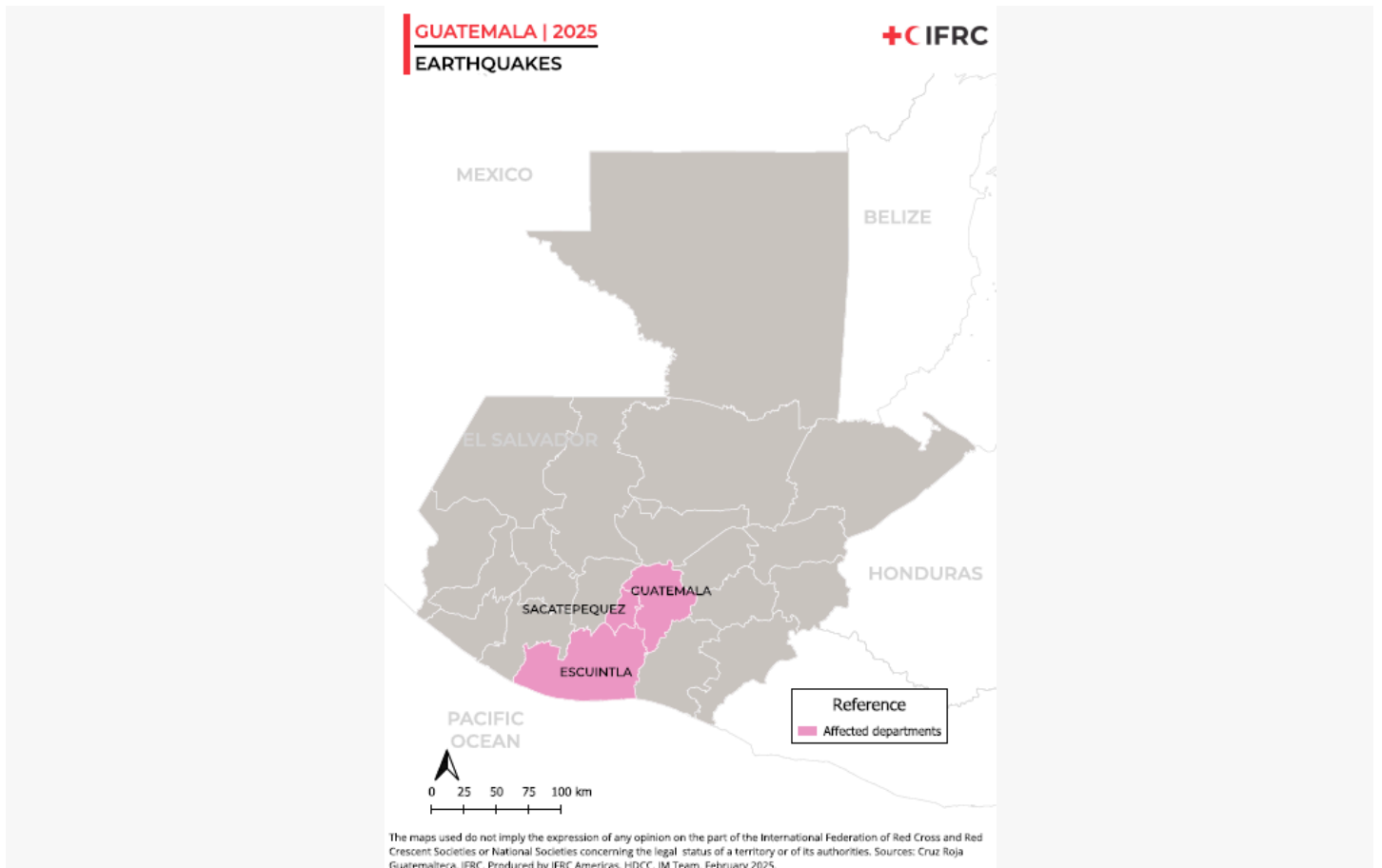




CVA distribution with families in Amatitlán. August 2025, GRC.

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	
Event Onset: Sudden	Operation Start Date: 22-07-2025	New Operational End Date: 31-01-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 22-07-2025		Reporting Timeframe End Date: 12-11-2025	
Additional Allocation Requested: 0		Targeted Regions: Escuintla, Guatemala, Sacatepequez	

Description of the Event



Departments targeted under the IFRC-DREF operation. 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 (1).

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 (2).

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 (3). 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 (4). 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 (5).

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.

Although seismic activity has decreased in intensity, tremors continue, leaving communities vulnerable. In fact, according to INSIVUMEH (National Institute of Seismology, Volcanology, Meteorology and Hydrology), 10,096 seismic events have been recorded in the country this year, 276 of which were reported as perceptible. Of these, 26 earthquakes occurred in the last 24 hours. On 27 October, a magnitude 4.3 earthquake was reported with its epicenter off the coast of Suchitepéquez, occurring at 9:40 a.m. The closest epicenters were located in Retalhuleu (50 kilometers), Mazatenango (51 kilometers), and Quetzaltenango (85 kilometers).



