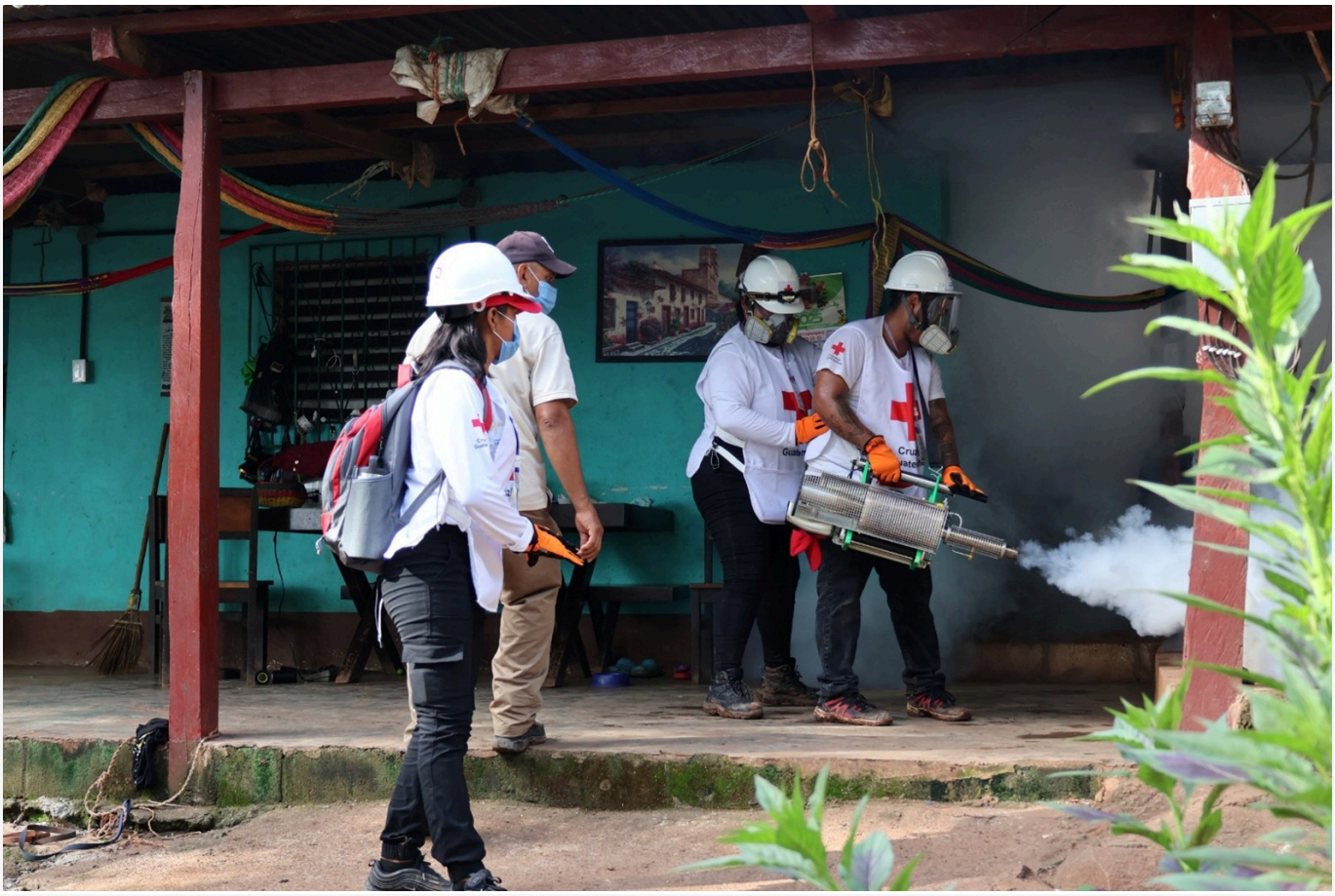
DREF Final Report

Guatemala: Earthquake



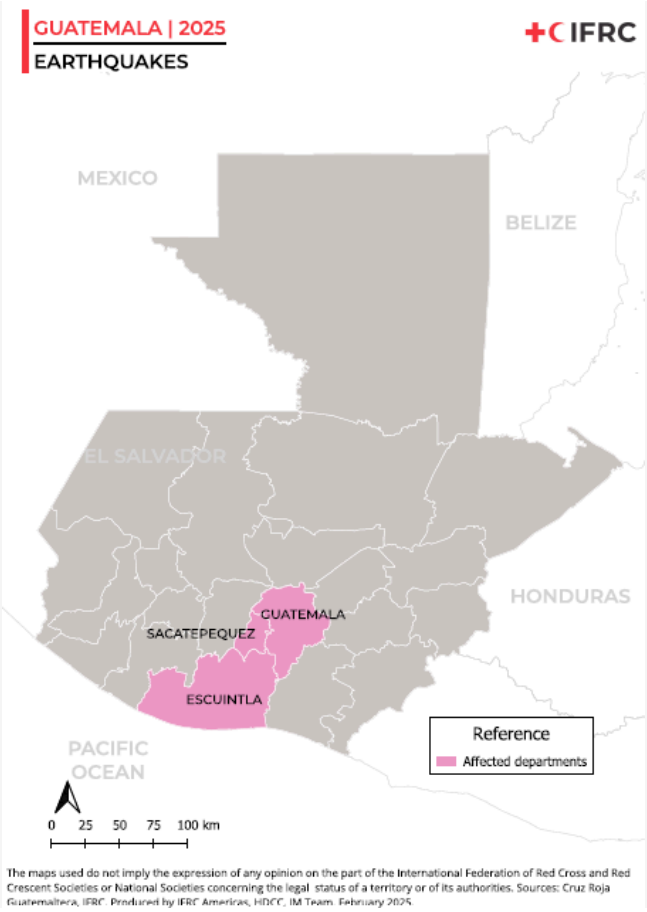
Vector control activities in San Vicente Pacaya, November 2025. Source: GRC.

Appeal: **MDRGT026**	Total DREF Allocation: **CHF 381,476**	Crisis Category: **Yellow**	Hazard: **Earthquake**
Glide Number: **EQ-2025-000111-GTM**	People Affected: **14,541 people**	People Targeted: **2,755 people**	People Assisted: **2,710 people**
Event Onset: **Sudden**	Operation Start Date: **22-07-2025**	Operational End Date: **31-01-2026**	Total Operating Timeframe: **6 months**

Targeted Regions: **Escuintla, Guatemala, Sacatepequez**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Departments targeted under the IFRC-DREF operation, February 2025. Source: IFRC.

Date of event

08-07-2025

What happened, where and when?

On 8 July 2025, the central region of Guatemala was shaken by a series of earthquakes with epicenters located in the departments of Sacatepéquez and Escuintla. These seismic events affected several localities in those departments, as well as municipalities within the department of Guatemala.

According to official reports, the first earthquake occurred at 3:11 p.m. with a magnitude of 5.2, triggering a seismic sequence that reached its peak at 3:41 p.m. with a second tremor measuring magnitude 5.6. Both events had their epicenter in Santa María de Jesús, located in the department of Sacatepéquez.

Information from the National Institute of Seismology, Volcanology, Meteorology and Hydrology (INSIVUMEH) indicates that by 15 July—exactly one week after the initial event—a total of 1,062 earthquakes had been recorded, 36 of which were reported as felt by the population. The seismic activity was concentrated primarily along the border area between Sacatepéquez, Escuintla, and Guatemala departments.

INSIVUMEH further reported that the focal mechanism analysis of the seismic sequence was conducted using FMNEAR software, confirming that the earthquakes were related to ruptures in normal and strike-slip fault systems. The solutions obtained were considered high quality, with confidence levels above 70%, providing a high degree of precision to the applied seismic model and allowing for an accurate understanding of the magnitude and characteristics of the events.

On the same day, 8 July, the National Coordinator for Disaster Reduction (CONRED) announced the declaration of a nationwide Institutional Orange Alert. This measure was taken in response to the recent seismic activity as well as the presence of multiple concurrent threats posing risks to the population. As part of the alert, response plans were activated at local, municipal, and departmental levels, and the public was urged to follow the authorities' guidance and act responsibly.

On 9 July 2025, the Ministry of Public Health and Social Assistance (MSPAS) issued a statement announcing the activation of an Institutional Red Alert for the health service networks in the departments of Sacatepéquez, Escuintla, and Guatemala. This decision was made within the framework of the "Institutional Operational Protocol for Geological Threats" with the goal of anticipating potential impacts on health infrastructure and ensuring the continuity of essential health services, even in the event of aftershocks or additional seismic events.

