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## Emergency Plan of Action Guatemala: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n°</b>	<b>MDRGT017</b>		
<b>Date of issue:</b>	29 July 2021	<b>Expected timeframe:</b>	3 months
		<b>Expected end date</b>	31 October 2021
<b>Category allocated to the of the disaster or crisis:</b> Yellow			
<b>DREF allocated: 50,112 Swiss francs (CHF)</b>			
<b>Total number of people affected:</b>	Estimated 12,000 people. The situation is volatile, and each border crossing registers different data.	<b>Number of people to be assisted:</b>	3,500 people
<b>Provinces affected:</b>	Izabal, Chiquimula, Peten, Guatemala, Coatepeque, San Marcos.	<b>Regions targeted:</b>	Izabal, Chiquimula, Peten, Guatemala, Coatepeque, San Marcos.
<b>Operating National Society presence:</b> The Guatemalan Red Cross (GRC) has one national headquarters, 20 branches throughout the country and 1,183 volunteers (46% women) with qualifications and specializations in different sectors and has approximately 80 staff (56% women).			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC).			
<b>Other partner organizations actively involved in the operation:</b> United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), Pan American Health Organization (PAHO); human rights non-governmental organizations (NGOs); local and national governments in the affected countries, Oxfam, Pastoral of Human Mobility.			

## A. Situation analysis

### Description of the situation

On 23 July 2021, the Guatemalan Institute of Migration (IGM) shared information regarding an alert issued about a possible mass movement ("Caravan") of 12,000 people arriving from Honduras at the end of July. The migration authorities are carrying out inter-institutional coordination activities to address it comprehensively according to the capacities of each institution. Emphasis is made on the importance of attending in a dignified and prioritized manner to vulnerable groups that could be part of this



Facilitators of the GRC Migration Programme, classifying and preparing inputs in preparation for the response, in Delegation Puerto Barrios, Izabal. Source: GRC

massive movement. The IGM also indicates that it maintains communication with migratory authorities from Honduras<sup>1</sup>.

According to social networks, between 9,000 and 12,000 people are expected to enter Guatemalan territory in mixed flows, including children, adolescents, adults, men, and women. This information was shared from Honduras through coordination meetings between the Guatemalan Red Cross (GRC), Honduran Red Cross (HRC), IFRC, and ICRC. Due to the rapid and unorganized flow, the numbers of migrants are difficult to estimate. However, from previous experiences in 2018, 2019, 2020, and the most recent January 2021, GRC Migration Program estimates that the influx on the migration routes would double or triple for the expected caravan. GRC has activated 8 Humanitarian Service Points (HSP).

It is expected that the same access points of previous caravans will be the same for this potential caravan, that is, through the borders of Agua Caliente and El Florido, in the department of Chiquimula, and the border of El Cinchao, in the department of Izabal. And the access points to Mexico would be the communities of La Técnica and El Ceibo, in the department of Petén, and Tecún Umán, department of San Marcos. In addition to the regular access identified, there are eleven unofficial access points known as "blind spots", for these reasons, it is necessary to provide humanitarian assistance through mobile HSP.

Among the various risks that people may face during the migratory route are violence, sexual exploitation, extortion, kidnapping, and the risk of stigmatization and discrimination. For example, some migrants are stigmatized as COVID-19 positive.

During the last January 2021 caravan, the IGM registered the return of 3,962 people, among them 65 children and adolescents, including unaccompanied and separated, 8 asylum seekers and 6 permits extended for reasons of humanitarian need. GRC, to be ready to respond and in compliance with its humanitarian work, has activated its staff and volunteers to respond and has prepared this action plan to provide critical humanitarian assistance to all persons in need, regardless of their legal status.

