



## Preliminary Final Report Emergency Plan of Action (EPoA)

Guatemala: Cambray II Landslide

Country or region: Guatemala, Central America



<b>Emergency DREF: Guatemala Landslides</b>	<b>Operation MDRGT008</b>
<b>Date of issue: 30 March 2016</b>	<b>Glide no. LS-2015-000138-GTM</b>
<b>Date of disaster: 1 October 2015</b>	
<b>Operation start date: 1 October 2015</b>	<b>Expected timeframe: 3 months</b>
<b>Host National Society presence: Guatemalan Red Cross (GRC)</b>	<b>Overall operation budget: 81,700 Swiss francs (CHF)</b>
<b>Number of people affected: 1,086<sup>1</sup></b>	<b>Number of people assisted: 5,020</b>
<b>Red Cross Red Crescent Movement partners actively involved in the operation: Guatemalan Red Cross, Spanish Red Cross, Norwegian Red Cross, International Federation of Red Cross and Red Crescent Societies (IFRC)</b>	
<b>Partner organizations participating in the operation: 27 institutions grouped within National Disaster Risk Reduction Coordination Office System (CONRED)</b>	
<b>*Please note that this report is being issued as a preliminary final report because the invoice for the translation of the final report could not be booked until March 2016 due to when it was received; additionally, there are some corrections at the account code level that must appear in the March 2016 accounting period in order to reflect the correct account group. The final report will be published after the March 2016 Programme and Services Support Recovery (PSSR) runs.</b>	

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

## A. Situation Analysis

### Description of the Disaster

On Thursday, 1 October 2015 at 21:30 hours, a massive landslide caused by heavy rains affected a sector known as El Cambray II in the municipality of Santa Catarina Pinula in Guatemala, displacing some 17,689 m<sup>2</sup> of earth<sup>2</sup>.

According to the 13 October 2015 report issued by CONRED, 70 people were missing, at least 280 were found dead and more than 100 homes were buried. Search and rescue found some 34 people still alive and evacuated 445 others. Approximately 407 people were housed in temporary collective centres set up by municipal authorities.

### Summary of measures taken

At least 820<sup>3</sup> people, including Guatemalan Red Cross teams made up of rescue workers, doctors and volunteers with experience in providing immediate psychosocial support to affected populations, conducted rescue activities using heavy machinery and ambulances.

Many businesses, individuals and private-sector companies donated food, water and medical supplies through collection centres set up for that purpose, one of which was the Guatemalan Red Cross's headquarters; cash donations were also made via bank accounts. The CONRED system, which up until then had been operating under a red alert, immediately activated a link for seeking information or reports regarding missing persons or people being housed in temporary collective centres.

<sup>1</sup> Official information from lists provided by Se-CONRED, the municipality of Santa Catarina Pinula, Neighbour's association of El Cambray and Guatemala's Departmental Governorate

<sup>2</sup> 20151013 SE-CONRED Situation Report

<sup>3</sup> Data from official documents: reports, staff lists, registries, etc.

## Overview of host National Society

The Guatemalan Red Cross deployed a team of Volunteers with ambulances and trucks to the emergency, which also included the provision of logistical support.

A pre-hospital care post was established on 2 October 2015, and the National Society supported actions in temporary collective centres that included psychosocial activities, cadaver management and collecting the names of missing people from family members and subsequently recording them (restoring family links [RFL]). Health evaluations, damage and needs assessments (DANA), and search and rescue activities were also conducted in the disaster area.

On 3 October 2015, a second pre-hospital care post was established adjacent to the morgue set up by the Office of the Public Prosecutor. Progress reports had already been submitted at this point.

Throughout the intervention<sup>4</sup>, the Guatemalan Red Cross conducted actions such as:

- Transferring patients: 4
- Pre-hospital medical care: 868
- Medical assistance for minor injuries: 547
- Support on transport and identification of dead bodies: 202
- Volunteer mobilization: 325
- Support on restoring family links: 820
- Psychosocial support: 1,485
- Mobilization of humanitarian aid at the collection centre:
  - 21 tons of hygiene and food kits;
  - 17 tons of water;
  - 20 tons of clothing.
- Free health care session in collective centres: 157
- Hygiene promotion: 273
- Nutrition and healthy eating practices promotion: 165
- Non-conditional cash transfers to families: 173

Volunteer staff was mobilized from branches in Serchil, Tejutla, Quetzaltenango, Coatepeque, Santo Tomás de Castilla, El Palmar, and Tecún Umán to cover planned activities.

The Guatemalan Red Cross was invited to participate in the Technical Table for Housing Solutions, along with central government agencies, members of the El Cambray Neighbour's Association board, and civil society organizations that had been responding to the El Cambray II event; this was done to provide and receive information regarding the Guatemalan Red Cross's actions conducted through its technical staff and volunteers (psychosocial support, hygiene promotion, sexual and reproductive health promotion, nutrition), and the date and amounts involved for the cash transfer delivery.

## Overview of Red Cross Red Crescent Movement in country

Partner National Societies (PNSs) present in the country are: Norwegian Red Cross and Spanish Red Cross. Additionally, the IFRC and the International Committee of the Red Cross (ICRC) were present and in constant coordination and cooperation with the Guatemalan Red Cross.

The IFRC's Pan American Disaster Response Unit (PADRU) maintained close communication with the Guatemalan Red Cross.

## Overview of non-RCRC actors in country

PADRU contacted National Societies in Central America and Mexico to promote the coordination of support actions in the event that the Guatemalan Red Cross requested support at the operational level or the government decided to request assistance with search and rescue activities. Likewise, the IFRC coordinators in Central American countries coordinated with their national counterparts to maintain a constant flow of information and internal communications with the Red Cross Movement in the region.

The national IFRC coordinator continuously communicated and coordinated with the ICRC, Partner National Societies and the Guatemalan Red Cross in order to share information regarding actions to support the National Society and the affected population.