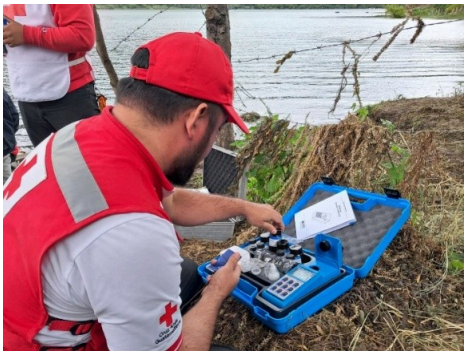
On 12 July, the Municipal Coordinator for Disaster Reduction (COMRED) declared a Municipal Institutional Red Alert in the municipality of Santa María de Jesús due to the emergency caused by seismic activity.

Following this declaration, the emergency response became the responsibility of CONRED at the departmental level in Sacatepéquez. In the departments of Escuintla and Guatemala, the response was coordinated by CONRED at the national level.

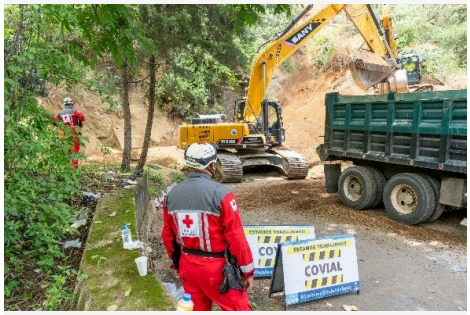
By the end of 2025, seismic activity associated with the July earthquake sequence had decreased compared with the initial emergency period. However, seismic monitoring continued throughout the year, as Guatemala remained exposed to recurrent seismic activity due to its geological conditions.

According to INSIVUMEH, a total of 11,811 seismic events were recorded nationwide in 2025, of which 397 were reported as felt by the population. The highest levels of seismic activity were recorded in July and August, with 2,533 and 2,246 seismic events respectively. July also reported the highest number of felt earthquakes, with 145 events, followed by August with 75.

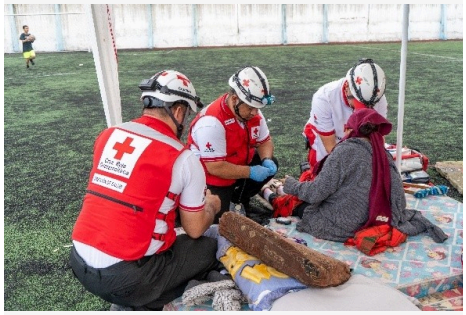
Although seismic events continued to be monitored until the end of the year, no additional major humanitarian impacts directly linked to the July earthquake sequence were identified in the available information by the end of the operation.



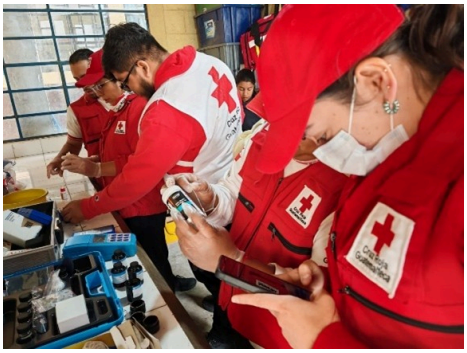
Water source analysis, Laguna de Calderas, August 2025. Source: GRC.



Response teams deployed to seismic-affected areas, July 2025. Source: GRC.



Medical care for evacuees, San Vicente Pacaya, July 2025. Source: GRC.



Water analysis, San Vicente Pacaya Health Centre, July 2025. Source: GRC.

Scope and Scale

Following the earthquakes that began on 8 July 2025, several departments of Guatemala were severely affected, with significant impacts on both the population and infrastructure. According to the report from the National Coordinator for Disaster Reduction (CONRED), updated as of 16 July, a total of 14,541 people—approximately 4,450 families—were directly affected. The emergency led to the evacuation of 4,769 people, of whom 1,244 were relocated to shelters. In addition, 9 people were hospitalized and 9 people died.

Structural damage to housing was substantial. A total of 50 houses were identified as being at risk of collapse, 675 sustained minor damage, 992 sustained moderate damage, and 479 were severely damaged. The impact also extended beyond housing. A total of 355 public education facilities reported structural damage, including 196 schools with minor damage that were included in the government's repair plan.

Damage was also reported in 9 health facilities, although none were completely destroyed. These facilities were mainly located in the departments of Guatemala, Escuintla and Sacatepéquez. The damage affected the infrastructure of health centres, hospitals and Permanent Care Centres (CAP). In addition, one bridge and 37 road sections were damaged, which significantly hindered humanitarian access and the continuity of basic services.

The most affected departments were Sacatepéquez, Escuintla, Guatemala, Chimaltenango, Retalhuleu, Baja Verapaz and Quiché. In these areas, humanitarian conditions deteriorated rapidly during the emergency. Communities such as Santa María de Jesús, in Sacatepéquez, were cut off by land due to large-scale landslides. The blockage of both main access roads to the municipality led to food shortages and severely limited access to safe drinking water, according to the Ministry of Social Development. The situation worsened on the night of 10 July, when five people died after being burned during an act of community violence, in a context of growing social tension and perceived insecurity.

Access to healthcare, including mental health and psychosocial support services, also became critical due to the cumulative impact of the earthquakes. Damage to nine health facilities significantly limited the availability of medical services, particularly in rural or isolated communities that already faced structural gaps before the emergency. This disrupted primary healthcare, disease control activities and follow-up services for people with chronic conditions.

Furthermore, displacement, housing loss, bereavement and the deterioration of living conditions significantly increased the risk of mental health and psychosocial issues. Continued exposure to stress, anxiety and uncertainty created a substantial psychosocial burden, especially among children, older people and women, who often carried greater caregiving responsibilities. The situation also intensified feelings of grief, fear, frustration and community tension.

Livelihoods in rural communities were also disrupted, as isolation limited access to markets, income sources and basic goods. As part of government measures, in-person classes and work activities were suspended on 9 July in Escuintla, Sacatepéquez and Guatemala, and some adaptations were introduced as preventive measures. These changes further affected the routine and stability of the population, particularly in impoverished areas.

Through the DREF Operation, the Guatemalan Red Cross maintained an active humanitarian response from July, focusing on ensuring access to safe water, promoting hygiene, providing cash and voucher assistance to affected households, and supporting access to health services, including mental health and psychosocial support. The Guatemalan Red Cross planned a targeted humanitarian intervention for 2,755 people, or approximately 551 families, in the departments of Sacatepéquez, Escuintla and Guatemala.

Due to the continued seismic activity, already affected houses and infrastructure continued to deteriorate. As a result, through field visits and coordination with local authorities, 41 additional households were identified as requiring assistance in addition to the original target. This decision was based on a technical analysis that considered the level of impact, the operational capacity of the National Society, and the need to complement the response led by CONRED while avoiding duplication of efforts. Priority was given to communities that received little or no support from other humanitarian actors, ensuring a strategic, effective and multisectoral intervention.

Source Information

Source Name	Source Link
1. Soy502 – Santa María de Jesús Declared Under "Red Alert"	https://www.soy502.com/articulo/santa-maria-jesus-declarada-alerta-roja-101026

2. Guatemala.com - CONRED declares Institutional Orange Alert	https://www.guatemala.com/noticias/comunidad/conred-declara-alerta-naranja-en-guatemala-julio-2025.html
3. MSPAS – Institutional Red Alert	https://x.com/MinSaludGuate/status/1943003399990988816
4. INSIVUMEH – Seismological Bulletin	https://x.com/insivumehgt/status/1942740460998361235
5. CONRED - Information Bulletin	https://conred.gob.gt/se-superan-los-10000-sismos-registrados-en-guatemala-durante-2025/
6. Annual report on seismic activity in Guatemala 2025	https://geo.insivumeh.gob.gt/REPORTES_SECCION_SISMOLOGIA/REPORTES_ANUALES/2025/reporte_anual_2025.pdf

IFRC Network Actions Related To The Current Event

Secretariat	Since the onset of the emergency, the Guatemalan Red Cross received support from the IFRC Country Cluster Delegation for Central America in coordinating response actions and developing the IFRC-DREF request. The National Society also received technical support from the Delegation team in key areas such as disaster risk management, health, CEA, finance and PMER throughout the implementation and closure phases of the operation.
Participating National Societies	The Partner National Societies (PNS) present in Guatemala—the Spanish Red Cross, German Red Cross and American Red Cross—implemented actions in the country through programmes, projects and emergency operations that contributed to the strategic implementation of the Guatemalan Red Cross. As part of this operation, the American Red Cross provided a complementary contribution to the National Society to implement multipurpose cash transfers through the “mobile transfer” modality. This assistance consisted of USD 263.16, equivalent to Q2,000.00, per household and reached 150 families, approximately 750 people, affected by the earthquakes whose homes sustained severe damage. This contribution allowed the humanitarian response to be scaled up, reaching additional individuals and families beyond those originally targeted under this IFRC-DREF operation.

