



**ETA and IOTA Rapid
Gender Analysis**
Guatemala, December 2020

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Abbreviations

CAIMUS	Integrated Support Center for Female Survivors of Violence
ECLAC	Economic Commission for Latin America and the Caribbean
COCODE	Community Development Council
CODEDE	Departmental Development Council
CODRED	Departmental Disaster Reduction Coordinator
COMRED	Municipal Disaster Reduction Coordinator
COMUDE	Municipal Development Council
CONRED	National Disaster Reduction Coordinator
DMM	Municipal Directorate of Women
INE	National Institute of Statistics
MAGA	Ministry of Agriculture, Livestock and Food
MINEDUC	Ministry of Education
MP	Public Prosecutor's Office
NNA	Children and adolescents
SDG	Sustainable Development Goals
WHO	World Health Organization
PAHO	Pan American Health Organization
OSAR	Observatory for Sexual and Reproductive Health
PDH	Prosecutor's Office for Human Rights
EAP	Economically Active Population
PGN	Attorney General's Office
PNC	National Civil Police
RGA	Rapid Gender Analysis
SEPREM	Presidential Secretariat for Women
SOSEP	Secretariat of Social Work of the Wife of the President
SVET	Secretariat Against Sexual Violence, Exploitation and Human Trafficking
ICT	Information and Communication Technology
VAW	Violence Against Women
GBV	Gender-Based Violence

1. Introduction

The situation Guatemala faces today is enormously complex. Apart from the conditions of historical inequality and high levels of poverty that mark the country’s reality, since March 2020 Guatemala has had to face the impacts of the COVID-19 pandemic, and recently, the emergencies caused by the ETA and IOTA storms, which have hit a large part of the nation’s territory. The country is in an exceptional emergency situation, and the prevention and response actions have been insufficient for the magnitude of the tragedy.

UN Women and CARE Guatemala, as part of the Gender Working Group in Humanitarian Aid on the Humanitarian Country Team (HCT), consider it essential to provide information that allows us to understand the situation affected populations face. This includes incorporating a gender analysis in which the differentiated impact on women and girls is recognized, identifying their specific needs to strengthen mitigation and recovery efforts, as well as ensuring an effective response that guarantees their rights. This is why Rapid Gender Analyses (RGA) are performed as a tool for directing humanitarian responses to the ETA and IOTA, and within the framework of the COVID-19 pandemic.

The objective of a Rapid Gender Analysis is to identify and analyze the negative influences, needs, and impacts of the emergency generated by Hurricanes ETA and IOTA on the lives of women and girls in Guatemala, and to provide practical recommendations for response and recovery work; covering the areas most affected by the storm and prioritized by CARE and UN Women, which are the departments of Alta Verapaz, Baja Verapaz, Izabal, Chiquimula, Quiché, Huehuetenango, Jalapa, Zacapa and Petén.

2. Methodology

The RGA is a tool that serves to identify and document the differentiated situation faced by women, men, girls and boys in emergency situations or in humanitarian crises. It helps us see the differences in power, roles, resources, rules, needs, and interests that different people have, how they express themselves, and live. In addition, it allows us to recognize these differences, understand the true impact of the emergency on the population, and then fortify a humanitarian response that meets the different needs based in reality, especially the different needs of women. The RGA study in Guatemala was developed with three methodological axes:

Axis 1: Work with primary sources of information:

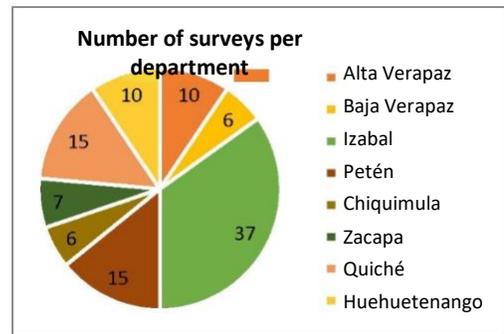
Surveys of women, leaders, leaderships, and officials of the Government or NGOs in the territories affected by Hurricanes ETA and IOTA, were carried out between Friday, November 13 and Wednesday, November 18, through local interviewers and field visits from UN Women in Petén and Izabal. A total of 106 surveys were conducted (90 women and 16 men). These surveys are not intended to be a statistical sampling, but rather to provide qualitative information on the situation that all people affected by the emergencies are experiencing.

Axis 2: Search for information from secondary sources:

Statistics were collected from information worked on by Government bodies, such as CONRED, as well as information generated by international humanitarian organizations.

Axis 3: Analysis of primary and secondary information and document construction:

On the basis of a scheme of content for the RGA, an analysis of needs and impacts was conducted.



RGA.

3. Emergency situation in global figures

3.1. Number of affected population:

According to the CONRED report from December 11, 2020, 4,238,883 people were affected, of whom 1,782,560 were harmed; 311,245 were evacuated and 33,203 were at risk.

Persons affected – Storms ETA-IOTA	
Type of impact	quantity
Risk	33,203
Affected	2,423,120
Harmed	1,782,560
Evacuated	311,245
Non-Official Shelters	267,439
Official Shelters	12,081
Missing	100
Injured	30
Deceased	60

Source: CONRED - National EOC Data as of 12/11/2020

3.2. Sheltered population:

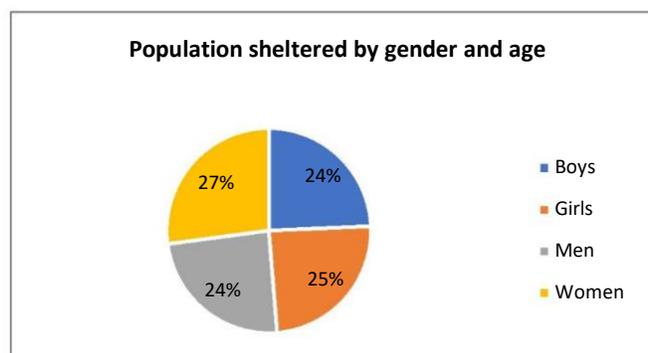
According to data from SOSEP, which is the body responsible for managing the official shelters, as of November 21, 2020, 136 shelters were installed, with 7,115 people accommodated. The information by department, location shelter, number of families and people by age and gender is detailed below:

Population sheltered as of 11/21/2020															
Department	Official shelters	0 to 12 months		1-7 years old		8-18 years old		19-44 years old		45-60 years old		greater than 60 years of age		Total people	Total families
		M	F	M	F	M	F	M	F	M	F	M	F		
Alta Verapaz	36	29	13	91	97	165	165	198	238	58	63	38	40	1,195	275
Izabal	65	64	47	375	372	610	640	749	860	215	236	133	94	4,395	1,066
Chiquimula	4	0	4	11	7	11	8	13	19	4	2	0	2	81	23
Huehuetenango	8	17	7	55	77	101	83	104	128	29	38	21	18	633	196
Zacapa	15	6	3	32	32	52	58	58	61	17	19	5	5	348	83
Quiché	2	1	4	16	21	23	21	17	24	3	4	7	5	146	24
Peten	5	2	5	24	25	39	37	32	49	10	12	9	4	248	63
Jalapa	1	1	1	3	7	2	1	3	6	0	0	0	0	24	4
Total of Official Shelters	136	120	84	607	638	1,003	1,013	1,174	1,385	336	374	213	168	7,115	1,734

Source: Control data for SOSEP shelters, as of 11/12/2020

The people sheltered are broken down into:

- Adults aged 18 years and older: 1,927 women (27%) and 1,723 men.
- NNA, children under 18 years of age: 1,735 girls (25%) and 1,730 boys.



Source: Prepared by author with SOSEP shelter control data, as of 11/12/2020

4. Findings about the situation of women

4.1. Loss of Livelihoods

The ETA and IOTA storms caused a series of damage to the resources used by women or owned by them.

4.1.1. Damage to housing

Women in general:

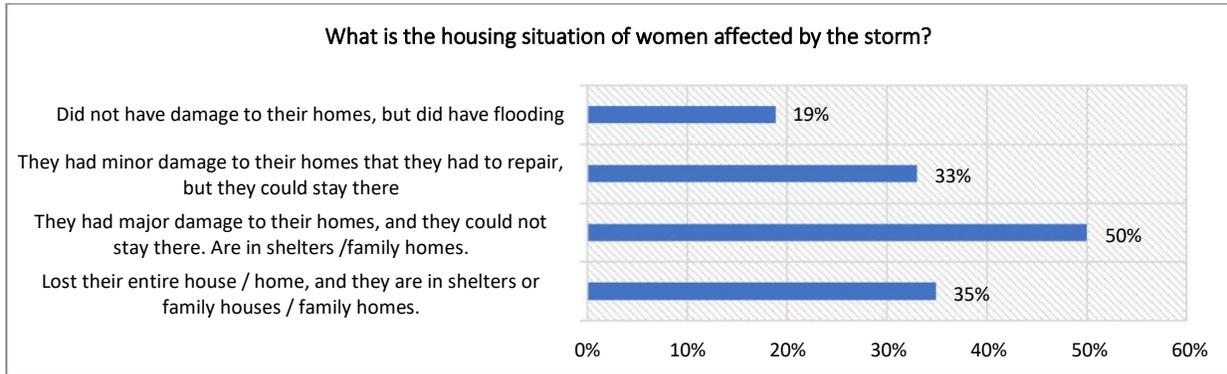
According to CONRED data, 86,345 homes have been affected, presenting various types of damage or that are at risk:

Damaged homes	
Type of damage	Quantity
Risk	6,459
Minor Damage	19,022
Moderate Damage	56,554
Severe Damage	4,310
Total	86,345

Source: CONRED - National EOC Data as of 12/11/2020

Of the 106 people surveyed, only 20 indicated that women in their communities had no damage to their homes (19%), that is, 81% explained that, in their community, there was damage of different magnitudes:

- In 33% of the communities, there were women who reported minor damage to their homes that they could repair (if they have the supplies), to continue living there.
- In 50% of the communities, women reported that their homes suffered great damage and had to be moved to a shelter.
- In 35% of the communities, there were cases of women who lost their house completely due to floods or landslides.



Source: Prepared by author based on survey results for this RGA.

Sheltered women:

In shelters, 1,797 adult women and 1,735 girls reported having been affected by significant damage to their homes, which corresponds to the total of 1,734 families.

4.1.2. Loss of physical capital for Livelihoods

Women affected in general:

The results of the RGA surveys indicate that women have suffered losses of physical capital that formed part of their essential assets for survival and income generation. There were multiple forms of damage to women, the most important being:

Related to nourishment:

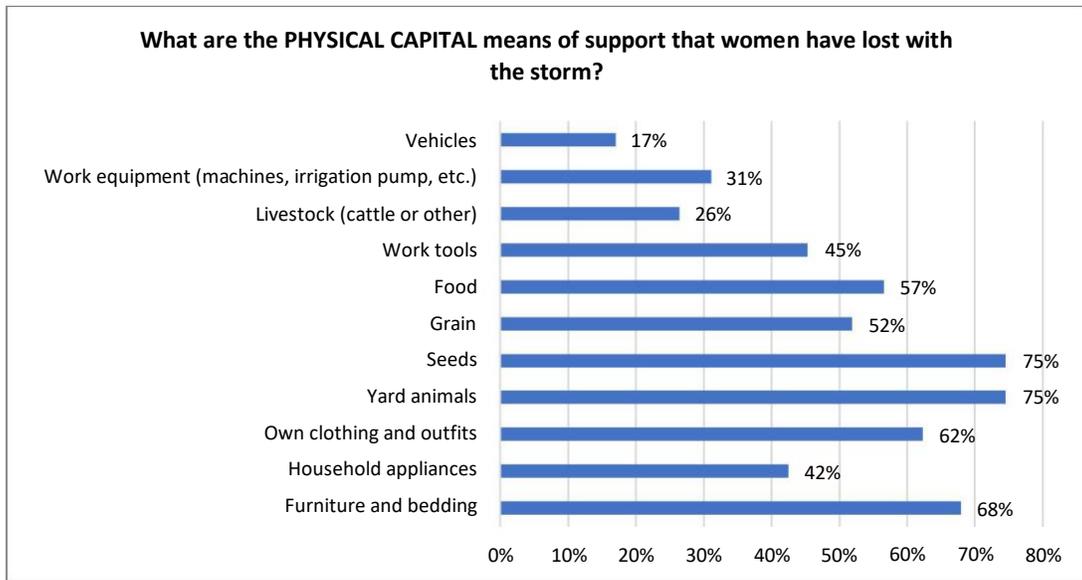
- Family plantings that represented family food in the medium and short term (75%)
- Yard animals that died, became ill or were lost as a result of the floods (75%)
- Foods that they had purchased and stored in their homes (57%) and grain that they had harvested and stored for the family’s consumption (52%)

Related to living conditions.

- Furniture and bed linen, which got wet and were damaged (68%)
- Clothing, typical clothing belonging to indigenous women (cortes, huipiles [embroidered blouses or dresses], etc.) and underwear, this being one of the most felt needs (62%)
- Household appliances which, apart from family use, for many they also represented their work tools, especially for those who sold food, ice cream, coconuts, chocobananos [chocolate-covered bananas], among others (42%)
- Cattle. Although it did not represent a large amount, it allowed them to generate significant income during certain periods in the year (26%)

Related to income generation

- Work tools for women, such as *poyeton* stoves, ovens, griddles, work tools, looms, among others (45%)
- Work equipment, especially *nixtamal* mills, freezers, refrigerators, sewing machines, water pumps, etc. (17%)
- Vehicles, whether cars, motorcycles, bicycles, tricycles or carts; which in many cases also served as part of their production activities (7%)



Source: Prepared by author based on survey results for this RGA.

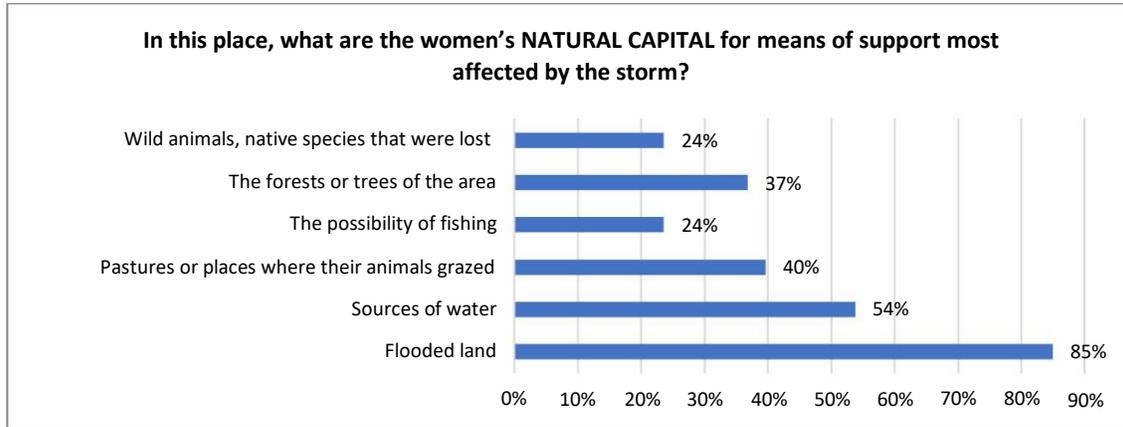
Sheltered women:

Sheltered women also lost livelihoods in the same categories indicated above, but the level of effect increases to almost 90%, since they lost most of their entire physical capital.

4.1.3. Loss of natural capital for livelihoods

Women affected in general:

Flooding caused enormous damage to the natural environment where women live. The main losses are summarized in the following graph:



Source: Prepared by author based on survey results for this RGA.

The results of the surveys indicate that in 85% of the communities, the land was flooded; 54% had losses of their sources of water; 40% indicated that there were losses of places where the animals grazed; 37% point out tree losses or negative influences on forests derived from winds, rain and floods; 24% point out that with the flooding of the rivers, they lost the possibility of fishing, and 24% point out damage to the wildlife and to native species.

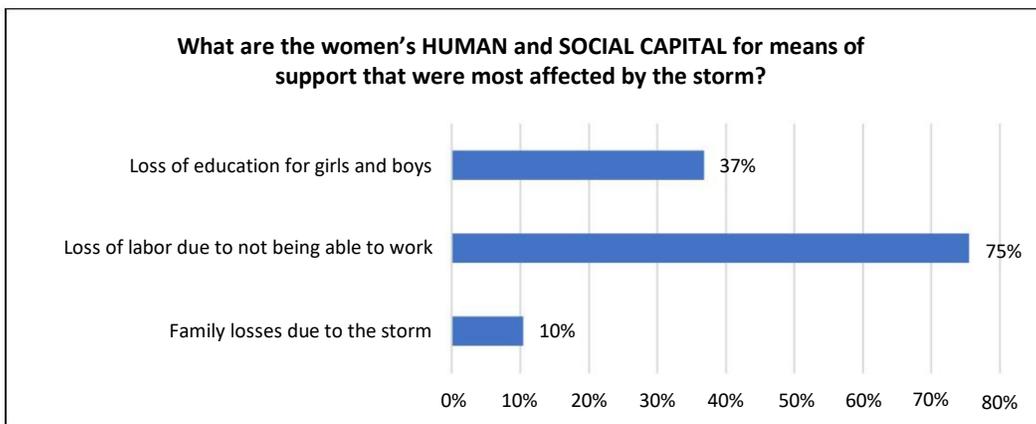
Sheltered women:

The loss of natural capital situation coincides for women sheltered.

