

www.ifrc.org
Saving lives,
changing minds.

DREF Operation Final Report

Guatemala: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF operation MDRGT014	
Date of Issue: 21 October 2019	Date of disaster: 13 October 2018
Operation start date: 23 October 2018	Operation end date: 31 March 2019
Host National Society: The Guatemalan Red Cross (GRC) has 1 national headquarters, 21 branches throughout the country and 1,684 active volunteers (56% men and 44% women).	Operation budget: 166,604 Swiss francs (CHF)
Number of people affected: 30,000 people ¹	Number of people assisted: 21,268 people
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Spanish Red Cross and Norwegian Red Cross.	
N° of other partner organizations involved in the operation: United Nations system (United Nations Office for Humanitarian Affairs [UNOCHA], the United Nations High Commissioner for Refugees [UNHCR], International Organization for Migration [IOM], Pan American Health Organization [PAHO]); human rights non-governmental organizations (NGOs) such as World Vision; local and national governments in the affected countries, Oxfam, Pastoral of Human Mobility, Central Government of the Republic of Guatemala.	
The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions.	
The Guatemala Red Cross spent a total of 141,849 CHF. The remaining balance of 24,755 CHF will be reimbursed to the Disaster Relief Emergency Fund.	

[<Click here for the final financial report and here for the contact information >](#)

A. SITUATION ANALYSIS

Description of the disaster

In October 2018, two large groups totalling more than 10,000 individuals set off from Honduras and El Salvador, on foot in what are now known as "Caravans of Migrants". Since then, there has been a constant flow of migrants who pass through Guatemala in transit on their way to Mexico, and ultimately the United States (US), driven by the desire to ensure the safety and well-being of their families. According to estimates by Guatemala's *Casa del Migrante* (Migrant House), more than 13,000 migrants used the country as a transit corridor between October and November. A large number of these migrants are children, older adults, unaccompanied minors, pregnant women or entire nuclear families. However, this group started splitting up into smaller



Guatemalan Red Cross (GRC) socializing and delivering Psychosocial Support (PSS) kits for children at the Migrant Attention Post at Km. 243, Morales, Izabal. Source: GRC. 2018.

¹ Source: IOM, during cluster meetings in Guatemala. Approximate figure.

groups as they travelled through Guatemala and Mexico. Less than 7,000 were left by the time they reached Mexico as some migrants decided to return to Honduras due to the hardships encountered along the way. Other migrants are waiting to submit asylum requests to US authorities while others continue north toward the US-Mexico border.

As the first group of Hondurans arrived in Guatemala on 18 October 2018, the leaders of both countries announced a joint strategy that would provide buses from different parts of the country to facilitate safe passage to the population wishing to return home to Honduras. This joint initiative called "*Plan Retorno Seguro*" (Safe Return Plan), implemented on 20 October 2018, transported approximately 1,279 beneficiaries back to Honduras, especially from San Marcos department in south-western Guatemala. The intervention also included the implementation of two Honduran Returnee Care Centres at the Honduras-Guatemala border: one in Izabal department and the other in Tecún Umán, Ayutla, San Marcos. Migrants were provided food, care and temporary lodgings prior to being transported back to Tegucigalpa or other locations in Honduras.

The work done by various actors to reduce the hardships faced by the caravan is visible along migration routes. The care being delivered has focused mainly on providing food, access to safe water, cleaning and hygiene supplies and services, telephone calls, shelter, rest areas and healthcare, among others. However, the deterioration of the health of the large number of people travelling and the evolution of an emergency with abrupt changes in context made it difficult to provide comprehensive care along migration routes.

It is well-known that not all those who left in October 2018 managed to reach their destinations, and that many returned to Honduras or are still stranded, mainly in Mexico². This caravan left San Pedro Sula Central Park on 15 January 2019. The estimated 10,000 people who would make up this caravan included: children, pregnant women, older adults, unaccompanied minors, members of the lesbian, gay, bisexual, transgender and intersexual (LGBTI) community, low-income family units, people with disabilities, people with chronic illnesses, people in need of international protection, survivors of sexual violence and/or other, and groups considered priority to address the dual-vulnerability during their journey.

