

DREF Operation

Guatemala: Earthquake



Santa María de Jesús, severely affected area. July 2025. Source: Prensa Libre.

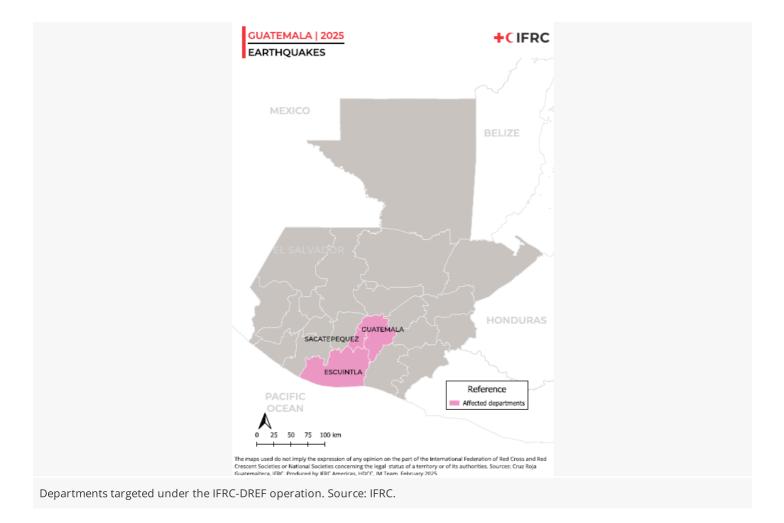
Appeal: MDRGT026	Country: Guatemala	Hazard: Earthquake	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 381,476	
Glide Number: EQ-2025-000111-GTM	People Affected: 14,541 people	People Targeted: 2,550 people	
Operation Start Date: 22-07-2025	Operation Timeframe: 4 months	Operation End Date: 30-11-2025	DREF Published: 25-07-2025
Targeted Regions: Escuintla, Guatemala, Sacatepequez			



Description of the Event

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 is being coordinated by CONRED at the national level.



House in Santa María de Jesús after earthquakes. July 2025. Source: CONRED.



Primary health care service. July 2025. Source: GRC.



Transfers in support of MSPAS. July 2025. Source: GRC.

Scope and Scale

Since 8 July, a series of earthquakes has 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 — have been directly affected. The emergency has forced the evacuation of 4,769 people, 1,244 of whom remain in shelters, while 9 people have been hospitalized and 9 others have died.

Structural damage to housing is substantial: 50 homes are at risk of collapse, 675 have sustained minor damage, 992 have moderate damage, and 479 have been severely damaged. The impact goes beyond housing. A total of 355 public education facilities have reported structural damage, including 196 schools with minor issues that have been included in the government's repair plan. Additionally, damage has been 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 includes infrastructure of health centers, hospitals, and Permanent Care Centers (CAP). One bridge and 37 road segments have also sustained damage, significantly hindering humanitarian access and the continuity of basic services.

The most affected departments are 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.

In this context, the Guatemalan Red Cross has planned a targeted humanitarian intervention for 2,550 people, or approximately 510 families, in the departments of Sacatepéquez, Escuintla, and Guatemala. 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 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. CONRED – Institutional Orange Alert	https://encr.pw/7CJFE
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

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

Lessons learned:

Lessons learned from previous emergency operations led by the Guatemalan Red Cross — including responses to volcanic activity, floods, dengue outbreaks, hurricanes, and others — are actively informing the design and implementation of the current response. In the health sector, past experiences have demonstrated the importance of early coordination with local health authorities and mobile health brigades to maintain access to essential services, particularly in remote areas. In the area of Mental Health and Psychosocial Support (MHPSS), it became evident that integrating psychological first aid and establishing safe community spaces from the earliest stages significantly enhances communities' coping capacity and recovery. Lessons from Community Engagement and Accountability (CEA) have highlighted the value of deploying two-way communication strategies early, using trusted local channels to ensure that affected populations receive timely and verified information, and have opportunities to express their needs and concerns.

