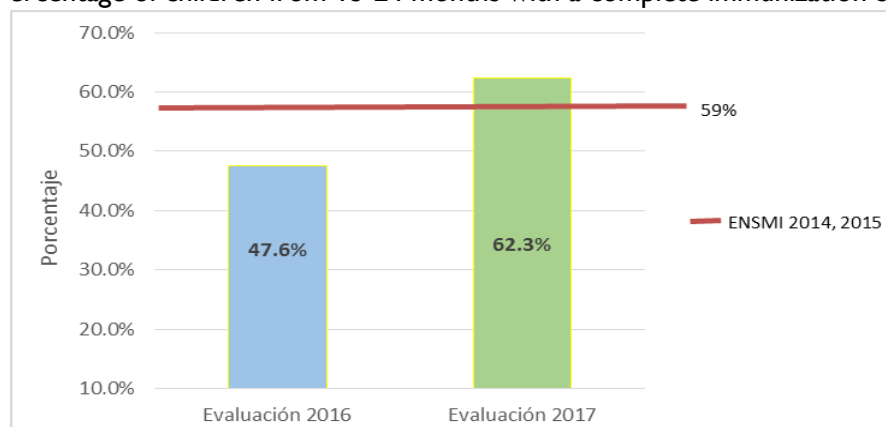
Project name	Financing source and objective.	FY16			FY17			Partners
		Funds in \$	Technical staff	# of participants	Funds in \$	Technical staff	# of participants	
Childhood Integral Development (CID). Improve childhood wellbeing level, health and nutrition.	Sponsorship Develop integrated and sustainable actions contributing to the improvement of CAYs.	1,434,998.00	NO: 1 ZO: 11 ADP:160	33,754 NN	1,204,887.00	NO: 1 ZO: 11 ADP:176	13,207 NN	MSPAS
Intervention Project against Zika virus (Emergency response)	USASO	150,000.00;	PDA: 60	118,627	---	---	---	MSPAS; MINEDUC; Municipalities; churches, Red Cross; COLRED
	NEPRF	100,000.00:			---	---	---	
	Canada SO	10,000.00			---	---	---	
Water provision for WVG communities in Comapa, Jutiapa.	Taiwan SO Providing communities with a water supply tank.	---	---	---	80,619.06	ON: 3 OZ: 4	7,375	Municipality of COMAPA

Source: Monitoring System, Ministry’s Model (SISMOM), Complementary Projects and DAF. FY16 and FY17

3.2.2 PROGRESO Y RESULTADOS

According to outcomes from measuring tool (FY16 and FY17) for children under five, used to measure changes in the percentage of children from 13-24 months immunized, we can observe an increment of 14.7%. By classifying data by gender, immunization of girls presents an improvement of 31% when comparing both years. In the case of boys, data does not change. It keeps a 50% for both years. Following is the detail:

Chart No.3 Percentage of children from 13-24 months with a complete immunization Schedule.



Source: CVBO review FY16, FY17

Evaluation carried out within intervention areas of WVG reflects that, in spite of a decrease of 9% in prevalence of diarrhea for children under 5, the amount of children who received an adequate treatment for ADD increased a 17.5%, representing a critical point that needs attention. In the case of prevalence of ARIS in children under 5, it

improved in category, from a critical condition to a condition requiring attention by decreasing a 17.8%, and improving a 2.8% in ARI cases that were properly assisted.

Regarding the complete immunization Schedule, in spite of having an increment of 14.7%, the condition is still critical. Supplementation of Vitamin “A” increased a 7.8%, changing from critical category to a one requiring attention.

By breaking down data by gender for both years, the trend of presenting diarrhea episodes is higher in boys than girls, with a 9% for boys and an 8.2% for girls. During both years, the adequate treatment for diarrhea for boys and girls is at a critical condition. Similar situation works for respiratory infections, since during both years, it is observed that boys present more episodes for this pathology. Following are the results from this evaluation:

Table No. 11 Data of diseases prevalent in childhood within intervention areas of WVG

Indicator	FY16			FY17			Data ENSMI ³¹	International threshold ³²
	# of cases	Percentage	n (IC 95%)	# of cases	Percentage	n (IC 95%)		
Percentage of children with diarrhea during the last 2 weeks	126	25.9 (21.98 29.76)*	487	65	16.9 (13.18 20.68)	384	19.3	<15% 15-40% >40%
Proportion of children with diarrhea during the last 2 weeks who received an adequate treatment.	55	43.7 (34.99 52.31)	126	17	26.2 (15.47 36.84)	65	42.9	>70% 60 – 70% < 60%
Proportion of children with ARI during the last 2 weeks	277	56.9 (52.48 61.28)	487	150	39.1 (34.18 43.94)	384	11.8	<15% 15-40% >40%
Proportion of children who suffered from ARI during the last 2 weeks and received adequate treatment.	166	59.9 (54.16 65.7)	277	94	62.7 (54.93 70.41)	150	51.6	>70% 60 -70% <60%
Proportion of children from 13-24 months with a complete immunization Schedule.	60	47.6 (38.9 56.34)	126	48	62.3 (51.51 73.16)	77	57.6	>80% 75 – 80% <75%
Proportion of children from 13-59 months who received supplementation of Vitamin “A” (ID)	257	54.4 (49.96 58.94)	472	222	62.2 (57.15 67.22)	357	51.8	>80% 60 -80% < 60%

Source: Chart based on CWBO assessment 2016, 2017.
(*Confidence interval 95%)

Acceptable Requires attention Critical

Outcomes obtained from the Monitoring System reflect a reduction in the number of beneficiaries in the coverage area of WVG. During FY17, we assisted 20,547 less children compared to FY16. Also, there was a reduction in the number of children who received micronutrients during both years, 13,885 compared to the previous year. Confidence intervals indicate that data obtained at Health CWBO are included within the interval. Since those intervals do not have a considerable scope, indicate that data is 95% reliable, except for children with complete immunizations, even when data is contained within the scope, opening is considerable due to the sample size of children between 13-24 months found in the study.

³¹Mother & Child Health Survey 2014-2015. Guatemala

³²Global indicators sheet World Health Organization-WHO-, year 2015.

3.2.3 ANALYSIS:

Even when there was a decrease for ADD and ARI, the percentage of cases receiving adequate treatment decreased in spite of the efforts made for the promotion of basic health messages. During the same period, there was a reduction of 17.5% of children who received adequate treatment for diarrhea with Oral Rehydration Solution, which can be explained by the reduction of families with access to such solution, due to changes in coverage for primary health assistance at community level; this situation represents a critical situation according to the international threshold for this indicator.

As for the adequate treatment for ARI, there was an improvement of 2.8% for both years, leaving the critical condition toward another requiring attention. Regarding immunization coverage, during both years, we did not reach optimal coverages, the above responds especially to the biological deficit and logistics from health services placing them in a critical condition according to international threshold. This, along with structural changes and changes in the highest levels of health sector, implies an adjustment to intervention plans, operation models, implementation of strategies such as community sweep to improve such coverages, with a high vulnerability risk. WVG's contribution has been in the strengthening of interinstitutional coordination with authorities from health services at national and local levels, as well as strengthening knowledge of volunteers within the community (guiding mothers and community groups) so that they can make families aware of the importance of completing the immunization and supplementation schedules of children under five; we have supported health services in promotion and prevention processes at local level, mobilization of people to apply immunizations to our intervention areas and coordination with municipal authorities in order to increase coverage.

The above has been possible due to a higher promotion of immunization and promotion at local level of health services as well as awareness raising in families through basic health messages and TTC promoted at local level from technical staff of WVG, community leaders and volunteers from the communities, especially guiding mothers.

WVG developed educational processes addressed to volunteering guiding mothers and midwives, who are the front line of contact with families and vulnerable childhood, strengthening to provide timely and targeted counseling during pregnancy and the first 1000 days of the newborn. We addressed the emergency caused by Zika jointly with MSPA strengthening community abilities to face such crisis by identifying cases, timely reference and control of breeding ground with the support from community organization and families from the community, especially families with pregnant women.

3.2.4 MOST VULNERABLE CHILDREN:

In Guatemala, we have registered 5.3 million vulnerable children; for extreme poverty 3.7 million CAYs; that is, the ones living in poverty conditions, which represent 80% of the population under 18 years. With a government investing less than Q7.48 a day for child to satisfy their needs.³³

Childhood vulnerability caused by extreme poverty, includes CAYs who lack economic resources to guarantee their good health, little access to public health services; in addition of not having prevention programs adequate to rural context in our country, prioritizing also the vulnerability of childhood caused by serious discrimination given mainly for lack of access to special health services for children with differentiated capacities. During the last 2 years we have prioritized the sustainability of actions to minimize the negative impact caused by a disaster in childhood, specifically for Emergency Type 3, caused by Zika virus, which affected the entire Latin American region, being Guatemala one of the most vulnerable countries because of the closeness with Honduras, where there was a high negative impact.

33 Prensa Libre March 21, 2017 art. Ing. Jonathan Menkos (ICEFI)

3.2.5 SUSTAINABILITY:

Table No. 12 Sustainability levels for CWBO #2

Sustainability driver	Progress
Partnership	Agreement subscribed between WVG and MSPAS that allows that APD coordinate at local level with staff from health services and volunteers in order to carry out activities oriented to: promotion, health journeys, reference of cases; training to volunteers (guiding mothers, midwives) on basic health messages.
Local ownership	Strengthening of community leader son messages of the 7/11 Strategy and Timely Counseling has helped us in the promotion of behavioral changes of families seeking assistance and treatment at health services. We have created spaces for data analysis through the implementation of situational rooms where families and community authorities get involved in search of solutions for the health problems affecting their children under five.
Resilience	Families and communities are organized to respond to emergencies or natural disasters affecting the health of inhabitants, especially children under five, just as the recent earthquakes at the western part of the country and Zika virus.