ICRC Actions Related To The Current Event

The Guatemalan Red Cross did not receive specific support from the ICRC Delegation present in the country for the formulation or implementation of the actions planned under this IFRC-DREF.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Guatemala, through the National Coordinator for Disaster Reduction (CONRED), deployed a series of inter-institutional actions in response to the seismic sequence that affected several regions of the country. Initial measures included the activation of the National Emergency Operations Center (EOC), as well as coordination with local authorities, first responders, and other State institutions for the Damage Assessment and Needs Analysis. At the same time, an Institutional Orange Alert was declared, and seismic activity was continuously monitored through the National Institute for Seismology, Volcanology, Meteorology and Hydrology (INSIVUMEH). According to Press Release No. 11-2025 issued by the Executive Secretariat of CONRED, the government's actions moved into an early recovery phase, prioritizing the gradual restoration of essential services and direct assistance to the affected population. Key actions implemented included: • Direct assistance to affected individuals through the distribution of humanitarian aid in communities, coordinated by the institutions that made up the CONRED system. • Strengthening of preventive and community messages, including the promotion of the "72-hour emergency kit," maintaining calm, and following only official communication channels. • Continued implementation of the Institutional Orange Alert at the national level, which enabled the maintenance of emergency response capacities. • Assessment and rehabilitation of damaged infrastructure, including housing, roads, schools, and public buildings, as well as restoration of basic services such as water and electricity. • Food distribution through social programmes at designated distribution centres in the most affected municipalities. • Joint efforts between the Ministry of Defense and CONRED to deliver humanitarian aid to affected families, particularly in hard-to-reach areas.
UN or other actors	GOs and United Nations agencies provided targeted support through local organizations to assist families affected by the earthquakes. However, no formal mechanism was established to share or coordinate these actions, and the Humanitarian Country Team was not convened to support a joint national response.

Needs (Gaps) Identified

Shelter Housing And Settlements

According to the most recent official damage report issued by the National Coordinator for Disaster Reduction (CONRED), as a result of the earthquakes that began on 8 July, a total of 4,769 people were evacuated and 1,244 were sheltered. In response, CONRED established 9 temporary shelters in the departments of Guatemala, Escuintla and Sacatepéquez, located in Amatitlán, Antigua Guatemala, Guatemala City, Magdalena Milpas Altas, Mixco, San Miguel Dueñas, Santa María de Jesús and Villa Nueva. These shelters were intended to provide accommodation, safe drinking water, sanitation services, basic medical care and psychosocial support.

However, the Guatemalan Red Cross identified significant gaps in the capacity of these shelters to meet the diverse needs of the affected population. The facilities lacked sufficient basic sanitary infrastructure, such as showers, handwashing stations and gender-sensitive hygiene systems. This particularly affected women, girls, boys, older adults, persons with disabilities, LGBTIQ+ individuals and Indigenous people, among others. In addition, there were no designated safe or private spaces to ensure dignity, protection and security for vulnerable groups, nor were appropriate waste management mechanisms in place.

Furthermore, the shelters did not have adequate spaces for the continued provision of primary healthcare or structured psychosocial support, limiting the response to both physical and emotional needs resulting from the emergency, especially among displaced people, pregnant women and people with pre-existing medical or psychosocial conditions. A lack of intercultural considerations was also observed in the design and implementation of shelter services, creating barriers to safe and appropriate access for sheltered Indigenous populations.

Due to the continued seismic activity, with more than 10,000 earthquakes registered by 27 October, housing infrastructure continued to deteriorate for the most vulnerable families. In coordination with local authorities, the National Society identified 41 additional households requiring assistance. These families had not received support from other organizations and remained in their homes, carrying out makeshift repairs with nylon and zinc sheets, leaving their shelter conditions precarious.

These limitations undermined habitability, sanitation and access to essential services within the shelters. They also increased protection risks, worsened mental and physical health conditions, and raised the likelihood of waterborne and hygiene-related diseases.

Livelihoods And Basic Needs

The earthquakes had a severe impact on livelihoods, particularly in rural and subsistence-based communities, where household economies largely depended on agriculture, informal trade, day labour, or small-scale enterprises. The total or partial destruction of at least 2,196 homes forced many families to abandon not only their residences but also their productive environments, directly affecting their ability to generate income.

Affected and displaced people, including those who stayed in temporary shelters, faced prolonged disruptions to their livelihoods. This situation was further exacerbated by limited access to critical road infrastructure, as 37 road sections and one bridge were reported as damaged. This restricted the transportation of goods, access to markets, and the delivery of basic services. The loss of work tools, agricultural inputs, inventories, livestock, or stored crops posed a direct threat to food security and the economic sustainability of affected households.

Government assistance primarily focused on meeting immediate basic needs and did not include a differentiated approach to support household-level economic recovery. At the time of the assessment, there were no governmental or organizational economic assistance mechanisms that enabled families to prioritize their specific needs and make informed decisions on how to address them progressively. As a result, their ability to restore livelihoods and recover in a manner that reflected their specific contexts and vulnerabilities remained limited.

According to official reports, there was no clear or confirmed data on the exact number of people whose livelihoods were affected. Through field assessments and coordination with CONRED and local authorities, the Guatemalan Red Cross identified 41 additional households, in addition to the 500 originally targeted for cash and voucher assistance (CVA). These households were identified as being in vulnerable conditions due to precarious housing infrastructure.

Health

The recurring earthquakes generated multiple gaps in access to and continuity of health services in the affected areas, particularly in the departments of Escuintla, Guatemala and Sacatepéquez, where the health network remained under institutional red alert. The impacts included physical limitations caused by structural damage to health facilities, as well as operational constraints in areas with compromised road infrastructure. These factors hindered timely access to medical services, especially in remote communities. Although the Ministry of Health activated the Institutional Operational Protocol for Geological Hazards, no consolidated data was available on the number of people served, which limited a full assessment of the scale of the needs.

Sheltered populations lived in conditions that increased the risk of communicable diseases, decompensation of chronic illnesses and disruption of essential and specialized health services, within a broader context of high vulnerability. Mental health and psychosocial support needs also persisted, particularly among people who experienced material losses or the death of family members. This

highlighted gaps in specialized psychosocial care and in community-based mechanisms for emotional support and the management of post-traumatic stress.

Water, Sanitation And Hygiene

The earthquakes revealed significant gaps in access to basic water, sanitation and hygiene (WASH) services, particularly in rural communities and temporary shelters. Structural damage to hospitals and health centres, some of which operated in tents or makeshift spaces, along with interruptions in water and electricity supply, severely limited the availability of adequate personal and community hygiene conditions.

Although official reports did not provide specific data on the number of people affected in terms of access to safe water, local media indicated that many families struggled to secure sufficient water for drinking, food preparation and personal hygiene. These reports also lacked details on the number of people requiring access to safe drinking water, showers, handwashing stations or hygiene items.

This situation significantly increased the risk of waterborne diseases and potential epidemiological outbreaks, particularly in overcrowded environments such as temporary shelters. This risk was compounded by conditions that were highly conducive to the spread of vector-borne diseases, especially those transmitted by the Aedes aegypti mosquito, such as dengue, chikungunya and Zika. The accumulation of waste, stagnant water and the lack of proper water storage facilities contributed to a favourable environment for vector proliferation.

Furthermore, disruptions in basic waste collection services, combined with overcrowding and limited environmental control capacity in shelters and affected communities, exacerbated the risk of disease transmission. The lack of community-based prevention measures, such as risk communication campaigns or the elimination of breeding sites, represented a critical gap in the public health response.

In locations such as San Vicente Pacaya, living conditions were precarious. Improvised shelters set up in sports fields lacked proper roofing, sufficient sanitation facilities and a regular supply of drinking water. As a result, people, including children, people caring for young children, older adults and persons with disabilities, were forced to return to their homes or neighbours' houses to meet basic needs, exposing them to additional health and protection risks.