Previous operations have also emphasized the need to mainstream Protection, Gender, and Inclusion (PGI) by conducting rapid protection assessments and designing actions that respond to the specific needs of vulnerable groups, while adapting interventions accordingly. Regarding Cash and Voucher Assistance (CVA), past challenges related to financial access and market availability have reinforced the importance of conducting early market assessments and using flexible delivery mechanisms, particularly in partially isolated areas. These lessons are now being systematically applied to avoid delays, strengthen community trust, and ensure a more relevant and effective humanitarian response to the current earthquake emergency.

Furthermore, the importance of effective coordination with national disaster management authorities, such as the National Coordinator for Disaster Reduction (CONRED), has been reaffirmed to prevent duplication of actions and ensure a coherent and well-



aligned response. This coordination enables the Guatemalan Red Cross to act in accordance with its mandate as an auxiliary to the public authorities in the humanitarian field, complementing institutional efforts and prioritizing unmet needs. Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level? What was the risk level for Child Safeguarding Risk Analysis?: Yes. In all previous emergency operations led by the Guatemalan Red Cross, a Child Safeguarding Risk Analysis has been completed. Based on these assessments, the risk level has been classified as moderate, considering that direct interaction with children and adolescents is limited and occurs in specific, controlled contexts. Field teams have consistently received training and refresher sessions on child protection and safeguarding, and are fully informed and compliant with the Protection from Sexual Exploitation and Abuse (PSEA) Policy, including having signed the Code of Conduct and Commitment. For the current IFRC-DREF, the National Society will ensure that all personnel involved in direct actions with children and adolescents receive prior safeguarding training and have signed the PSEA policy. In addition, this operation includes specific

Current National Society Actions

Start date of National Society actions

08-07-2025

Health

The Guatemalan Red Cross provided support to the Ministry of Public Health and Social Assistance by supplying and installing tents at the San Juan de Dios General Hospital, temporarily expanding its operational capacity. In addition, cots were delivered for the provisional maternity care area established within the hospital.

environment for all, especially children.

actions to strengthen knowledge and practices related to Protection, Gender, and Inclusion (PGI) in emergencies, reinforcing the commitment to a safe and protective

At Amatitlán Hospital, the Guatemalan Red Cross assisted with the transfer of patients to the Villa Nueva Hospital due to structural damage at the original facility. This action was requested by the Ministry of Health authorities.

In San Vicente Pacaya, medical care was provided to individuals temporarily sheltered in evacuation centers. Services included vital signs monitoring, blood glucose testing, medical consultations, and free distribution of basic medications. Coordination with local municipal authorities ensured continuity of treatment through additional medication delivery, based on prescriptions, once the initial supply from primary care services was exhausted.

Due to landslides blocking the main access routes, reaching Santa María de Jesús has been challenging. However, alternative routes—also affected—have been used. Authorities are currently working to fully clear the roads and ensure safe access conditions.

As part of the response, the Guatemalan Red Cross also carried out Mental Health and Psychosocial Support (MHPSS) and Protection, Gender, and Inclusion (PGI) activities for children aged 5 to 12 who were sheltered in municipal sports courts in San Vicente Pacaya. Recreational sessions were held with key messages on violence prevention, emotional awareness and expression, and the importance of safe spaces for play. Additionally, volunteers provided active listening spaces for children to share their