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<sup>4</sup> Counting from the day of the disaster plus the three months of the Landslide Disaster Relief Emergency Fund (DREF)

## Needs analysis, beneficiary selection, risk assessment and scenario planning

The institutions that make up the CONRED undertook actions to search for and rescue people in the Chambray II Sector in Santa Catarina Pinula, Guatemala, where the landslide buried more than 100 homes and left more than 280 people dead.

The following actions were conducted by CONRED to facilitate coordination:

- Institutional orange alert declared by the national response system due to the landslide in Chambray II.
- Municipal red alert declared in Santa Catarina Pinula.
- Municipal operations centre activated in Santa Catarina Pinula.
- Implementation of the incident command post to coordinate search and rescue
- Mobilization of an intervention team to the site to carry out damage assessment and needs analysis
- Evaluation of the hill's summit and of the diversion of the Pinula River's riverbed
- 820 people conducted rescue efforts, and the National Defence Ministry provided heavy machinery to expedite search and rescue.
- The Guatemalan National Institute of Forensic Sciences (INACIF for its acronym in Spanish), the Office of the Public Prosecutor and the National Registry of People (RENAP for its acronym in Spanish) worked together at the temporary morgue that was set up with the Guatemalan Red Cross to identify, register and deliver bodies to family members.
- The municipality of Santa Catarina Pinula set up four temporary collective centres to care for families affected by the disaster, where they had access to electricity, water, non-food items (NFIs) and a place to sleep; two are still open: one is in the Municipal Hall, and the other one is in Official School 810.

## B. Strategy and plan of action

### Overall objective

Meet the most urgent needs of families affected by the landslide in Chambray II, Santa Catarina Pinula through pre-hospital medical care, psychosocial support and a non-conditional cash transfer programme (CTP).

### Follow-up strategy

As per its humanitarian mandate and the application and promotion of its fundamental principles, the Guatemalan Red Cross conducted pre-hospital care actions with support from medical staff and volunteer aid workers to benefit victims, their families, and relief corps members affected by the El Chambray II landslide that buried dozens of people.

It also played a role in processes involving both inter-agency coordination and direct and personalized interventions with landslide victims, such as psychosocial support, sexual and reproductive health, hygiene promotion, healthy diet and nutrition, and the cash transfer programme implemented to assist affected families.

### Cash transfer programme

The Guatemalan Red Cross delivered essential non-food items to affected families and a CTP intended to benefit 125 families by providing US\$250 or its equivalent in national currency to be used according to their specific needs.

However, an additional amount of money was obtained from cash donations made by citizens directly to Guatemalan Red Cross facilities or via the bank accounts set up for that purpose, which was distributed at the same time as DREF Landslide funds (see detailed operating plan).

### Human Resources

The Guatemalan Red Cross trained staff members to meet DREF Landslide requirements and to develop actions to alleviate human suffering. A total of 325 volunteers were mobilized during the operation to meet the needs of the affected population and achieve the requested results. The operation did not foresee having to mobilize regional or global staff.



European Commission's Humanitarian Aid and Civil Protection department (ECHO) visits the disaster zone. Source: GRC

## Logistics and supply chain

This operation did not require procurement at the international level, and all necessary materials were purchased internally as all the necessary supplies were found in local markets; additionally, GRC staff conducted logistics activities.

## Communications

The organizational structure of the Guatemalan Red Cross includes a Communication and Press Department responsible for operative-technical information, public information, information for donors and institutional information.

With support from the project team, the GRC disseminated key messages about the actions being conducted to care for the families housed in the collective centres.

The first bulletin, which was issued on 19 November 2015, provided information on the actions that had been conducted thus far in El Cambray II. The Communications Department also provided relevant information via its Facebook page: <https://www.facebook.com/cruz.roja.guatemalteca>.

A series of interviews were scheduled with people staying in two of the collective centres still in operation, along with video and photographs to document life in these collective centres. As per the Relief Code of Conduct, all beneficiaries interviewed were portrayed as human beings with dignity and not as information and publicity objects by focusing on their abilities rather than on their victim status.

At least three success stories involving an equal number of people affected by the landslide will be chosen and soon published. These will show positive images of the way affected people have positively responded to the disaster, serving as an example of community resilience.

At the national level, the Guatemalan Red Cross used social networks, the website at [www.cruzroja.gt](http://www.cruzroja.gt) the media and coordinated with the IFRC office in Guatemala to disseminate information at the regional level.

The GRC Communications Department supported a campaign to collect relief items at the national level, and it disseminated information over social networks about the actions being developed by the National Society.

## Security

All Guatemalan Red Cross personnel involved in the operation wear the uniform and promote the Fundamental Principles and Humanitarian Values through their actions.

The project required that all Movement members follow security measures in order to reduce the risk of accidents and loss of human life.

All Guatemalan Red Cross volunteers were covered by the IFRC's insurance through this DREF, and they were trained on Stay Safe and Safe Access guidelines.

In order to conduct CTP related actions, delivery dates and times were previously shared with CONRED system institutions in order to obtain the Guatemalan Departmental Governorate's support, which consisted of stationing National Civil Police agents in strategic places as crime deterrents. It must be noted that nothing out of the ordinary happened during the cash delivery process, and no incidents occurred during the three months of intervention that put the staff's safety at risk.

## Planning, monitoring, evaluation and reporting

This operation conducted the following monitoring and reporting activities:

- Status reports
- On-site monitoring visit by the IFRC during the operation
- Monitoring and follow-up visits by GRC headquarters
- On-site monitoring visit by European Union Commission staff
- One Cash Learning Partnership (CaLP) workshop to learn about cash transfers in livelihoods programmes
- A lessons learned workshop
- Cash delivery (check) given to 173 people representing families affected by the landslide
- Satisfaction survey
- Final operation report

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

#### Health and Care

Needs analysis: The landslide at El Cambray II was a distressing event for hundreds of people who lost family members, loved ones, as well as property and livelihoods. A situation of this nature causes suffering and feelings of anguish, fear, insecurity and anxiety, among other feelings and emotions.