Protection, Gender And Inclusion

The seismic emergency in Guatemala revealed multiple gaps in protection, gender and inclusion (PGI), which limited the ability to ensure an equitable humanitarian response focused on people in situations of heightened vulnerability. The response showed gaps in the application of a differentiated approach that adequately considered the specific needs of women, girls, boys, older adults, persons with disabilities and people with pre-existing medical conditions, who faced increased risks during displacement, evacuation and prolonged stays in shelters. The limited participation of women in decision-making spaces and local planning processes constituted a structural gap that affected the relevance and effectiveness of the response.

Gender-based violence, which tends to increase during crises, remained a persistent threat, especially in the absence of preventive measures and safe reporting mechanisms. The shortage of safe and child-friendly spaces in shelter and evacuation contexts hindered the full protection and emotional well-being of children. In addition, preventive mechanisms to address family separation were limited, particularly in scenarios involving communication breakdowns or uncoordinated evacuations. The lack of accessible and culturally appropriate information on these risks further limited communities' ability to anticipate and protect themselves, deepening the exclusion of historically marginalized groups, including Indigenous populations.

Risk Reduction, Climate Adaptation And Recovery

The recurrence of seismic events in Guatemala underscored the population's high exposure to cumulative impacts on livelihoods. In 2019, more than 400 aftershocks were recorded over a two-month period along the Jalpatagua fault. In 2021, a seismic sequence lasting five consecutive days was reported, with multiple tremors felt by the population. This pattern intensified in July 2025, when INSIVUMEH recorded 1,062 earthquakes between 8 and 15 July, 36 of which were felt by the population.

This sustained seismic activity created a prolonged climate of uncertainty and risk, affecting the productive stability of many families. The situation was further exacerbated by the hurricane season, from July to September, which was historically associated with landslides,

floods and lahars. These events affected road infrastructure, limited access to markets and basic services, and increased the vulnerability of both rural and urban livelihoods.

During the operation, critical gaps were identified in local disaster risk management. Earthquake preparedness was affected by limited public awareness of the importance of disaster readiness, particularly in rural communities and marginalized urban areas where many homes had significant structural vulnerabilities and lacked basic safety measures. These challenges were compounded by limited technical and financial resources to develop and implement community preparedness plans, the absence of trained and equipped local response brigades, and the lack of updated evacuation plans and safe routes.

Inter-institutional coordination among government entities, non-governmental organizations and communities also remained limited, reducing the effectiveness of preparedness and response efforts. In territories inhabited by Indigenous peoples, the limited availability of information and services in local languages, as well as the absence of an intercultural approach, restricted access to early warning systems and essential services during emergency situations.

Community Engagement And Accountability

In the emergency context, characterized by multi-departmental impacts caused by seismic activity, the Guatemalan Red Cross identified significant gaps in inclusive communication, community engagement, and accountability mechanisms. Affected populations faced challenges in accessing clear, reliable, and timely information about response actions, as well as in voicing their concerns, priorities, and feedback on the interventions implemented. This limited interaction reduced the transparency of the humanitarian process and negatively affected community ownership of the response.

People in situations of heightened vulnerability, including women, boys and girls, older adults, persons with disabilities, and Indigenous communities, were among those most exposed to these gaps, as they often had less access to communication channels and opportunities for direct participation.

The absence of mechanisms that enabled communities to influence their own recovery processes further reinforced their marginalization and limited the scope of a rights-based response. In addition, institutional shortcomings were identified in the systematic integration of community engagement and accountability practices. This highlighted the need to strengthen the technical and operational capacities of staff and volunteers involved in the emergency response.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to assist 2,755 people (551 families) to address urgent humanitarian needs of households directly affected by the recent seismic sequence in the departments of Sacatepéquez, Escuintla, and Guatemala, by providing cash and voucher assistance (CVA), water, sanitation and hygiene (WASH), and health services, while ensuring protection, dignity, and strengthened resilience over a six-month period.

Operation strategy rationale

The operational strategy of the Guatemalan Red Cross in response to the seismic emergency that began on 8 July 2025 was grounded in its auxiliary role to public authorities and aimed to complement the efforts of the Government of Guatemala, particularly through the CONRED system. This coordination ensured a response aligned with the priority needs identified on the ground, in close collaboration with local and sectoral authorities. Based on its initial deployment in the affected areas, the National Society gathered direct information from affected people and cross-checked humanitarian gaps with official reports, allowing for the design of a comprehensive strategy that technically and contextually addressed unmet needs. The prioritized sectors in this operation were Cash and Voucher Assistance (CVA), Health, Water, Sanitation and Hygiene (WASH), and the cross-cutting approaches of Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA).

Under the Cash and Voucher Assistance (CVA) component, multipurpose cash assistance was implemented as the primary modality, using secure one-time mobile transfers that enabled a flexible and dignified response. In addition, through a complementary contribution from the American Red Cross, 150 additional families received a transfer equivalent to 2,000 Guatemalan quetzals (263.16 US dollars),

representing 50 per cent of the monthly minimum wage. This increased coverage without duplicating efforts.

The transfer value was reviewed during the feasibility study to ensure alignment with the objectives outlined in the IFRC-DREF, the priority needs identified by the target population, and their recovery capacity, including access to their own resources or other available assistance mechanisms.

In addition, the IFRC had global Financial Service Providers (FSPs) available to the Guatemalan Red Cross. As part of the feasibility study, the most appropriate delivery mechanism was assessed using technical option selection criteria, taking into account solutions such as Visa or MasterCard debit cards, the Red Rose/MoneyGram platform, as well as local financial service providers.

In the Health sector, a comprehensive approach was implemented, combining primary medical services and psychosocial support to address both the physical and emotional impacts of the emergency. The strategy included mobile medical brigades, taking into account access constraints in certain areas due to damaged road infrastructure; the strengthening of local health services; and the implementation of mental health activities with an emphasis on psychological first aid, tailored support for vulnerable groups, and the promotion of community resilience. In addition, specific health interventions were carried out for populations residing in temporary shelters.

The Water, Sanitation and Hygiene (WASH) intervention aimed to prevent disease outbreaks and protect public health by ensuring access to safe water, waste management, vector control and the distribution of hygiene supplies. The operation included community-based activities, the promotion of healthy practices and capacity building to ensure an effective and sustainable response. With support from the American Red Cross, hygiene promotion efforts were scaled up, increasing the reach of the operation.

Through the Protection, Gender and Inclusion (PGI) approach, safe spaces were established and age-appropriate kits were distributed to children and adolescents. Institutional and community referral pathways and protection capacities were also strengthened, enabling a rights-based, vulnerability-sensitive and context-adapted response.

The Community Engagement and Accountability (CEA) approach reinforced the participatory and transparent dimensions of the operation. Structured feedback mechanisms, inclusive communication channels and community dialogue spaces improved the relevance of the response, helped anticipate operational risks and strengthened community trust.

Finally, institutional strengthening efforts focused on ensuring dignified working conditions for volunteers, including safety, visibility and ongoing training. This contributed to an ethical, efficient and principled humanitarian intervention aligned with the values of the International Red Cross and Red Crescent Movement.

Throughout the operation, the National Society received technical support from the IFRC Country Cluster Delegation for Central America, allowing for close monitoring, both in person and remotely, of the implementation of the action plan. This helped ensure quality, adherence to standards and an effective response to emerging challenges.

Targeting Strategy

Who was targeted by this operation?

This operation focused on providing humanitarian assistance to 2,755 people (551 families), directly affected by the recent seismic sequence in Sacatepéquez, Escuintla and Guatemala, three of the most impacted departments according to the National Coordinator for Disaster Reduction (CONRED). These areas faced significant humanitarian challenges in sectors such as shelter, health, water, sanitation and hygiene (WASH), and livelihoods. The intervention focused on communities that remained underserved or without access to essential goods and services.

Explain the selection criteria for the targeted population

The Guatemalan Red Cross defined clear, evidence-based selection criteria, developed using lessons learned from previous emergencies and adapted to the current humanitarian context. The selection prioritized equity, protection, and inclusion, ensuring that aid reaches the most at-risk households.

The criteria were:
• Households not covered by existing government, private sector, or humanitarian aid programs.
• Families directly impacted by the seismic sequence, with homes that have suffered total structural damage, regardless of ownership

status (including renters and informal occupants).
• Families who, despite not having lost their homes, have partially or completely lost their livelihoods due to the emergency and are facing critical conditions as a result of the disruption to their income-generating activities.
• Households with members in vulnerable situations, such as older adults, children, persons with disabilities, pregnant women, and individuals with chronic illnesses.
• People or families with limited or no access to hygiene supplies and WASH services.
• Families currently displaced or sheltered due to unsafe housing, or residing in areas with restricted access to healthcare.
• Individuals experiencing emotional distress or with signs of psychosocial impact, requiring support or follow-up.