On 13-14 January a group of nearly 10,000 Hondurans from the first Caravan group began their journey from San Pedro Sula with intentions of entering Guatemala on their way to Mexico and the United States. On 15 January, this group of people arrived at the Guatemalan border and came into the country on their way through the southwest towards Tecún Umán, San Marcos. Many people chose to continue using the Petén or Izabal route to join the caravan in Mexico. The number of people moving through Petén, Chiquimula, San Marcos and Izabal between January and March 2019 increased by approximately three times the average. A significant increase was also noted in the number of family units observed on the route, made up of men, women, boys, girls, and adolescents. On the other hand, the demographic profile of people was different from that which is typically observed on this route- a flow, in general, made up of mainly of men travelling alone or in groups-and remained so during these months.

During this period, the Plan of Action was implemented in accordance with previously established guidelines, in which the Petén branches were activated with two service posts, Izabal on the Corinto border and Km. 243, Chiquimula on the Agua Caliente border, Central Headquarters, Coatepeque with a service post on the route, Mazatenango with a service post, Quetzaltenango in support of the branches in the southwest, and Tecún Umán at its headquarters, the border post and the community's central park.

According to the reports from United Nations High Commissioner for Refugees (UNHCR), the number of people departing from the North of Central America (NCA) significantly decreased in the first two weeks of February. New rumours of additional groups departing from El Salvador and Honduras were spread. By the middle of March, numbers of people moving across borders remained below the normal rate of around 300 every day.

Summary of response

Overview of Host National Society

As established in the initial Plan of Action, the GRC, with the support of the IFRC and the ICRC, implemented urgent care actions during the passage of migrants between October to March 2019, in Tecún Umán,

² Information collected through social media

Coatepeque, Mazatenango, Quetzaltenango, Chiquimula, Izabal, Petén and Guatemala City (the main routes chosen by migrants). Main activities include Pre-hospital care, safe water supply for simple hydration or oral rehydration solution, psychosocial support, guidance for environmental care, snacks, Restoring Family Links with telephone call service, delivery of hygiene kits and psychosocial support kits for children, transfer of patients to health care centres. This was relevant due to the demand for this service, which enabled 21,268 migrants to be assisted during the 6-month response period.

Health

- 21,268 pre-hospital care services delivered through provision of supplies to eight delegations and support to caravans in strategic points via eight ambulances.
- 35 patients in need of medical attention transported
- Management, validation and purchase of basic medicines for pre-hospital care were carried out.
- Psychosocial support kits and technical support provided to ten Migrant Houses managed by the Scalabrinian Mission.
- 21,268 people reached with psychosocial support throughout the operation.

Water, sanitation and hygiene

- 16,829 individuals benefitted from the delivery of bottled water.
- 24 trash cans delivered and placed at strategic points along the routes.
- 20,000 bottles of safe water distributed.
- 1,250 hygiene kits distributed.
- Design and printing of hygiene related community awareness material.

Restoring Family Links

- 3,854 beneficiaries were assisted with telephone calls in the area of RFL.

Strategy for Implementation

- Participation in meetings with other national and local actors (e.g.: Pastoral of Human Mobility, UNHCR and Asociación Lambda) to coordinate efforts and avoid duplication of resources.
- Continuous tracking, monitoring and evaluation of the situation and changes in scenarios.
- Advice and permanent support to branches to implement activities.
- 9 ambulances mobilized for transfers to health centers and hospitals.
- 124 volunteers deployed along migratory routes.
- 1 training workshop on migratory topics for volunteers and the board of directors in Coatepeque Branch.
- 8 mini-workshops in 8 branches with facilitators and volunteers from the Migration Programme.
- 1 National Workshop on Lessons Learned.

Overview of Red Cross Red Crescent Movement in country

The IFRC, the ICRC, Norwegian RC and Spanish RC are present in the country, with which the GRC president and its general director maintain permanent institutional cooperation and coordination.

The IFRC supports Movement coordination through its regional office for the Americas (ARO).

The GRC, through IFRC, received support from 1 RIT that collaborated in the elaboration of the National Society's Operational Plan and participated in the monitoring of activities along the migration route.

In addition, collaboration was carried out in an effort to create possible scenarios for dealing with the crisis, which were based on considerations of migrant experiences and interpretations. Joint monitoring activities were carried out to assess practices and needs at specific points of entry and exit from the country. Similarly, IFRC staff supported the National Society in the preparation and implementation of the [Lessons Learned Workshop](#).