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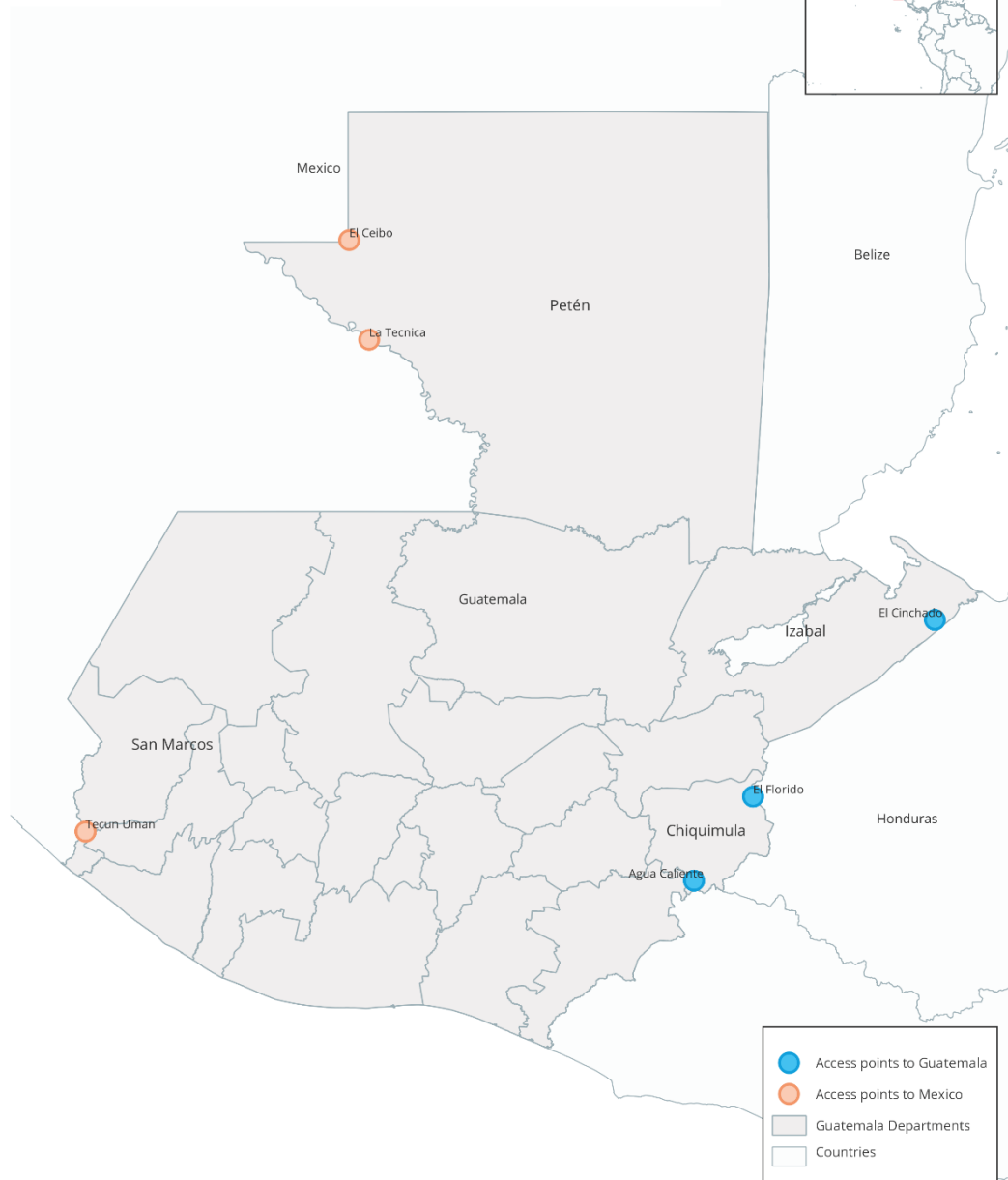
<sup>1</sup> [Press release from the Guatemalan Institute of Migration, July 23rd, 2021](#)

As visualized in the map, there are three routes by which migrants' access from Honduras, being these the most used and one route by which they access from El Salvador, last used in October 2019 by Salvadoran migrants.

Once the migrants are in Guatemalan territory, whether they have arrived on foot or by collective buses, they use the Casa del Migrante<sup>2</sup> shelters to rest during their travels along the route.

The Guatemalan State allows migrants to carry out the appropriate customs procedures in compliance with the Central America Border Control Agreement. The number of migrants on the northern border between Guatemala and Mexico is expected to increase considerably. This area has a temporary collective centre managed by several civil society organizations.

**+C IFRC** **Guatemala: Population Movement**  
Migrant access points (to Guatemala and Mexico)  
Departments of Chiquimula, Izabal, Petén and San Marcos  
Produced on 27-July-2021



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Data sources: Guatemalan Red Cross, IFRC, OCHA FISS.  
Produced by Information Management Team, IFRC Americas.



## Triggers

### Honduras/Guatemala

#### *Trigger one, readiness activities*

There is a significant indication from Honduran and Guatemalan media that there will be population movement from Honduras to Guatemala, known as migrant caravan, scheduled to leave at the end of July 2021 (30 July). Some official sources, such as the Guatemalan Migration Institute, have provided information about the possibility of this population movement.

Phase one readiness activities could include:

- Ongoing surveillance and monitoring of the evolving situation

<sup>2</sup> Casa del Migrante or migrant homes are places that provide shelter and assistance to the migrant population

- Prepositioning of hygiene kits
- Prepositioning of snacks
- prepositioning of first aid kits
- Prepositioning of PPE kits for migrants
- Prepositioning of Psychosocial Support kits (for children and adults)
- Activation of the branches in Guatemala City, Chiquimula, Mazatenango, Coatepeque, Tecún Uman, Izabal and Peten (refer to National Plan of Action)
- Establishing framework agreements with goods/service providers (food and water, HHIs, hygiene/menstrual hygiene, logistics and supply chain)
- Volunteers' mobilizations for rapid assessments along the migratory route and in border areas
- Team deployment specializing in RFL
- Prepositioning of volunteer visibility, PPE to prevent COVID-19

## Guatemala

### *Trigger two, response activities*

This trigger depends on the number of people gathered at the Gran Terminal Metropolitana (Honduras). This number indicates the number of people who will move to the border with Guatemala. The proposed scenarios can start from there. This trigger is directly linked to trigger two of the Honduran Red Cross.