The selection was supported through a verification process that included:
• Review of damage assessments and registries provided by local authorities.
• Technical validation of housing damage conducted by certified engineers.

These criteria served as the basis for all planned actions under the operation; and were adapted according to the specific characteristics of each sector of intervention and in response to emerging needs in the evolving context of the earthquakes. The criteria were applied to both sheltered and non-sheltered populations.

Total Assisted Population

Assisted Women	**978**	Rural	**60%**
Assisted Girls (under 18)	**654**	Urban	**40%**
Assisted Men	**648**	People with disabilities (estimated)	**1%**
Assisted Boys (under 18)	**430**		
Total Assisted Population	**2,710**		
Total Targeted Population	2,755		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**Yes**
Does your National Society have prevention of sexual exploitation and abuse policy?	**Yes**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**No**
Does your National Society have anti-sexual harassment policy?	**No**

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Insecurity in intervention areas (robbery, assault, extortion, or civil unrest)	Activation of Safer Access protocols and implementation of protective measures for staff and volunteers. Continuous security monitoring through the Guatemalan Red Cross Emergency Operations Center (EOC). Coordination with local and national security authorities to identify high-risk areas and establish safe access routes. Training personnel on personal and institutional security management in high-risk or volatile environments.
Structural and seismic risks (aftershocks or collapse of damaged infrastructure)	Ongoing evaluation of structural safety in intervention areas with support from technical experts. Training of staff and volunteers in seismic safety protocols, including evacuation procedures and proper use of protective equipment. Pre-identification of evacuation routes and safe gathering points in coordination with local authorities. Field activities will only be conducted in areas that have been technically validated as safe.
Access limitations due to road collapse or infrastructure damage	Real-time monitoring of road and access conditions via the National Society EOC. Identification of alternate routes and flexible logistics planning to ensure community access. Coordination with municipal and departmental authorities to support the clearing and rehabilitation of roads when feasible. Daily environmental assessments to adjust movements in response to new damage caused by aftershocks or adverse weather conditions.
Social discontent due to the non-selection of some individuals to receive Cash and Voucher Assistance (CVA)	Disseminate the selection criteria in a clear and accessible manner, explaining who is eligible to receive assistance and why, with a focus on prioritizing those in situations of greater vulnerability. Set up feedback channels such as suggestion boxes, phone lines, or other communication mechanisms where people can safely and confidentially express their questions or concerns, including options in local languages. Coordinate with local leaders and community authorities to explain the scope of the operation and promote a shared understanding of the targeting approach for assistance.
Health and psychosocial risks (disease outbreaks, waterborne illnesses, emotional distress)	Promotion of proper hygiene practices, distribution of safe drinking water, portable filters, and WASH kits.

	Training for both communities and staff on prevention of communicable and vector-borne diseases. Establishment of safe spaces, delivery of psychological first aid (PFA), and debriefing sessions for affected individuals and frontline teams. Coordination with local health services to ensure referral pathways for medical or psychosocial care in high-risk cases.

Please indicate any security and safety concerns for this operation:

In line with the previously identified risks, and considering the dynamic nature of the emergency and the unstable seismic context, the Guatemalan Red Cross anticipated and implemented complementary preventive measures to safeguard the safety of staff and volunteers involved in response activities.

The National Society ensured that all personnel deployed in the field had up-to-date information on evacuation routes, safe zones and operational protocols in the event of seismic aftershocks or other hazards. Personal protective equipment (PPE) and visibility kits meeting Movement safety standards were also provided.

Through its Emergency Operations Center (EOC), the Guatemalan Red Cross maintained continuous monitoring of the operational context, including road conditions, weather conditions and potential protection risks. This enabled timely adjustments to action plans and travel routes as needed.

These actions, reinforced by ongoing coordination with local authorities and security forces, formed part of a comprehensive Safer Access and Security Strategy aimed at minimizing risks and protecting the safety and well-being of personnel throughout the operation.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Multi Purpose Cash

Budget: CHF 203,308
Targeted Persons: 2,755
Assisted Persons: 2,710
Targeted Male: 1,078
Targeted Female: 1,632

Indicators

Title	Target	Actual
Number of households that receive and effectively use multipurpose cash and voucher assistance (CVA) in accordance with established selection criteria.	541	542

Narrative description of achievements

Guatemalan Red Cross implemented unconditional multi-purpose cash assistance to support households directly affected by the earthquakes in San Vicente Pacaya, Escuintla. The intervention targeted heads of households whose homes had sustained moderate to severe damage and who were identified as having unmet priority needs. Assistance was delivered through mobile and local transfers, allowing affected families to make autonomous decisions on how to use the resources according to their own priorities, particularly for housing repairs, replacement of essential household items and other urgent basic needs.

The operation reached 542 households, achieving 100 per cent of the revised target. Of the total heads of households assisted, 442 were women and 100 were men. Assistance was provided in ten affected communities: Cantón La Caridad, Cantón La Fe, Cantón La Esperanza, Aldea El Patrocinio, Cantón Santa Cruz, Aldea Los Ríos, Cantón Las Flores, Aldea El Cedro, Aldea El Bejucal and Aldea San José El Porvenir.

The CVA intervention was implemented using funds from the IFRC-DREF and a complementary contribution from the American Red Cross. In September 2025, 150 households received 2,000 Guatemalan quetzals through the American Red Cross contribution and an additional 2,000 Guatemalan quetzals through IFRC-DREF funds, reaching a combined transfer value of 4,000 Guatemalan quetzals per household. A further 350 households received 4,000 Guatemalan quetzals fully funded by the IFRC-DREF. In December 2025, 42 additional households received 4,000 Guatemalan quetzals through mobile and local transfer mechanisms. In total, 2,168,000 Guatemalan quetzals was delivered to the 542 assisted households.

Regarding the age distribution of recipients, all registered recipients of the cash transfer were adults. The largest age group was people aged 50 to 59, with 142 recipients, followed by those aged 40 to 49, with 107 recipients, and those aged 30 to 39, with 93 recipients. The operation also reached a significant number of older adults: 147 recipients were aged 60 or above, including 84 people aged 60 to 69, 34 people aged 70 to 79, and 29 people aged 80 or above.

All registered cash transfer recipients were adults, as the assistance was delivered to adult household representatives. Therefore, the age distribution of registered recipients refers only to the person who received the cash transfer on behalf of each household. The total population reached through CVA was estimated based on the number of households assisted and an average household size of five members. As sex and age disaggregated data for all household members was not available, the breakdown of women, men, girls and boys was calculated proportionally using the planned population distribution.

In terms of geographical distribution, cash assistance was delivered in ten communities of San Vicente Pacaya, Escuintla. The communities with the highest number of assisted households were Cantón La Fe, with 130 households, followed by Cantón La Caridad, with 77 households, Cantón Las Flores, with 52 households, Cantón Santa Cruz, with 49 households, and Aldea El Patrocinio and Aldea Los Ríos, with 48 households each. Assistance was also provided in Cantón La Esperanza, Aldea El Cedro, Aldea San José El Porvenir and Aldea El Bejucal.

The targeting process was based on vulnerability, severity of housing damage and unmet needs. The Guatemalan Red Cross coordinated with local authorities and used verified damage assessments to support the identification and validation of eligible households. Affected people were registered using secure and standardized data collection tools, in line with data protection protocols and the selected CVA transfer modality. This registration process was a key element of the operation, as it provided accurate household-level information, supported prioritization, reduced duplication risks and contributed to a transparent and accountable assistance process.

Before the distribution, the Guatemalan Red Cross completed a feasibility and market assessment to review the local context, availability of goods, price stability and the capacity of financial service providers to deliver cash assistance safely and efficiently. Based on this analysis, mobile transfer was selected as the most appropriate delivery modality due to its efficiency, security and accessibility for the targeted communities. A national service provider with countrywide coverage, previous experience in humanitarian cash assistance and operational capacity in the affected departments was validated for the delivery process.

The implementation of the CVA component also contributed to strengthening the National Society's operational capacity in cash assistance. The use of structured registration tools, coordination with local authorities and direct engagement with communities helped accelerate technical and administrative processes, improve planning and strengthen trust with affected families. The experience also generated practical learning that can be replicated in future humanitarian interventions, particularly in relation to community registration, data management and coordination with local leadership.

A formal post-distribution monitoring mechanism was established after the transfers were delivered. Post-distribution surveys were conducted with assisted families to assess the use, relevance and perceived impact of the cash assistance. This enabled the Guatemalan Red Cross to better understand how households used the transfer, identify any issues related to access or delivery, and assess the contribution of the assistance to economic and structural recovery.