The ICRC, since the onset of the emergency, has supported the GRC through:

- The provision of pre-hospital care and medicine
- Support for GRC volunteers

- The provision of Restoring Family Links (RFL) services through call points

The ICRC's support to the GRC is intended to cover the migrants' needs at the following points along their migratory route: Eastern border between Honduras-Guatemala, Guatemala City, western border (mainly) and the northern Guatemala-Mexico border, as well as through mobile support along the migratory routes. The ICRC's teams in Guatemala, Honduras and México are coordinating with their respective National Societies to follow up on the migrants' the situation in real time, especially their RFL and protection needs. The ICRC maintains a Protection dialogue with relevant actors and the authorities, including security forces, at the headquarters and local level.

The ICRC is also providing direct support to the Shelters of the Scalabrinians' network through:

- The provision of financial support to Medical Doctors (specially to cover nightshifts)
- The provision of RFL services
- The provision of orthopaedic support (wheelchairs, crutches) and possible in-country rehabilitation for those who require it
- Dissemination of health-related preventive messages

The affected National Societies (Guatemalan Red Cross, Honduran Red Cross and Mexican Red Cross) established a regional coordination mechanism to ensure communication between them. Thanks to the ongoing coordination maintained, Spanish Red Cross is currently assisting with increasing capacity and resources for migration-related activities, through psychosocial support, local volunteers in Chiquimula, Izabal, and Petén receive local Lessons Learned workshops through trainings on psychosocial support issues, leading activities for the National Workshop.

Overview of non-Red Cross Red Crescent actors in country

The inter-institutional coordination has been maintained to manage the collective centres, which has made it possible for the GRC to channel aid. The following groups: Doctors of the World, Migrant Heart and GRC have coordinated their actions in the distribution of safe water, each conducting their efforts in accordance with a comprehensive distribution calendar to avoid duplicating efforts.

UNHCR, Oxfam International, United Nations Children's Fund (UNICEF), together with the community and civil society and CRG through the Delegation of Tecún Umán, set up a temporary shelter for the care of 100 people.

Currently organizations such as Voluntary firefighters and Doctors of the World are no longer in intervention zones, other organizations maintain constant monitoring through projects that are being implemented within the migration route.

Group	Actions
UNHCR	Dissemination of information on migrants' rights; monitoring observance of migrants' human rights
Oxfam	Conducting water, sanitation and hygiene (WASH) promotion actions
International Organization for Migration (IOM)	Assisting with the management of the collective centres
PAHO	Provision of medical care
Pastoral of Human Mobility/Migrant House Human Rights Ombudsman	Monitoring observance of migrants' human rights and managing the collective centres
Voluntary firefighters	Providing pre-hospital care
Doctors of the World	Monitoring the situation and working in coordination with Guatemala's Ministry of Health, in addition to installing emergency showers for use by the migrant population that requires them.

Civil Society Organizations such as Children's Shelter	Assisting with the management of the collective centres in the department of Chiquimula
The Guatemalan Civil Society Migration Group	Issuing proclamations and holding press conferences on migrants' rights
Governments of Guatemala and Honduras	Implementation of the <i>Plan Retorno Seguro</i> coordinated with the Government of El Salvador during the first caravan in October 2018.
UNICEF	Provision of emergency lavatory facilities at strategic points along the route.

Needs analysis and scenario planning

Needs analysis

In order to continue developing humanitarian actions aimed at reducing the vulnerability of migrants in transit in the country or of those intending to start their journey, GRC identified the following sectors to facilitate access to necessary services and information within different migration routes:

Health

The migrants' journey north under precarious conditions detrimentally impacts their physical and mental health. Factors such as seasonal rains, unsuitable clothing and footwear, dehydration, overcrowding in collective centres and lack of protection increase the migrants' level of vulnerability. Many migrants suffered from health conditions such as dehydration, high blood pressure, injuries to their lower extremities, respiratory problems, gastrointestinal infections and dermatological diseases. It has also been observed that the separation of families, the difficulties present during their migratory journey and the uncertainty of what to expect once they reach their destination has affected migrants psychologically (depression, anxiety and sleep disorders, among other conditions).

Considering that there were no specific posts to provide health care to migrants along the route, GRC's pre-hospital care, staff and ambulance services were provided at the eight branches involved to address emergencies commonly seen in these contexts. This prevented saturating medical centres with cases that can be treated quickly on an outpatient basis.

Psychosocial support (PSS) interventions focused on reducing stress, with a particular focus on children's mental health. Children represent a segment of the caravan population that requires priority attention, and no other actors were working with this approach³. To develop this pilot activity, play kits for children were procured and distributed to children under the age of 11.