Phase two – response activities could include:

- Ongoing monitoring and surveillance of population movement on the different routes
- Identification and derivation of vulnerable groups such as unaccompanied and separated minors
- Provision of food and water, hygiene/menstrual hygiene kits
- First aid assistance and psychosocial support (including PSS kits for children)
- Information and advice for irregular migrants, key messages about COVID-19 prevention, immigration requirements to cross the border
- Restoring family links
- Transfers to hospital centres
- Insurance and per diems for volunteers

## Summary of the response

### Overview of operating National Society

Aiming to prevent suffering and reduce migrants' vulnerabilities and needs, GRC, with support from the IFRC, began planning its response to the population movement reported in July 2021 by formal media. GRC began considering scenarios and adapting its Operational Response Plan 2021.

Activities began with monitoring the border areas with Honduras on 19 July, and the Humanitarian Service Points were provisioned.<sup>3</sup> They will continue as normal until the National Society's Migration Program activates the HSP in two Guatemala-Honduras border crossings and other HSP along the migration route.

GRC has activated six branches and 45 staff members and volunteers to provide humanitarian services and has an internal communication channel with the focal points in each HSP, the care routes, and external communications.

The National Society has developed this Plan of Action (PoA) based on its Operational Response Plan<sup>4</sup> for population movements, based on previous experiences and lessons learned from the last few years. The NS deployed staff

<sup>3</sup> The SN response plan includes 12 fixed and mobile HSPs on the various routes, but as of the date of this document, 6 have been activated.

<sup>4</sup> [Plan Operativo Migración – actualización 2021](#)

specialized in psychosocial support assistance and children on the move, including the staff of the National Society that assists returning migrant children, which is strategically located according to the flow of migrant children.

### Overview of Red Cross Red Crescent Movement in country

IFRC will support Movement coordination through its Americas Regional Office (ARO) Disaster and Crisis Department, the Central America Country Cluster Delegation, which maintains close communication with the different National Societies through the Migration Coordinator during its operation.

Through the General Director, the NS maintains constant communication with the Movement partners present in the country, the participating National Societies (PNS) such as the Spanish Red Cross, the ICRC, and the IFRC. Coordination meetings will be held with Red Cross Movement in the country. ICRC provided GRC with 100 differentiated hygiene kits that will be distributed according to local needs.

Due to the nature of this emergency, the NS, together with the ICRC and with UNHCR, will continue to provide RFL services such as phone calls, conduct searches for individuals, and facilitate family reunification. It's expected to expand the services through this operation to offer contact calls for a more extended period and promote mainly RFL services.

Specific actions by the IFRC:

- Developed scenarios with the HRC and GRC.
- Developed a national action plan with the GRC.
- Support the bi-national coordination mechanism between GRC and HRC
- Maintain coordination with Movement's partners.
- Maintain coordination between the Disaster Manager and the Regional Migration Officer for the Northern Triangle of Central America.
- Maintain frequent communication with the migration area with the Mexican Red Cross.

### Overview of other actors in country

The inter-institutional coordination will mainly be on the management of the collective centres, which will make it possible for GRC to channel aid where it has been most needed. The following groups will assist migrants:

Group	Actions
<i>UNHCR</i>	Dissemination of Information on migrants' rights; monitoring observance of migrants' human rights and coordination through the Humanitarian Protection Cluster.
<i>Pastoral of Human Mobility/Migrant House Human Rights Ombudsman</i>	Monitoring observance of migrants' human rights and managing the collective centres.
<i>Civil Society Organizations Corazón Migrante</i>	Food supplies (when the response is activated).
<i>The Guatemalan Civil Society Migration Group</i>	Issuing statements and holding press conferences on migrants' rights
<i>Guatemalan Government</i>	Medical provided through the Ministry of Public Health and Social Assistance.

The NS will keep communication with the State of Guatemala through the President and the General Director to coordinate humanitarian actions.

It is expected that during the emergency, the authorities will initiate the "Safe Return" process, so coordination will be maintained with CONRED, which, together with the National Civil Police of Guatemala, is responsible for the return program from Guatemala to Honduras.

## Needs analysis and scenario planning

### Needs analysis

Based on 2018 operations' experiences, the main risks that this operation is aiming to mitigate are:

- Health risk arising from lack of medical attention and exposure (including COVID-19).
- Mental health risks
- Health risks arising from dehydration and lack of food
- Risk of increased inequity because of language barriers, belonging to a specific vulnerable group

Based on those identified risks the following needs are being anticipated.

### Shelter

Along the migration routes, there are only three "Casa del Migrante" facilities offering shelter during the emergency:

- Esquipulas, Chiquimula.
- Guatemala City.
- Ayutla, San Marcos.

Nevertheless, these places do not have an adequate structure to provide essential services to migrants.