Lessons Learnt

• The importance of quality information management, community-level registration, direct communication with families, and maintaining clear coordination channels with community leaders and local authorities.

• Coordination with CONRED and municipal authorities was also essential to support operational security, protect resources and personnel, and ensure the successful delivery of assistance in the targeted communities.

Challenges

• The availability of specialized volunteers for emergency response, socio-political dynamics at community level that could affect institutional acceptance, and logistical constraints related to accommodation, food and transport for field teams. Contingency measures were applied to ensure continuity of activities and the safe delivery of assistance.

Health

Budget: CHF 17,903
Targeted Persons: 850
Assisted Persons: 885
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of affected people accessing primary health care services during community outreach activities.	500	585
Number of affected people receiving psychological first aid or participating in rights-based psychosocial support activities.	300	300
Number of staff and volunteers trained in Psychological First Aid (PFA) and emergency health response protocols.	50	48

Narrative description of achievements

The intervention included community medical care days, the provision of essential medical supplies, support to local health services, Psychological First Aid and psychosocial activities with a child rights-based approach. These actions contributed to maintaining access to basic health services and supporting the physical and emotional well-being of people affected by the seismic sequence in San Vicente Pacaya.

As part of the implementation process, Guatemalan Red Cross coordinated closely with community leaders to socialize the project and jointly plan the activities. This coordination strengthened community acceptance and facilitated the logistics required to deploy health activities in the prioritized communities.

Direct coordination was also established with the San Vicente Pacaya Health Centre, enabling the participation of local health personnel in community activities. Nursing staff actively supported the delivery of services during the health care days. In addition, coordination with the medical response team of the Health Directorate enabled the organization and implementation of medical care activities in the four intervention communities.

As part of the extension of health services to the community level, outreach activities included vital signs monitoring and community medical care. These activities supported the timely identification of potential health conditions and the referral of cases requiring follow-up. Overall, 585 people accessed primary health care services through community outreach activities, exceeding the initial target of 500

people. Of the people reached, 494 were women and 91 were men.

In the mental health and psychosocial support component, four educational sessions were conducted in primary and lower secondary schools in Los Ríos, Patrocinio and El Cedro. These sessions used a participatory methodology adapted to the age of the students and focused on emotional management. The activities aimed to strengthen coping capacities, promote emotional expression and reduce the psychosocial impact of the emergency on children and adolescents.

A total of 300 children and adolescents participated in Psychological First Aid or rights-based psychosocial support activities. This included 35 participants in Los Ríos, 161 in El Cedro and 104 in El Patrocinio. These actions contributed to promoting emotional well-being and identifying situations requiring further support or referral.

Sex disaggregated data is available for 585 people reached through primary health care activities, including 494 women and 91 men. Sex disaggregated data for the 300 children and adolescents reached through MHPSS activities was not available at the time of close the report.

The operation also strengthened the capacities of Guatemalan Red Cross volunteers and personnel involved in the response. With technical and financial support from IFRC, a cross-cutting approaches workshop was implemented to strengthen preparedness and response capacities in emergencies, disasters and crises, ensuring more effective and timely assistance to affected communities.

The training process used an interactive methodology that promoted active participation, exchange of lessons learned and acquisition of new knowledge. Participants strengthened their skills to apply cross-cutting approaches in humanitarian response and assistance. After the training, volunteers applied the knowledge acquired by directly supporting the DREF seismic sequence operation.

The workshop covered priority topics needed for the response in San Vicente Pacaya, including institutional doctrine, first aid for affected people, Psychological First Aid, and procedures for the activation of WASH and MHPSS actions during emergencies and crises. A total of 48 volunteers were trained, including 26 men and 22 women, from the Guatemalan Red Cross branches of Coatepeque, Santo Tomás de Castilla, Retalhuleu, Cobán, Petén and headquarters.

Lessons Learnt

• Effective coordination with community leaders facilitated the implementation of activities and helped ensure that planned timelines were met.

• Inter-institutional coordination with the Ministry of Public Health and Social Assistance, CONRED, the Ministry of Education and the municipality facilitated the implementation of health and psychosocial support activities in the affected communities.

• The operation highlighted the need to strengthen procurement processes through the IFRC Logistics Centre in order to reduce delivery times for items requested by the National Society.

• The training of volunteers in Psychological First Aid, first aid and emergency activation protocols strengthened the National Society's capacity to provide timely and appropriate support to affected communities.

Water, Sanitation And Hygiene

Budget: CHF 49,047
Targeted Persons: 2,550
Assisted Persons: 1,902
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of affected households provided with household water storage and treatment kits.	500	500

Number of people reached with hygiene promotion sessions, including menstrual hygiene and safe water handling practices.	1,250	1,902
Number of affected people who received prioritized personal hygiene items through hygiene promotion stations.	1,250	803
Number of vector control interventions conducted (e.g., fumigation campaigns) in affected communities.	12	10
Number of staff and volunteers trained in WASH emergency response protocols.	50	68

Narrative description of achievements

Guatemalan Red Cross implemented WASH activities aimed at improving access to safe water, strengthening hygiene practices, reducing public health risks and supporting community-level disease prevention in the areas affected by the seismic sequence in San Vicente Pacaya, Escuintla. The intervention combined household-level WASH support, hygiene promotion sessions, vector control activities, hygiene promotion stations, water quality testing and capacity strengthening for volunteers and operational personnel.

Guatemalan Red Cross coordinated closely with community leaders in the intervention areas to socialize the project, validate needs and organize the implementation of activities. This coordination strengthened community participation, built trust in the response and ensured that activities were carried out in an organized manner, with the support of local authorities and community structures.

A total of 500 households were reached through household-level WASH support, represented by 500 direct recipients. In El Cedro and El Bejucal, 250 household water treatment kits were distributed to affected families, reaching 236 women and 14 men as household representatives. The distribution was accompanied by educational sessions on the correct use of the items, with a focus on improving the quality of water consumed at household level and reducing the risk of waterborne diseases.

In Patrocinio and Los Ríos, 250 water tank cleaning kits were distributed in response to the identification of high levels of larvae in household water tanks and storage containers, reaching 232 women and 18 men as household representatives. This activity was complemented by technical guidance on the cleaning and maintenance of water storage containers, contributing to the reduction of vector proliferation and the improvement of hygiene conditions in the targeted households.

The operation reached 1,902 people through hygiene promotion sessions in Bejucal, Patrocinio, Los Ríos, El Cedro and the urban area of San Vicente Pacaya. These sessions addressed personal and community hygiene practices, safe water handling, prevention of waterborne diseases, menstrual hygiene management and the promotion of healthy behaviours in emergency contexts. The sessions contributed to increased awareness among affected families and supported behaviour change related to hygiene and disease prevention.

As part of the 1,902 people reached through hygiene promotion, Hygiene Promotion Stations were implemented in the intervention communities as a strategy to promote behaviour change and support affected households in prioritizing their basic hygiene needs. Through these stations, 803 people received hygiene items and participated in educational activities focused on disease prevention and responsible hygiene practices. This approach allowed the response to be adapted to the specific needs of households while reinforcing community-level health protection.

Vector control activities were carried out in affected communities to reduce the presence of disease-carrying vectors, including mosquitoes linked to dengue transmission, as well as ticks and cockroaches. A total of 10 vector control interventions were completed during the operation, against a target of 12, including fumigation and community-level prevention actions in prioritized areas.

As part of the operation, Guatemalan Red Cross also conducted physical and chemical water quality tests in El Cedro and Los Ríos. These tests provided an initial assessment of water quality conditions and were complemented with bacteriological testing in December. The results supported the identification of recommendations for community leaders and Ministry of Health personnel, helping guide future actions to improve water management and protect community health.

Capacity strengthening was an important component of the WASH response. In September, a workshop on the activation procedure for WASH in emergencies was conducted for volunteers involved in the intervention, reaching 24 participants. This activity received technical support from Honduran Red Cross through the WASH Hub, which contributed to the validation of the activation procedures and strengthened local response capacities.

In addition, a workshop on cross-cutting approaches included WASH in emergencies and activation protocols, together with other topics related to preparedness and humanitarian response. Overall, two workshops were carried out under the DREF operation, training 68 volunteers, including 36 men and 32 women, and strengthening their knowledge and skills to provide more timely and effective support to communities affected by the seismic sequence.

Lessons Learnt

• The importance of early and effective coordination with community leaders, which facilitated the timely implementation of activities, and the value of inter-institutional coordination with the Ministry of Public Health and Social Assistance, CONRED, the Ministry of Education and the municipality.