These feelings are not exclusive to affected people. Aid workers and others involved in first response lived through experiences that impacted their lives as well. If a humanitarian worker suffers, he or she cannot respond to other people's needs or adequately carry out his or her work.

#### Health and care

The following activities were carried out during the intervention:

- Psychological first aid for relatives of people killed or missing, as well as to people who lost homes and had to be moved to temporary accommodations. Psychological aid involved meeting basic needs such as water, food, and especially information regarding the process for recovering the remains of deceased relatives. Guatemalan Red Cross Volunteers listened to people to help "calm them" in a non-invasive and non-pressuring way.
- Psychological first aid for children in collective centres. This was done through recreational activities that provided a sense of security by preventing their exposure to disturbing situations and the media; this was possible because the volunteer staff had expertise in clinical psychology.
- Free health care sessions, which treated 157 people in collective centres
- Over the last two months, 64 new volunteers were mobilized to provide care during afternoon hours to people housed in collective centres, fulfil programmed activities (in programmed groups) and for the CTP delivery activity.
- Support within collective centres was continuous and permanent, where psychosocial support, hygiene promotion, and informational talks about nutrition and healthy diet promotion were provided.

#### Achievements

During the three-month emergency response, psychosocial support was provided to a total of 1,485 people affected by the disaster; health information was provided to 545 people, with a focus on epidemics control and sexual and reproductive health. Moreover, pre-hospital care was provided to 868 people and free medical consults to 157 people.

Overall, the target in terms of people who received psychosocial support was met. This was not the case in terms of people who received information about sexual and reproductive health and epidemics control due to an overestimation of both the number of affected people and of those seeking shelter in the collective centres.

#### Pre-hospital care

In order to provide pre-hospital medical care in the hours following the event, 29 doctors and more than 50 volunteer aid workers provided 24-hour care in shifts for 17 consecutive days. Two emergency mobile hospitals were set up (one in "ground zero", which was the name for the emergency area, on 2 October 2015 and one improvised by INACIF at a location adjacent to the morgue on 3 October 2015). Ambulances were available to transfer patients to health centres (Table 1).

**Table 1: Patients treated for illnesses**

SPECIALTY	TOTAL
General medicine	752
Traumatology	58
Pediatrics (children less than 18 years of age)	58
<b>Total</b>	<b>868</b>

Source: Health Directorate, Guatemalan Red Cross.

As described in Table 1, 868 patients benefited from pre-hospital medical care services during this first intervention. Of the total number of patients evaluated, 752 were treated for illnesses exacerbated by people not taking their medication at the prescribed times and tension and stress caused by the disaster (classified under General Medicine), 58 were treated for trauma, mostly by aid workers during rescue actions (classified under Traumatology),

and 59 were pediatric patients (less than 18 years of age) treated for various reasons.

All patients assessed received medication as prescribed by the treating physician, and minor procedures were done, when required, as described below.

In order of frequency, the illnesses treated are as follows: anxiety attacks, upper respiratory tract infections, uncontrolled hypertension, muscle spasms, peptic disease, bruises and various trauma, myalgia, type 2 uncontrolled diabetes mellitus, acute diarrheal syndrome, tendinitis and sprains, among others. (Table 2)

**Table 2: Illnesses in patients treated**

Illnesses	Patients treated
Anxiety crises (includes tension and stress headaches)	375
Upper respiratory tract infections	81
Hypertension	46
Muscle spasms	34
Peptic disease	32
Bruises and various trauma (includes lacerations, blunt force and cut wounds, possible fractures, others)	31
Myalgia	31
Type 2 diabetes mellitus	30
Acute diarrheal syndrome (includes any parasitism / gastroenteritis with diarrhea)	30
Tendinitis and sprains	15
Others (dermatitis, irritable bowel syndrome, conjunctivitis, cutaneous mycosis, lower back pain from heavy lifting, others)	163
<b>Totals</b>	<b>868</b>

Source: Health Directorate, Guatemalan Red Cross.

The Guatemalan Red Cross provided ambulance transport to four patients (two men and two women) who had been previously stabilized by medical and paramedical personnel in mobile hospitals. A more detailed description is below: Two days after the landslide occurred, aid workers rescued a 48-year-old male who had been buried for approximately 8 hours. He was taken to the mobile hospital to receive initial medical assistance and later transferred in critical condition due to multiple injuries to Roosevelt Hospital in Guatemala City. That same day a 45-year-old female was treated for hyperglycemia associated with Type 2 diabetes mellitus; after receiving initial treatment, she was transferred to Roosevelt Hospital.

Three days after the disaster occurred, a 60-year-old female was treated for hypertension, stabilized and later transferred to a private clinic in Santa Catarina Pinula. Five days after the disaster occurred, pre-hospital care was provided to a 40-year-old male for hypertension and severe dehydration, and he was later transferred to a private clinic in Guatemala City. From that day onwards, no other patients requiring ambulance transport were reported.

#### Minor medical procedures

Health Directorate medical staff and aid workers performed various minor procedures, including administering more than 400 injections of various prescription medications, mostly analgesics and neurotropics, 43 glucose tests, 6 wound cleanings, (2 of which required stitches), 6 IVs to administer intravenous solutions and more than 90 tetanus shots for Guatemalan Red Cross staff and aid workers conducting search and rescue, extraction, and cadaver transport actions.

On 28 November 2015, a new free medical care session was provided as a follow-up, with support from 4 doctors, 6 health technicians, 19 support volunteers and 2 pilots. A doctor from the municipality of Santa Catarina Pinula joined the work team. Table 3 below describes the treatments that were provided.

**Table 3: patients treated for illnesses**

SPECIALITY	TOTAL
General medicine	98
Traumatology	4
Pediatrics (children less than 18 years of age)	48
Gynecology	7
<b>Total</b>	<b>157</b>

Source: Health Directorate, Guatemalan Red Cross.

As described in Table 3, 157 patients benefited from this free medical service; of the total number of patients treated, 98 were seen in General Medicine, 48 in Pediatrics, 4 in Traumatology and 7 in Gynecology.