	experiences during the emergency and offered protection and emotional support messages.
Water, Sanitation And Hygiene	With sheltered families, the Guatemalan Red Cross has conducted educational sessions focused on promoting key hygiene practices. These sessions have included messages on proper handwashing, safe disposal of solid waste, and maintaining hygiene within the household. Additionally, the use of chlorine for disinfecting drinking water has been encouraged as a preventive measure to reduce the risk of gastrointestinal illnesses.
Community Engagement And Accountability	The Guatemalan Red Cross maintains active and ongoing communication with the public through social media and traditional media outlets, sharing timely and helpful information focused on preventive recommendations in the event of earthquakes. In parallel, media and digital platforms are being monitored to identify potential information needs, requests for assistance, and feedback mechanisms. This process supports the early detection and management of rumors, helping to build trust and strengthen the humanitarian response.
Coordination	The Guatemalan Red Cross response personnel were deployed to San Vicente Pacaya to coordinate direct support for the affected population in that area. Also, the National Society intervention team were mobilized to the departments of Escuintla and Sacatepéquez to coordinate humanitarian actions in collaboration with local authorities. The intervention team consisted of 29 personnel specialized in areas such as search and
	rescue, pre-hospital care, medical attention, mental health and psychosocial support (MHPSS), Restoring Family Links (RFL), logistics, communication, and coordination. A total of 7 vehicles were used for the operational deployment.
National Society Readiness	The Guatemalan Red Cross Volunteer Directorate activated a call to its volunteer network to prepare and mobilize across various strategic areas. As part of the emergency response, volunteers were deployed to provide immediate humanitarian assistance, both in relief operations and within the Institutional Emergency Operations Center (EOC).
	In coordination with the EOC, volunteer teams have been actively engaged in monitoring the situation, providing pre-hospital care, transporting patients, supporting the evacuation of families at risk, facilitating medical evacuations in coordination with city healthcare centers, searching for and locating missing persons, Restoring Family Links (RFL), delivering psychosocial support, distributing safe drinking water, and conducting Damage and Needs Assessments (DANA).
	All activities have been carried out under the guidelines of the Safer Access Framework, ensuring the safety and protection of volunteers throughout the monitoring, intervention, and return phases. In addition, the volunteers continue to disseminate humanitarian information and preventive measures in coordination with the EOC, including promotion of the evacuation strategy from the Headquarters building to designated meeting points.
Assessment	Damage assessments and needs analyses have been conducted in San Vicente Pacaya, Escuintla. Additionally, humanitarian assistance has been provided in Santa María de Jesús, Sacatepéquez, including Restoring Family Links (RFL) services and psychosocial support for individuals affected by the earthquakes.
	These evaluations have helped identify priority sectoral needs among the affected population. As of this report, identified needs include health services, bridges and road infrastructure, crop damage, water, sanitation and hygiene (WASH), public-use buildings, and educational facilities.
National Society EOC	The Emergency Operations Center (EOC) of the Guatemalan Red Cross remains fully active and operational to coordinate humanitarian actions requested by both national and local authorities, as well as by the affected population. From this center, operational decisions are managed, response teams and resources are mobilized, and coordination

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 also anticipates ongoing 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	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.
	As part of this operation, the American Red Cross will provide a complementary contribution to the National Society to implement multipurpose cash transfers through the "mobile transfer" modality. This assistance will consist 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 will allow 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 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 has not been 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, LGTBIQ+ 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.

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. This information continues to be collected through government-led assessments.



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 vectorborne 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

As of the formulation of this IFRC-DREF, the most affected families have not received government assistance to address urgent needs related to housing infrastructure, water and sanitation, and health services. 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—although less frequent and of lower magnitude—continues to trigger recurrent landslides.

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 2,550 people (510 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 four-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 2,550 individuals (approximately 510 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

Does your National Society have anti-fraud and corruption

Women	920	Rural	60%
Girls (under 18)	615	Urban	40%
Men	610	People with disabilities (estimated)	1%
Boys (under 18)	405		
Total targeted population	2,550		

Yes

Risk and Security Considerations (including "management")

policy?	
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 roo	ot causes and mitigation actions.
Risk	Mitigation action
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 Disseminate the selection criteria in a clear and accessible receive Cash and Voucher Assistance (CVA) 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 Promotion of proper hygiene practices, distribution of safe illnesses, emotional distress) 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. Insecurity in intervention areas (robbery, assault, extortion, or Activation of Safer Access protocols and implementation of protective measures for staff and volunteers. civil unrest) 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.