Water, sanitation and hygiene

Some of the migrants suffered from dehydration due to exposure to high temperatures. Furthermore, some migrants have consumed water from unsafe sources, putting them at risk of contracting waterborne illnesses or other water-related diseases. GRC considered medium-term measures such as distributing water bottles at GRC service posts at the Honduran border and delivered hygiene kits to migrants. This was done based on previously established selection criteria to complement efforts by other actors such as IOM, which also provided sanitation and hygiene supplies.

WASH actions were covered by other organizations, such as UNICEF, which established collective centres and along the migratory route.

Migration

ICRC, in coordination with GRC met the migrant population's RFL needs in different parts of the country. IFRC and GRC assisted with the implementation of a regional strategy developed by IFRC to work with

³ The GRC was providing aid along the migratory route, while UNICEF was providing aid in the collective centres.

migrant and host populations on reducing discrimination and xenophobia to reduce the stigma attributed to the migrants passing through the country.

Institutional strengthening

Given that this situation was different to what the NS and volunteers were used to implementing, the intervention strategy included the strengthening of volunteers' capacity through the implementation of low-cost, high-impact activities at the local level, e.g.:

- Awareness-raising and refresher activities for hired and volunteer staff in the eight active branches (according to what each locality decided).
 - Basic first aid and pre-hospital care.
 - Conflict management and resolution focused on safer access and handling situations within GRC teams.
 - Restoring of Family Links (RFL).
 - Psychosocial support through basic emotional containment.
 - Health and hygiene promotion and disease prevention.
- Stress management and emotional venting for volunteer staff.
- Lessons Learned workshop with participating branches.
- Hiring staff responsible for implementing the DREF Plan of Action during a two-month period.

Targeting

GRC provided care to the migrant population regardless of nationality. However, the following vulnerable groups were prioritized:

- Women that are pregnant and/or nursing children
- People with disabilities
- Older adults
- Unaccompanied children and minors
- People with chronic illnesses
- Single-parent families

B. OPERATIONAL STRATEGY

Based on the situation and on the experience of implementing services under the DREF and with ICRC, Guatemalan Red Cross aimed to provide services already being offered by branches and supplement them with new actions to provide care to migrants, in accordance with the Fundamental Principles of the Red Cross and Red Crescent Movement and the Global and Regional Migration Strategy.

Proposed strategy

All actions were carried out as per the National Society's humanitarian mandate in the country and Red Cross Movement international regulations related to this context. The main idea was for GRC to continue being a key point of support, promoting coordinated actions by institutions present in the target areas; avoiding assuming the responsibilities of the entities directly responsible or those of the community; and avoiding total dependence among the beneficiary population. The following were the lines of intervention:

- Health
- Water, Sanitation and Hygiene
- Institutional Strengthening

Considering that the situation was different in each location, the activities were developed according to the following table:

ACTIVITY	Tecun Umán	Coatepeque	Mazatenango	Quetzaltenango	Chiquimula	Izabal	Petén	Headquarters
Restoring of Family Links (RFL-ICRC)	X	X	X	X	X	X	X	X
Emotional containment - PSS	X	X	X	X	X	X	X	X
Health and hygiene promotion and distribution of sports bottles	X	X	X	X	X	X	X	X
Distribution of hygiene kits (Migrant Houses)	X				X			X
Pre-hospital care	X	X	X	X	X	X	X	X
Build volunteers' capacity and knowledge regarding Plan of Action lines	X	X	X	X	X	X	X	X

The GRC activated 1,684 volunteers and alerted its 21 branches. The volunteers that supported the operation had the necessary profiles, as well as basic security and visibility equipment to safely carry out the operation. Through the Volcán de Fuego operation Emergency Appeal, the GRC insured all its volunteers.

A General RIT was deployed for 15 days to assist GRC's National Technical Team with administrative and field actions. The DREF hired a technical administrative assistant to work for the operation during February and March of 2019.

Logistics and supply chain

Logistics activities aimed to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to the IFRC's logistics standards, processes and procedures.

All procurement related to this operation followed the IFRC's standard procurement procedures and Sphere standards for household items purchases. The GRC's procurement of items and services met the required conditions based on the needs of the affected population and/or the operational areas to guarantee the appropriate level of supplies and optimal performance.

All the GRC's purchases were made in-country, with the support of a procurement officer from ARO's Regional Logistics Unit (RLU) in Panama.

Information Technology (IT)

The GRC's branches used a 2-metre and an 11-metre radio communications system at the national level, which allowed for communication and the coordination of all operational and security aspects.