All patients assessed received medication as prescribed by the treating physician, and they received individual health promotion aimed at empowering them to exercise greater control over factors that determine their health and to improve it.

In order of frequency, the illnesses observed included: hypertension, vitamin deficiencies, peptic disease, anxiety attacks, headaches, upper respiratory tract infections, generalized arthralgia, intestinal parasitism, urinary tract infections, and Type 2 diabetes mellitus, among others (Table 4). Even though anxiety was not the primary reason for receiving treatment, many patients showed signs of suffering from it; therefore, comprehensive medical care was provided to include emotional support

**Table 4: Treatment provided to patients, by illness**

Illness	Patients treated
Hypertension	26
Vitamin deficiency	18
Peptic disease	14
Anxiety attack	13
Headache	13
Upper respiratory tract infection	12
Generalized arthralgia	11
Intestinal parasitism	8
Urinary tract infection	9
Type 2 diabetes mellitus	5
Other	28
<b>Totals</b>	<b>157</b>

Source: Health Directorate, Guatemalan Red Cross

#### **Psychosocial support:**

Throughout the operation, a total of 1,485 psychosocial support interventions were conducted, of which 820 were psychological first aid to people who lost relatives in the disaster, 67 involved psychological debriefing for Guatemalan Red Cross members who participated in the response and 598 involved psychosocial support for people in collective centres.

The following activities were conducted in the first three weeks of the intervention:

- 820 psychological first aid interventions, including crisis intervention, RFL, search requests, care for relatives in waiting rooms and for relatives of people who died, as well as to people who lost their homes and had to be relocated to a collective centre. Psychological first aid actions sought to meet basic needs such as water, food, and provide information regarding the process for recovering the remains of deceased relatives in particular. Guatemalan Red Cross Volunteers listened to people to help calm them in a non-invasive and non-pressuring way.
- Assessment of the emotional state of relief corps and case referrals: Guatemalan Red Cross volunteers visited each relief corps command post to see to their needs in terms of hydration, food, health, and hygiene. The process sought to identify signs of exhaustion (burnout) to ensure the well-being of humanitarian workers. A donation from the College of Psychologists and a women's group made it possible to provide biscuits, hydrating beverages and sweets to aid workers throughout this activity.
- A psychological debriefing for 67 Guatemalan Red Cross volunteers involved in the response. On 16 and 17 November 2015, a workshop was facilitated by the IFRC's emergency health senior officer in order to reduce the emotional impact after participating in the response to the landslide.

Collective centres were visited from 16 November to 19 December 2015 to promote healthy coexistence and support community organizing, where 598 interventions in first aid and medical consultations were conducted. The purpose was to open spaces where children and adults could carry out activities that allowed them to overcome the stress caused by this event and promote the return to normalcy. To this end, recreation and group and emotions management exercises were conducted, which mainly focused on promoting a culture of peace in view of the violent behaviour of children and adults in the collective centres. Storytelling and oral narratives were used as guided activities to develop exercises that strengthened working as a group, creativity development, expression and abstract thinking. Likewise, several activities were conducted to make children laugh, create, scream, sing, run, jump, crawl, dance, and explore and take advantage of their abilities.

Psychosocial support (PSS) included the holding of the Healthy Coexistence Fair at a waterpark in coordination with El Cambray's Neighbourhood Association and the Catholic Church. Traditional games were played and a "painted story" was developed, which consisted of a canvas on which people painted about different emotions; additionally, an activities event, which consisted of competitions involving physical and motor skills, math skills, logical thinking and teamwork.

#### **Epidemics Control:**

A total of 545 people living in four collective centres in Santa Catarina Pinula were targeted in order to prevent epidemics stemming from the overcrowding and inadequate hygiene and health care practices.

The first action taken was a rapid assessment of the health situation in collective centres in terms of water, sanitation and hygiene, diet and nutrition, sexual and reproductive health, access to basic health services and institutional presence. This was conducted in coordination with the municipality of Santa Catarina Pinula, the El Cambray Neighbourhood Association and the First Lady's Social Works Secretariat. Findings varied according to the collective centre, but the following was generally found to be true:

- **Access to basic health services:** There was a secondary-level health centre with capacity to serve the entire population housed in collective centres, as well as a referral and counter-referral system with tertiary health services (hospitals) located within 10 km of the site. Health centre staff conducted regular visits to identify cases of infectious diseases and to promote hygiene. The health centre implemented a strategy for treating diseases prevalent in children, and regulated and implemented PSS, sexual and reproductive health, epidemics control, and emergency care actions
- **Institutional presence:** Since the disaster occurred in an urban area less than 10 km from the capital city, there were many non-governmental, faith-based, academic, and professional organizations, as well as individuals, participating in health actions focusing on psychosocial support, including Doctors without Borders, which is conducted sexual and reproductive health actions; Plan International and The United Nations' Children's Fund (UNICEF), which engaged in protection actions, Del Valle University and the Psychiatry Association.
- **Sexual and reproductive health:** There is no information regarding sexual and reproductive health prior to the disaster, which is a situation that persisted after the disaster and was further exacerbated by the resistance shown to discussing the subject directly; however, some interviewees reported sexual acts in collective centre bathrooms or corridors, which have caused discomfort and annoyed other people housed there. Institutions such as Plan International and Doctors without Borders held educational sessions on sexual and reproductive health, sexual violence, and referral routes. Likewise, the Ministry of Health made modern family planning methods available and provided guidance in this regard.

In view of assessment results, priority was given to basic sanitation and personal hygiene actions, as well as to improving feeding practices in order to prevent infectious and nutrition-related diseases.

The Participatory Hygiene and Sanitation Transformation (PHAST) methodology was implemented in each collective centre to promote hygiene. This methodology aims for every family to identify their risks, improve their hygiene, prevent infectious diseases, be better organized and better sensitized for more equitable relations between men and women. Three sessions were held in each collective centre, which dealt with: hygiene habits, routes of transmission of diarrheal diseases and blocking thereof, and the tasks of men and women. Due to scant engagement by the people housed, the PHAST methodology was implemented only with committees. It was necessary to visit each person individually to provide guidance on hygiene.