In the previous movements about 2,000 people needed overnight accommodation and were housed in places surrounding the buildings, these establishments do not have adequate access to water and to sanitation, a situation that is exacerbated in the context of the pandemic.

### Health

The migrants' journey north under precarious conditions has greatly impacted 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. The principal health problems that migrants are facing are dehydration, high blood pressure, injuries, respiratory, gastrointestinal, and skin problems, and the principal demand from women is access to sexual and reproductive health services.

First aid services will be activated and provided by volunteers from the National Society, who will integrate the HSP. As has been done in previous caravans, the staff and volunteers will be divided into teams specialized in first aid, others in taking vital signs, and others in transportation to hospitals. This is to cover all the needs of the population on the move. In addition, this health service will include differentiated attention to the needs reported, PSS support, and specialized mental health care based on the psychosocial support guide for the migrant population created through the Monarch Butterfly Programme<sup>5</sup>. The current Monarch Butterfly programme (or IFRC Americas Migration Programme) provides a regional surveillance system to promote cross-border cooperation and provide care for migrants (in addition to Restoring of Family Links), where the National Societies work with communities with high rates of forced internal displacement due to violence and high migration rates.

In addition to psychological and physical first aid needs, migrants require biosafety equipment, including face masks and alcohol gels, which will be provided as part of the assistance at the HSPs.

The report - [Confined and Excluded? Why access to essential services for migrants is critical to our response and recovery from COVID-19](#) - based on research conducted in all regions by the newly established Red Cross Red Crescent Global Migration Lab, hosted by the Australian Red Cross and supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC), presented several challenges that the migrant population face. The report shows that while the closures and other measures were designed to control the spread of COVID-19, they inadvertently increased the suffering of migrants in many

<sup>5</sup> [Monarch Butterfly Programme](#)

contexts. The research found that even in situations where migrants had been included in COVID-19 policies, their actual ability to access essential services was often limited. For example, migrants have been unable to access COVID-19 testing or treatment in some countries because they do not have a national identity or social security number. This is also likely to affect access to COVID-19 vaccines, even if eligibility exists in law. In other situations, migrants reported that they were hesitant to consult a doctor, seek treatment or, more recently, enrol in COVID-19 vaccination for fear of revealing private information that could be shared with immigration authorities to arrest, detain, or deport them. In some countries, migrants must register online for COVID-19 vaccination, which also contributes to exclusion due to migrants' limited internet access or digital literacy and language barriers.

### **Water, sanitation and hygiene**

Some of the migrants have suffered from dehydration due to their exposure to high temperatures. Furthermore, to satiate their thirst, some migrants have consumed water from unsafe sources, putting them at risk of contracting waterborne illnesses or other water-related diseases.

Also, GRC will distribute of bottled water in the HSP at the border with Honduras and delivery of hygiene kits at the HSP in La Técnica, El Ceibo and Santa Elena, Petén, Km 243 and border at Corinto-El Cinchao, Izabal, Agua Caliente, Chiquimula, Tecún Umán, Ayutla and San Marcos. These will be distributed to the population according to previously determined selection criteria.

The hygiene kits will ensure that families – particularly women and children – can meet their personal care and hygiene needs. The content of the hygiene kits will be differentiated for men and women concerning their specific hygiene needs.

### **Protection, Gender, and Inclusion**

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 migrant's mental health (depression, anxiety, and sleep disturbances, among other conditions).

One of the priority groups targeted is women. Considering the findings of the recent research called "*Normalización y violencia*"<sup>6</sup> led by UNFPA with regards to the risks for migrant women in Guatemala, the migrant women are highly exposed to different varieties of violence and vulnerabilities.

### **Migration**

The National Society is preparing with all the RFL material and kits they have to distribute in the various migratory routes. The mobile HSP will have a specific route built with the support of the IFRC through the Monarch Butterfly program. In these types of emergencies, families become separated from their loved ones, requiring Restoring Family Links (RFL) services to keep families in touch and ensure that communication is maintained between their members. Some people lose their mobile phone accessories, such as chargers and connecting wires, during transit.

Likewise, in the response phase, the GRC will implement the strategy of providing power banks that include charging cables to some migrants who need them. This is a strategy that the National Society and the Monarch Butterfly Program have been working. Migrants who meet certain criteria, such as the need to stay constantly connected for health issues, mothers who travel with sick children, and those migrants who have lost their telephone accessories, are provided with extra follow-up to stay connected with their families' health care centres are provided with portable charging banks. These power banks include a printed WhatsApp number from the ICRC to request self-care information.

### **Institutional Strengthening**

Although the National Society has increased its capacities on migration issues in the last two years, and in the framework of the previous DREF operation of the Population Movement, together with other migration projects, including the Monarch Butterfly Project, constant capacity building to volunteers is necessary. As part of the

<sup>6</sup> [UNFPA. Normalización y Silencio, violencia contra las mujeres en las migraciones. Noviembre 2019.](#)

preparation phase, refresher sessions on key protection and referral messages are conducted with volunteers. The NS will use the lessons learned and knowledge acquired from the Monarch Butterfly Programme, such as using the differentiated care guide for mental health and psychosocial support for migrants.