Communications

The GRC's organizational structure included a Communications and Press Department, which is responsible for the dissemination of operational, institutional and technical information, as well as information for donors and the general public. From the beginning of the emergency, the GRC's communications unit deployed its communications team along the migratory route to talk to the migrants, developed beneficiary stories and covered the situation. The strategy implemented included the issuing of a bulletin that will widely disseminate the National Society's position and efforts.

The IFRC's Communications Department provided technical support and assistance to the communications strategy. Since December 2018, the department has worked on a common strategy for Mexico, Guatemala, Honduras and El Salvador in order to have one voice, in accordance with the Institution's Humanitarian Mandate.

The GRC issued press releases and shared them with national media outlets, social networks and on its institutional website. At the country level, the GRC used local social networks, its website and the media to disseminate information about the operation.

Security

The GRC developed a security contingency plan based on Stay Safe, the Safer Access framework and the safety protocols and procedures. All deployed GRC personnel was aware of these safety guidelines. The National Society is in the process of strengthening its security situation, requiring assessment, analysis and support.

Planning, monitoring, evaluation and reporting (PMER)

The GRC's migration coordinator was the responsible for implementing the plan, in coordination with other GRC directors. The IFRC continuously monitored and held meetings with the GRC to keep abreast of the planned actions' progress and the situation's evolution. IFRC technical staff also conducted monitoring visits throughout the operation.

The scenario was constantly changing, and constant monitoring helped to assess the need to expand the area of intervention. Moreover, ARO's Migration Cell and Disaster and Crisis Department was monitoring the situation.

A Lessons Learned workshop was held in Guatemala from 24 to 26 March 2019.

Administration and Finance

This operation's administrative and financial procedures are in line with the GRC's quality control procedures, and they strengthened all the GRC's actions included in its humanitarian mission, ensuring transparency and adequate accountability. The GRC's Management and Finance Unit supported the operation. Furthermore, the IFRC's in-country office supported the administrative and financial management processes, and ARO provided support to ensure compliance with established quality standards

C. DETAILED OPERATIONAL PLAN

 <p>Health People Reached: 21,268 Requirements (CHF): 53,387</p>		
Health Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Achieved
# of people reached with health activities	10,525	21,268
# people reached through PSS actions	11,155	21,268
Health Output 1.1: Target population is provided with rapid medical management of injuries and diseases		
Indicators:	Target	Achieved
# of people reached with health activities	10,525	21,268
# of ambulances supporting the operational activities	8	9
# of patients referred to medical centres	N/A	35
# of pre-hospital care kits acquired and delivered to branches,	16	16
# of active GRC volunteers providing support to operational activities	125	125
Health Output 1.2: Psychosocial support provided to the target population		
Indicators:	Target	Achieved
# people reached through PSS actions	11,155	21,268

# of PSS kits delivered for work in Migrant Houses	10	10
# of play kits for children distributed	500	550

Narrative description of achievements

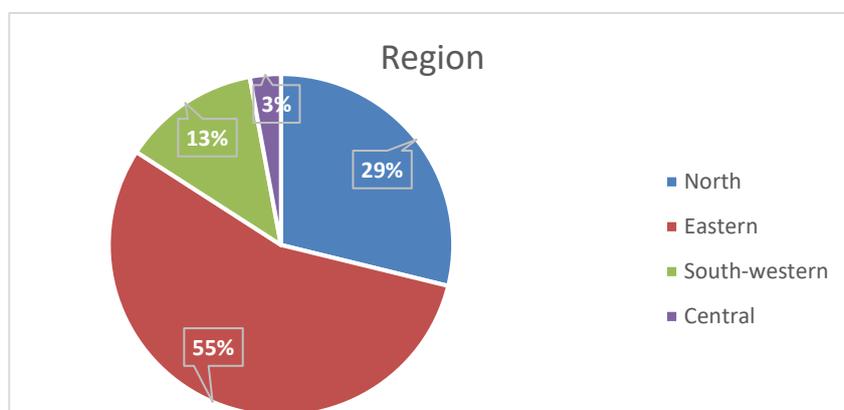
Pre-hospital care

Health conditions of the migrant population worsened over time while travelling under adverse conditions. Under the Plan of Action of the operation, the GRC:

- Acquired and delivered basic pre-hospital care materials to the branches involved, to enable them to provide care services to the migrant population that included cleaning wounds of lower extremities, taking vital signs, addressing pain and fainting episodes, and basic patient stabilization.
- Provided assistance to the emergency system by transporting patients who required urgent medical attention to health centres.
- Provided support to the caravan at strategic points through outpatient pre-hospital care units.