4.1.4. Loss of human and social capital as means of support

Moreover, the survey asks about the human and social capital as livelihood support, related to:

- Loss of human lives, injuries or serious illnesses caused by the storm (10%)
- Loss of labor, due to illnesses, disabilities and thus being unable to work (75%)
- Loss of education for children, there are no conditions for attending schools, coupled with distance classes caused by the pandemic, schools flooded (37%)



Source: Prepared by author based on survey results for this RGA.

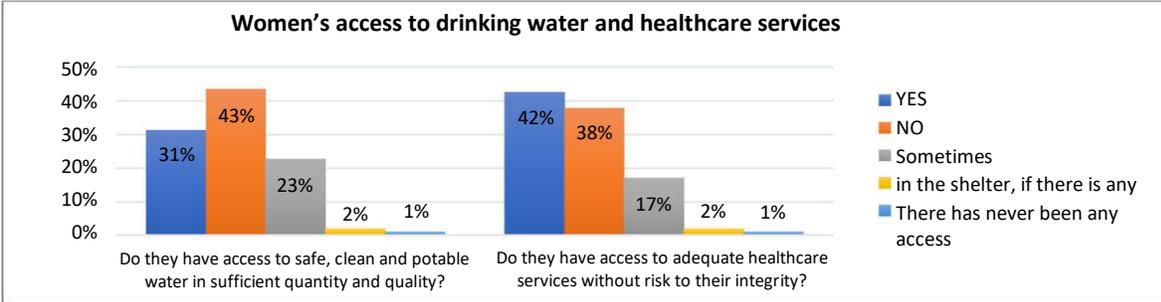
4.2. Situation of access to services and resources

4.2.1. Access to drinking water and healthcare services

Women affected in general:

With regard to access to drinking water, the people surveyed indicated that, in their communities, only 31% have access to drinking water. 43% do not have access to drinking water due to damage caused by the storms; 23% only have access sometimes, and 2% have access to drinking water in the shelter.

With respect to access to restrooms, *in situ* surveys and interviews reveal that 42% have access, 38% do not have access, 17% only have access sometimes and 2% have access to restrooms in the shelter.



Source: Prepared by author based on survey results for this RGA.

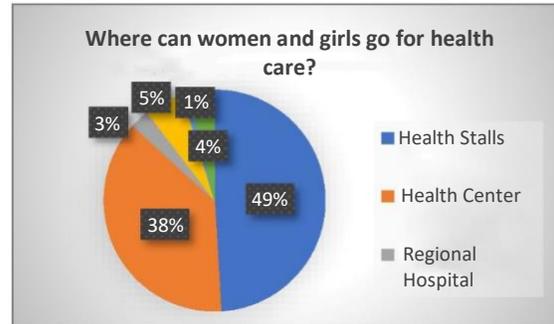
Sheltered women:

100% of the people in charge of the shelters consulted stated that the women and girls have safe access to drinking water. However, the sheltered women indicated that in at least 50% of cases, the amount of water is not sufficient for all the needs they and their families have.

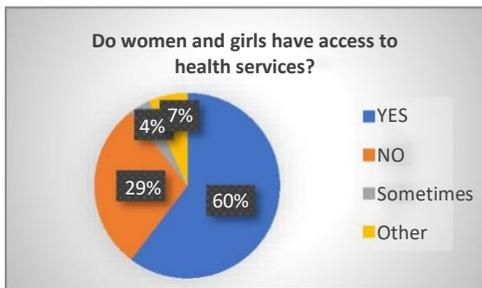
4.2.2. Access to health services

Women affected in general:

Within the framework of the emergency, and due to rain, floods and landslides, local healthcare services have suffered enormous damage, so access to nearby healthcare services has been reduced. The Minister of Public Health and Social Welfare (MSPAS), Amelia Flores, announced that initially damage was reported in the facilities of Alta Verapaz, Izabal, Petén and Quiché.¹



Source: Prepared by author based on survey results for this RGA.

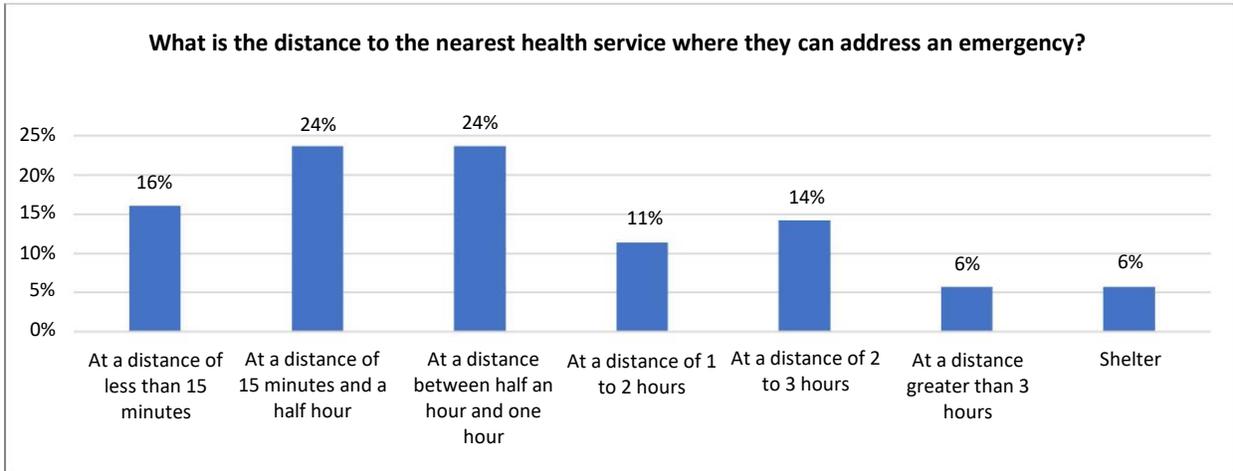


The health services claim that women with consistent access are: 49% at the health stall, 38% at a health center, 1% at a convergence center, 3% at a regional hospital, 5% at a national hospital, and 4% do not go to any. Of the people surveyed for this RGA, 29% indicate that in their communities, they have access to health services, and 4% indicate that they have access only sometimes. The 7% who responded “other” indicate that they only have medicine men, community first aid kits, or occasionally, a mobile clinic.