The same was true for the food and nutrition sessions. Some committees were formed<sup>5</sup> and committee members were trained, but it was necessary to provide individual counselling to families, with a focus on feeding practices for children less than six months of age. The topics addressed were the dietary guidelines for Guatemala, breastfeeding, complementary feeding, and emphasizing the importance of avoiding the consumption of foods with low nutritional content.

#### **Challenges**

One of the biggest challenges in carrying out psychological first aid actions was registering each of the people treated. Many of them were in a state of shock, others had given their information to people from different institutions for various purposes, and others did not want to provide complete personal information for monitoring purposes; this made it very difficult to register beneficiaries.

The second challenge in working in collective centres was the families' low level of participation in educational and psychosocial support activities. Activities were held at night because most of the adults worked during the day, but

<sup>5</sup> Each collective centre organized groups to form committees that included a coordinator, a deputy coordinator, a social welfare committee, a management committee and a health committee.

despite the favourable schedule, people were unable to overcome the effects of the disaster and chose to stay in bed. For this reason, Guatemalan Red Cross volunteers opted to approach family members personally to provide both psychosocial support and hygiene information. In order to promote participation, the Healthy Coexistence Fair and the Health Fair were held on the last day of activities.

The final challenge was coordinating with the large number of institutions and individuals developing activities in the collective centres. Despite having one single activities agenda, it was not always followed. Furthermore, most activities involved distributing sweets, cakes, carbonated beverages and foods with low nutritional content to the people being housed.

#### Lessons learned

Inter-agency partnerships are important for achieving the proposed targets. A very effective partnership was forged with the leadership of the El Cambray Neighbourhood Association, which reported and disseminated achievements and final activities with the Guatemalan Red Cross through information sessions conducted at least once a week. The meetings with members of the Technical Board for Housing Solutions proved valuable for adequate beneficiary selection and for the actions they developed, some of which were done jointly.

The Santa Catarina Pinula's Planning Directorate staff's participation was invaluable, especially in regard to managing and distributing humanitarian aid. Furthermore, at the collective centre in Official School 810, they arranged for certain classrooms to be set aside as spaces to provide psychosocial support, which provided privacy to affected individuals and reduced distractions.

## Cash Transfer Programme

### Cash Transfer

Regarding the Cash Transfer Programme (CTP), it is important to mention that immediately after the event, residents formed the El Cambray Neighbourhood Association, which was led by a board elected during a community assembly and made up of representatives from the most affected areas (Cambray I, Cambray II, Pradera, and Victorias). The board was composed of a president, vice-president and a member-at-large; the association began to engage in actions to benefit those affected from the moment it was formed.

Board members hold regular community assemblies to communicate decisions made by authorities and engage in whatever activities may arise, such as food distribution, serving as hosts to visitors from other areas who have come to offer help to those affected, etc. Sometimes assemblies are held twice a week, and they are usually convened on Sunday afternoons; although, if new decisions need to be communicated or approved, assemblies are held during the work week if necessary.

With support from the institutions that make up the CONRED system and through the Technical Board for Housing Solutions, affected people began to be classified almost immediately and 181 official "cases"<sup>6</sup> to be prioritized for housing and from that moment on eligible for any other type of care or benefits were determined early on in the process.

In coordination with the members of Neighbourhood Association board, representatives from the institutions that made up the Technical Board for Housing Solutions defined seven criteria for prioritizing care for those affected by the disaster (Table 5).

**Table 5: criteria for prioritizing care**

PRIORITY	CRITERION	# OF CASES
1	Owner who lived on a property that was buried	33
2	Owner who lived on property, but who was evacuated because of risk	63
3	Owner who was renting out the property	27
4	Renter whose home was buried	11
5	Owner of a vacant lot	21
6	Renter evacuated because of risk	15
7	No surviving immediate family	11
<b>TOTAL</b>		<b>181</b>

Source: Executive CONRED Secretariat

**Priority 1:** owner residing on the property who suffered a loss of family members, property and household goods.

**Priority 2:** owner residing on property who did not suffer any losses, but whose property was declared high risk and

<sup>6</sup> Each case represents a family nucleus consisting of a couple, their children (an average of 3) and another close relative who is a dependent.

was therefore forced to permanently vacate the property.

**Priority 3:** owner who rented out the property.

**Priority 4:** renter who suffered a loss of family members and household goods.

**Priority 5:** owners of vacant lots.

**Priority 6:** renter who suffered no losses, but will have to vacate due to high risk.

**Priority 7:** no survivors reported

In order to select other beneficiaries, board members were asked to consider the inclusion of vulnerable groups (pregnant women, children, the elderly and persons with disabilities). The results are shown in Table 6 below:

**Table 6: criteria for the CTP**

CRITERION	# of cases
Owner who lived on property that was buried	31
Owner who lived on property, but who was evacuated because of risk	62
Renter whose home was buried	09
Renter evacuated because of risk	18
Families in collective centres (other categories)	36
Families not living in collective centres	17
<b>TOTAL</b>	<b>173</b>

Source: Disaster Risk Management Directorate, GRC

Since the day of the disaster, actions were conducted to meet the immediate needs of affected people (shelter, food, clothing, water for human consumption, etc.); however, families remained uncertain about how they would rebuild their lives until the location of their new homes was confirmed.

Despite this, many families assessed the need for decent housing while attempting to acquire food, clothing, home appliances, and other goods. In view of this situation, the GRC, with support from the IFRC, implemented the DREF Landslide project.

The number one goal of the Guatemalan Red Cross's strategic development planning is saving lives, protecting livelihoods, and supporting recovery after disasters and crises, with an institutional commitment as an auxiliary to public authorities to contribute to reducing vulnerability among the population through prevention, mitigation, response and recovery actions.