The care provision target has so far been met, reaching a total of 21,268 beneficiaries as per the following chart:

Region	Total
North	6,136
Eastern	11,761
South-western	2,752
Central	619
TOTAL	21,268



Referral services:

- North, Petén Delegation
- Eastern, Izabal and Chiquimula delegations
- South-western, Quetzaltenango, Coatepeque, Mazatenango, Tecún Umán
- Central, Guatemala City

9 ambulances supported the operational activities:

Branch	Number of ambulances supporting activities
Headquarters	3
Quetzaltenango	1
Coatepeque	1
Mazatenango	1
Santo Tomas	1
Tecún Umán	2
TOTAL	9

35 patients referred to medical centres:

Branch	# of transfers	Institution
Headquarters	11	National Hospitals
Izabal	2	Regional Hospital
Chiquimula-Esquipulas	6	Health Centre and Departmental Hospital

Coatepeque	3	Departmental Hospital
Tecún Umán	13	Health Centre
TOTAL	35	

16 pre-hospital care kits were acquired and delivered to branches. Each standard pre-hospital care kit contained elastic bandages, syringes, sterile gauze, sanitary towels, micropore, 5% chlorhexidine, gloves in different sizes, alcohol gel for hand cleansing, topical wound dressing, standard dressing and sterile vaseline gauze.

Note: 2 Kits were delivered to each delegation, Headquarters, Petén, Izabal, Chiquimula, Coatepeque, Quetzaltenango, Mazatenango and Tecún Umán.

125 active GRC volunteers provided support to operational activities.

Branch	# of volunteers
Sede Central	27
Petén	12
Izabal	20
Chiaquimula	4
Coatepeque	9
Mazatenango	16
Tecún Umán	38
TOTAL	125

Psychosocial support

- 10 PSS kits were delivered to Migrant Houses to work with the general population.
- Adapted the implementation of a tool for working with children that allows GRC to effectively handle situations of stress, boredom and anxiety in children under the age of 11 along the migration route. This methodology was based on the experience of the Ecuadorian Red Cross.
- Emotional venting processes with volunteer staff in the field working with the migrant population.

GRC has provided psychosocial support services to 21,268 people:

Region	Total
North	6,136
Eastern	11,761
South-western	2,752
Central	619
TOTAL	21,268

10 PSS kits delivered for activities in Migrant Houses

Description	Quantity
Branch Tecún Umán	1
Casa del Migrante, Tecún Umán	1
Branch Chiquimula	1
Casa del Migrante San José, Esquipulas Chiquimula	1
Casa Hogar Nuestras Raíces, Quetzaltenango	1
Branch Quetzaltenango	1
Casa del Migrante Betania, Santa Elena, Petén.	2

Branch, Petén	1
Casa del Migrante, Guatemala	1
TOTAL	10

550 play kits for children were distributed. The kits were delivered to delegations of Tecún Umán (100), Izabal (135), Chiquimula (105), Petén (135), Headquarters (75), directed at children aged 5 to 12 years.

The play kits contained a variety of play materials for children that included coloring story books, drawing books, stationery for writing, drawing and coloring, play dough, stickers, balloons, small and medium sized toys, sweets, identification bracelets and informational brochures.

Challenges

- Maintaining services, both in terms of stocks and coverage of operating expenses at the field level, especially during the peak times that will occur in the coming weeks.
- Ensuring follow-up and emotional stability for volunteers through ongoing venting processes that should be carried out, if possible, every day or week with staff active in the field.

Lessons Learned

- Need to standardize the service of volunteers and staff. Recommendation: train personnel in Pre-Hospital Care.
- Access to health for prevention and to provide information.
- Strengthening alliances with other actors and partners.
- Develop a migratory route intervention plan.

For further information see the [Lessons Learned Workshop](#).



Water, sanitation and hygiene

People reached: 16,829

Requirements (CHF): 48,335

WASH Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Indicators:	Target	Achieved
# of people that receive safe water distribution services	2,475	16,829
# of people provided with access to safe water	2,475	6,222
# of people provided with water and hygiene materials (jerrycans and personal hygiene kits) (projection as of March)	2,000	6,500
% of people reached with hygiene promotion sensitization	60%	62%

WASH Output 2.1: Daily access to safe water which meets Sphere and World Health Organization (WHO) standards in terms of quantity and quality is provided to target population

Indicators:	Target	Achieved
# of people provided with jerrycans	2,000	5,000

WASH Output 2.2: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Achieved
# of hygiene promotion communication campaigns (messages, bags, etc.)	1	1
# of personal hygiene kits for adults distributed	700	1,100
# of personal hygiene kits for children distributed	300	300
# of garbage cans acquired and distributed at strategic points along the migration route	24	24

Narrative description of achievements

Access to safe water

5,000 people provided with jerrycans

Due to the lack of water supply points along the migration route, GRC contributed to reducing gastrointestinal and other water-borne diseases through distributing personal water bottles. This intervention was strengthened through the distribution of 5,000 jerrycans to store and transport safe water.