## Targeting

Guatemalan Red Cross provides its services based on fundamental principles and in the case of caravans, response is provided to all people who are in mobility, regardless of their nationality, however it is sometimes necessary to prioritize some groups that make up the caravans such as:

- Pregnant women
- People with disabilities
- Older adults
- Children and unaccompanied/separated children
- Unaccompanied women
- Members of the LGBTIQ+ community
- Single-parent families
- People with chronic illnesses

### Estimated disaggregated data for population targeted.

Category	Estimated % of target group <sup>7</sup>	% female	% male
Young Children (under 5 years)	2%	50%	50%
Children (5-17yrs)	10%	60%	40%
Adults (18-49 yrs)	80%	40%	60%
Elderly (>50 yrs)	6%	33%	67%
People with disabilities	2%	50%	50%

## Scenario planning

This scenario exercise has been in coordination with the Honduran Red Cross and based on their scenarios.

Scenario	Humanitarian consequence	Potential Response
Scenario 1: Minimal increase in the number of migrants entering the country, as few responded to the call for 30 July. The response teams in the field remain active and the progress of smaller groups is monitored.	Lack of sanitation conditions. Lack of access to food and water for human consumption. Overcrowded conditions. High security risks for groups in vulnerable situations (children and adolescents, LGBTIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with incapacities, among others).	Coordination between the NS of Guatemala and Honduras to meet needs. Coordination with ICRC, IFRC, and external actors present in the area. Needs assessment. Harmonized services of the two NS. Mental health and PSS. First aid and pre-hospital transfer. Food and snacks.

<sup>7</sup> Numbers estimated from registration data of previous caravans.

	<p>No access to physical, mental/emotional health.</p> <p>Biosecurity risks.</p> <p>Exposure to climatic conditions causes illness and death.</p>	<p>Hydration and hygiene promotion education.</p> <p>Distribution of hygiene kits differentiated by age and gender.</p> <p>Identification and referral of protection cases.</p> <p>Restoring Family Links.</p> <p>Community Engagement and Accountability and feedback.</p> <p>Humanitarian diplomacy to improve conditions.</p>
<p>Scenario 2: Movement by more than one caravan of migrants at different times. More than 5,000 people.</p>	<p>Acts of violence.</p> <p>Physical injuries.</p> <p>No access to communication.</p> <p>Detentions.</p> <p>Separation from family and increased risk to children and especially vulnerable populations.</p> <p>Deaths of migrants due to generalized violence.</p> <p>No access to physical, mental/emotional health.</p> <p>Biosecurity risks.</p> <p>No access to vaccines.</p> <p>Exposure to climatic conditions causes illness and death.</p> <p>The high number of people leaving in groups of 500 people to the border with Guatemala causes the Honduran authorities to stop the population movements. At the same time, Guatemala closes the borders, which triggers tension, thousands of people remain at the borders, and many are exposed to violent situations.</p> <p>High security risks for groups in vulnerable situations (children and adolescents, LGBTIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with incapacities, among others).</p>	<p>Coordination between the NS of Guatemala and Honduras to meet needs.</p> <p>Coordination with ICRC, IFRC, and external actors present in the area.</p> <p>Needs assessment.</p> <p>Homologated services of the two NS.</p> <p>Mental health and PSS</p> <p>First aid and pre-hospital transfer.</p> <p>Food and snacks.</p> <p>Hydration and hygiene promotion education.</p> <p>Distribution of hygiene kits differentiated by age and gender.</p> <p>Identification and referral of protection cases.</p> <p>Restoring contact between family members.</p> <p>Community Engagement and Accountability and feedback.</p> <p>Humanitarian diplomacy to improve conditions.</p>
<p>Scenario 3: More than 12,000 Hondurans and migrants from other nationalities gather in Guatemala.</p>	<p>Militarization of borders (Honduras, El Salvador, Guatemala and Mexico).</p> <p>Clashes between migrants and border military police.</p> <p>Family separations.</p> <p>Child trafficking and sexual exploitation.</p> <p>High security risks for groups in vulnerable situations (children and adolescents, LGBTIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with incapacities, among others).</p>	<p>Coordination between the NS of Guatemala and Honduras to meet needs.</p> <p>Coordination with ICRC, IFRC, and external actors present in the area.</p> <p>Needs assessment.</p> <p>Homologated services of the two NS.</p> <p>Mental health and PSS</p> <p>First aid and pre-hospital transfer.</p> <p>Food and snacks.</p> <p>Hydration and hygiene promotion education.</p>

	<p>Impact on migrants' physical, mental, and psycho-emotional health.</p> <p>Lack of capacity in Guatemala to meet the basic needs of the migrant population.</p> <p>Radical decisions by the Governments of Honduras, Guatemala, and Mexico (border closures).</p> <p>Population stranded in one location for several days would lead to xenophobia-related situations among residents, especially in Ayutla, San Marcos, and Guatemala City.</p> <p>Stress and despair increase the levels of vulnerability among the migrant population, who become easy targets for common crime, fraud, extortion, others.</p>	<p>Distribution of hygiene kits differentiated by age and gender.</p> <p>Identification and referral of protection cases.</p> <p>Re-establishment of Family Links.</p> <p>Community Engagement and Accountability and feedback.</p> <p>Humanitarian diplomacy to improve conditions.</p>
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**IMPORTANT:** It is necessary to consider that if the population that has crossed into Guatemala and Mexico decides to return home, the wave of returnees could also affect host populations.