Source: Sustainability levels, LEAP Manual, 3rd. Edition. Page 10.

3.2.6 KEY LARNING

- In spite that prevalence of ARIS and ADD was reduced, not every case was treated properly. We learned that it is necessary to continue reinforcing actions to teach women at reproductive ages how to improve treatment.
- Social participation is important promoting a real and active participation incorporating communities into every stage of the project development, from the design toward evaluation, everything inside the agreed construction of same, overcoming handout models or those that only address part of the health problem.
- When the emergency of Zika arose, WVG prioritized areas where MSPAS reported the highest incidence of cases, prioritizing our intervention through the endowment of protection kits (mosquito nets and repellent) for pregnant women identified, implementation of vector control actions and reference of cases with fever to health centers. Considering the seasonal migration factor, which is constant in our country, we learned that it is urgent to strengthen educational processes with migrating families in order to reduce vector-borne diseases and their consequences.
- We learned that it is necessary to continue strengthening prevention actions against diseases prevalent in childhood through partnership and alliances, keeping guiding processes, awareness raising of families about the importance of taking their children to receive their vaccines, supplements and seek assistance for mobility at health centers.

3.2.7 RECOMMENDATIONS

- Strengthening interinstitutional coordination with health services through community organization with the methodology of COMM and CVA on health issues and guiding mothers to influence in programs for the prevention, assistance, reference and follow-up of cases, according to regulations established by MSPAS.
- Promote the acknowledgement of WVG community personnel on basic health messages within the Strategy 7/11 and Timely and Targeted Counseling to be incorporated within volunteer’s teams from MSPAS, to strengthen primary health assistance within the coverage area of ADP.
- Including within grant proposals for assistance of migrant population, training processes on the prevention of childhood diseases and vector-borne diseases in coordination with health services.
- Influence on service providers to increment distribution of Oral Rehydration Solution (ORS) for an adequate treatment of DDA, promoting that families have this resource at home whenever they need it.
- Include the purchase and distribution of ORS within grant proposals of WASH, as part of training.

- Strengthen continuous training addressed to community integral facilitators through cohorts applying the virtual platform of TTC and afterwards issue the certificate of staff hired for such health services, for applying knowledge acquired and promoting training at local level orienting guiding mothers.

3.3 CWBO #3: Increment of well-nourished children

This CWBO refers to actions taken by WVG to contribute to improve the nutritional condition of children from 0-5 years in high vulnerability as well as pregnant mothers. This would be linked to the following SDO: SDO2: Ending hunger, achieving food security and improve nutrition and promote sustainable agriculture; SDO 3: Guaranteeing a healthy life and promoting wellbeing for everyone regardless their age; SDO 5: Achieve equality between gender and empower all women and girls; and SDO 6: Guarantee water availability and a sustainable management and sanitation for everyone. In addition to national regulation from MSPAS: design, issue, update and readjust periodically assistance regulations from the different programs for promotion, prevention, recovery and rehabilitation of health of childhood, women, adolescents, adults and the elderly³⁴.

In Guatemala, according to data from ENSMI 2014-2015; prevalence of chronic malnutrition³⁵ in childhood under 5 reaches 46.50 %³⁶, global malnutrition³⁷ represents a 12.6%; and acute malnutrition is 0.7%³⁸. Such percentages are influenced by poverty index in the country affecting a 59.28%³⁹ of the population⁴⁰. Besides, from June 2016 through June 2017, we reported an increment of \$ 79.68 in the cost of market basket, and an increment of \$ 145.47 in the vital market basket⁴¹. Likewise, the country was affected by the “sudden suspension from the Coverage Extension Program [which] was due to lack of support from local groups”⁴².

Likewise, the use and consumption of products by families in the rural area affect directly childhood health, since they report that 21% of population from such area drinks untreated water, which increases the risk of DDAs. Besides, in Guatemala, the prevalence for exclusive breastfeeding (EBF) is 53% evidencing that near one of every two children do not receive this benefit⁴³, practice that is vital during the first six months of life in order to reduce childhood mortality and minimize the risk of malnutrition. This is why WVG prioritized actions contributing to nutritional food security of children under 5 and their families through the DIN and MVR projects implementing the following models:

Table No. 14 WVG actions for the prevention of malnutrition

Models	Actions
<p>Healthy home</p>	<p>Promotion of basic health and nutrition messages (7/11) to families with children under five at CIDC; TTC to families with pregnant women and mothers of children under two years. Promotion of the use of safe water and saving stoves. Likewise, construction of rainwater recollection tanks and well drilling for the benefit of communities through the project of “Water provision for sponsored communities in Comapa and Jutiapa”. Promotion for the consumption of safe water at community level and home through the endowment of artisan water filters.</p>

34 Governmental Decree No. 115-99 “Internal Organic bylaw from the Ministry of Public Health and Social Assistance, Article 31, ítem a.

35 Chronic malnutrition is estimated from the baby’s size. Represents delay in growth according to size regarding age, it is determined by comparing child’s size with the size expected for his/her age and gender.

36 Chronic malnutrition is higher at rural area (53.%) than in urban area (34.6%). WVG works specifically in the rural area.

37 Global malnutrition is estimated from weight for age. Weight for age is considered as a general indicator of malnutrition, since it does not differ from chronic malnutrition, which respond to structural factors of society, from the acute malnutrition which corresponds to occasional situations. (ENSMI 2014-2015, p. 48)

38 Acute malnutrition is estimated by weight for size. Weight for size is a recent malnutrition indicator, known also as acute malnutrition or wasting, which measures the effect from shortage or food deterioration and the presence of diseases in the immediate past. We can point out that it evidences situations of present or recent crises.

39 Guatemala in figures 2017, Macroeconomics statistical department of Guatemala, 2017.

40 According to The Lancet (2017), in Guatemala there are 2.7 million children under 6, out of which one million live in poverty and around 800,000 live in extreme poverty.

41 National Statistics Institute, 2017

42 Guatemala, analysis of Health System 2015, Executive Summary, Health Financing and Governing Project (HFG). USAID, 2015.

43 Idem.

Heart Initiative	This model pretends educating families with underweighted children so that they change the way of caring for them and feed them. We use as example, those families with healthy children so that they imitate their good practices and repeat them with other families within their community. This is through home workshops promoting food preparation practices with local products.
Productive modules	Management of backyard production through the production of native herbs to reduce the vulnerability of food insecurity, through the Project "Increasing community resilience before drought at dry corridor in Guatemala".

Source: Fact sheet of Ministry Model FY14

3.3.1 KEY INFORMATION

TABLE NO. 15: WVG'S KEY INFORMATION FOR THE PREVENTION OF MALNUTRITION

No. Of Projects	Financing source and objective	FY16			FY17			Partners
		Funds	Technical staff	No. Participants	Funds	Technical staff	No. Participants	
Childhood Integral Development (CID) Improving wellbeing level in health and nutrition.	Sponsorship Develop integrated and sustainable actions contributing to the improvement of CAYs.	1,828,706	NO: 1 ZO: 11 ADP: 160	12,150 children	1,313,044	NO: 1 ZO: 11 ADP: 160	8,198 children	MSPAS SESAN MAGA
Stop Hunger Campaign	Sponsorship Make AY aware of the national reality regarding malnutrition.	12,328	NO: 1 ZO: 1	70 children	-	-	-	MSPAS Nutritional Recovery Center San Ixtan, Jalpatagua Jutiapa
Increasing community resilience to drought in the Guatemalan dry corridor	OFDA/USAID Increasing resilience of families living at the Dry Corridor in Guatemala.	-	-	-	215,358	3 NO ZO ADP	820 families	Municipality of Comapa and Jocotán, SESAN, MSPAS, MAGA and CONRED
Increasing family income through livestock production.	USASO Diversify economic income through livestock production.	300,000	NO: 3 ZO: 1 ADP: 4	250 families	264,000	NO: 3 ZO: 1 ADP: 4	90 families	MAGA INTECAP, UVG, Agricultural Training School USAC Volunteers Guiding Mothers
Humanitarian assistance	Buckner Guatemala In-kind endowment. 107,990 pounds of food.	-	-	-	1,000	NO: 1 ZO: 1 ADP: 2	1,961 families	Municipalities Comapa, La Unión Zacapa COCODES
Humanitarian assistance	Goodneighbor Guatemala Endowment of improved stoves.	-	-	-	17,500	NO: 1 ZO: 1 ADP: 1	100 families	Municipality Comapa COCODES

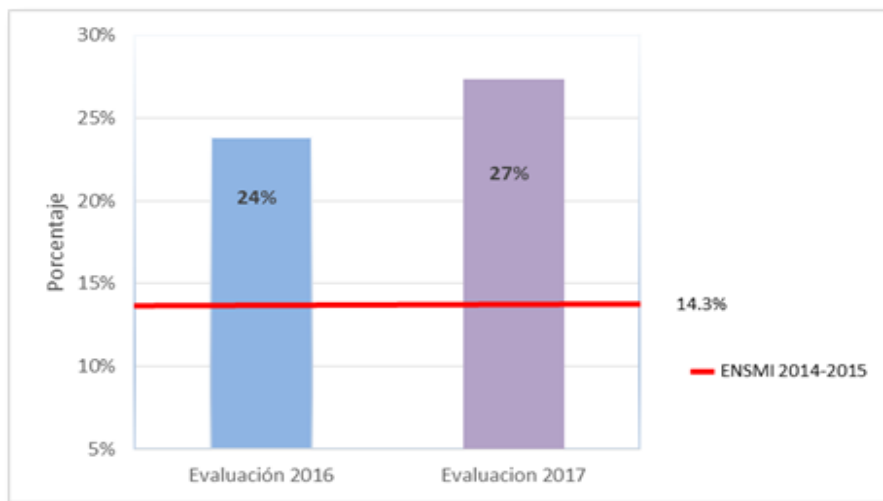
Source: Monitoring System of Ministry Model (SISMOM), Complementary Projects and DAF FY16 and FY17

3.3.2 OUTCOMES

After analyzing the nutritional condition of children under five, we present only figures related to global malnutrition since this is the one that could present changes in a shorter period, contrary to chronic malnutrition which, according to anthropometric guidelines, can find variances at longer periods.