Post distribution support on ATM use in Amatitlan. August 2025 (GRC)



Hygiene promotion session in San Vicente Pacaya. September 2025 (GRC).



CEA and PGI training for volunteers involved in DREF. October 2025 (GRC).

Scope and Scale

Since 8 July, a series of earthquakes severely affected several departments of Guatemala, causing significant impacts on both the population and infrastructure. According to the latest 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 forced the evacuation of 4,769 people, of whom 1,244 were moved to shelters, while 9 people were hospitalized and another 9 died

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

Additionally, damage was reported in 9 health facilities—though not to the point of total destruction—mainly located in the departments of Guatemala, Escuintla, and Sacatepéquez. The impact affected the infrastructure of health centers, hospitals, and Permanent Care Centers (CAP). One bridge and 37 road segments were also damaged, significantly hindering 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 have deteriorated rapidly. Communities such as Santa María de Jesús in Sacatepéquez have been cut off by land due to large-scale landslides. The blockage of both main access roads to the municipality has 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 were burned to death during an act of community violence, in a context of growing social tension and perceived insecurity.

Also, access to healthcare—both physical and mental—has become critical due to the cumulative impact of the earthquakes. Damage to nine health facilities has significantly limited the availability of medical services, particularly in rural or isolated communities that were already facing structural gaps prior to the emergency. This has led to disruptions in primary care, disease control efforts, and the follow-



up of individuals with chronic conditions.

Furthermore, displacement, housing loss, bereavement, and the deterioration of living conditions have significantly increased the risk of mental health problems. Ongoing exposure to stress, anxiety, and uncertainty is creating a substantial psychosocial toll, especially among children, the elderly, and women who often carry greater caregiving responsibilities. The situation has also intensified feelings of grief, fear, frustration, and community tension.

Livelihoods in rural communities have also been disrupted, as isolation has 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 a preventive measure. These changes have further affected the routine and stability of the population, particularly in impoverished areas.

Through the DREF Operation, the Guatemalan Red Cross has maintained an active humanitarian response since July, focusing ensuring access to safe water and hygiene promotion, CVA assistance to affected households and ensuring the provision of health services, including mental health. The Guatemalan Red Cross has planned a targeted humanitarian intervention for 2,755 people, or approximately 551 families, in the departments of Sacatepéquez, Escuintla, and Guatemala. Due to the continuity of seismic activity, already affected homes infrastructures continue to deteriorate; in this sense through field visits and coordination with local authorities 41 additional households require assistance with respect to the original target. This decision is based on a technical analysis that considers 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 will be given to communities that have 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. Prensa Libre – One Week After the Earthquakes in Guatemala	https://l1nq.com/0PFOi
6. CONRED - Information Bulletin	https://conred.gob.gt/se-superan-los-10000-sismos-registrados-en-guatemala-durante-2025/

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

Through this Operations Update No. 1, the Guatemalan Red Cross seeks to inform about:
(i) a two-month extension of the operation timeframe (new end date: 31 January 2026), and
(ii) changes between budget lines to increase CVA households from 500 to 541



Following the seismic activity of 8 July 2025, which significantly impacted communities and neighborhoods in San Vicente Pacaya, the Guatemalan Red Cross has decided to adjust its previously authorized DREF operation. These changes do not imply a modification of the implementation strategy but rather respond to the need to expand assistance coverage to more affected families.

The decision stems from the identification of 41 additional households with moderate to severe structural damage resulting from the earthquakes in the prioritized areas, this identification was completed during field missions and assessments during distributions by National Society volunteers and staff in coordination with local authorities. Although seismic activity has decreased in intensity, tremors continue, leaving communities vulnerable and furthering existing structural damages to already affected homes. Furthermore, the national authority National Institute of Seismology, Volcanology, Meteorology and Hydrology (INSIVUMEH) in its information bulletin of 27 October reported a total of 10,096 seismic events to date, demonstrating the persistence of the phenomenon and the need to maintain response efforts. Another factor motivating this extension is the government's limited capacity to meet the needs in the affected municipalities as other threats materialize (i.e. cold waves, flash floods, volcanic activity)

Consequently, the Guatemalan Red Cross is requesting a two-month non-cost extension of the operation to strengthen its cash and vouchers assistance program to reach additional households. This measure aims to provide the additional 41 families with multi-purpose cash that will allow them to prioritize repairing their homes and addressing the most urgent needs in a dignified and independent manner.