Challenges

•The operation highlighted the need to strengthen procurement processes through the IFRC logistics system to reduce delivery times for items requested by the National Society.

•The implementation of hygiene promotion stations proved to be an effective approach to support behaviour change, enable households to prioritize their hygiene needs and generate a direct positive impact among affected communities.

Protection, Gender And Inclusion

Budget: CHF 28,351
Targeted Persons: 550
Assisted Persons: 500
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of children and adolescents who accessed safe spaces for protection and psychosocial support during the operation.	500	413
Number of PGI kits distributed to children and adolescents affected by the emergency.	500	500
Number of National Society staff and volunteers trained on Protection, Gender, and Inclusion (PGI) standards.	50	78

Narrative description of achievements

Guatemalan Red Cross implemented Protection, Gender and Inclusion activities aimed at promoting safe, inclusive and protective environments for children, adolescents and families affected by the seismic sequence in San Vicente Pacaya. The intervention focused on the creation of safe spaces, the distribution of PGI kits, educational activities on rights and violence prevention, and the strengthening of volunteer capacities on PGI standards in emergency contexts.

Coordination was carried out with community leaders in the intervention areas to socialize the objectives of the project and ensure active community participation in the planned activities. This engagement helped strengthen community trust in the intervention, ensure the relevance of the actions and create a collaborative environment that facilitated implementation for the benefit of affected families.

Guatemalan Red Cross also established coordination with school principals and teachers in the participating communities. This coordination was key to organizing and implementing activities within the school environment, ensuring student participation and

promoting an educational approach focused on coexistence, respect and violence prevention.

Five educational sessions on rights promotion, violence prevention and safe spaces were carried out in educational centres in El Cedro, Los Ríos and Patrocinio. These sessions reached 413 children and adolescents, including 218 boys and 195 girls. The sessions used participatory methodologies, group reflections and educational materials adapted to the age of participants. The activities aimed to promote peaceful coexistence, prevent violence, strengthen self-care and contribute to the protection and integral development of children and adolescents affected by the emergency.

In addition to the activities targeting children and adolescents, two complementary educational sessions were conducted with adults in El Bejucal and El Cedro, reaching 91 people, including 22 men and 69 women. These sessions focused on peaceful coexistence, prevention of domestic and community violence, and strengthening adult capacities to protect children and adolescents. Although these adults are not counted under the indicator for children and adolescents accessing safe spaces, their participation was relevant to reinforce protective environments at household and community level.

It should be noted that the Operational Update reported 444 people reached through educational sessions in schools. However, during the final data review, it was confirmed that this figure included adult participants reached through complementary PGI activities. As the indicator specifically refers to children and adolescents who accessed safe spaces, the corrected final figure is 413 children and adolescents, including 218 boys and 195 girls. In addition, 91 adults, including 22 men and 69 women, were reached with the complementary educational sessions.

As part of the direct support provided to affected children and adolescents, Guatemalan Red Cross distributed 500 PGI kits in the intervention communities. The kits included basic items aimed at promoting hygiene, protection and well-being, contributing to safer and healthier environments for children and adolescents. The distribution of PGI kits was accompanied by educational activities that reinforced messages on self-care and protection, promoting positive practices within the community environment. A total of 500 children and adolescents under 18 years of age received PGI kits and participated in awareness-raising activities, including 265 boys and 235 girls. The children and adolescents were reached through community educational centres in El Cedro, El Patrocinio, Aldea Los Ríos and Aldea El Bejucal.

Two PGI workshops were also conducted for volunteers supporting community actions. A total of 78 people were trained, including 35 men and 43 women. The workshops included theoretical and practical content on the integration of PGI standards in emergency situations and community activities. This training strengthened local capacities, promoted the inclusion of vulnerable groups and supported the implementation of activities with respect for human dignity.

Lessons Learnt

• Educational sessions, safe space activities and PGI kit distribution were complementary actions that helped reinforce self-care and protection messages among children and adolescents affected by the emergency
• Coordination with community leaders facilitated acceptance of the intervention and supported the timely implementation of activities.

• Coordination with school principals and teachers was essential to ensure the participation of children and adolescents and to integrate PGI messages into the school environment.

• Complementary work with adults was relevant to strengthen protective environments for children and adolescents at household and community level.

• Training volunteers on PGI standards strengthened their capacity to integrate dignity, access, participation and safety considerations into community-based emergency response activities.

Challenges

• The operation highlighted the importance of maintaining clear disaggregation between children, adolescents and adults reached through PGI activities, particularly when indicators refer to specific population groups. Strengthening data validation processes would help ensure greater consistency between operational updates, final reporting and indicator-level results.

Community Engagement And Accountability

Budget: CHF 12,970
Targeted Persons: 1,050
Assisted Persons: 476

Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of affected people who access key information about the humanitarian response through CEA channels.	1,000	3,157,651
Number of affected people who participate in or provide feedback through community dialogue and monitoring activities.	250	476
Number of volunteers and staff trained in CEA, inclusive communication, and feedback management.	50	30

Narrative description of achievements

Community Engagement and Accountability was integrated across the DREF operation to strengthen communication with affected communities, promote participation, collect feedback and support the adaptation of activities based on the views and experiences of people reached. Through its risk communication strategy, Guatemalan Red Cross implemented an information campaign targeting the affected and at-risk population through different social media platforms. The campaign disseminated key messages on earthquake preparedness, self-care and community protection, contributing to prevention and preparedness for future risk situations. The campaign achieved an indirect reach of 3,157,651 people through social media interactions and views. This reach is considered indirect and was not counted as direct assistance under the operation.

During the implementation of humanitarian activities, Guatemalan Red Cross applied active listening mechanisms with people using the services provided. These mechanisms aimed to understand community perceptions, identify opportunities for improvement and make operational adjustments in real time. Feedback was reviewed and systematized to support decision-making and ensure that community voices were considered during the response.

Between September and November 2025, 476 satisfaction surveys were conducted to assess the implementation of the cash transfer programme, community medical care days and Water, Sanitation and Hygiene activities. The surveys were applied after educational sessions or after people received assistance. In the case of the cash transfer programme, the survey was conducted one month after the assistance was delivered. Participation was voluntary and confidential. Feedback was collected through direct interviews and post-distribution surveys covering several services, including health care days, hygiene promotion stations, cash transfers, educational sessions and the delivery of humanitarian assistance, including water treatment and storage kits, water tank cleaning kits and hygiene supplies.

The feedback collected showed that people assisted were generally satisfied with the support provided by Guatemalan Red Cross. It also identified areas for improvement, including the need to adapt methodologies to the dynamics of each group, improve planning based on weather conditions and establish clearer limits for service provision to ensure dignified attention. Feedback also highlighted the importance of including recreational and learning activities for children accompanying their families during assistance delivery, helping create safer and more appropriate environments. Methodologies used during health and hygiene activities were also adapted to better reflect community dynamics, including adjustments to the facilitation approach and activity organization. In addition, community feedback reinforced the need to communicate selection criteria more clearly and to increase the involvement of community leaders during beneficiary validation, helping improve community understanding and acceptance of the cash assistance process.

Two capacity-building processes were also carried out. The CEA in Emergencies workshop, conducted on 26 and 27 July, addressed community participation, communication tools, minimum CEA actions and key concepts related to the DREF mechanism. The methodology was mainly practical and based on participants' experience. A baseline and final assessment were applied, allowing the facilitation team to adjust activities and strengthen staff interest in applying CEA approaches during future activations.

Subsequently, the Cross-cutting Approaches workshop, conducted from 29 September to 1 October, integrated content on Mental Health and Psychosocial Support, WASH, Protection, Gender and Inclusion, and CEA. Overall, 64 people, including volunteers and headquarters staff, participated in training processes that included CEA-related content. Participants valued the planning, simulation exercises and methodology used, highlighting the practical usefulness of the tools. They also identified the need to ensure more balanced participation

within groups during future training processes.

During community interventions, recreational and learning spaces were developed for children. These spaces allowed children to express their experiences during the earthquakes and participate in recreational activities while their families received assistance. This adjustment responded to community dynamics identified during implementation and contributed to safer and more inclusive service delivery. Complaints and feedback management was particularly relevant during the cash transfer programme. Most cases were related to unredeemed codes, loss or theft of mobile phones and pending signatures on humanitarian assistance forms. Each case was reviewed individually, and frequent communication was maintained with affected people to preserve trust and provide follow-up. Some cases generated tension and security risks for personnel, particularly when people considered it unfair not to receive assistance or when there was confusion with lists from other support mechanisms. These situations generated important operational learning, including the need to resolve cases as early as possible, strengthen communication on selection criteria and clearly explain the difference between the types of assistance provided under the operation.