¹ <https://elperiodico.com.gt/nacionales/2020/11/13/mspas-estima-en-q5-millones-los-danos-a-infraestructura-de-la-red-publica-de-salud-por-eta/>

Source: Prepared by author based on survey results for this RGA.

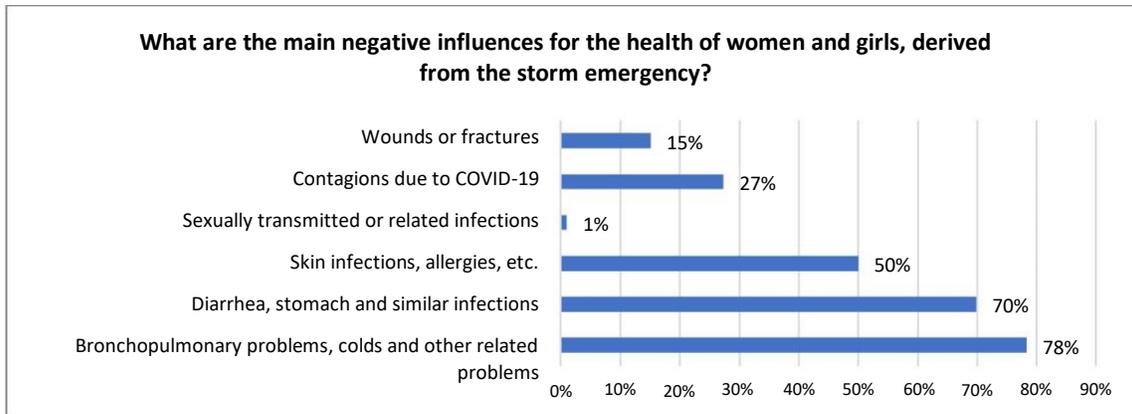
As for the distance that women must travel to access to a health service, 30% indicated that they travel less than 30 minutes; 24% between half an hour and 1 hour; 22% between 1 and two hours; 16% between 2 and 3 hours; and 5% travel more than 3 hours, sometimes reaching 5 hours. 6% are women who are in shelters and have access to basic primary care.



Source: Prepared by author based on survey results for this RGA.

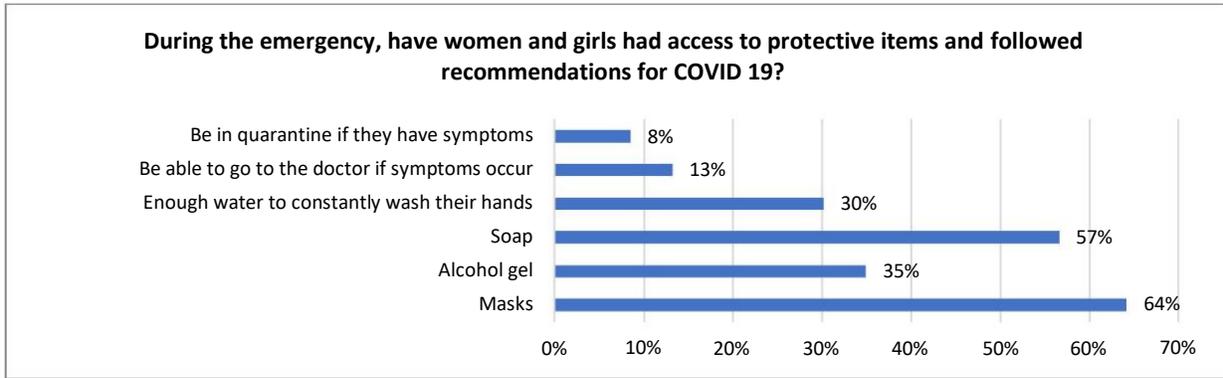
The main health problems that women have had in the communities surveyed are:

- Bronchopulmonary problems, colds and other related problems (78%)
- Diarrhea, stomach and similar infections (70%)
- Skin infections, allergies, etc. (50%)
- Contagions due to COVID 19 (27%)
- Wounds or fractures (15%)
- Sexually transmitted or other related infections (1%)



Source: Prepared by author based on survey results for this RGA.

With regards to access to protection against COVID-19 and the possibilities of addressing care recommendations in the context of the emergency, the surveys indicate that about 36% of women and girls have not had access to masks, 43% have not had access to soap, 65% have not had access to alcohol gel, 60% have not had sufficient access to water to wash their hands regularly, 87% have not had access to a doctor if they have any symptoms, and 92% do not have the possibility to quarantine.



Source: Prepared by author based on survey results for this RGA.