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 202,303 **Targeted Persons:** 2,500

Indicators

Title	Target
Number of households that receive and effectively use multipurpose cash and voucher assistance (CVA) in accordance with established selection criteria.	500

Priority Actions

- Conduct a feasibility and market assessment to evaluate the local context, availability of goods, price stability, and financial service providers capable of delivering Cash and Voucher Assistance (CVA).
- Select the most appropriate CVA delivery modality, prioritizing mobile transfers for efficiency, security, and accessibility in the targeted communities.
- Identify and validate a financial service provider with national coverage, proven experience in humanitarian CVA, and the capacity to operate in the affected departments.
- Develop and apply selection criteria for people to be reached, based on vulnerability, severity of housing damage, and unmet needs, in coordination with local authorities and using verified damage assessments.
- Carry out community sensitization sessions to inform the affected population about the CVA process, eligibility criteria, complaint mechanisms, and financial literacy basics.
- Train Red Cross staff and volunteers on CVA standards, data protection, registration of people affected, and community engagement, ensuring readiness for implementation.
- Register the identified people to be reached using secure, standardized data collection tools that comply with data protection protocols and align with the planned CVA transfer method.
- Disburse one-time multipurpose CVA transfers to the selected households through mobile transfers, ensuring that each family receives the equivalent of Q2,000 (USD 263.16), as per market analysis.
- Conduct post-distribution monitoring (PDM) to assess effectiveness, satisfaction, and use of funds by the people affected, as well as any unintended consequences.
- Update the market assessment post-distribution to monitor price trends, supply chain recovery, and any inflationary effects potentially caused by the intervention.



Health

Budget: CHF 25,342 **Targeted Persons:** 850

Indicators

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



Priority Actions

- Coordinate with local authorities to facilitate and authorize the implementation of health-related interventions in affected communities.
- Plan and carry out medical care days aimed at providing primary health services to people affected by the seismic emergency.
- Establish inter-institutional coordination with public health entities and academic institutions to support medical outreach and community-level services.
- Procure essential medical supplies (e.g., first aid kits, and other context-relevant items) to support emergency health response.
- Support local health services in affected areas with technical, logistical, and material assistance to maintain essential service delivery.
- Provide primary psychological support to individuals in the communities affected by the emergency, including emotional first aid and referrals where necessary.
- Conduct psychosocial activities with a child rights approach, targeting children and adolescents to promote emotional resilience, expression, and recovery.
- Implement emotional support interventions including safe spaces, recreational and group-based activities to facilitate recovery and psychosocial wellbeing.
- Form adult peer support groups and strengthen family and community support networks to enhance protective environments and social cohesion
- Strengthen local health staff and institutional partners in the delivery of Psychological First Aid (PFA) through the organization of a specialized training workshop, aimed at building local capacity for immediate and informed psychosocial response in emergencies.
- Print and disseminate educational materials on Psychosocial Support (PSS) and Psychological First Aid (PFA), with a focus on emergency response contexts.
- Procure materials and equipment for PSS interventions, both for Guatemalan Red Cross personnel and for community-based use, aimed at promoting emotional and social well-being in populations affected by crisis.
- Coordinate with the PGI focal point to ensure that, through primary health services and psychological first aid, local referral mechanisms are utilized by updating referral pathways, establishing inter-institutional agreements, and disseminating key contact information to ensure timely attention to identified protection cases.
- Recruit one Health Technician/Nurse to lead and coordinate the medical interventions.
- Recruit one Psychologist to implement psychosocial support interventions for people affected and for staff and volunteers involved in the response.



Water, Sanitation And Hygiene

Budget: CHF 53,831 **Targeted Persons:** 2,550

Indicators

Title	Target
Number of affected households provided with household water storage and treatment kits.	500
Number of people reached with hygiene promotion sessions, including menstrual hygiene and safe water handling practices.	1,250
Number of affected people who received prioritized personal hygiene items through hygiene promotion stations.	1,250
Number of vector control interventions conducted (e.g., fumigation campaigns) in affected communities.	12
Number of staff and volunteers trained in WASH emergency response protocols.	50

Priority Actions

- Procure high-capacity water storage and distribution containers such as reinforced plastic tanks and large-capacity water storage containers to ensure access to safe water in affected communities and collective centers.
- Purchase mobile laboratory and reagents and supplies for emergency water quality testing and mass water treatment to ensure potability and compliance with health standards.
- · Conduct preventive maintenance on mass water purification equipment and vector control devices used during the emergency



response, ensuring they remain in optimal working condition.