As part of DREF, 173 representatives of beneficiary households received two checks from the BANRURAL Bank, which were distributed in the following manner: A check for 1,992 quetzals (GTQ) (CHF 250.70) from DREF Landslide funds, and another check for GTQ 511 (CHF 64.32) from donations raised by the Guatemalan Red Cross through bank accounts opened to support affected families; therefore, each beneficiary received a total of GTQ 2,503 (CHF 315.01) to meet their most urgent needs. It should be noted that they were under no obligation to show how the money was used.

The cash transfer was delivered as planned on 18 December 2015.

### Satisfaction survey

In order to know how the cash transfer programme was conducted, a satisfaction survey was designed, which included a series of questions that randomly selected beneficiaries could answer in a short period of time.

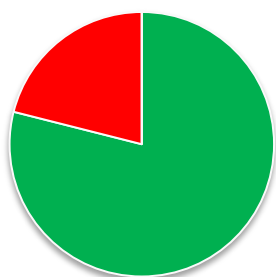
The survey sample consisted of the 173 representatives from the families that benefitted from the CTP. The appropriate analysis was conducted to determine the number of surveys (sample) needed. This analysis indicated that 17 surveys were needed, although 38 were ultimately conducted in order to achieve better coverage and greater certainty in terms of the results.

It was suggested that the survey should be conducted using the Open Data Kit (ODK) because this technology had been in use for some time, which proved to be useful. Trained personnel uploaded it onto <https://www.crg-voluntariado.appspot.com> and later downloaded it on Guatemalan Red Cross equipment acquired for this purpose.

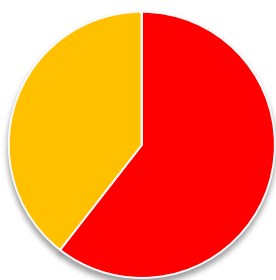


GRC registers beneficiaries for CTP. Source: GRC

The survey results were as follows<sup>7</sup>:



■ muy satisfecho ■ satisfecho ■ poco satisfecho ■ no satisfecho



■ excelente ■ buena ■ regular ■ mala

#### Achievements

The speedy integration of DREF staff into the Technical Board for Housing solutions, which included both government institutions and El Cambray Neighbourhood Association board members, was designed to communicate steps and progress made through the intervention.

The number of families that benefitted from CTP was 173 which exceeded the original target of 125 families. The number of targeted families, who were to receive not only housing, but other benefits to alleviate their situation, was agreed upon during meetings and established in the agreement.

The IFRC maintained close communication with the GRC, and it collaborated with GRC board members. As previously mentioned, all CTP related actions were coordinated through the El Cambray Neighbourhood Association board.

Staff members from participating institutions were open and willing to share information in order to properly select beneficiaries while taking into account the criteria mentioned (Tables 5 and 6)

The cash transfer was successfully delivered to 173 families; The cash was distributed to groups of 35 people in order to facilitate organization and to expedite its delivery.

#### Challenges

Making the cash transfers within the established dates, following the selection criteria, which was ultimately for a greater number of families than initially established.

Avoiding, as much as possible, the denial of families benefits while attempting to alleviate their suffering and meet their immediate needs.

#### Lessons learned

Trying to understand the social dynamics of an urban setting rife with instability was a lesson learned not only the pain suffered after losing one or more loved ones to the landslide, but also trying to understand each person individually in order to understand their logic and positions, so as to establish some order and respond to their requests.

<sup>7</sup> As an example, 2 of the 18 questions made to respondents are provided. Full results can be checked at <https://www.crg-voluntariado.appspot.com/cambray>

## Water, sanitation and hygiene promotion

### Water, sanitation and hygiene promotion

Since people in collective centres were monitored by the CONRED system, there were no problems in this regard, and some support actions such as food, shelter and security were promoted and put into practice.

The affected people received a water supply equal to or greater than 15 litres per person per day; additionally, and distribution points were less than 500 metres away, and no lines were necessary to access the water.

In general, three of the four collective centres fulfilled the Sphere standard of 20 people per toilet, but the fourth collective centre had only four toilets for 145 people. On the other hand, toilets could be closed from the inside, they were segregated by sex, and they could be used safely by the population any time of the day. Furthermore, they were easy to clean, and they were equipped with water and supplies for hand-washing and hygiene.

One of the biggest problems that was identified was the inadequate cleaning and hygiene practices of people living in the collective centres. Despite having committees for organizing cleaning tasks and supplies for cleaning and disinfection, cleaning was performed only once a day and without the involvement of all of the collective centre members.

### Achievements

The GRC training on proper food handling and ways of preparing meals involving hygiene and hand-washing. Water for human consumption, which came in plastic bags or 5-gallon plastic containers, was donated.

Work committees were in each collective centre, one of which was responsible for keeping the premises clean. Plastic trash bins were set up, and municipal personnel collected the garbage. Each collective centre had a cleaning kit (broom, mop, dustpan, toilet brushes, liquid bleach, sponges, latex gloves for staff use, etc.)

### Challenges

Preventing, as much as possible, infectious outbreaks which could have endangered the health of the people housed in the collective centres.

### Lessons learned

Once again, the IFRC must recognize the efforts made to keep the collective centres supplied with water, both for human consumption and personal hygiene, as well as to keep the collective centres clean. The efforts were great, and the support provided by Guatemalans - donating water in containers as small as 500-ml bags up to 18.9-litre containers - was valuable.

The IFRC determined that the collective centres in Santa Catarina Pinula met the minimum standards for water, sanitation and hygiene promotion, as there was access to water, the amount available was sufficient, clean, accessible and free, and it was used for personal and household purposes

## Temporary and emergency shelter and human settlements

### Temporary and emergency shelter, and human settlements

Four collective centres were set up on the same day as the landslide; each had a certain number of families. At the time of the drafting of this report, two were closed and two were still housing families: one set up at the Municipal Hall and another at the Official School 810.