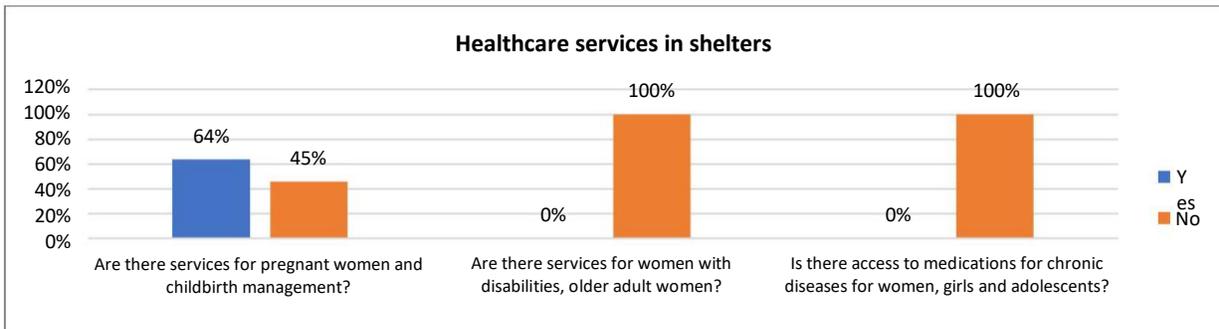
The main risks of contagion were due to the following situations:

- Gatherings
- There was no social distancing
- They did not have masks
- At the time of the emergency, people forgot about the prevention measures.
- Overcrowding cannot be avoided when in an emergency or being evacuated

In addition, due to the accumulation of water and moisture, there has been a high reproduction of mosquitoes, which are generating outbreaks of malaria and dengue fever in the affected areas.

Sheltered women:

During the field visit, those responsible for the 13 shelters visited noted that their facilities do not have health services for people with disabilities, older adult women, or for people with chronic diseases. For pregnant women, 45% do not have health services in their facilities or in nearby places, and 64% only have access to health centers in the area.



Source: Prepared by author based on survey results for this RGA.

In 100% of shelters, women and girls have health problems related to:

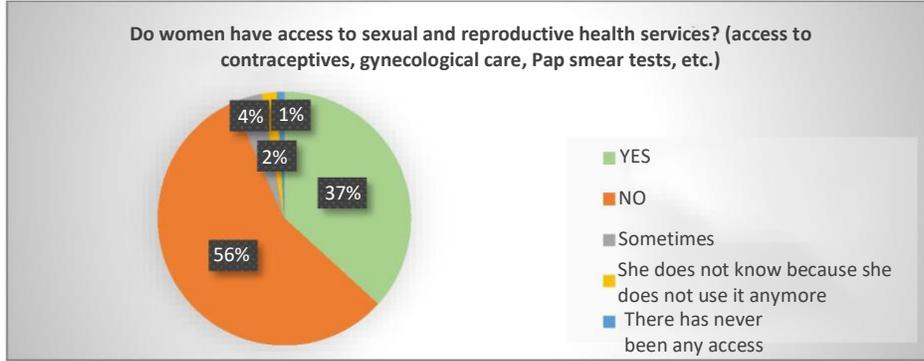
- Bronchopulmonary problems, colds and other related problems
- Diarrhea, stomach and similar infections
- Skin infections, allergies, etc.

In order to receive health care, people must go to nearby healthcare centers or [CAPs]; however, they have exceeded their capacity for care, both in terms of staff as well as material resources and medicines, due to the emergency caused by COVID-19 and the same storms.

4.2.3. Access to sexual and reproductive health:

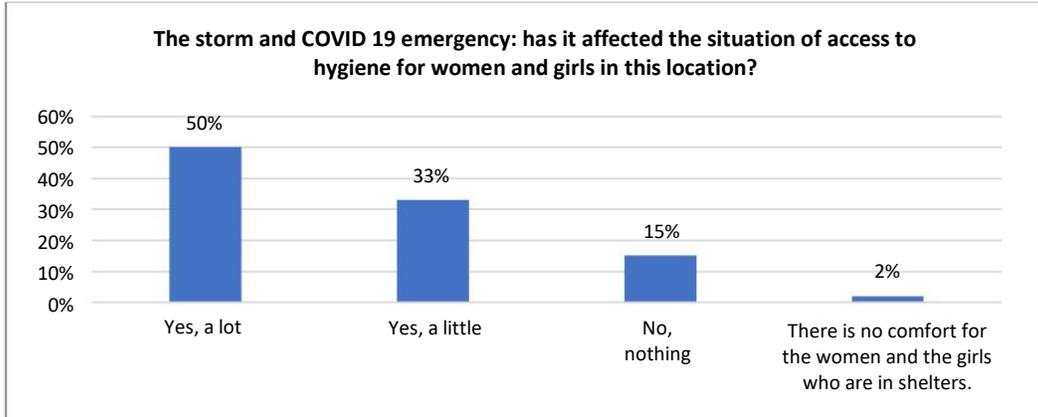
Women affected in general:

With the emergency, the problem of access to sexual and reproductive health services, including access to contraceptives, gynecological care, Pap smears, among others, has become much more profound for women. 56% of women indicate that they do not have access, 4% say they sometimes have access, 37% say they do have access and 1% say they never had it.



Source: Prepared by author based on survey results for this RGA.

To care for the sexual and reproductive health of women, it is essential to have access to hygiene supplies (water, soap, etc.), and the storms have impacted their ability to access these items. The surveys indicated that 50% of women have been “very” affected, 33% have been affected “a little” and 15% have not been affected. In addition, 2% point out that there are no conditions of comfort and privacy for those who are in shelters.