## Operation Risk Assessment

### 2021 Hurricane and rainy Season:

The tropical cyclone season for the Atlantic basin officially started on 1 June and on 15 May in the Pacific, and both conclude on 30 November 2021. Two to five tropical cyclones are expected for the season in the central Pacific hurricane region. These numbers include tropical depressions, named storms, and hurricanes. A near-normal season has four or five tropical cyclones.

### The COVID-19 situation

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to information from the World Health Organization (WHO)<sup>8</sup>, as of 25 July, Guatemala reported 344,221 cumulative positive cases of COVID-19. As of 23 July, the Guatemala government has managed to immunize 5.93% of its population with at least one dose of the vaccine against COVID-19<sup>9</sup>.

National Society responses to COVID-19 are supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office, in coordination with global and regional partners. This means that the NS will ensure, even as it responds to the current dengue outbreak, COVID-19 prevention measures are adhered to, in line with regional plan of action and its national COVID-19 country plan.

IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of NS volunteers and staff. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

### Increased flow of returns

<sup>8</sup> [WHO](#), COVID Explorer.

<sup>9</sup> [Our World in Data](#), Coronavirus (COVID-19) Vaccinations. 23 July 2021.

Based on previous experiences, returns from Mexico cause a risk to the population due to the emotional impact on their communities. The demand for services in return increases, which may put the operation at risk, due to the level of the response capacity needed and the difficulties mentioned in the scenarios.

## B. Operational strategy

Based on the scenario and experience of the past operations in 2018 and 2019, the work coordinated with the Movement and the National Action Plan, the Guatemalan Red Cross aims to continue providing humanitarian assistance in line with its Plan of Action and Health, WASH and Migration services. Through this operation, the National Society seeks to continue to provide care and conduct new actions to assist migrants following the Fundamental Principles of the Red Cross and Red Crescent Movement and the Global and Regional Migration Strategy.

### Proposed Strategy

All actions are aimed at positioning seven branches with the necessary supplies to provide an adequate response. The Guatemalan Red Cross has pre-positioned snacks, safe bottled water, differentiated hygiene kits, shelter kits, play kits, self-care messages, cell phone airtime for RFL, awareness materials, pre-hospital supplies, essential medication for pre-hospital care, personal protective equipment for staff and beneficiaries, among others.

- Health
- Water, sanitation and hygiene promotion
- Migration
- National Society preparedness for this event
- Basic food

Considering that the situation at each HSP is different, activities will be developed according to the following table:

ACTIVITY	Tecun Umán	Quetzaltenango	Chiquimula	Mazatenango	Coatepeque	Izabal	Petén	Guatemala City
Restoring Family Links (RFL - ICRC)								
PSS								
Health promotion and hygiene Water distribution Water treatment								
Distribution of hygiene kits								
Pre-hospital care								
Distribution of Protection messages								
Basic Food								
Strengthening volunteer staff's capacity and knowledge regarding Plan of Action lines								

### **Human resources**

GRC has informed its 1,680 volunteers of the situation and alerted its 21 delegations. GRC plans to mobilize eight delegations and 27 volunteers and mobilize 22 staff from the GRC migration program.

### **Logistics and supply chain**

GRC has logistical positioning and supplies in seven delegations to respond to the massive mixed flow of migrant population.

The main supplies that are planned to be distributed (including from other resources) are as follows:

- 2,000 snack kits
- 4,800 units of safe bottled water
- 400 differentiated hygiene kits
- 200 warm kits
- 40 PSS kits
- 1,000 COVID-19 self-care messages
- 16 recharges to cell phones for RCF for 7 days
- Pre-hospital supplies (1,000 people)
- Basic medical supplies (1,000 people) for pre-hospital care
- Personal protective equipment for staff and people to be reached (1,000 people)

Americas Regional Logistic Unit will follow up the operation requirements and assist when needed in logistics matters.

### **Information Technology (IT)**

GRC's delegations use a 2-metre and an 11-metre radio communications system at the national level, which allows for communication and the coordination of all operational and security aspects. GRC has no plans to buy any communication materials for this operation.

### **Communications**

GRC's organizational structure includes a Communications and Press Department, which is responsible for disseminating operational, institutional, and technical information, and information for donors and the public.

IFRC's Communications Department is providing technical support and assistance to the communications strategy, and its communications officer will be deployed as necessary to support these activities.