IFRC Network Actions Related To The Current Event

Secretariat	Since the onset of the emergency, the Guatemalan Red Cross has received support from the IFRC Central America Country Cluster Delegation, both in coordinating response actions and in the formulation of this IFRC-DREF request. The National Society has also received technical support from the Cluster 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	<p>The Partner National Societies (PNS) present in Guatemala — the Spanish Red Cross, German Red Cross, and American Red Cross — are implementing actions in the country through programs, projects, and emergency operations that contribute to the strategic implementation of the Guatemalan Red Cross.</p> <p>As part of this operation, the American Red Cross has 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, reaching 150 families (approximately 750 people) affected by the earthquakes whose homes have sustained severe damage. This contribution allows the humanitarian response to be scaled up, reaching additional individuals and families beyond those originally targeted under this IFRC-DREF operation.</p>

ICRC Actions Related To The Current Event

The Guatemalan Red Cross does not anticipate any 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), has deployed a series of inter-institutional actions in response to the recent seismic sequence that has affected several regions of the country. Initial measures included the activation of the National Emergency Operations Center (COE), 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 continuous monitoring of seismic activity has been maintained 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 have now moved into an early recovery phase, prioritizing the gradual restoration of essential services and direct assistance to the affected population. Key actions implemented include:

-Direct assistance to affected individuals through the distribution of humanitarian aid in communities, coordinated by the institutions that make 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, enabling 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 programs at designated distribution centers 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

NGOs and United Nations agencies have provided targeted support through local organizations to assist families affected by the earthquakes. However, there has been no formal call 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 have been evacuated and 1,244 are currently sheltered. In response, CONRED has established nine 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 are intended to provide accommodation, safe drinking water, sanitation services, basic medical care, and psychosocial support.

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

Furthermore, the shelters do not have adequate spaces for the continued provision of primary health care or structured psychosocial support, limiting the response to both physical and emotional symptoms resulting from the emergency—especially for displaced individuals, pregnant women, and people with pre-existing medical or psychosocial conditions. A lack of intercultural considerations has also been observed in the design and implementation of shelter services, creating barriers to safe and appropriate access for sheltered indigenous populations. Due to the continuity of seismic activity (more than 10,000 earthquakes registered up to 27 October) the housing infrastructure continues to deteriorate for the most vulnerable families. 41 additional households were identified by National Society in



coordination with local authorities, these families have not yet received any support from organizations and remain in their homes with makeshift repairs using nylon and zinc leaving their shelter situation in precarious condition.

These limitations not only undermine the habitability, sanitation, and access to essential services within the shelters but also increase protection risks, deteriorate mental and physical health, and raise the likelihood of waterborne and hygiene-related diseases.



Livelihoods And Basic Needs

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

Affected and displaced individuals—including those currently residing in temporary shelters—are facing prolonged disruptions to their livelihoods. This is further exacerbated by limited access to critical road infrastructure: 37 road segments and one bridge have been reported as damaged, restricting 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 poses a direct threat to food security and the economic sustainability of affected households.

To date, government assistance has primarily focused on meeting immediate basic needs, without a differentiated approach. There are currently no governmental or organizational economic assistance mechanisms that enable 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 reflects their unique contexts and vulnerabilities remains limited.

According to official reports, there is still no clear or confirmed data on the exact number of people whose livelihoods have been affected. Guatemalan Red Cross through field assessments and coordination with CONRED and local authorities identified 41 additional households to the 500 originally targeted for CVA as they are in a vulnerable condition due to the precarious housing infrastructure.



Health

The recurring earthquakes have created 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 remains under institutional red alert. The impacts include both physical limitations due to structural damage to health facilities and operational constraints in areas with compromised road infrastructure, which hinders timely access to medical services—especially in remote communities. Despite the activation of the Institutional Operational Protocol for Geological Hazards by the Ministry of Health, there is no consolidated data on the number of people served, making it difficult to fully assess the scale of the need.

Sheltered populations are living in conditions that increase the risk of communicable diseases, decompensation of chronic illnesses, and disruptions in sexual and reproductive health services, all within a context of high vulnerability. In addition, there are persistent mental health needs, particularly among individuals who have suffered material losses or the death of family members, highlighting a gap in specialized psychosocial care and in community mechanisms for emotional support and management of post-traumatic stress.



Water, Sanitation And Hygiene

The earthquakes have 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 centers — some of which are currently operating in tents or makeshift spaces — along with interruptions in water and electricity supply, severely limits the availability of adequate personal and community hygiene conditions.

Although official reports do not provide specific data on the number of people affected in terms of access to safe water, local media indicate that many families are struggling to secure sufficient water for drinking, food preparation, and personal hygiene. These reports also lack detail on the number of individuals requiring access to safe drinking water, showers, handwashing stations, or hygiene items.