- Distribute household-level water storage and treatment kits to persons affected. These kits may include: lidded jerrycans, buckets with taps and lids (including replacement taps), cleaning detergent, 4.5% chlorine solution, dishwashing sponges, and droppers. Contents may vary depending on supplier availability and cost-efficiency.
- Facilitate hygiene promotion sessions with key messages on safe water handling, sanitation, and hygiene practices, including menstrual hygiene management, targeting affected families and communities.
- Purchase solid waste management supplies (bins, bags, cleaning tools) for use in shelters or priority community spaces during the DREF implementation period, as well as for contingency prepositioning to strengthen future response capacity.
- Conduct vector control campaigns, including fumigation (nebulization) in affected areas to reduce the presence of disease-carrying vectors such as mosquitoes (dengue), flies, and cockroaches.
- Establish hygiene promotion stations to distribute prioritized personal hygiene items (e.g., 1000-sheet toilet paper rolls, soft-bristle toothbrushes, 75 ml toothpaste tubes, sanitary pads—day and night, antibacterial soap, baby wipes, plastic basins, 60-sheet paper towel rolls, shampoo sachets, male/female deodorant sachets, 5-lb transparent nylon bags, 100 ml hand sanitizer) and conduct educational sessions on hygiene and disease prevention.
- Reproduce educational materials containing key WASH messages (e.g., flipcharts, posters, banners) to support community-level awareness and hygiene behavior change.
- Purchase and distribute personal protective equipment (PPE) to safeguard staff and volunteers involved in the DREF response operation.
- Conduct a capacity-building workshop in the WASH sector targeting volunteers and operational staff involved in the response, as well as key local actors, with the aim of strengthening technical competencies and preparedness for effective emergency response, with a focus on earthquake-related scenarios.



Protection, Gender And Inclusion

Budget: CHF 32,360 **Targeted Persons:** 550

Indicators

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

Priority Actions

- Procure supplies and equipment for the setup of safe spaces in emergency, disaster, or crisis settings, ensuring appropriate materials to provide comfort, physical protection, and psychosocial support to children and adolescents
- .• Reproduce educational materials for children and adolescents with age-appropriate messages on what to do during earthquakes or emergencies, promoting self-care, resilience, and fear reduction.
- Conduct an institutional workshop to strengthen the knowledge of technical staff and volunteers on Protection, Gender, and Inclusion (PGI), addressing minimum standards in emergencies and principles of non-discrimination and equity.
- Strengthen local referral mechanisms by updating referral pathways, establishing inter-institutional agreements, and disseminating key contact information to ensure timely attention to identified protection cases.
- Distribute PGI kits for children and adolescents containing educational and protective items (e.g., coloring books with earthquake preparedness messages, personal ID cards, whistles, flashlights, blankets, backpacks).
- Set up temporary safe spaces in intervention areas to conduct emotional support, recreational, and accompaniment activities for children and adolescents, in coordination with families and community actors.
- Hire a protection/psychosocial support officer to lead PGI actions, provide technical support in the field, and coordinate with local actors to ensure access to specialized services when needed.