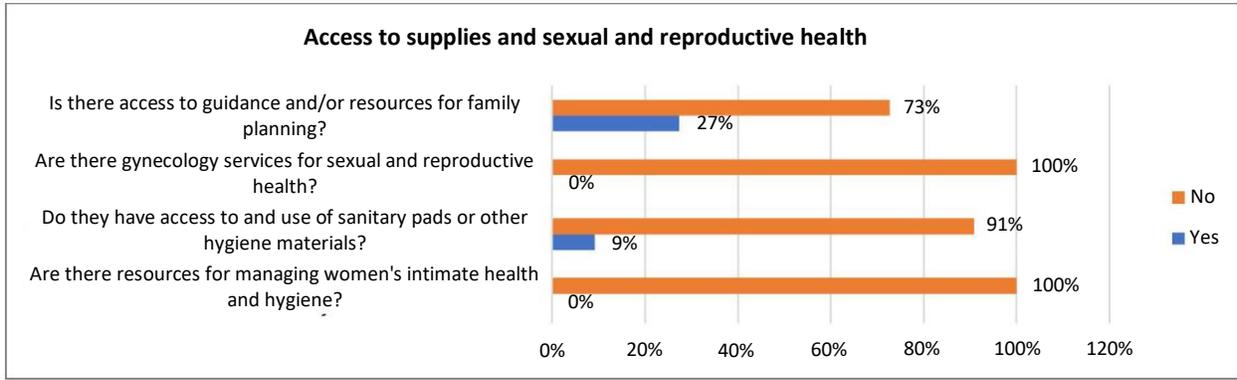
Source: Prepared by author based on survey results for this RGA.

During the field visit in the municipality of Poptún, department of Petén, MSPAS sources reported between 6 and 7 maternal deaths of women affected by the storm.

Sheltered women:

The people responsible for the 13 shelters visited indicated that there are no sexual and reproductive health services and only 9% of them had access to sanitary pads or other hygiene materials.

Overcrowding and the high number of families in the same space cause a high risk of sexual violence against women and, especially, girls and adolescents.

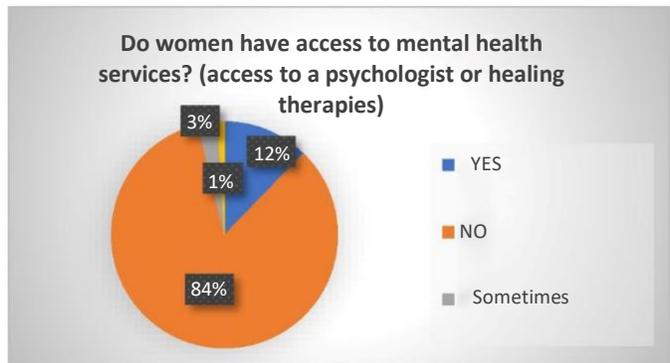


Source: Prepared by author based on survey results for this RGA.

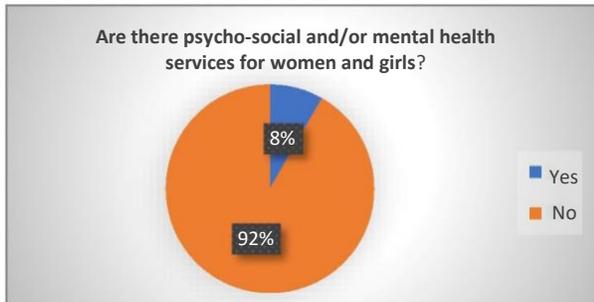
4.2.4. Access to mental health for women and girls

Women affected in general:

The result of the surveys indicates that women do not have access to psychological care or therapy that allows them to overcome the stress, anxiety and anguish derived from the emergency. Eighty-four percent of those interviewed indicated that in their communities, they do not have access to mental health care services. Three percent said they have access only sometimes and 1% do not know if they have access. The 12% that said they do have access communicate that this is mainly through the presence of national NGOs that have this sort of service.



Source: Prepared by author based on survey results for this RGA.



Source: Prepared by author based on survey results for this RGA.

Sheltered women:

The possibility of access to mental health is also very limited in the shelters, since 92% of the 12 shelters visited did not have this type of service, and in the 8% that did, a significant part was carried out by some nearby [CAP] or by international and/or local NGOs.

4.2.5. Access to food and nutritional security

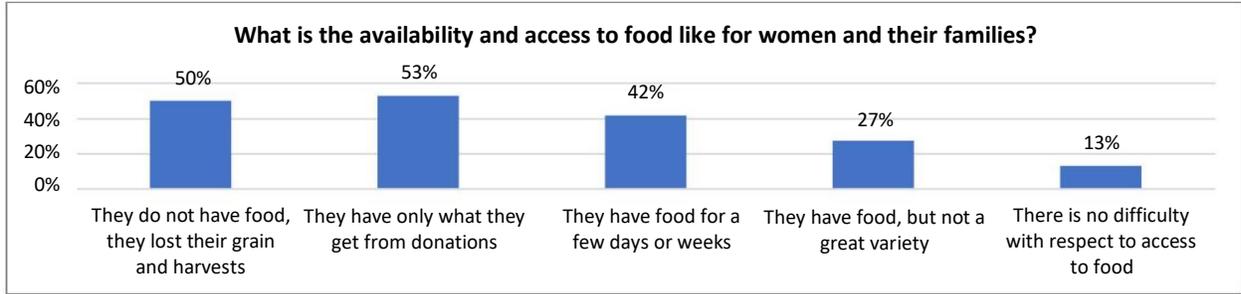
Women impacted in general:

The impact of the storms on food supply for the people is huge. In the preliminary report on damage to crops, the MAGA estimates that 38,204.63 hectares of crops were damaged, affecting 67,514 families, in the departments of Alta Verapaz, Izabal, Quiché, Chiquimula, El Progreso, Huehuetenango, Jutiapa, Petén, Santa Rosa and Zacapa.

The surveys indicate that the availability and access to food for women and their families has decreased due to the emergency, whether due to lost harvests, grain or the loss of economic income. The results of the surveys for questions related to food availability indicate that:

- In 50% of the communities, women do not have a secure food supply because they lost their grain and harvests.

- In 53% of the communities, the only means to gain access to food is through donations.
- In 42% of the communities, they have food for a few days or weeks.
- In 27% of the communities, they have access to a few foods, but not a great variety.
- And only in 13% of the communities, women have no difficulty with respect to food availability



Source: Prepared by author based on survey results for this RGA.