This situation significantly increases the risk of waterborne diseases and potential epidemiological outbreaks, particularly in overcrowded environments such as temporary shelters. Compounding this risk, the current conditions are 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 lack of proper water storage facilities contribute to a favorable environment for vector proliferation.

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

In locations like San Vicente Pacaya, living conditions are precarious: improvised shelters set up in sports fields lack proper roofing, sufficient sanitation facilities, and a regular supply of drinking water. As a result, people — including children, women with young children, older adults, and persons with disabilities — are forced to return to their homes or neighbors' houses to meet basic needs, exposing them to additional health and protection risks.



Protection, Gender And Inclusion

The seismic emergency in Guatemala has revealed multiple gaps in protection, gender, and inclusion (PGI), limiting the ability to ensure an equitable humanitarian response focused on those in situations of heightened vulnerability. There is a lack of a differentiated approach that adequately considers the specific needs of women, girls, boys, older adults, persons with disabilities, and those with pre-existing medical conditions, all of whom face increased risks during displacement, evacuation, or prolonged stays in shelters. The limited participation of women in decision-making spaces and local planning processes constitutes a structural gap that undermines the relevance and effectiveness of the response.

Gender-based violence, which tends to increase during crises, remains 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 hinders the full protection and emotional well-being of children. Additionally, there is a lack of preventive mechanisms to address family separation, particularly in scenarios involving communication breakdowns or uncoordinated evacuations. The absence of accessible and culturally appropriate information on these risks further limits communities' ability to anticipate and protect themselves, deepening the exclusion of historically marginalized groups, such as Indigenous populations.



Risk Reduction, Climate Adaptation And Recovery

The recurrence of seismic events in Guatemala highlights the population's high exposure to cumulative impacts on their 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 trend has intensified in July 2025, when, between 8 and 15 July, the National Institute of Seismology, Volcanology, Meteorology, and Hydrology (INSIVUMEH) recorded 1,062 earthquakes, 36 of which were felt.

This constant seismic activity has created a prolonged climate of uncertainty and risk, undermining the productive stability of many families. The situation is further exacerbated by the imminent hurricane season (July to September), which is historically associated with landslides, floods, and lahars—events that compromise road infrastructure, limit access to markets and basic services, and deepen the fragility of both rural and urban livelihoods.

In this context, critical gaps persist in local disaster risk management. Earthquake preparedness faces multiple challenges, including limited public awareness of the importance of disaster readiness, particularly in rural communities and marginal urban areas where many homes have significant structural vulnerabilities and lack basic safety measures. This is compounded by the limited availability of technical and financial resources to develop and implement community preparedness plans, the absence of trained and equipped local response brigades, and the lack or outdated status of evacuation plans and safe routes. Inter-institutional coordination among government entities, non-governmental organizations, and communities also remains weak, reducing the effectiveness of preparedness and response efforts. In territories inhabited by Indigenous peoples, the lack of information and services in local languages, as well as the absence of an intercultural approach, restricts access to early warning systems and essential services in emergency situations.



Community Engagement And Accountability

In emergency contexts such as the current one, characterized by multi-departmental impacts caused by seismic activity, the Guatemalan Red Cross has identified significant gaps in inclusive communication, community engagement, and accountability mechanisms. Affected populations face challenges in accessing clear, reliable, and timely information about response actions, as well as in voicing their concerns, priorities, or providing feedback on the interventions implemented. This limited interaction reduces the transparency of the humanitarian process and negatively affects community ownership of the response. Those most exposed to these gaps are individuals in



situations of heightened vulnerability—such as women, boys and girls, older adults, persons with disabilities, and Indigenous communities—who often have less access to communication channels and opportunities for direct participation.

The absence of mechanisms that enable communities to influence their own recovery processes further reinforces their marginalization and limits the scope of a rights-based response. Additionally, institutional shortcomings have been identified in the systematic integration of community engagement and accountability practices, underscoring the need to strengthen the technical and operational capacities of staff and volunteers involved in the emergency response.

Any identified gaps/limitations in the assessment

Government actions have primarily focused on structural damage assessments and restoring road access to communities isolated by landslides. While access conditions have gradually improved, entry remains limited due to unstable slopes and ongoing seismic activity, which in combination with the rainy season, has at times hindered access as several landslides have occurred (5 landslides reported in October in San Vicente Pacaya).