Community Engagement And Accountability

Budget: CHF 15,429 **Targeted Persons:** 1,050

Indicators

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

Priority Actions

- •Activation of toll-free phone lines and messaging accounts (such as WhatsApp) for receiving inquiries, reports, and suggestions from affected individuals.
- Mapping of local communication channels such as social media, community radio stations, and bulletins, to be used for disseminating information about available services and operational updates.
- Organization of participatory community meetings with local leaders and representatives of vulnerable groups to identify needs and validate response decisions.
- Implementation of awareness workshops on the rights of affected individuals in emergencies, with a cross-cutting focus on Protection, Gender, and Inclusion (PGI), in coordination with the Guatemalan Red Cross PGI focal point.
- Deployment of accessible channels for collecting complaints and suggestions in written, verbal, and digital formats, including inclusive options for people with disabilities.
- Implementation of a follow-up and response system for each piece of feedback received, ensuring transparency, traceability, and case closure.
- Designation of trained staff for conflict resolution and appropriate handling of affected individuals during feedback processes.
- Inclusion of community members in the verification and monitoring of aid deliveries, such as cash transfers, to reinforce transparency and shared responsibility.
- Development of short, participatory satisfaction assessment tools to be applied by volunteers, along with the distribution of informational kits as an incentive for community follow-up.
- Production and validation of informational materials in relevant Indigenous languages, adapted to cultural contexts and literacy levels.
- Dissemination of key messages on earthquake preparedness, self-care, and community empowerment.
- Regular publication of reports in accessible language through community media, social networks, and physical information points, detailing operational progress and resource use.
- Organization of community forums to facilitate exchanges between the population and technical teams, with space to answer questions and collect improvement proposals.
- Ongoing training for staff and volunteers in communication skills for emergencies, active listening, empathy, expectation management, and ethical data collection.
- Promotion of cultural sensitivity and respect for diversity in all interactions with the affected population.
- Distribution of relevant communication materials on health, safety, available services, and prevention, in formats appropriate to each community.
- Development of radio campaigns in communities with limited connectivity to ensure access to verified information.
- · Coordination with schools and community centers to strengthen knowledge on preparedness for future events.
- Hiring of a CEA technician to lead the specific actions of the operation and serve as the liaison with intervention sectors and the PGI approach.



Budget: CHF 17,247 Targeted Persons: 0



Indicators

Title	Target
Number of field monitoring visits conducted.	2

Priority Actions

- •Conduct regular monitoring visits by the national technical team to oversee the implementation of activities in the areas of intervention.
- Cover 50% of the salary costs for the following strategic positions necessary for the execution of the operation: Disaster Management Coordinator, Planning, Monitoring, Evaluation and Reporting (PMER) Officer and Finance Officer.
- · Cover essential financial costs such as bank fees and other administrative expenses directly linked to operational management.



National Society Strengthening

Budget: CHF 34,965 **Targeted Persons:** 50

Indicators

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

Priority Actions

- Provide complete meals (breakfast, lunch, dinner, snacks, and bottled drinking water) for volunteers during operational deployment.
- Ensure safe and adequate transport for volunteers to and from intervention areas, including logistical transfers between meeting points and activity sites.
- Provide temporary lodging for volunteers through the distribution of sleeping cots, sleeping bags, or mats, as needed during deployment.
- Distribute visibility kits for volunteer identification and institutional recognition (e.g., polo shirts, vests, caps, hats, bags, water bottles, jackets, sweaters, rain ponchos with the National Society emblem).
- Provide personal protective equipment (PPE) kits, including safety helmets, steel-toe boots, flashlights, and other relevant items based on the risk context.
- Deliver training sessions to build volunteer capacities in First Aid, Psychological First Aid (PFA), institutional doctrine, effective communication, and the role of volunteers in institutional strengthening.
- Purchase insurance policy with coverage for the entire operational period to protect volunteers from risks associated with their roles.
- Organize a participatory workshop at the end of the operation to identify lessons learned, best practices, and areas for improvement.

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 will be 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 will hire 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 will play 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 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.



Budget Overview



DREF OPERATION

MDRGT026 - Guatemalan Red Cross Guatemala: Earthquake

Operating Budget

Planned Operations	329,264
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	202,303
Health	25,342
Water, Sanitation & Hygiene	53,831
Protection, Gender and Inclusion	32,360
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	15,429
Environmental Sustainability	0
Enabling Approaches	52,212
Coordination and Partnerships	0
Secretariat Services	17,247
National Society Strengthening	34,965
TOTAL BUDGET	381,476

all amounts in Swiss Francs (CHF)

Internal 7/25/2025 #V2022.01



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Click here for the reference