As has been done in other caravans, regional communiqués on population movements are made in conjunction with the CRH, IFRC, and ICRC.

### **Community Engagement and Accountability (CEA)**

The Community Engagement and Accountability (CEA) approach is integrated into every activity carried out by the International Red Cross and Red Crescent Movement. This approach ensures that communities are in the centre of the response and programming, allowing for ongoing communication and accountability mechanisms with the communities we serve. For the migrant population, access to quality information is always a challenge. Reliable sources are limited, and anxiety is high, increasing the possibilities for generating and disseminating rumours and misinformation, leading to stress, uncertainty, and risk. In response to this context, the CEA approach, mainly the pillar of "providing information as an aid" will enable actions to be taken to promote access to relevant, timely, and reliable information that responds to the needs of migrants to facilitate access to services provided by the Red Cross, and in general, to the support provided by other partners, local authorities and the national government. Given the pandemic, it will be necessary to continue distributing pandemic protection messages and ensuring mechanisms to monitor rumours and misinformation.

## Security

GRC will develop a security mission contingency plan based on Stay Safe, the Safer Access framework, and the safety protocols and procedures; all deployed GRC personnel will be aware of these safety guidelines. The National Society is in the process of strengthening its security situation/position, and it will require assessment, analysis, and support as the situation progresses.

## Planning, monitoring, evaluation and reporting (PMER)

To keep abreast of the planned actions' progress and the situation's evolution, and IFRC technical staff will also conduct monitoring visits during the operation. The scenario is continuously changing, and constant monitoring will help assess the need to expand the area of intervention.

Previous lessons learned experiences ([DREF\\_MDRGT014 "Population Movement"](#) and findings of earlier interventions) had stated the need to build volunteers' capacity through the implementation of low-cost, high-impact activities at the local level, including:

- Awareness-raising or refresher activities for hired and volunteer staff in the active branches (as deemed necessary by each).
- Basic knowledge of PGI (briefing sessions for volunteers and staff)
- Update on migratory contexts (Including contingency plans for this type of emergency)
- Mental Health and Psychosocial support through primary PSS for the people in the move.
- Stress management and PSS for volunteer and staff.

## Administration and Finance

This operation's administrative and financial procedures align with the GRC's quality control procedures. They will strengthen all the GRC's actions included in its humanitarian mission, ensuring transparency and adequate accountability. The GRC's Management and Finance Unit will support the operation.

## C. Detailed Operational Plan



### Health

**People targeted: 3,000 people**

Male: 2,400

Female: 600

**Requirements (CHF): 12,051**

**Needs analysis:** As has been seen in previous mass mobilizations, travel in a caravan increases the vulnerabilities of migrants. Because of the uncertain path taken and the conditions of the journey, the circumstances have significantly impacted 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, affecting both children and adults.

They are at risk to suffer 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 have affected migrants psychologically (depression, anxiety, and sleep disturbances, among other conditions). Therefore, the GRC has carried out a series of interventions in first aid, pre-hospital care, and PSS. Additionally, the National Society will carry out PSS activities with the GRC volunteers participating in the operation to protect their mental health.

The GRC has not included the delivery of protection kits for the affected population because the kits delivered in coordination with the Honduran Red Cross are for seven days. The GRC will provide PPE for migrants only with specific criteria and with other funds.

**Population to be assisted:** GRC will provide health assistance for 20 days; if needed, the GRC can extend the duration of the activity with other funds. The assisted population will be anyone in need that is part of the migrant caravan.

**Programme standards/benchmarks:** GRC will use the parameters of PAHO, the World Health Organization (WHO), and the Guatemalan Ministry of Health as a reference for its health actions.

<b>P&amp;B Output Code</b>	<b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>	<i># of people reached with health services Target: 3,000</i>  <i># people reached through MHPSS actions Target: 500</i>
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		<i># of ambulances supporting the operational activities Target: 5</i>											
<b>Health Output 1.1: Target population is provided with rapid medical management of injuries and diseases</b>		<i># of active GRC volunteers providing support to operational activities Target: 27 volunteers activated and giving support.</i>											
<b>Activities planned Week</b>		1	2	3	4	5	6	7	8	9	10	11	12
AP022	Provision of basic medical care and basic medicine to the migrant population through qualified personnel from GRC's branches and humanitarian services points.												
AP040	Mobilization of 27 volunteers/staff to humanitarian services points along the migratory route.												
AP022	Mobilization of 5 ambulances to the migratory route and the collective centres including branches and shelters												
AP022	Prepositioning of snacks kits for migrants												
AP022	Prepositioning of Protection equipment for volunteers (30 kits)												
<b>P&amp;B Output Code</b>		<i># of people that receive PSS Target: 500</i>  <i># of volunteers that receive PSS Target: 27</i>											
<b>Activities planned Week</b>		1	2	3	4	5	6	7	8	9	10	11	12
AP023	Procurement of PSS kits on branches (130 kits)												
AP023	Provision of PSS services to the affected population and volunteers												



## Water, sanitation and hygiene

**People targeted: 3,500**

Male: 2,800

Female: 700

**Requirements (CHF): 20,747**

**Needs analysis:** Many migrants have suffered from dehydration due to their exposure to high temperatures. Furthermore, to satiate their thirst, some migrants have consumed water from unsafe sources, putting them at risk of contracting waterborne illnesses or other water-related diseases. Principally, the border shelters do not have clean water or toilets and showers needed to provide hygiene to migrants. Many migrants travel without any cleaning supplies, and hygiene standards need to be promoted to prevent the spread of disease.