Lessons Learnt

• Combining digital and face-to-face communication channels was essential to ensure more inclusive and effective communication with affected communities.

• The involvement of community leaders facilitated acceptance, participation and legitimacy of feedback and accountability processes.

• Clear, constant and context-adapted communication increased trust in the services provided.
• Systematizing feedback and satisfaction data supported better decision-making and allowed the operation to adjust interventions in a timely manner.

• Continuous capacity strengthening of volunteers directly improved the quality of assistance and the relationship with communities.

• Community feedback not only strengthened accountability but also contributed to the design of more relevant and sustainable responses.

Challenges

The need to communicate selection criteria, available services and feedback channels more clearly from the beginning of the intervention. In some cases, limited understanding of eligibility criteria and the different types of assistance available generated confusion, expectations and tensions with community members, particularly in relation to the cash transfer programme.

Secretariat Services

Budget: CHF 16,180
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of field monitoring visits conducted.	2	2

Narrative description of achievements

IFRC Secretariat support contributed to the coordination, monitoring, reporting and adaptive management of the DREF earthquake operation in Guatemala. Regular follow-up meetings were held with Guatemalan Red Cross to review implementation progress, identify bottlenecks, monitor financial execution and agree on required adjustments.

IFRC also provided technical support for the preparation and management of operational updates and amendments, ensuring that changes in the operational context, implementation progress and timeline adjustments were properly reflected.

The operation supported monitoring by the national technical team in the intervention areas, which helped follow up on field activities, identify implementation challenges and strengthen coordination between headquarters, branches and community teams.

Secretariat Services also supported the partial coverage of key positions required for the operation, including Disaster Management, Planning, Monitoring, Evaluation and Reporting, and Finance. This contributed to operational coordination, reporting quality and financial management.

At the end of the operation, IFRC supported the facilitation of the lessons learned workshop, which helped consolidate achievements, challenges and recommendations for future DREF operations and earthquake emergency responses.

National Society Strengthening

Budget: CHF 30,434
Targeted Persons: 50
Assisted Persons: 50
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers provided with visibility kits, personal protective equipment (PPE), and accident insurance coverage.	50	50
Number of volunteers trained in First Aid, Psychological First Aid, and institutional doctrine.	50	48
Number of individuals participating in the lessons learned workshop at the end of the operation.	50	20

Narrative description of achievements

Guatemalan Red Cross provided comprehensive support to volunteers, prioritizing their protection, preparedness and well-being. A total of 50 volunteers were provided with visibility kits, personal protective equipment and accident insurance coverage to ensure safer and more appropriate conditions for carrying out their operational duties during the emergency response.

The same group of 50 volunteers also participated in the Introduction to Institutional Doctrine course, as part of a broader strategy to strengthen the National Society and consolidate the capacities of its human resources, including both active and newly incorporated volunteers and personnel. This training reinforced the fundamental knowledge that guides humanitarian action within the International Red Cross and Red Crescent Movement. The training process included sessions on the History of an Idea, the Battle of Solferino, A Memory of Solferino, the components of the International Red Cross and Red Crescent Movement, the Fundamental Principles, the emblem and the Guatemalan Red Cross as a National Society. The process also promoted the use of training materials to strengthen participants' motivation, ownership of institutional values and understanding of the principles and standards that guide humanitarian action. These actions strengthened not only the operational capacities of volunteers involved in the emergency response, but also their institutional identity and commitment to the humanitarian mission of Guatemalan Red Cross. The provision of personal protective equipment, insurance coverage and training formed an integrated approach to volunteer protection, preparedness and strengthening, contributing to a safer, more organized response aligned with the principles of the Movement.

In addition, the operation supported the implementation of the Cross-cutting Approaches workshop, which included first aid, Psychological First Aid, WASH and MHPSS activation procedures, Protection, Gender and Inclusion, Community Engagement and Accountability and other topics related to preparedness and humanitarian response. A total of 48 volunteers participated in this

workshop, including 26 men and 22 women, from the Guatemalan Red Cross branches of Coatepeque, Santo Tomás de Castilla, Retalhuleu, Cobán, Petén and headquarters. The workshop used an interactive methodology that promoted active participation, exchange of lessons learned and the acquisition of practical knowledge applicable to the DREF seismic sequence operation.

A lessons learned workshop was conducted at the end of the operation as a participatory space for analysis, critical reflection and structured dialogue on the response to the earthquake emergency in Guatemala. The workshop was attended by 20 people, including 14 women and 6 men, who played key roles during the different phases of the operation. The workshop was designed to identify good practices, challenges and opportunities for improvement, with the objective of strengthening the efficiency, effectiveness and sustainability of the Guatemalan Red Cross emergency response system. The final lessons learned process highlighted good practices such as contextual information management, the implementation of community participation mechanisms and the integration of Protection, Gender and Inclusion across the response. It also identified areas for improvement related to administrative and financial management, data protection and initial territorial coordination. These findings provided practical recommendations to strengthen institutional preparedness and support a more effective, inclusive and sustainable response in future emergencies.

Lessons Learnt

• Contextualized information management supported more informed decision-making during the operation.

• Community participation mechanisms improved the relevance and acceptance of the response.

• Integrating Protection, Gender and Inclusion across the operation strengthened the quality and inclusiveness of the intervention.

• Continuous investment in volunteer training and protection is essential for safer and more effective emergency response.

• Visibility items, personal protective equipment and insurance coverage contributed to safer working conditions for volunteers.

• The lessons learned process helped identify practical improvements for future DREF operations and emergency responses.

Challenges

• Administrative and financial processes required closer follow-up, particularly regarding implementation timelines, financial reporting and timely liquidation of resources.

• Initial territorial coordination needed to be strengthened to ensure more timely articulation between branches and key actors during the early phase of the response.

• Data protection practices required further reinforcement, especially in activities involving registration, feedback management and the delivery of assistance.

• Participant records needed clearer categorization to differentiate between the final lessons learned workshop and broader training or reflection spaces.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 20 jul. 2025 to 31 may. 2026

MDRGT026 - Guatemala - Earthquake

Operating timeframe: *Start date: 20-jul.-2025 End date: 31-ene.-2026*

Appeal launch date: *25-jul.-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**381.476**
DREF Response Pillar	381.476
Expenditure	-365.975
Closing Balance	**15.501**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash	203.308	216.523	-13.215
PO04 - Health	17.903	19.089	-1.186
PO05 - Water, Sanitation & Hygiene	49.047	41.146	7.901
PO06 - Protection, Gender and Inclusion	28.351	27.430	921
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	0	238	-238
PO10 - Community Engagement and Accountability	12.970	13.813	-843
PO11 - Environmental Sustainability			
Planned Operations Total	**311.580**	**318.238**	**-6.660**
	23.283	26	23.257
Total	**23.283**	**26**	**23.257**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	16.180	15.299	881
EA03 - National Society Strengthening	30.434	32.412	-1.978
Planned Operations Total	**46.614**	**47.711**	**-1.097**
Total	**381.476**	**365.975**	**15.500**

III. Expenditure by budget category & group

Prepared on 06-jul.-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

The total IFRC-DREF allocation for the Guatemala Earthquake operation was 381,476 Swiss francs. At the end of the operation, total expenditure amounted to 365,975 Swiss francs, resulting in a final balance of 15,501 Swiss francs, which will be returned to the DREF in accordance with IFRC financial procedures.

During the financial closure process, remaining funds under the WASH and PGI equipment budget lines were used, with prior

authorization from the CCD Central America, Programmes and Operations Coordinator, to replenish Guatemalan Red Cross preparedness stocks for future emergencies.

This included the procurement of 250 WASH kits for household water storage, water treatment and hygiene support, as well as 432 PGI kits for children and adolescents, including protection, educational and basic well-being items. These items were pre-positioned at the Guatemalan Red Cross Escuintla branch facilities to strengthen the National Society's readiness and response capacity for future emergency operations.

After this authorized pre-positioning procurement, the remaining unspent balance amounted to 15,501 Swiss francs.

Contact Information

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

National Society contact: Teresa Marroquín, Director of Risk Management, teresa.marroquin@cruzroja.gt

IFRC Appeal Manager: Marjorie Sotofranco, Head of Country Cluster Delegation for Central America, marjorie.sotofranco@ifrc.org

IFRC Project Manager: Wendy Arévalo, Senior Officer PMER Central America, wendy.arevalo@ifrc.org

IFRC focal point for the emergency: Senior Officer PMER Central America, Senior Officer PMER Central America, wendy.arevalo@ifrc.org

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

Click here for reference