In the beginning of the operation, the IFRC observed that there was no established order within the collective centres. Meetings were held with the people being housed, to inform them about the results that the Guatemalan Red Cross was expected to achieve through the DREF. ,

The families were trained to get involved in the running of the collective centres, reminding them of the importance of upholding coexistence guidelines, respecting others, health, hygiene, the importance of hand-washing and the correct way of doing so, the establishment of committees (social welfare, health and management), and the roles of each of these.

### Achievements

Guatemalan Red Cross staff maintained a presence in collective centres for five uninterrupted weeks, which led to people gradually adopting recommendations and thus resolving some issues among the housed population.

Better organization was achieved within the collective centres.

People were made aware of their situation and that they should resume the lives they were leading before the event.

An important achievement was getting people to come to the kitchen for their meals, since they expected volunteers to bring their meals to them, even to their beds.

<b>Challenges</b>
<p>Keeping the peace as much as possible and trying to make the people's stay in the collective centres as pleasant as possible. The GRC maintained a controlled environment free from any type of aggression.</p> <p>Preventing, as much as possible, infectious outbreaks in the collective centres, which was achieved thanks to the practices that were dictated and implemented. Since volunteers remained present in the collective centres, it was easy to detect when people failed to implement what they had learned; when this occurred, they were told to reflect on the incident and to remember what they had been taught.</p>
<b>Lessons learned</b>
<p>The process was addressed based on the needs of the population already in the collective centres. The IFRC proposed and explained what the coexistence rules were going to be and how they were to be put into practice. Despite the fact that collective centres were being managed by municipal staff, there were no controls or coexistence, infrastructure management, or resource management guidelines when the GRC arrived. The GRC attempted to conduct the actions by coordinating and building everything in a participatory manner with those affected, which fostered a sense of belonging and an appreciation for the support being provided.</p> <p>Once organized and coordinators and sub-coordinators, and management, health and social welfare committees had been established, the situation in the collective centres improved. People accepted the Guatemalan Red Cross's intervention and signed up for the committees and training; the GRC always aimed to improve their knowledge and make them aware of the negative consequences that could result if they refused to comply with the rules presented to them.</p> <p>The complexity of the social dynamics forced volunteer staff to have to repeat the process, since there is always someone who does not accept or is unwilling to adapt to the dynamics provided by humanitarian organizations or fail to understand the pace at which these develop.</p>

## Food security, nutrition and livelihoods

<b>Food security, nutrition and livelihoods</b>
<p>At all times, efforts were made to maintain food security and nutrition and offer informational talks regarding the care and handling of food, care and hygiene for breast-feeding mothers and recommendations for children to be fed via a baby bottle as little as possible, correct hand-washing methods after using the toilet and before preparing meals, etc.</p> <p>The municipality of Santa Catarina coordinated the selection, preparation and distribution of food with support from people living in the collective centres. Sometimes preparation and distribution was delayed or interrupted when there was no support from those housed to do so; nevertheless, adequate food hygiene and quality control was observed in general.</p> <p>The proper intake of calories, along with proper levels of protein and fat, was ensured for collective centre residents; however, the number of daily servings of fruits and vegetables was not met. There was also excessive consumption of sweets, snacks, soft drinks and foods with low nutritional value, especially among children, due to donations from various organizations and direct purchase by residents.</p> <p>Also observed was the use of infant formula and baby bottles with children less than two years of age, a practice that existed prior to the disaster; nonetheless, there were no cases of acute malnutrition in children less than 5 years of age.</p>
<b>Achievements</b>
<p>Providing healthy, quality, tasty meals to collective centre residents throughout their stay. This was difficult since there was a lot of food with high levels of preservatives, and even though fresh food was available, children, in particular preferred carbonated beverages, cookies and other sweets.</p>
<b>Challenges</b>
<p>Maintaining what was learned while people were at the collective centres. At least during the time the Guatemalan Red Cross was there, people were kept informed and made aware of the need for balanced nutrition; and food was available, accessible, controlled, and responded to nutritional needs and food preferences.</p>
<b>Lessons learned</b>
<p>In view of the large amount of food with little or no nutritional value brought to collection centres, using mass media to communicate the importance of donating quality food that contributes to the well-being of the affected population so that they can have physical, social and economic access to sufficient safe and nutritious food to meet their dietary needs and preferences.</p>

## Restoring family links

### Restoring family links

As an auxiliary to public authorities, the Guatemalan Red Cross provided support to INACIF during the identification of deceased victims. In the early stages of the disaster, there was a gap in terms of speedy identification of the deceased and releasing information to relatives. The Guatemalan Red Cross served as a kind of bridge between the institutions and the victims' families, collecting information on missing people to create a victims database and assisting with the identification of the bodies that arrived at the morgue.

The work was extremely difficult and protocols to establish order and pre- and post-mortem interviews had to be put into place because the affected families were extremely anxious and uncertain whether their relatives were still alive; however, as time passed, they became less uncertain as they started to realize that they would not be found alive. As a result, it became essential to use criteria for the victim identification with INACIF in order to ensure better selection.

This phase was addressed from the very moment the families needed to identify the landslide victims. They were first shown a picture to determine if the victim might be a family member or close relative. If there was a positive identification, they were accompanied to the morgue. The Guatemalan Red Cross built a database to serve as a source of information at the institutional level since the command post often did not have up-to-date information.

### Achievements

There was good communication between volunteers. At all times support was personalized and that was never abandoned. The team on site often had support from psychologists when cases became too complicated for the technician to handle.

Many of the actions conducted were emotionally taxing for technicians and required extreme control on their part in order to be able to provide families with precise, accurate, and convincing information to avoid creating an atmosphere of insecurity, which may later make relatives believe that the efforts were not conducted in a professional manner. In this regard, it is important to mention that RFL staff was very well trained and that they had the support of experienced and knowledgeable people.

In total, 820 RFL interventions were conducted, and the remains of 202 people were returned to their relatives

### Challenges

Within the Guatemalan Red Cross, building an RFL team for disasters, with a formal structure able to work with families that emphasized the families' perspective was a challenge. This necessitated formulating a proposal in to ensure that staff members would be able to handle these types of interventions in the future.