In the community of Santa María de Jesús, an incident involving the lynching of five individuals accused of looting damaged homes has increased community tensions and perceptions of insecurity, despite the visible presence of law enforcement and public order authorities. Additionally, Emergency Operations Centers (EOCs) at both the local and national levels are operating with limited capacity, restricting the availability of real-time information necessary for effective resource management and coordination. Vulnerable groups identified include persons with disabilities, single mothers, families with children under five, individuals with chronic illnesses, and families living in isolated or destroyed homes, all of whom face additional barriers to accessing assistance and being included in needs assessments.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims 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, is grounded in its auxiliary role to public authorities and aims to complement the efforts of the Government of Guatemala, particularly through the CONRED system. This coordination ensures 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 has gathered direct information from affected individuals and cross-checked the humanitarian gaps with official reports, allowing for the design of a comprehensive strategy that technically and contextually addresses unmet needs. The prioritized sectors in this operation are CVA, Health, WASH, and the cross-cutting approaches of PGI and CEA.

In the area of Cash and Voucher Assistance (CVA), multipurpose cash assistance will be implemented as the primary modality, using secure one-time mobile transfers that enable a flexible and dignified response. Additionally, thanks to a complementary contribution from the American Red Cross, an additional 150 families will receive a transfer equivalent to Q2,000 (USD 263.16), representing 50% of the monthly minimum wage, ensuring increased coverage without duplication of efforts.

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

Additionally, the IFRC has contracted global Financial Service Providers (FSPs) that are available to the Guatemalan Red Cross. As part of the feasibility study, the most appropriate delivery mechanism will be 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 will be implemented that combines primary medical services and psychosocial support to address both the physical and emotional impacts of the emergency. The strategy includes mobile medical brigades, taking into account access constraints in certain areas due to damaged road infrastructure; 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. Additionally, specific health interventions will be carried out for populations residing in temporary shelters.

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

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

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

Finally, institutional strengthening efforts focus on ensuring dignified working conditions for volunteers, including safety, visibility, and ongoing training. This guarantees 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 will receive technical support from the IFRC Country Cluster Delegation for Central America, allowing for close — both in-person and remote — monitoring of the action plan's implementation, ensuring quality, adherence to standards, and effective response to emerging challenges.

Targeting Strategy

Who will be targeted through this operation?

This operation will target 2,755 individuals (approximately 551 families) who have been directly affected by the recent seismic sequence in Sacatepéquez, Escuintla, and Guatemala—three of the most impacted departments, as officially identified by the National Coordinator for Disaster Reduction (CONRED). These areas are facing significant humanitarian challenges across sectors such as housing, health, WASH, and livelihoods. The intervention will focus on communities that remain underserved or unreached by other actors, particularly in rural and peri-urban zones with pre-existing vulnerabilities and limited access to essential services.

Explain the selection criteria for the targeted population

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

- 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 will be supported through a verification process that includes:

- Review of damage assessments and registries provided by local authorities.



-Technical validation of housing damage conducted by certified engineers.

These criteria will serve as the basis for all planned actions under the operation; however, they may be 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 will be applied to both sheltered and non-sheltered populations.

Total Targeted Population

Women	992	Rural	60%
Girls (under 18)	661	Urban	40%
Men	661	People with disabilities (estimated)	1%
Boys (under 18)	441		
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
Structural and seismic risks (aftershocks or collapse of damaged infrastructure)	<p>Ongoing evaluation of structural safety in intervention areas with support from technical experts.</p> <p>Training of staff and volunteers in seismic safety protocols, including evacuation procedures and proper use of protective equipment.</p> <p>Pre-identification of evacuation routes and safe gathering points in coordination with local authorities.</p> <p>Field activities will only be conducted in areas that have been technically validated as safe.</p>
Access limitations due to road collapse or infrastructure damage	<p>Real-time monitoring of road and access conditions via the National Society EOC.</p> <p>Identification of alternate routes and flexible logistics planning to ensure community access.</p>



	<p>Coordination with municipal and departmental authorities to support the clearing and rehabilitation of roads when feasible.</p> <p>Daily environmental assessments to adjust movements in response to new damage caused by aftershocks or adverse weather conditions.</p>
<p>Social discontent due to the non-selection of some individuals to receive Cash and Voucher Assistance (CVA)</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Health and psychosocial risks (disease outbreaks, waterborne illnesses, emotional distress)</p>	<p>Promotion of proper hygiene practices, distribution of safe drinking water, portable filters, and WASH kits.</p> <p>Training for both communities and staff on prevention of communicable and vector-borne diseases.</p> <p>Establishment of safe spaces, delivery of psychological first aid (PFA), and debriefing sessions for affected individuals and frontline teams.</p> <p>Coordination with local health services to ensure referral pathways for medical or psychosocial care in high-risk cases.</p>
<p>Insecurity in intervention areas (robbery, assault, extortion, or civil unrest)</p>	<p>Activation of Safer Access protocols and implementation of protective measures for staff and volunteers.</p> <p>Continuous security monitoring through the Guatemalan Red Cross Emergency Operations Center (EOC).</p> <p>Coordination with local and national security authorities to identify high-risk areas and establish safe access routes.</p> <p>Training personnel on personal and institutional security management in high-risk or volatile environments.</p>

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 has anticipated and implemented complementary, robust preventive measures to safeguard the safety of staff and volunteers involved in response activities.