Following the early distribution of 2,500 bottles of safe water, additional water transported to people in Chiquimula, Izabal, Petén, Tecún Umán and Central headquarters-Guatemala City. A second batch of 2,500 bottles was delivered to people along the migratory routes.

Hygiene promotion campaign and waste management.

As part of the hygiene promotion campaign, GRC distributed materials including cloth bags, jerrycans and posters with self-care and hygiene messages printed on them. These were acquired during Phase 1 of the Plan of Action. In addition, garbage cans were acquired and distributed along the migration route in order to prevent pollution.

One hygiene promotion campaign with messages of self-care printed on sport bags were distributed in delegations of Chiquimula, Izabal, Petén, Tecún Umán and Central headquarters-city of Guatemala, which are the routes of May Paso of migrant population of 300 each. 1,500 bags with messages were distributed.

1,100 personal hygiene kits for adults distributed

550 hygiene kits were first distributed to the migrant caravan within the delegations of Central headquarters, Izabal, Chiquimula, Petén, Quetzaltenango, Mazatenango, Tecún Umán and Coatepeque.

Next, 550 additional kits were distributed in areas where there was the greatest influx of migrant populations at Chiquimula, Petén, Izabal, Tecún Umán and Central headquarters. Between 100 and 110 kits were provided for each delegation.

300 personal hygiene kits for children distributed

Personal hygiene kits for children were distributed to areas where there were larger flows of migrants. Tecún Umán received 100 kits, Izabal received 100 kits, Central headquarters received 50 kits, Petén 25 kits and Chiquimula 25 kits.

24 garbage cans acquired and distributed at strategic points along the migration route

One distribution of garbage cans was carried out using 3 boats for each delegation of Headquarters, Izabal, Chiquimula, Petén, Quetzaltenango, Mazatenango, Tecún Umán and Coatepeque. The garbage cans supported the promotion of hygiene and disease prevention resulting from improper waste disposal.

Challenges

- Respond in a timelier manner to cover the services required by people changing destinations.

Lessons Learned

- Differential hygiene campaigns and self-care messages (addressing different groups, children, women and men).
- Train volunteers for the promotion of hygiene and care.

For further information see the [Lessons Learned Workshop](#).

Strategies for Implementation

Requirements (CHF): 54,900

Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Achieved
# of lessons learned report	1	1
N° of humanitarian staff with increased knowledge of migration issues (new)	75	6
# of emergency reports	2	2
Output S2.1.1: Effective response preparedness and National Society surge capacity mechanism is maintained		
Indicators:	Target	Achieved
N° of volunteers trained in intervention lines contained in the plan (new)	75	76
N° of volunteer and hired staff participating in lessons learned workshop (new)	80	86
N° of technicians hired (new)	1	1
Establishment of a coordination mechanism to respond to the population movement emergency	1	1
Narrative description of achievements		
<p><u>One lesson learned workshop carried out.</u> For further reference see link.</p> <p><u>76 humanitarian staff with increased knowledge of migration issues</u> Knowledge of volunteers and staff was strengthened through the exchange of experiences with different delegations that were in the path of the migratory route and through the workshop on migratory issues held by the IFRC (Migration cell and the Regional Coordinator of the migration projects based in Guatemala).</p> <p><u>2 emergency reports:</u> Two reports were produced for this operation: DREF Operation Update no. 1 and this Final Report.</p> <p><u>1 technician hired:</u> A technical administrative assistant was hired for the operation from February to March 2019.</p> <p><u>Establishment of a coordination mechanism to respond to the population movement emergency:</u> Activities were mainly based on inter-departmental coordination at Headquarters to ensure the provision of the necessary resources and supplies during the <i>Caravans</i>. The National Technical Team provided ongoing advice and support to local teams to ensure that the care provided to the population in transit met quality standards.</p> <p>Along with this intermediate implementation report, an assessment was conducted on actions implemented vs. needs. Likewise, support was provided with a general RIT to support the Guatemalan Red Cross coordination and support mechanisms.</p>		
Challenges		
<ul style="list-style-type: none"> • To expand knowledge of national and regional migratory topics through training workshops for volunteers and staff. • Improve the mechanisms of registration of migrants served in the context of transit. • To gather and share experiences with the delegations not involved in the response to the migratory crisis. 		
Lessons Learned		
<ul style="list-style-type: none"> • Through the use of volunteers and based on the humanitarian mandate, the Guatemalan Red Cross responded to the basic needs of migrants in a successful manner, despite being the first experience of migratory flows of this magnitude in Guatemala and the region. • The purpose of integrating 8 CRG Delegations was achieved in the response with the active participation of volunteers. • The lines of action were developed in accordance with the provisions of the operational Plan, including pre-hospital care, transfer services to local health centres, RCF in the variable telephone calls, delivery of hygiene kits and APS to people most in need under the high degree of vulnerability criteria 		