Results were obtained through measuring tools addressed to mothers of children under 5 for the period FY16 and FY17. This measurement has confidence intervals of 95% reflecting consistency of data; that is, that population value situates at the lower and superior interval reported.

Chart No. 4 Prevalence of global malnutrition in children under five



Source: CWBO assessment FY16 and FY17

According to the assessment performed by WVG, at the coverage areas there was an increment of 3% of prevalence for underweighted children between FY16 and FY17. In addition to this, global malnutrition is at 12.7%, above the national median⁴⁴. Hence, it is important to mention that communities and counties assisted by WVG are located at high-risk and most vulnerable areas of the country (see Annex C4). The western zone is the one with higher percentage of children with global malnutrition, since a 30% of children under five present low weight for their age⁴⁵. Following are comparative data of indicators WVG uses regarding malnutrition in children under 5.

Table No.16 Monitoring Data for the prevention of malnutrition

Indicator	FY16			FY17			ENSMI data	International Threshold
	No. Cases	Percentage	n (CI 95%)	No. Cases	Percentage	n (CI 95%)		
Global malnutrition prevalence in children under 5.	108	24 (20.21 27.79)*	453	99	27 (22.43 31.57)	363	14.3	<10% 10 -19% >20%
Proportion of children under 2 years who received breastfeeding.	166	74.4 (68.67 80.13)	223	83	79.8 (75.67 83.93)	104	78.65	Not available
Proportion of children under 2 who received colostrum during the first hour after birth.	306	64.7 (60.39 69.0)	473	268	73.4 (68.89 77.96)	365	63.1	Not available
Proportion of mothers who know how to feed a child from 6-8 months.	405	83.2 (79.84 86.49)	487	353	91.9 (89.2 94.65)	384	Not available	Not available

⁴⁴ According to ENSMI 2014-2015, the national mean for global malnutrition at rural área reaches a 14.3%

⁴⁵ ENSMI 2014-2015

Indicator	FY16			FY17			ENSMI data	International Threshold
	No. Cases	Percentage	n (CI 95%)	No. Cases	Percentage	n (CI 95%)		
Percentage of mothers who know how to feed a child from 9-11 months.	279	57.3 (52.9 61.68)	487	243	73.3 (58.46 68.1)	384	Not available	Not available

Source: Chart elaborated from CWBO assessment for 2016, 2017
(*Confidence interval 95%)

Acceptable
 Requires attention
 Critical

According to WVG’s assessment, outcomes show that the trend of presenting low weight for age is higher in boys than girls, with a reduction of 3.8% and 3.1%, respectively. The group of age with higher amount of children with global malnutrition is at the range from 18-24 months, with a reduction of 46.9%. Likewise, outcome indicate that children under 2 years who received breastfeeding increased a 5.4%. In addition, mothers who know how to feed their children from 6-8 months, increased an 8.7%; and mothers with children from 9-11 months who know how to feed their children increased a 16%. That means that WVG focused its efforts in strengthening knowledge and practices of families with pregnant women and mothers of children under 5 on health and nutrition themes, as observed in Table No. 17:

Table No. 17 Monitoring indicators for the prevention of malnutrition.

Indicators	Amount of beneficiaries	
	FY16	FY17
Number of mothers trained on Childrearing with Love practices (7-11)	3,783	2,879
Number of sponsored and non-sponsored children identified with low weight who participate in the Hearts Initiative.	2,758	Not implemented
Number of mothers participating in training process of basic health messages.	1,727	999
TOTAL	8,268	3,878

Source: Monitoring System of Ministry Model (SISMOM) FY6 and FY17

3.3.3 ANALYSIS

Above data indicate that the contribution from WVG during this period consisted on strengthening knowledge and practices of families with pregnant women and mothers of children under 5 on health and nutrition themes. Another impact factor in health and nutrition of children is the fertility rate in adolescent women (15-19 years), which in an acceptable way should be less than 30 for every 1000 born alive. Nonetheless, in Guatemala, this rate is of 112 for every 1000 born alive⁴⁶, this repeats the vicious circle of malnutrition due to the lack of preparation of mothers regarding practices of hygiene, health and nutrition of children. Likewise, most cases of adolescent mothers do not have the necessary physical, social, and economic conditions for caring their children⁴⁷. Also, the lack of first level health assistance coverage does not allow us to respond to malnutrition cases.

In 2017, WVG decided to cancel the model of “Heart Initiative”, which used to develop actions to identify those children with malnutrition and provide assistance for malnourished children at community level. The exclusion of this model was due to supporters that did not provide the adequate sustainability of same.

3.3.4 THE MOST VULNERABLE CHILDREN (MVC)

Childhood vulnerability caused by extreme poverty. In Guatemala, children under 5, pregnant women, breastfeeding mothers living in poverty and ultra-poverty conditions, in addition to lack of health and education services provoke that these populations are the most vulnerable to food deprivation; WVG’s coverage areas are located at zones with

⁴⁶ ENSMI 2014-2015

⁴⁷ According to ENSMI 2014-2015, a 67% of malnourished children have mothers with no schooling level.

the highest poverty index in the country. These areas are the ones where we prioritize actions for the prevention of malnutrition through operational models already mentioned, addressed to families with children under 5 in order to address the prevention and assistance of malnutrition in coordination with partners detailed in Table NO. 15.

3.3.5 SUSTAINABILITY

During FY16 and FY17 we advanced in the implementation of breastfeeding practices and knowledge of parents regarding food practices in children under 2 years, which is vital for the prevention of malnutrition at home and in the community at mid and long term, allowing the development of:

Table No. 19 Sustainability Levels CWBO #3

Sustainability driver	Progress
Partnering	To strengthen knowledge on feeding practices of children under 2, the main partners were MSPAS and SESAN, with whom WVG has subscribed agreements for the implementation of actions for the promotion, prevention, assistance and follow-up of cases identified at national level. Likewise, the coordination and partnering with local government and alliances with MAGA and other NGOs working on nutrition themes such as Nutrisalud, supported by USAID at the western part of the country.
Local ownership	We strengthened community leader's networks, health volunteers and guiding mothers in educational models of 7/11 messages at domestic workshops, TTC, and CIDC, who have acquired the operational models and cooperate in educational processes with families, growth monitoring in children under 5, reference of pregnant women and children with nutritional problems.

Source: Sustainability levels, LEAP Manual, 3rd. Edition, page 10

3.3.6 KEY LEARNING

- Actions aimed to the improvement of knowledge and use of practices of hygiene, nutrition and referral for health services; are a functional element to address malnutrition of children under 5. We learned that this is only a part of the answer, that is, it is important to carry out integral actions, based on 4 pillars of SAN, to contribute to the impact of malnutrition in Guatemalan childhood.
- The implementation of models generate certain dependency of products toward families, does not guarantees the sustainability of actions carried out by the organization. That is why we learned about the importance of strengthening local, municipal and national partnership with government actors and civic society to allow the addition and strengthening of efforts to improve health and nutrition in the most vulnerable population. Likewise, we learned that the exclusion of an operational model must have a transition plan and substitute actions responding to programmed indicators. Otherwise, we would not be responding to local needs previously agreed.
- Leverage to the operation through complementary projects allowed us to support families in food availability and access that were not addressed with sponsorship funds. We learned that these actions influence in the impact of the organization and that can be included within the programmatic operation of WVG.

3.3.7 RECOMMENDATIONS

- Implement health and nutrition models and manuals including the 4 pillars of Food and Nutritional Security (FNS): food availability, access, use and consumption in order to have a programming generating higher impact to the most vulnerable and accord to the country context; this through the Technical Program of Food and Nutritional Security.
- Strengthening the governing body on health and nutrition to be aligned with actions prioritized by Guatemalan Government to guarantee the sustainability of WVG's intervention and that the investment on this CWBO be effective. Besides, strengthening the partnering with community organizations in order to develop action plans and decision making for food critical situations, to prevent dependency toward the organization models.

- Consider the outcomes from complementary projects for impact carried out by the organization for the benefit of health and nutrition of the most vulnerable childhood to prevent the isolated way of executing actions developed but orient them toward the authorized programming.
- Influence to improve access to governmental programs by families since this way, they would be able of carrying out joint actions and be supported by technical methodologies and supplies.
- At influence level, it is necessary to keep the technical participation space at the Right to Food Observatory as an audit entity promoting initiatives in pro of food security rights and in other public spaces with the guarantor of food and nutritional security in the country.
- Implement a Technical Program of Food and Nutritional Security (FNS) including the 4 pillars of FNS: food availability, access, use and consumption in order to have an integral programming suitable for the country context.