The National Society will ensure that all personnel deployed in the field have 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 will also be provided.

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

These actions—reinforced by ongoing coordination with local authorities and security forces—are 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

Planned Intervention



Multi Purpose Cash

Budget: CHF 216,523

Targeted Persons: 2,755

Targeted Male: -

Targeted Female: -

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	499

Progress Towards Outcome

- Feasibility study was completed selecting a "mobile transfer" mechanism to provide a dignified and effective response, enabling affected families to make autonomous decisions about how to use the funds, prioritizing the repair of their damaged structures according to their own needs. This strategy reinforced a people-centered approach, promoting resilience and recovery based on family self-determination.
- The Guatemalan Red Cross implemented unconditional, multipurpose cash transfers for heads of households whose homes suffered moderate to severe damage. 499 have been reached from which 405 were female head of households and 94 male. 150 households were supported by CVA financed by American Red Cross (2,000 quetzales) which was complemented by DREF funding (2000 quetzales) and the remaining 349 households received a 4,000 quetzales fully funded by DREF.
- Through field assessments and coordination with local authorities 41 additional households in vulnerable condition were identified. These families have not received support from any institution and remain in their households with makeshift and precarious repairs using nylon and zinc.
- Training sessions for families on the use of ATMs. Volunteer and staff support for resolving withdrawal issues. Management of special cases where the withdrawal method was modified (23 heads of household, due to unforeseen circumstances, had their withdrawals changed to local transfers, which can be withdrawn at bank branch tellers).
- A formal follow-up mechanism was established after the transfers were delivered, using post-distribution surveys. This allowed the Guatemalan Red Cross to assess the actual impact on the economic and structural recovery of the households.



Health

Budget: CHF 19,067

Targeted Persons: 850

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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Number of affected people accessing primary health care services during community outreach activities.	500	580
Number of affected people receiving psychological first aid or participating in rights-based psychosocial support activities.	300	264
Number of staff and volunteers trained in Psychological First Aid (PFA) and emergency health response protocols.	50	0

Progress Towards Outcome

- Comprehensive Medical Care Days: The Guatemalan Red Cross has implemented this initiative to provide accessible and timely medical services to communities affected by the earthquakes in the municipality of San Vicente Pacaya. These fairs have adopted a comprehensive approach, incorporating psychological first aid and psychosocial support.
- Inter-institutional Coordination: Partnerships were established with local authorities and community leaders to facilitate logistics and ensure efficient coverage in the most vulnerable areas.
- Community Participation: The days included spaces for dialogue and active listening, promoting community participation in identifying priority needs. People reached: Men 91, women 494. Two days of medical care implemented in four communities (monitoring of vital signs, consultations with doctors, prescriptions, and distribution of medications funded by the state). Four community-level sessions on vital signs monitoring (blood pressure, blood oxygen saturation, blood sugar levels measured with rapid glucometer tests, temperature).
- Monitoring and Evaluation: Monitoring tools were used to measure the impact of the interventions and adjust strategies based on the results obtained.
- The training of health staff is undergoing at the selected localities by the 3rd week of November where Psychological first aid and the response protocol for sanitary emergencies will be covered.



Water, Sanitation And Hygiene

Budget: CHF 52,220

Targeted Persons: 2,550

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of affected households provided with household water storage and treatment kits.	500	449
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	1,902
Number of vector control interventions conducted (e.g., fumigation campaigns) in affected communities.	12	4
Number of staff and volunteers trained in WASH emergency response protocols.	50	24

Progress Towards Outcome

- Educational sessions: Demonstration sessions were conducted to teach the proper use of the supplies included in the water storage and treatment kits, prioritizing the use of chlorine as the primary method to ensure the potability of water intended for human consumption.
- Distribution of 250 water storage and treatment kits, supplemented with water tank cleaning kits. These supplies were pre-positioned through the DREF Dengue mechanism (MDRGT022), benefiting an additional 250 families. The communities served were Patrocino and Los Ríos, strategically selected due to their high vulnerability to vector-borne diseases.
- In coordination with educational authorities at primary and middle schools, informational sessions on menstrual health, rights, and hygiene promotion were provided. These activities targeted fourth, fifth, and sixth grade elementary students, as well as all three grades of middle school, including children and adolescents. These sessions were also conducted at the community level and were carried out concurrently with the promotion of hygiene stations.
- Promotion of hygiene and distribution of essential items at the community level, which had a significant impact on empowering affected families by bringing humanitarian assistance closer to them. This action allowed heads of households to select personal hygiene supplies based on the specific needs of their members, promoting a more appropriate and respectful response. In addition, educational sessions on hygiene practices in emergency contexts were developed, contributing to disease prevention and the strengthening of healthy habits in adverse conditions.
- Implementation of a workshop on the WASH activation procedure in emergencies, aimed at volunteers supporting the intervention, reaching a total of 24 trained individuals. The Honduran Red Cross provided technical support within the framework of the WASH HUB for the validation of the activation procedure.
- Interventions on vector control already implemented in Aldea El Bejucal, Aldea El Cedro, Aldea El Patrocinio and Aldea Los Rios. Other vector control activities are undergoing in La Fe, La Caridad, La Cruz, Las Flores and La Esperanza communities.