**Population to be assisted:** GRC will provide WASH assistance for 20 days; if needed, GRC can extend the duration of the activity. Currently, priority is given to shelters and places where migrants are concentrated, such as temporary shelters and return stations. The assisted population will be anyone in need that is part of the migrant caravan.

**Programme standards/benchmarks:** The activities implemented under this section will comply with Sphere standards.

P&B Output Code	WASH Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities	<i># of people that receive safe water distribution services. Target: 3,500</i>											
	WASH Output 2.1.: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	<i># of water units distributed for human consumption Target: 8,328</i>											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP026	Prepositioning of water in recyclable plastic bottles on branches												
P&B Output Code	WASH Output 2.2: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population	<i># of hygiene kits for adults prepositioned in the prioritized GRC branches. Target: 850</i>											
AP029	Prepositioning of personal hygiene kits for adults and children (500 for men, 200 for women and 150 for children from 2 to 3 years of age)												



## Migration

**People targeted: 3,500**

Male: 2,800

Female: 700

**Requirements (CHF): 288**

**Needs analysis:** Given the nature of a population movement emergency, families separated during the migratory journey and the loss of communication with family members in the country of origin, among other communications issues. Consequently, with support from the ICRC and UNHCR, the GRC must provide RFL services to the migrant. Likewise, ensuring the protection of migrants on the route is essential, so providing relevant information on risks and reducing their vulnerabilities is a priority. Currently, the receiving communities, mainly at the borders where migrants are stranded, show some discontent, so it is prudent the NS help actions of awareness and communication.

**Population to be assisted:** The National Society, provides RFL services to all migrants (total target of 500 call services, including Family reunification) seeking to maintain contact with their families, with priority given to ensuring that they understand the need to stay in touch and located.

**Programme standards/benchmarks:** UNHCR and ICRC's RFL standards.

P&B Output Code	Migration Outcome 3: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)	# of people reached with RFL services. Target: TBD											
	Migration Output 3.1: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster	# of RFL response teams mobilized to provide RFL services. Target: 5 teams											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP083	Mobilization of 6 GRC volunteers/Staff to conduct RFL actions												
AP083	Purchase of cards for 6 cellphones												
P&B Output	Migration output 3.2.: Protection and self-care messages are provided to migrants.	# of people reached with self-care messages Target: 850											

Code	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP036	Self-care messages distributed on 7 branches												
AP036	Assess information needs and trusted channels												
AP036	Collect feedback, analyse and act on feedback collected during the intervention												

## Strategies for Implementation

Requirements (CHF): 17,026

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	# of GRC personnel deployed. Target: 27											
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected												
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP040	Mobilization of volunteers and staff with the provision of Personal Protective Equipment for 27, to assist vulnerable groups during the mobilization. <sup>8</sup>												
AP040	Insurance for volunteers												

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	IFRC provides assistance to the NS during the 3 months of the operation											
	Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards	# Lessons learned workshops Target: 1 lessons learned workshop											
	Activities planned Weeks	1	2	3	4	5	6	7	8	9	10	11	12
AP046	Technical support to the National Society from the IFRC												
AP046	Virtual Lessons Learned workshop												
AP046	IFRC monitoring visits												

## D. Budget

See Annex.

### Contact information

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

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## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

**DREF OPERATION**

MDRGT017 - Guatemala: Population movement

29/07/2021

**Budget by Resource**

Budget Group	Budget
Food	4,068
Water, Sanitation & Hygiene	19,481
Medical & First Aid	5,038
Teaching Materials	2,210
<b>Relief items, Construction, Supplies</b>	<b>30,797</b>
Transport & Vehicles Costs	1,987
<b>Logistics, Transport &amp; Storage</b>	<b>1,987</b>
Volunteers	8,770
<b>Personnel</b>	<b>8,770</b>
Travel	2,500
Information & Public Relations	1,000
Office Costs	500
Communications	1,000
Financial Charges	500
<b>General Expenditure</b>	<b>5,500</b>
DIRECT COSTS	47,053
INDIRECT COSTS	3,058
<b>TOTAL BUDGET</b>	<b>50,112</b>

**Budget by Area of Intervention**

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	12,051
AOF5	Water, Sanitation and Hygiene	20,747
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	288
SFI1	Strengthen National Societies	11,488
SFI2	Effective International Disaster Management	5,538
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	
<b>TOTAL</b>		<b>50,112</b>