3.4. CWBO No. 4: Children who can read at the age of 11

CWBO 4 refers to local efforts made so that children have access to education and acquire functional skills for reading and essential techniques for like, which is linked to the following SDO: SDO 1: Eradicating poverty in every possible way; SDO 4: Quality Education; SDO 5: Gender equity, and SDO 10: Reducing inequalities. Regarding the national standard, we pretend to contribute to the action principle of MINEDUC: Guarantee education as a right for Guatemalan people.⁴⁸

In Guatemala, education expense represents a 2.6% of Gross Domestic Product (GDP), which is low when compared against Latin American average of 4.4%. Low educational investment is reflected in the 17.0% of illiteracy in the country⁴⁹ and the incomplete coverage of preschool education, since a 20% of preschools are not being assisted⁵⁰. It is at this level where children receive introduction to basic skills and develop pre-reading skills and mathematics development that let them have a better school performance.

Opposed to preschool level, schooling rate for elementary level reflects a larger coverage, since, according to MINEDUC, it is at 78.21% and the approval rate is at 87.89%. Nonetheless, from the total number of children starting elementary school only a 12% would finish high school⁵¹.

After reading the above, WVG focuses its efforts on the following models:

Table No. 20 WVG's Educational models and actions

Models	Actions
CIDC	Early stimulation for children from 0-6 years by training guiding mothers on themes such as: psychomotor development; socio-emotional; language and communication of children and Childrearing with love; so that they can start first grade of Elementary School with better abilities and at the adequate age.
CDAI	Musical stimulation and training using Suzuki methodology, address to parents, who accompany their children while they acquire artistic skills.
Reading comprehension	Actions reinforcing reading comprehension programs addressed to children from 7-12 years in public schools through a capacity building for teachers.
Skills for life	Group integrated by personal, interpersonal and critical thinking abilities that children require for their complete and productive development. Such abilities prepare them to manage their thoughts, feelings,

⁴⁸ Strategic Educational Plan, 2016-2020 MINEDUC

⁴⁹ Educational indicators in Guatemala, Mineduc, 2016

⁵⁰ ídem.

⁵¹ Pending data, Unicef, 2013

	and expressions in their daily life as well as in hard situations such as poverty, crisis, conflict or marginalization. ⁵²
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3.4.1 KEY INFORMATION

During FY 15 and FY16, WVG’s implemented models were carried out through partnership with MINEDUC (including teachers and principals), municipalities, churches, community and families to contribute to develop cognitive skills according to age. The following table shows coverage achieved and budget invested:

Table No. 21 WVG’s CWBO #4 key information

Name of project	Financing source and objective	FY16			FY17			Partner
		Funds in \$	Technical Staff	# of participants	Funds in \$	Technical Staff	# of participants	
CID	Sponsorship Develop integrated and sustainable actions for CAYs.	3,050,378.00	NO: 3 ZO: 14 ADP: 148	70,271	3,236,969.00	NO: 3 ZO: 14 ADP: 148	70,271	Municipality- Ministry of Health. -Ministry of Education.
Project CIDC Palestina de los Altos	SO Germany Elaborate preschool development actions for children under 6.	95,788.23		821	51,447.00		821	-Municipality
Infrastructure improvement in 3 schools from Sibinal and 3 schools from José Ojetenam	Fly and Help /SO Germany Improving studying conditions for CAYs	29,728.00	NO: 3	1073	29,728.00	NO: 3	1073	-COCODE
Construction of 2 Elementary Schools.	Japan Embassy Improving studying conditions for CAYs	72,575.49	NO: 3	64	--	--	--	-COCODE

Source: Monitoring System from Ministry Model (SISMOM), Complementary Projects and DAF FY16 and FY17

3.4.2 PROGRESS AND OUTCOMES

WVG actions, presented in this CWBO, have focused on childhood and adolescence native of the rural area, indigenous, with limited access to initial education. Hence, contribution from CIDC with early stimulation has been fundamental for this change. According to outcomes from the assessment tool FELSA (FY16 and FY17), used to establish changes in skills essential for life, all categories increased their score of 66%; the area with highest progress is socioemotional skills; there was an increment in oral expression, numeric skills and reasoning.

Regarding data reliability, confidence intervals of 95% show reliance in information collected by not exceeding a 5% of error. Following are the results:

⁵² “Skills for Life Measurement” WV-Costa Rica, 2014.

Table No. 22 Outcomes for Skills for Life in children from 3-11 years gathered through FELSA assessment tool.

Indicator	Measurement FY16			Measurement FY17		
	Cases	Percentage of children	n	Cases	Percentage of children	n
Score of 66% in every category (in children from 3-5 years)	2	0.40 (-0.16-0.98) ⁵³	484	23	5.60 (3.4 - 7.88)	408
Percentage of children (3-5 years) with socioemotional abilities	75	15.50 (12.27 - 18.72)		189	46.30 (41.48 - 51.16)	
Percentage of children (3-5 years) with motor skills.	371	76.70 (72.88 - 80.42)		297	72.8 (68.48 - 77.12)	
Percentage of children (3-5 years) with pre-numeric skill	238	65.00 (60.14 - 69.91)	223	54.7 (49.82 - 59.49)		
Score of 75% in all categories (in children from 6-11 years)	0	0 (0 - 0)	479	0	0 (0 - 0)	401
Percentage of children (6-11 years) with oral expression skills	363	75.80 (71.95 - 79.62)		377	94.00 (91.69 - 96.34)	
Percentage of children (6-11 years) with numeric skills.	47	9.80 (7.15 - 12.48)		61	15.20 (11.7 - 18.73)	
Percentage of children (6-11 years) with reasoning_ analysis and application ability.	37	7.70 (5.33 - 10.12)		70	17.5 (13.74 - 21.17)	

Source: Based on CWBO assessment 2016, 2017

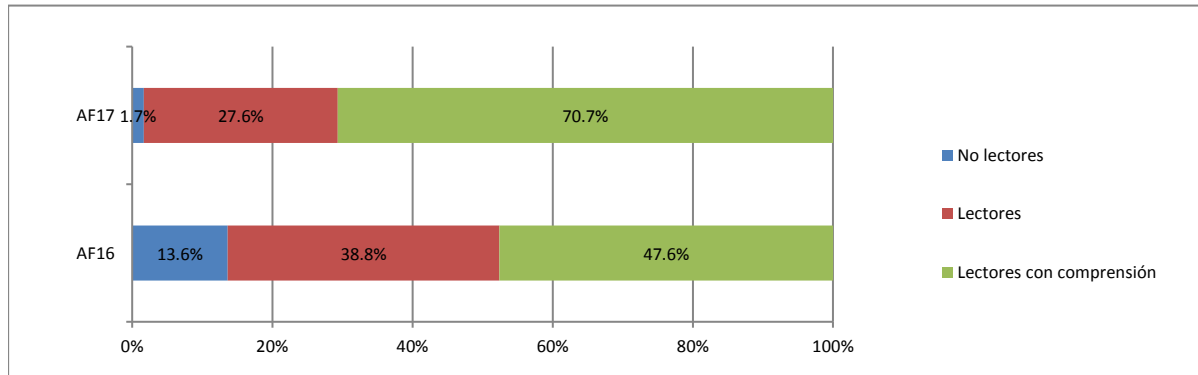
In STAR evaluation three groups were integrated: a) Non-readers (defined as students with a fluency lower than 5 words a minute); b) Beginners (defined as students that read continuously but respond correctly to less than 80% of questions); c) readers with comprehension (defined as reading the paragraph and answer correctly 60% or more from questions related to reading). Based on this classification, we can observe results in Chart No. 5.

When reviewing data from STAR test during FY17 compared to FY16, it is evident an increment of reading comprehension in children from 8-12 years. Likewise, according to outcomes from the test, reading fluency increased a 19.75%. Afterwards, reading of passages in Spanish and the right comprehension increased in a 11%, respectively. According to statistical test of independent median (p) changes are significant with a 99.9% of confidence. This means that increment in average of reading comprehension from one year to another is statistically proven (see Annex D1).

As a support to reading comprehension of children from 8-12, we incorporated technology at public elementary schools within coverage area by installing 43 virtual classrooms in partnership with Fundación Sergio Paiz Andrade (FUNSEPA) and trained 519 teachers on digital programs for reading comprehension and mathematics for 10,320 students.

⁵³ Confidence interval of 95%

Chart No. 5 Results from Reading Comprehension in children from 8-12 years gathered through the assessment tool STAR



Value p: 10%~ 5%* 1% **0.1%***

Source: WVG own study

3.4.3 ANÁLISIS

CIDC Model focusses on early stimulation for children from 0-6 years in four developmental areas: a) Socioemotional; b) language-communication; c) Motor-Physical; and d) Cognitive⁵⁴. In this sense, WVG has centered its efforts in the socioemotional and language-communication developmental area by providing tools for guiding mothers and mothers, playful exercises and interactive games for developing early stimulation. That is why, just as shown in outcomes from FY16 and FY17 assessments through STAR, percentages of socioemotional skills increased in a 30.8% and there was an increment of 2.85% for language-communication skills. However, it is necessary to strengthen efforts in motor-physical and cognitive areas at CIDC, since results from such assessments reveal that there was a degrowth of 3.9% in motor-physical skills and a decrease of 10.3% in cognitive skills (pre-numeric skills).