Protection, Gender And Inclusion

Budget: CHF 30,193

Targeted Persons: 550

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	444
Number of PGI kits distributed to children and adolescents affected by the emergency.	500	0
Number of National Society staff and volunteers trained on Protection, Gender, and Inclusion (PGI) standards.	50	30

Progress Towards Outcome

- Five educational sessions were conducted in schools in the communities of El Cedro, Los Ríos, and El Patrocinio, benefiting a total of 444 people. These activities were aimed at fostering peaceful coexistence, strengthening mutual respect, and promoting safe spaces for the comprehensive development of children and adolescents. The sessions included participatory activities, reflections on human rights, and strategies for preventing violence in the school and community environment.
- In the communities of El Bejucal and El Cedro, two educational sessions were held for adults, reaching a total of 91 participants, 22 men and 69 women. The sessions addressed topics related to preventing domestic violence, strengthening community support networks, and exercising rights in family and social contexts.
- A specialized workshop on Gender Equality and Inclusion (GEI) was held for volunteers, with the objective of strengthening their capacities in implementing gender-sensitive approaches, inclusion, and protection in emergency situations and community development. The activity was attended by 30 people, who acquired practical tools to apply these principles in their humanitarian interventions.
- Distribution of PGI kits undergoing will be finalized second week of November, this activity has been coordinated with schools in the affected communities.





Community Engagement And Accountability

Budget: CHF 13,813

Targeted Persons: 1,050

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	0
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

Progress Towards Outcome

- The National Society, through its risk communication strategy, has implemented an information campaign targeting the intended population using various social media platforms. This initiative has significantly expanded the reach of the messages, achieving a high number of interactions and views, reaching 3,157,651 people indirectly. These results demonstrate that the use of social media is an effective tool for transmitting key information to affected families, thus strengthening prevention and preparedness for risk situations.
- During the execution of humanitarian actions, the Guatemalan Red Cross implemented active listening mechanisms with the users of the services provided, with the aim of understanding their perceptions, identifying opportunities for improvement, and making appropriate adjustments in real time. These mechanisms were evaluated and systematically monitored to ensure that the voices of the communities were considered in the decision-making process.
- Participants' opinions were gathered through direct interviews and post-distribution surveys, covering a variety of services, including: Health care days; Hygiene promotion stations; Cash transfers; Educational sessions; Delivery of humanitarian aid, including water treatment and storage kits, tank cleaning kits, and hygiene supplies. Consolidation of opinions reflect that



Secretariat Services

Budget: CHF 17,247

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of field monitoring visits conducted.	2	1

Progress Towards Outcome

- One monitoring visit implemented during September by IFRC CCD team
- Bi-weekly follow-up meetings take place
- Technical support provided by CEA, Health, PMER, finance officer and Ops coordinator during the implementation. Also CVA support



provided by ARO for feasibility study review and validation.

- Second visit scheduled for November to provide support on the lessons learned workshop with the NS



National Society Strengthening

Budget: CHF 32,412

Targeted 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	29
Number of individuals participating in the lessons learned workshop at the end of the operation.	50	30

Progress Towards Outcome

- Provision of visibility kits and insurance to 50 volunteers involved in the operation completed.

- The National Society has implemented a training on Introduction to Institutional Doctrine Course, aimed at Volunteers and active staff, as well as new members. Within the topics covered, lessons were seen such as History of an Idea, Battle of Solferino, Remembrance of Solferino, Components of the International Red Cross and Red Crescent Movement, Fundamental Principles, Our Emblem and Our National Society, as well as motivating each of the participants to observe training materials.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

It is estimated that approximately 50 volunteers have been actively involved each week in the implementation of this emergency response operation. These volunteers are primarily drawn from the 20 active branches of the Guatemalan Red Cross, with priority given to those based closest to the prioritized departments under this IFRC-DREF (Sacatepéquez, Escuintla, and Guatemala). This geographic proximity enhances cultural understanding and facilitates more efficient and context-sensitive engagement with affected communities.