A five-member team must be considered along with five others to relieve them; the latter needs to have the same level of training as the core team. The RFL course needs to strengthen knowledge within the Guatemalan Red Cross, and must strengthen forensic knowledge to better address new interventions.

Providing continuity to relatives via the PSS provided by GRC staff. Staff members worked with people in the collective centres at all times. Many accepted their help and managed to externalize their fears and concerns, and the GRC believed that the intervention was both successful and timely.

Since relatives of victims often go through various emotional states in these moments that affect their ability to identify loved ones, the IFRC must use mechanisms and tools to help speed up the victim identification process in order to enable INACIF to reduce the time it takes for it to deliver information.

### Lessons learned

Staff members and volunteers must be extremely familiar with the established protocols. Build teams of at least five people to conduct the RFL process.

It is important for both families and institutions, to receive and provide information about victims, and the information provided to families must be accurate and timely.

All cases were kept confidential. When information is made public, this often benefits it aids the search for a person until he or she is reunited with family.

Approach actions with the best of intentions. It is important to assess whether or not to show relatives a picture of the victim since it leads to a sense of expectation if that is or is not their family member. It is necessary to consider the state of the body; for example, if they were found early on or days later after they begin to show a certain degree of decomposition, making the remains difficult to identify.

It is important to learn how to conduct pre and post-mortem interviews from well-trained staff on in order to be able to compare descriptions with photographs and be better able to confirm with greater certainty if the remains are of the

person that is being sought. It is also necessary to determine if the person asking after someone is actually close to the family or not, as that will determine whether or not the person will be able to provide information to help identify the remains; in other words, it is necessary to learn to recognize who is the best person to expedite the identification process.

Get help from victim's neighbours. People who deal with other people on daily basis, e.g. shopkeepers, newspaper delivery people, gas station attendants, etc., can be a source of information to support identification,

The Guatemalan Red Cross needs to consider a course to address this issue that includes information on knowing which protocols to use and the areas that need to be further explored, and it should be developed with INACIF; staff should be connected to these types of courses in order to know the areas that need improving for future events; for example, the inconsistent data sent by the Public Ministry which provided ages that did not correspond to the victims.

Knowing how to take pictures that capture victims' specific characteristics to facilitate identification, e.g. an earring worn on a right ear or a tattoo on a shoulder are aspects that increase the likelihood of correct identification.

There should be a person who is exclusively in charge of taking pictures and who understands what characteristics need to be highlighted

There were several areas that the Red Cross did not address; , therefore, teams must be made up with staff from several units (psychologists, information management and interpretation, photographers, relations with victims' families, etc.) in order to work with people from the families' perspective and continue PSS post-emergency.

The Executive Secretariat (SE for its acronym in Spanish)-CONRED must update information and request joint action on the better coordination of efforts during the immediate hours after a disaster, including INACIF. The GRC should work with system staff for the better coordination of future events and the reduction of mistakes.

## Contact information

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

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## Disaster Response Financial Report

### MDRGT008 - Guatemala - Landslide

Timeframe: 08 Oct 15 to 08 Jan 16

Appeal Launch Date: 08 Oct 15

Preliminary Final Report

#### Selected Parameters

Reporting Timeframe	2015/10-2016/2	Programme	MDRGT008
Budget Timeframe	2015/1-2016/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		81,700				81,700	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		81,700				81,700	
<b>C4. Other Income</b>		81,700				81,700	
<b>C. Total Income = SUM(C1..C4)</b>		81,700				81,700	
<b>D. Total Funding = B + C</b>		81,700				81,700	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		81,700				81,700	
<b>E. Expenditure</b>		-79,834				-79,834	
<b>F. Closing Balance = (B + C + E)</b>		1,866				1,866	

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>81,700</b>			<b>81,700</b>		
<b>Relief items, Construction, Supplies</b>								
Medical & First Aid	17,493		10,813			10,813	6,679	
Teaching Materials	2,915		1,079			1,079	1,836	
Cash Disbursement	30,369		45,714			45,714	-15,344	
<b>Total Relief items, Construction, Sup</b>	<b>50,777</b>		<b>57,606</b>			<b>57,606</b>	<b>-6,829</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	2,672		112			112	2,561	
<b>Total Logistics, Transport &amp; Storage</b>	<b>2,672</b>		<b>112</b>			<b>112</b>	<b>2,561</b>	
<b>Personnel</b>								
National Staff			1,667			1,667	-1,667	
National Society Staff	3,771		4,477			4,477	-706	
Volunteers	7,053		1,997			1,997	5,057	
<b>Total Personnel</b>	<b>10,824</b>		<b>8,141</b>			<b>8,141</b>	<b>2,683</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	4,859		7,998			7,998	-3,139	
<b>Total Workshops &amp; Training</b>	<b>4,859</b>		<b>7,998</b>			<b>7,998</b>	<b>-3,139</b>	
<b>General Expenditure</b>								
Travel	1,944		1,328			1,328	616	
Information & Public Relations	2,099		1,615			1,615	484	
Office Costs	1,409		778			778	632	
Communications	1,545		142			142	1,403	
Financial Charges	292		-2,759			-2,759	3,051	
Other General Expenses	292						292	
<b>Total General Expenditure</b>	<b>7,580</b>		<b>1,104</b>			<b>1,104</b>	<b>6,476</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	4,986		4,872			4,872	114	
<b>Total Indirect Costs</b>	<b>4,986</b>		<b>4,872</b>			<b>4,872</b>	<b>114</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>81,700</b>		<b>79,834</b>			<b>79,834</b>	<b>1,866</b>	
<b>VARIANCE (C - D)</b>			<b>1,866</b>			<b>1,866</b>		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	81,700		81,700	81,700	79,834	1,866	
Subtotal BL2	81,700		81,700	81,700	79,834	1,866	
<b>GRAND TOTAL</b>	<b>81,700</b>		<b>81,700</b>	<b>81,700</b>	<b>79,834</b>	<b>1,866</b>	