According to data from MINEDUC, for the year 2016, in the rural area, school enrollment of children for preschool level in public schools includes a 51% of male students and 49% of female students.⁵⁵ By classifying data by gender, obtained from evaluations performed by WVG, we found that girls are 3% higher in score than boys in all categories assessed. By zone, it is evident that Central Zone had an 8.6%, followed by Eastern Zone with a 2.1%. The above is evident due to the Central Zone is located in surroundings of Guatemala City, which has better access and quality of educational services.

Regarding children from 3-11 years, in spite that there was an increment in oral expression, numeric and reasoning abilities, there is a gap in personal management skills, given that for FY16 and FY17, they decreased a 2.2%; figurative expression decreased a 10.9%; and writing decreased in 4.2%; which prevent them of reaching a score higher than the average 75% for such skills. This obeys to the fact that WVG does not have a specific model to assist these abilities and makes efforts to implement the program of Let's Read Together from MINEDUC without the necessary support from parents and teachers.

Reading comprehension test contributed to understand the strengths and weaknesses in students from 8-12 years who can read and understand what the selected paragraph used for the test talked about. In average, considering both readers and non-readers, their comprehension increased a 23.1%, and their right answering a 60% or more for questions related to reading. This represents a challenge for WVG for a better execution of the literacy methodology in order that this methodology be sustainable throughout the years. By dividing data by gender, outcomes from reading comprehension show that girls have 71.6% and boys 69.6% level of reading comprehension. On the other hand, by comparing results by zone, it is evident that Central Zone presents the highest score of 73.4%, followed by

⁵⁴ "Skills for Life Measurement" WVG-Costa Rica, 2014

⁵⁵ Statistical Annual Report 2016, MINEDUC

Western Zone with a 69.7%, and lastly the Eastern Zone with 69.3%; this is for the same reason of better access and quality of educational services mentioned above.

3.4.4 THE MOST VULNERABLE CHILDREN (MVC)

The two strategic models supporting CWBO #4 benefitted children located in communities at extreme poverty or deprived from the right to education, specifically in areas from Dry Corridor and in zones of indigenous population at the western part of the country with a childhood vulnerable to child labor and migration, which prevent them from develop their skills for life. Within such groups we contributed with the support from guiding mothers, mothers, teachers and principals from schools who properly own early stimulation and reading comprehension models.

3.4.5 SUSTAINABILITY

Evidence of sustainability drivers.

Table No.23 Sustainability Levels CWBO # 4

Local ownership	Guiding mothers and family have improved interaction and perform exercises with children that stimulate the development of their cognitive, psychomotor and socioemotional abilities through CIDC. Schools dedicate time for the implementation of reading comprehension methodology and teachers express their satisfaction in following up and accompaniment of staff in programs carrying out the methodology.
Partnering	Subscription of a letter of understanding with MINEDUC through educational centers for the implementation of a reading comprehension model, which has allowed us to add efforts in order to improve the education quality at local level. On the other hand, implementation of virtual classrooms was accomplished with the partnership with Fundación Sergio Paiz Andrade (FUNSEPA).
Transformed relationships	Guiding mothers, family and children have reinforced their bonding relationship with parents, peers and the environment where they live, which has allowed the development of their personality and an active role for learning and discovery.
Social accountability	In some areas of major local ownership, municipalities have hired facilitators to understand CIDC. Schools have incorporated within their working plan, the methodology of reading comprehension. Guiding mothers are committed to support other mothers to implement early stimulation practices.

3.4.6 KEY LEARNING

- After the assessment of main and essential skills for life, outcomes obtained through FELSA, it evidenced that children from 3-5 years have more difficulty in pre-numeric abilities. That is why we concluded that it is necessary to implement methodologies stimulating the development of cognitive abilities, since CIDCs do not perform activities oriented to the development of such area.
- STAR review revealed that the methodology from the governing entity for reading comprehension is functional in the coverage areas. For this, we learned that it is necessary to implement methodologies parallel to the one used by the governing entity when it comes to education, since this tends to weaken the sustainability of WVG implementation.
- Even when the context where WVG carried out the activities for promoting education have little and poor access, outcomes show that there was a significant impact on reading comprehension data.
- Through the incorporation of technology for reading comprehension in elementary level establishments, we learned that this element could be an incentive for the reduction of school desertion, since according to MINEDUC reports, previous to the implementation of virtual classrooms, the number of students abandoning studies was higher in the coverage areas (see Annex K).

3.4.7 RECOMENDATIONS

- FELSA test in children under six has facilitated the identification of gaps existing in 66% score for all categories, especially in pre-numeric and auditory perception skills. Therefore, it is necessary to guarantee that fact sheets from CIDCs include activities and exercises to improve the 4 developmental areas (socioemotional, language-communication, motor, physical and cognitive).

- It is necessary to strengthen local ownership actions with teachers and principals from elementary schools for reading comprehension model programs for the reading comprehension indicators, specifically its variables of correct reading, fluency, and correct comprehension
- Considering the above mentioned context, it is necessary to continue with actions favoring the increment of percentages related to reading, supported with training and accompaniment from teachers in the methodology approved by governing entity.
- The challenge for the next years is prioritization and follow-up of reading comprehension methodology thorough innovative practices such as incorporation of technology.

3.5. CWBO No. 5: Increment of children protected against violence

CWBO #5 refers to national and local efforts of WVG so that children be protected against violence, which is linked to the following SDO: SDO #1: Eradicating poverty in every way; SDO #5: Gender equity; and SDO #16: Peace, Justice and solid institutions.

In Guatemala, due to daily violence, there are at least two children dead; and 40 become orphans. There is an average of 23 cases of sexual abuse; 31 cases of child abuse; and 15 cases of missing children.⁵⁶ According to statistics from the National Registry of Persons (RENAP), and monitoring from Sexual and Reproductive Health Observatory (OSAR), from January through June 2017, 1,138 births were registered whose mothers are between 10-14 years old; and 34,685 born from an adolescent mother from 15-19 years of age. It is necessary to mention that during August 2017, the Congress of the Republic of Guatemala approved Decree No. 013-2017, in which they performed amendments to the Civil Code (Decree Law No. 106 from Head of State), regarding to the minimum age for marriage. From that date, persons under 18 years of age could not get married, and there would be no way of authorizing a marriage.

The situation of defenselessness in which children and adolescents in Guatemala live have forced CAYs to migrate in a non-regular basis to Mexico and United States of America, since they consider those countries would give them better economic and social opportunities due to family reunification. However, migratory pathway implies a diversity of risks for their physical and emotional wellbeing. According to records from the Directorate General for Migration, in the year 2016, 12,512 accompanied and non-accompanied migrating CAYs were returned; from January through October, 2017, 5,411 accompanied and non-accompanied migrating CAYs were returned.

During FY16 and FY17, the compliance and application of rights established by the Convention on the Rights of the Child has been particularly critical in Guatemala. Vulnerability and abuse of such rights has been occurring both at government level as well as private level, especially within family environment. In addition, the political situation and research on corruption cases in the country have hindered that, in the different agendas of decision makers, childhood be prioritized. Hence, public policies, legal frameworks, budgets and public agenda have not guarantee a correct assistance for the integral protection of childhood.

In order to respond to this situation of violence against childhood, WVG works in partnership at three levels. First, addressed to families and general population looking for a behavioral change, denormalization of violence and incorporation of upbringing patterns guaranteeing the wellbeing and respect to CAY's dignity. The second level is oriented to institutional structures established in the country for decision making. Lastly, the third level pretends the awareness of the inhabitants for a change in the way of thinking and the incorporation of childhood and adolescents as change agents through platforms established by the Global Campaign "We need the whole world to eradicate violence against childhood".

⁵⁶ According to the Attorney's General Office in 2016, the main ways of violence against childhood are: Physical abuse (10,949 reports) including mistreatment, assault, serious injuries and very serious injuries; in the second level, sexual abuse (6,183 reports) including rape, sexual assault, aggravated rape, sexual abuse and rape with special circumstances aggravating the felony. In 2017, from January through May, reports for physical abuse were 5,330; for sexual abuse, 2,637 cases). Besides, it is reported 357 children dead for violence during the first semester of the year 2017. (Press release UNICEF. BASTA. February 13, 2017)

CWBO Increment of children protected against violence and the goal of the National Strategy 17-21. For 2021, WVG would have impact at national level; contributing to the protection of 1.4 million CAYs.

Table No. 23 Methodologies used for childhood protection. FY16 and FY17

METHODOLOGIES	WV ACTIONS
Local Protection Systems –CPA-	Construction and/or strengthening of local protection systems for childhood through the creation and empowerment of municipal offices and networks.
National impact	Advocacy with decision makers for the reform, modification and/or formulation of legal frameworks and national budget for childhood and adolescence protection and wellbeing. WVG is part of technical spaces that are working through political mechanisms for the elaboration of the law of “National System for Integral Protection of childhood and adolescence” that is being discussed at the Congress of the Republic of Guatemala. ⁵⁷
Citizen voice and action (CVA)	Empowerment and strengthening of capacities of local social actors for social audit and enforceability of protection services from governmental providers.
Impact campaign and institutional positioning.	Institutional positioning of WV as a referent in childhood protection, based on actions of impact and mobilization coordinated among different actors. During FY16: we promoted the Campaign of a <i>Region free of violence against childhood, and as of FY17: Global campaign of “We need the whole world to eradicate violence against children”</i>
Childrearing with Love	Promotion of transformed relationships for a good treatment, eradication of physical punishment and humiliating treatment toward childhood and adolescence.
Channels of Hope	Promotion and mobilization of actors from the communities of Faith favoring CAYs protection and gender equity and no gender violence.