To ensure effective implementation and proper technical oversight of the planned activities, the Guatemalan Red Cross hired two key personnel:

Operations Coordinator: Responsible for leading the planning, execution, coordination, and operational monitoring of the activities outlined in the DREF operation. This role ensures achievement of objectives, inter-institutional coordination, and accountability.

Procurement Officer: Responsible for managing procurement processes for goods and services in accordance with institutional procedures and humanitarian standards, ensuring efficiency, transparency, and traceability in the use of allocated resources.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age,



or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The volunteer team of the Guatemalan Red Cross reflects the gender, age, and cultural diversity of the affected communities. Volunteers will be mobilized from branches located in or near the prioritized departments, which enhances cultural proximity, language understanding, and community trust. Most volunteers have competencies in key sectors such as Health, Water, Sanitation and Hygiene (WASH), Cash and Voucher Assistance (CVA), Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA), ensuring an inclusive and specialized response. While the team includes individuals of different genders and age groups, continuous efforts are being made to strengthen gender balance and intergenerational representation through targeted recruitment and training strategies.

If there is procurement, will it be done by National Society or IFRC?

Purchases for this operation will be primarily managed locally by the Guatemalan Red Cross, as most of the required items are readily available within the country. This allows for efficient procurement while supporting local suppliers and reducing delivery times. However, the household water storage and treatment kits are expected to be procured through the IFRC's Regional Logistics Unit (RLU), given their technical specifications and sourcing advantages.

All procurement processes—both local and through the IFRC—will strictly follow IFRC guidelines and procedures to ensure transparency, efficiency, and compliance with quality standards. This mixed procurement approach ensures the timely availability of essential supplies while maintaining accountability and operational effectiveness.

How will this operation be monitored?

The operation will be monitored through a comprehensive approach led by the Guatemalan Red Cross, with technical support from the IFRC. This monitoring system aims to ensure timely tracking of activity progress, implementation quality, achievement of established indicators, and accountability at all levels.

Internally, the operational team of the National Society, led by the Operation Coordinator, will hold weekly meetings to review progress, identify bottlenecks, analyze budget use, and make decisions to adjust the operational plan as needed. In parallel, technical staff and volunteers deployed in the field will produce regular reports that feed into the overall monitoring system, providing relevant data on activities carried out, people affected, operational challenges, and emerging needs.

Direct field supervision will also be a key component of the monitoring process. Sector specialists in health, WASH, logistics, PGI, CEA, CVA, and other areas, together with the operations coordination team, will conduct regular visits to prioritized communities to assess the quality of interventions, engage with affected people, and ensure that the response is appropriate and effective.

The IFRC plays a technical support role through regular virtual and/or in-person meetings with the national team, where progress updates, challenges, and strategic needs will be shared. Additionally, the IFRC will continue provide technical assistance in critical areas such as operations management, protection, monitoring, and logistics, ensuring alignment with humanitarian standards and supporting the consolidation of data for narrative and financial reporting.

At the end of the operation, a lessons-learned workshop will be conducted, bringing together technical staff, involved volunteers, IFRC representatives, and key local actors. This space will allow for collective reflection on achievements, challenges, good practices, and learning outcomes, aimed at strengthening future institutional response capacities.

Please briefly explain the National Societies communication strategy for this operation

The Guatemalan Red Cross has implemented a clear, timely, and community-centered communication strategy in response to the seismic sequence that began on 8 July 2025, in the departments of Sacatepéquez, Escuintla, and Guatemala. The purpose of this strategy is to ensure that relevant information reaches affected communities, authorities, media, volunteers, technical staff, and partners within the International Red Cross and Red Crescent Movement in an accessible, accurate, and coordinated manner.

The overall objective of the strategy is to facilitate the dissemination of verified, up-to-date, and useful information on the seismic situation, the response actions carried out by National Society, available services, and contact channels. This aims to keep the population informed and build trust in the institution's humanitarian work.



The strategy includes the use of multiple communication channels, such as social media platforms (Facebook, Instagram, TikTok, WhatsApp, Telegram, and X), regular updates on the institutional website, printed and digital materials (flyers, posters, audio messages), and engagement through mass and community media. Internal communication is also prioritized to keep volunteers and staff informed about operational progress and institutional guidelines.

This strategy is coordinated with key actors such as CONRED, local authorities, and media outlets to ensure consistency in messaging and extend the reach of communication efforts. Expected results include increased awareness and understanding of National Society response activities, reduced uncertainty and misinformation through verified messaging, strengthened institutional reputation as a reliable humanitarian actor, and promotion of access to information as a concrete form of humanitarian aid.



Contact Information

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

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[Click here for the reference](#)