D. Budget

Please see the attached [final financial report](#).

Contact information

Reference documents

Click here for:

- [DREF Operation Update no. 1](#)

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

In the Guatemalan Red Cross:

- Daniel E. Javiel Orellana, General Director, Guatemalan Red Cross; phone: +502 23816515; email: direcciongeneral@cruzroja.gt

In the IFRC regional office for the Americas:

- Jono Anzalone, Head of the Disaster and Crisis Department; email: jono.anzalone@ifrc.org
- Gonzalo Atxaerandio, Disaster Management Coordinator for Central America and Recovery focal point; email: gonzalo.atxaerandio@ifrc.org
- Mauricio Bustamante, Regional Logistics Unit Coordinator; email: mauricio.bustamante@ifrc.org
- Diana Medina, Communications Unit Coordinator for the Americas, phone: +507 6780-5395; email: diana.medina@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer, phone: +507 317-3050; email: marion.andrivet@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- Paula Martes; Planning, Monitoring and Reporting Team Coordinator; phone: +507 317-3050; email: paula.martes@ifrc.org

In Geneva:

- Javier Ormeño, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery); email: javier.ormeno@ifrc.org
- Karla Morizzo, DREF, Senior Officer; email: karla.morizzo@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/09	Operation	MDRGT014
Budget Timeframe	2018/10-2019/03	Budget	APPROVED

Prepared on 21/Oct/2019

All figures are in Swiss Francs (CHF)

MDRGT014 - Guatemala - Population Movement

Operating Timeframe: 23 Oct 2018 to 31 Mar 2019

I. Summary

Opening Balance	0
Funds & Other Income	166,604
DREF Allocations	166,604
Expenditure	-141,849
Closing Balance	24,755

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	59,677	59,677	0
AOF5 - Water, sanitation and hygiene	40,572	40,572	0
AOF6 - Protection, Gender & Inclusion	179	179	0
AOF7 - Migration			0
Area of focus Total	100,427	100,427	0
SFI1 - Strengthen National Societies	35,603	35,603	0
SFI2 - Effective international disaster management	30,574	5,819	24,755
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	66,177	41,422	24,755
Grand Total	166,604	141,849	24,755

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/09	Operation	MDRGT014
Budget Timeframe	2018/10-2019/03	Budget	APPROVED

Prepared on 21/Oct/2019

All figures are in Swiss Francs (CHF)

MDRGT014 - Guatemala - Population Movement

Operating Timeframe: 23 Oct 2018 to 31 Mar 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	93,470	93,470	0
Water, Sanitation & Hygiene	31,167	31,167	0
Medical & First Aid	51,230	51,230	0
Teaching Materials	11,061	11,061	0
Utensils & Tools	12	12	0
Logistics, Transport & Storage	6,826	6,826	0
Transport & Vehicles Costs	6,826	6,826	0
Personnel	13,402	13,402	0
National Staff	955	955	0
National Society Staff	4,476	4,476	0
Volunteers	7,971	7,971	0
Workshops & Training	13,247	13,247	0
Workshops & Training	13,247	13,247	0
General Expenditure	6,247	6,247	0
Travel	4,619	4,619	0
Information & Public Relations	255	255	0
Communications	259	259	0
Financial Charges	1,114	1,114	0
Operational Provisions	23,244		23,244
Operational Provisions	23,244		23,244
Indirect Costs	10,168	8,657	1,511
Programme & Services Support Recover	10,168	8,657	1,511
Grand Total	166,604	141,849	24,755