Source: LACRO factsheet.

3.5.1 KEY INFORMATION

Table No. 24 Investment, partners and technical staff.

Name of project	Financing source and objective	FY16			FY17			FY16
		Funds in \$	Technical Staff	Funds in \$	Technical Staff	Funds in \$	Technical Staff	
Community organization and local government	Sponsorship Strengthening of CBO and FBO, local protection system, mobilization and influence campaign and Ecclesiastic relationships.	992,910	NO: 1 ZO: 3 ADP: 15	Strengthening of CBO and SLP 523 Officers trained. Mobilizations: 36, 387 persons Ecclesiastic relationships: FBO: 192	3,034,299	NO: 1 ZO: 3 ADP: 12	Mobilizations: 81,366 Ecclesiastic relationships: Channels of Hope: 300 150 Men 150 Women FBO: 612	Municipalities Civic society organizations. International organizations with local presence. Church international cooperation.
Social and family reintegration of returned migrating children and adolescents from San Marcos, Guatemala.	UNHCR Humanitarian assistance for temporal protection homes for returned children	140, 099.25	NO: 1 ADP: 11	1974 CAY and families received during the delivery process of CAYs at a shelter.	-	-	-	Municipality Secretariat of Social welfare International Organization for Migration. Study Center, Guatemala.

⁵⁷ UN for the rights of child committee, an entity of independent experts supervising the application of the Convention on the Rights of the Child, within the recommendations to Guatemala, expresses its concern for the absence of a high level national authority able of coordinating in an interinstitutional way and guarantee the correct implementation of legal frameworks of the integral childhood and adolescence protection and also of not assigning enough budget for social assistance and special protection.

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Fuentes: Informe PSM AF16 y PSM AF17, Informe final proyecto ACNUR, Informe de Escuela de vacaciones, Informe Crianza con Ternura (AF16), Reporte Financiero para, Reporte de Personal para CWBO.

3.5.2 OUTCOMES

The Municipal Office for Childhood and Adolescence Protection (OMPNA), during FY16 received 451 reports of rights violation against childhood and adolescence including physical and sexual abuse; identity violation and negligence (malnutrition)⁵⁸. During FY17, they received 234 reports out of which 24.1% correspond to physical abuse; 12.5% to sexual abuse; and 9.5% to sexual abuse. However, it is important to note that there is a high number of reports of negligence representing a 6.5%. From the opening of OMPNA a local level, such offices have been established as a referral entity for reporting the different ways of abuse against childhood and adolescents at municipal level, mechanism which did not exist before.

WVG has promoted joint work with more than 13 governmental institutions with the corresponding courts and local presence, with which we have achieved 458 partners with institutional representatives from the townships in the coverage areas. Also, we established 723 partners with local authorities from which 551 correspond to Community Development Councils. Such partners have served for the promotion of policies and legal frameworks for the integral protection of childhood and adolescence and for the construction of spaces for the assistance and protection of children at municipal and community levels.

At national context, WVG participates actively and leads spaces for interinstitutional coordination at network level, alliances and partnerships, with which we have achieved important outcomes in legal themes, submittance of alternate reports, educational tools for the use of churches and government.⁵⁹

Also, WVG implemented during FY16 the Project “Social and family reintegration of Guatemalan children and adolescents returned with special needs of protection”. This project was supported both technical and financially by the United Nations High Commissioner for Refugees (UNHCR). It was structured into three stages: a) Primary assistance at the shelter **Albergue Casa Nuestras Raíces** in Quetzaltenango for CAYs returned by ground; b) Psychosocial assistance provided by social work teams and psychologist in order to stabilizing the person emotionally; c) labor training, entrepreneurship, and strengthening of skills for life.

Through such project, WVG assisted 442 CAYs returned by ground during the first stage; out of which, 4% had been their first migratory attempt. During the second stage of project, WVG subscribed an agreement with Social Welfare Secretariat (SWS) to mobilize and provide psychosocial assistance to CAYs native of the Department of San Marcos. Total assistance was for 98 CAYs, out of which 91.7% corresponded to the age group between 14-17 years; 71% referred having migrated for causes related to their economic situation. It is important to note that only one child from the 98 cases related his migratory cause to violence themes.

From the total of CAYs assisted during this second stage, a total of 32 CAYs (6 women; 25 men), were connected to the third stage of entrepreneurship and strengthening of skills for life; from them, we could provide assistance to a 32.6% because of the cost of tools to be used which were higher than project’s budget.

Outcomes from the execution of this Project with UNHCR determined that the township with a higher migratory flow was Tacana, Department of San Marcos, with cross-border migration specially for temporal jobs and purchase of products to be commercialized in Mexico.

3.5.3 ANALYSIS

The problem of defenselessness and violence against childhood requires a multidimensional analysis and consequently interrelated interventions to address structural causes. Interventions carried out by the organization in the frame of protection address specific aspects to guarantee the enforcement and vigilance of legal framework and therefore that methodologies such as CPA and CVA have more relevance, however outcomes show the need of strengthening

⁵⁸ During FY17 there was no breakdown, percentage of each case is understood.

⁵⁹ PSM FY16 y PSM FY17. 1 and 2 Proyecciones poblacional 2015, Instituto Nacional de Estadística (INE)

technical and programmatic capacities to achieve better results with community participation to achieve sustainability of process.

On the other hand, efforts have been made to promote safe spaces at community and municipal levels with local partners and churches; this work with partners and training has a great impact on themes related to regulations and upbringing values that are being used by communities and the protection campaigns implemented by the organization have been useful for broadcasting messages, awareness raising and training on such aspects.

In conclusion, situations of defenselessness of Guatemalan childhood and adolescence are linked to structural causes and hence, the organization should continue working jointly with the communities and local and national governments to eradicate the inequality of opportunities which generate lack of access to basic services, and hence generates poverty, provoking migration of this social group and increases the different ways of violence against children.

3.5.4 SUSTAINABILITY

Table No.26 Sustainability levels of CWBO #5

Sustainability driver	Progress
Partnering	Through lobbying actions performed at the Congress of the Republic of Guatemala, we have identified the forces in political power, having proposed the creation of a constitutional front favoring childhood, which favored the presentation of an initiative of law of a new protection system for childhood. At national level, during FY16 we subscribed the following letters of understanding: a) for the integration of a Christian Movement against violence toward childhood; ⁶⁰ b) with initiative i58 from the Church Vida Real, for the integral protection at coverage areas. ⁶¹ During FY17 we subscribed the following letters of understanding: 1) DONAMOR Organization for the implementation of a Project with mothers from the derivative network from the District Attorney’s Office to validate the methodology. ⁶² 2) Lutheran Church. ⁶³ In the framework of the Law initiative 5285 for protection we were supported by Guatemalan Evangelic Alliance, which represented a significant support from the religious sector. 3) ONU Mujeres for a joint work with churches. ⁶⁴
Local ownership	Highlighting the labor from churches and community volunteers. For fifth consecutive year, WVG promoted solidary fasting favoring the no-violence against children. During FY16, there were 76 churches implementing fasting and in FY17, a total of 234 churches. An important factor was de decision from those churches and the ownership of the campaign “We need the whole world to eradicate violence against childhood” in the framework of mitigation of sexual abuse. Likewise, during FY16, there were 2,576 community volunteers encouraging the mitigation of sexual abuse with children and their parents. For this process, the organization provided the methodological and facilitation tools, as well as the strengthening of capacities of volunteers (Report from Holiday Schools FY16). During FY17, there were 2,459 volunteers encouraging children and their families to live these values at home in the framework of Childrearing with Love (Holiday School Report FY17). The experience of Holiday School during FY16 and FY17 was possible thanks to the ownership of protection themes in 131 parishes and 102 evangelic churches.

⁶⁰ Christian movement against violence against childhood is integrated by Compassion International, Buckner International, Christian Broadcasting Network, International Justice Mission and WVG. Jointly we published a kit with four tools for Sexual Abuse Mitigation against childhood, which was elaborated with the participation from 36 churches, bible-theological institutions and faith-based organizations. To date, we have trained 1558 church leaders with the support from all partnering organizations.

⁶¹ Through this cooperation agreement we have installed 333 health kits, including two solar panels for electricity generation, one improved stove and a water filter. During FY16 we installed 300 additional kits.

⁶² We validated the methodology of Childrearing with Love and Strong Families.

⁶³ During the celebration of 500 years we promoted a campaign with different sectors from Christian Churches.

⁶⁴ Within the framework of the methodology of Channels of Hope and Gender, during FY17 we certified 30 persons from 8 different churches. We have achieved the awareness of more than 30 church leaders.

As part of the sustainability theme, total of funds collected by WVG is summarized in the following chart:

Chart No. 2 Total of funds collected by WVG during FY16 and FY17

Concept		FY16 (Expressed in USD)	FY17 (Expressed in USD)	Total (Expressed in USD)
Concerts	4 concerts	4444.83		564506.45
	10 concerts		10275.17	
Campaign launch	Appearance in 12 written and digital media		37286.45	
	Visualization: 12 Mupies		325000.00	
	Disclosure: 600 Mupies		187500.00	

Source: Control of finance income FY16 and FY17

3.5.4 KEY LEARNING

- It is necessary to establish a process of capacity strengthening for the impact and protection of childhood, addressed to key personnel within the organizational structure.
- The report evidenced that organizational structure both at NO level as well as ADP level does not prioritizes the staff dedicated directly to childhood and adolescence protection, according to the National Strategy mentioned above; being this a global and national strategic objective it should be prioritized in the new strategy.
- There has been no mechanism to systematize the investment from municipalities when it comes to childhood protection in the coverage area and at national level. This prevents us from evidencing the impact of investment made from the Municipal Protection Office.
- There is no mechanism evidencing advancements and coherence among actions for childhood and adolescence protection, attitudes, behaviors, and community, family and religious perceptions regarding protection.

3.5.5 RECOMMENDATIONS

- We should design and implement a training program for strengthening the staff capacities on technical aspects for the protection and impact led by Advocacy Directorship.
- The organization, according to the sub-regional protection technical program must redefine the adequate structure for the implementation of program. In addition, we must define which are the key positions that must be included into job descriptions and performance agreements for goals related to protection and impact.
- People responsible of this TP must design a measuring mechanism to assess perceptions, behaviors, attitudes and practices regarding protection with the different community actors.
- Design a virtual platform allowing the systematization of defenselessness events assisted by Municipal Protection Offices in the coverage areas at national level.

4. Disaster Management

United Nations Educational, Scientific and Cultural Organization (UNESCO) indicates that risk management is the outline and application of measures oriented to reduce adverse effects from dangerous phenomena on the population, goods, services and the environment. It is integrated by a series of integrated activities through which we pretend to prevent a disaster to happen. It consists of a permanent process for analysis, planning, decision making and implementation of actions related to measurements that must be assumed and implemented by the entire society before, during and after the occurrence of a disaster⁶⁵. WVG’s contribution in risk management is focused on the implementation of two models.

Table No. 26 Models implemented during FY16 and FY17

Models	Actions
Prevention and mitigation	<ul style="list-style-type: none"> • Diagnose of threats, vulnerabilities and capacity. (COVACA)⁶⁶, • Community Resilience Project facing drought at Dry Corridor in Guatemala⁶⁷.
Preparedness and response	Partnership with Executive Secretariat of CONRED, municipalities, Ministry of Education, Association El Tule and community leaders.

Those models are related to the Disaster Reduction Strategy contained within the SENDAI framework and the National Policy for Risk and Disaster Reduction in Guatemala of CONRED, which pretend to increase resilience in the communities at disaster, they also pretend to integrate childhood wellbeing approach. The connection with childhood wellbeing is made through the reduction of disaster risk focused on childhood, community resilience, adaptation to climate change and strengthening of capacities of the staff in charge of responding to disaster management. This contributes to CWBO #1; children reporting a higher wellbeing level, and CWBO #2, Children protected against diseases and infections which are aligned to global approaches of the strategy of Disaster Management 2020 of the Partnership.

4.1 Disaster risk reduction

During FY16, though 88% (59/67) of plans were executed in the communities, only a 48% (53/109) of communities carried out preparedness actions for an efficient response to disasters, since ADPs did not followed-up. During FY17, we exceeded the goal regarding local response plans, due to actions carried out in the project “Increasing Resilience to drought at Dry Corridor in Guatemala”, financed by OFDA

With the contribution from the complementary Project at the Eastern zone, during FY16 we organized 8 COLREDS, in addition to the goal planned, which carried out the corresponding COVACA.

⁶⁵ UNESCO, San José Representation for Costa Rica, El Salvador, Honduras, Nicaragua and Panamá, Risk Reduction Management for the reduction of disaster risk and early alert systems 2012

⁶⁶ Which let us know the local context from the perspective of risk management and capacities they have in order to be prepared and respond to an event at their communities. World Vision International

⁶⁷ Financed by the United States Office for Disaster Assistance (OFDA).

Table No. 27 Information on goals achieved during FY16 and FY17

Model	Personnel Involved			Achievement	FY 16	FY 17
	NO	ZO	ADP		Participants	
Preparedness	1	1	38	Communities prioritizing preparedness actions according to local plan.	48.62% (53/109)	88.06% (59/67)
				COLRED organized and strengthened	138	109
				Local response plans	88.89% (96/108)	105.26% (76/80)
				Courses of School Safety for Schools	79	94
				Workshop on emergencies for youth	118	107
				Workshop on childhood at emergency	141	183
	3	3	4	People trained by project: Increasing resilience for drought at dry corridor in Guatemala.	0	28
Response	1	1	24	Response actions, category I and II implemented.	34	13
				Disaster preparedness plan	57	33
Prevention and mitigation	1	1	24	Communities with risk prevention and mitigation plans.	88.14% (104/118)	100% (88/88)
				Communities covered by ADP with local management plans for socio-natural risk.	81.97%	93.41%
				Communities implementing COVACA ().	106.8% (110/103)	100% (80/80)
				Communities trained on local early alert mechanisms.	72.37% (55/76)	100.00% (62/62)
TOTAL INVESTMENT IN \$					558,832.00	440,794.00

Sources: Monitoring System from Ministry Model (SISMOM) FY16 and FY17

4.2 Key Learning

- In Guatemala there is a team of organizations named Humanitarian Country Team (HCT) executing actions on disaster reduction. However, the approach is clearly reactive, that is, it focuses on response to emergencies and not in the prevention and mitigation of same. We learned that models prioritized by WVG represent an approximate of 90% of actions of HCT when referred to prevention and preparedness, according to the last annual report from the team.
- WVG planned some prevention and mitigation actions to strengthen the local organization through COLRED, to impact in the reduction of vulnerability factors for a negative impact of a disaster. We learned, through a partnership, that we can walk into another level in the implementation and reduction of risk through integral contingency plans.
- Guatemala is a highly seismic country and is vulnerable to natural disaster; and during the last 5 years has suffered from 4 emergencies that generated disaster in communities within coverage; however, Budget of FNPR by the end of FY17 ascends to \$ 248,426.00, according to an analysis performed at national level with ERR, according to expenses reported in FY16 and FY17, and experiences of costs during previous

emergencies. We learned that it is necessary to increase the budget destined for the prevention and mitigation to at least \$ 450,000.00 in order to be prepared whenever a Category I disaster strikes, which implies the assistance of 100,000 personas, approximately⁶⁸.

- As for climate change, the country is highly vulnerable to this phenomenon, meaning that we must carry out actions for adaptation, which must be included within plans, since up to this moment, they do not focus on HEA actions; therefore, it would be important the alliance with other organizations working on the theme.

4.3 Recommendations

- Actively participate in the different humanitarian networks and climate change networks in the country in order to make alliances and look for funds and joint projects to support offices at coverage regions.
- We would integrate the theme of Humanitarian Emergencies and Affairs (HEA) to the programming, specifically in the Technical Program of Skills for Life so that they contribute with a higher budget for risk management within the organization, in order to prepare the staff to respond efficiently during an emergency in the country.
- It is necessary that assistance actions during emergencies be aligned with actions related to prevention, mitigation, recovery, and rehabilitation; this in order that families affected or damaged strengthen their resilience.
- To increase funds destined to HEA, it is necessary to negotiate grants to leverage actions performed by WVG.
- Protection issue must be taken into schools and homes from HEA, integrating it into educational processes, since from there we could be able of guaranteeing that CAYs and their families would be protected at an adverse event.
- That the theme of climate change be integrated into the risk management plans, including the work to be carried out by municipalities through their municipal forestry offices.

4.4 Response to disasters

There are three ADPs located at areas affected in the years 1998, 2009, 2014 and 2015 by prolonged dry seasons provoking droughts and also presenting phenomena like El Niño or neutral conditions, situation that has been related to climate change in the townships of La Unión Zacapa at the Department of Zacapa; Jocotán and Camotán from the Department of Chiquimula; located at the Dry Corridor in Guatemala. The term “dry corridor” though it points to a climate phenomenon, has an ecological basis, since it defines a group of ecosystems combined at the eco region of the dried tropical forest of Central America, initiating in Chiapas, Mexico; and in a strip, it covers low zones of the Pacific watershed and a big part of the central pre-mountain region (0 a 800 mosl) of Guatemala, El Salvador, Honduras, Nicaragua and part of Costa Rica (as far as Guanacaste); in Honduras, besides, includes fragments approaching to Caribbean coastline⁶⁹.

WVG, aware of the situation faced by vulnerable families from those townships due to their loss of basic grain harvest in 2016, joined to the Seasonal Hunger Plan 2017 of SESAN. Through a nutritional diagnose of children under 5. carried out in coordination with MSPAS and the facilitators team in three ADPs, identified 460 families (3,220 persons) vulnerable to food and nutritional insecurity (INSAN). For this, WVG provided 522 portions of food for such families for a month; response cost was \$ 21,124 financed by the National Fund for Emergency Response.

On the other hand, WVG, within the response strategy framework for Zika outbreak, prioritized the implementation of response actions in 18 ADPs located in 17 townships of the country. For this response we had the following funds: WVUS \$150,000; WV Canada, \$10,000; National Fund for Preparedness and Response (FNPR) US\$ 100,000. Response actions were coordinated with national and local partners, among them: 29 health centers from MSPAS, educational institutions, municipalities, FBO and community organizations. Likewise, we delivered protection kits (mosquito nets and repellent) for pregnant women and mothers with children under 5, as a preventive action to prevent the night bite of vector and this way prevent the transmission of this disease between mother-child. This

⁶⁸ Regulations for Disaster Management, World Vision International 2011, page 27

⁶⁹ Amparo Van del Zee Arias, Jaap Van der Zee, Alin Meuyrat. Et .al. Estudio de Caracterización del Corredor Seco Centroamericano (países CA-4). Food and Agriculture Organization of the United Nations (FAO).

previous actions allowed us to react timely before the Emergency Announcement from World Health Organization –WHO- and the emergency declaratory from WVI Regional Office, being the first organization in the country implementing clear and concrete actions for the prevention and response before Zika virus. There were 311,151 persons benefitted from such response actions in 18 ADPs.

5. World Vision's development programs approach

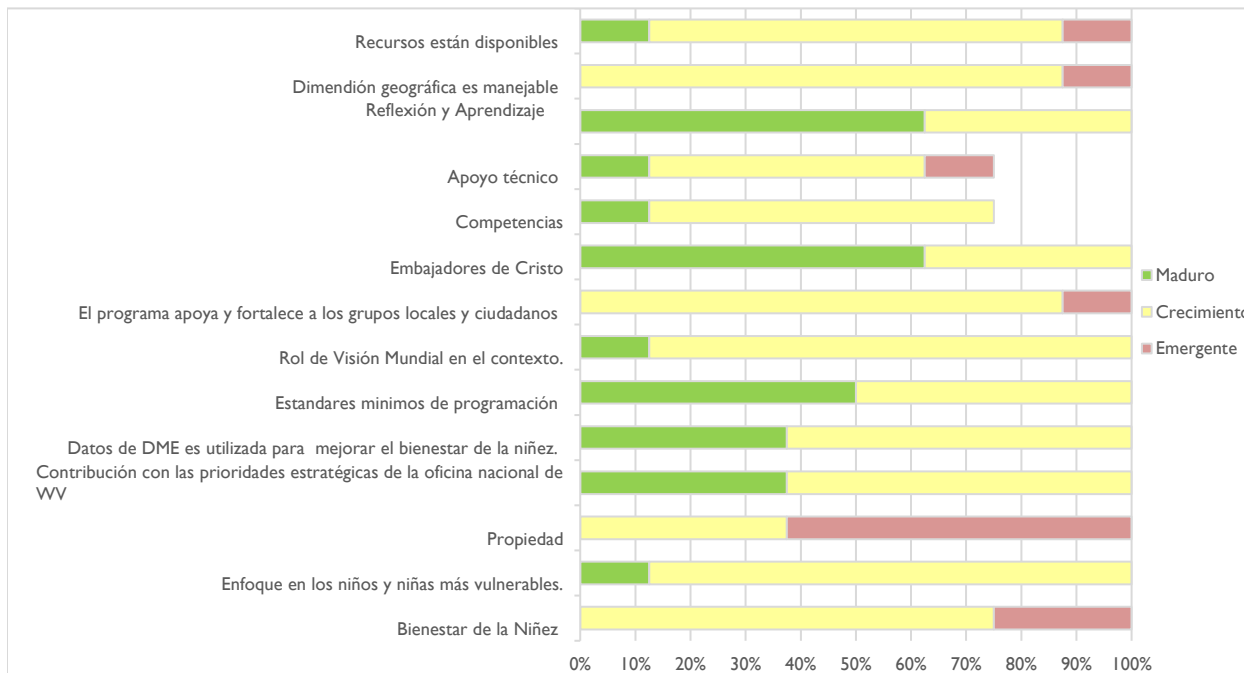
In FY17, WVG carried out a tool for Self-review of Program Approach in order to provide an overview at national level of the effectiveness and programmatic quality of NO. The tool of Programmatic Effectiveness was implemented in 3 ADPs at the Eastern zone; and 8 ADPs at the western zone. This tool includes 13 standards classified in 4 groups; a) standards to contribute to childhood wellbeing; b) standards to work effectively with communities and partners; c) standards to equip staff at local level; and d) standards for basic program parameters.

From outcomes obtained in reviews performed in 11 ADPs, the standards to contribute to childhood wellbeing, WVG reports having a growth of 63%, which indicates that people perceives that program and some of its projects do contribute to childhood wellbeing.

As for standards for equipping staff at local level, the standards for Christ Ambassadors and Reflexing and Learning are maturing in a 64% and 63%, respectively, which implies that communities and partners acknowledge characteristics of love, justice, modesty and prayer in a way that program staff relates to it. Lastly, the ownership standard is the one with a higher percentage in emerging grade, with a 63%, indicating that there is a perception that plans and activities are controlled and managed by WVG without the involvement from community people.

Results for each standard are classified as Emerging (E); growth (G); Mature (M) as shown below:

Table No. 28 WVG’s programmatic effectiveness



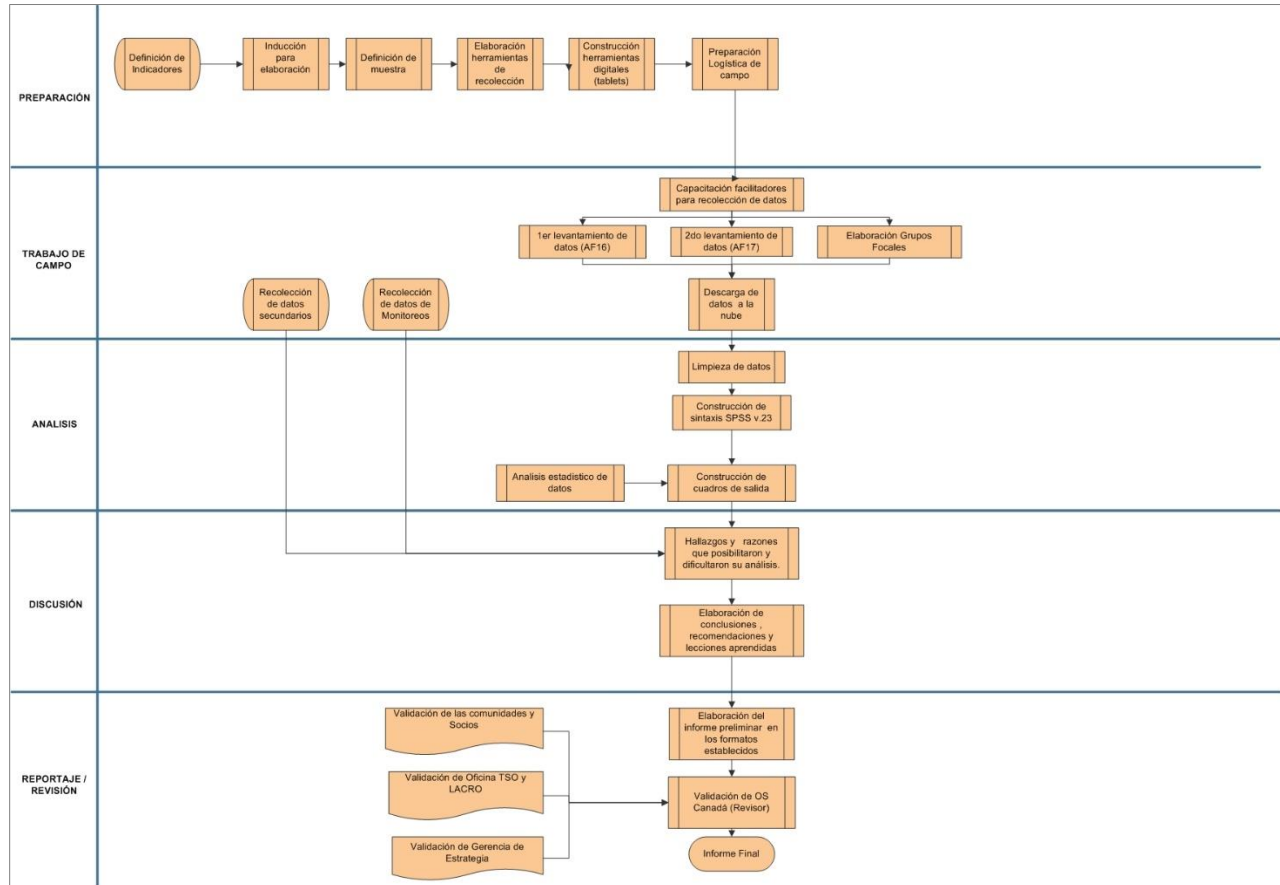
Source: Programmatic Effectiveness Guide FY17

6. Elaboration process for CWBO reports

The elaboration process of CWBO report for FY16 and FY17 consisted on the integration of a team responsible of its execution, including strategy, Technical Quality and DM&E. After this integration, we defined technical groups that would work in the elaboration of every CWBO, based on actions performed in their working areas, that were integrated by staff from NO, ZO and ADP. For this, DM&E carried out different meetings to explain guidelines and requirements of contents.

Afterwards, each technical group prepared an action plan including a review of primary and secondary information, product delivery chronogram and elaboration of each one of the sections required in guidelines. Evaluations were planned for two moments: at the end of FY16 and FY17 with same population included in sample (see Annex H) in order to compare outcomes between both years. Following is the process breakdown:

Flowchart No. 1 Elaboration process for CWBO report



Source: Flowchart of CWBO Report elaboration process. WVG FY17

7. Annex

- A. Tools used
- B. Database
- C. Outcome charts
- D. Confidence intervals and statistical significance
- E. Successful stories