Sheltered women and girls:

The women indicate that the food at the shelters has been shared equally to women and men. However, the diet is not varied, and they do not have access to specific foods for chronic health problems, such as diabetes, high blood pressure, among others, nor do they have access to foods for the nutritional recovery of girls and boys.

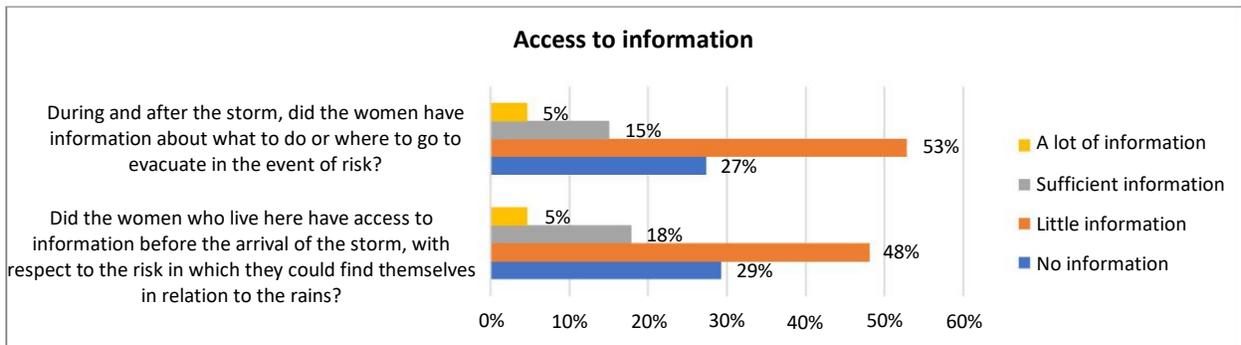
4.2.6. Access to information and technology

In women affected in general:

The 2018 Census indicates that, at a country level, of the total number of women over the age of 7, 58.4% use a cell phone; 19.58% use computers. It is clear that the number of female users is quite low, and this is an important variable to consider in emergency situations, since it reduces the possibilities for accessing information.

In the RGA interviews, it was demonstrated that the majority of women had little or no information about the risks posed by the storm:

- Before the storm: 29% had no information whatsoever and 48% had very little information.
- During and after the storm: 27% had no information whatsoever and 53% had very little information.



Source: Prepared by author based on survey results for this RGA.

Sheltered women:

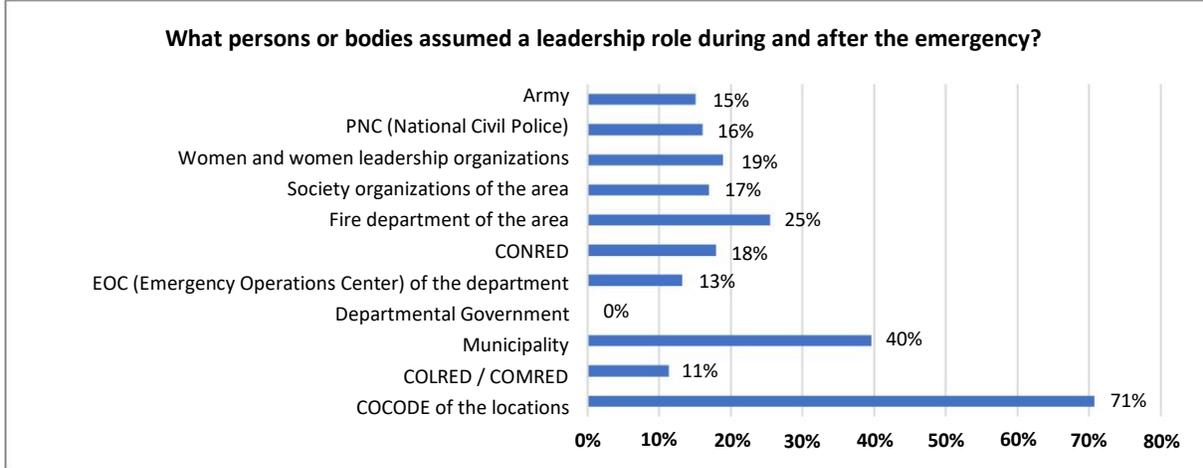
The majority of women have no access to their own phones, or they do not have the money to [recharge] them; therefore, their options for communication and information are limited. In the shelters, they conduct informative meetings so the families can get to know how the shelters function and the distribution of tasks.

4.3. Decision making, participation and leadership

4.3.1. Leadership in the emergency

Women impacted in general:

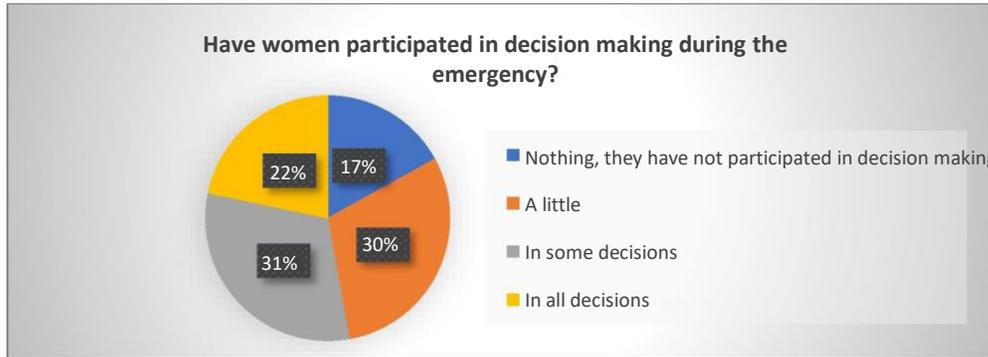
The results of the surveys indicate that leadership in the face of the emergency was mainly assumed by the local COCODE (71%), the municipalities (40%), fire department (25%), women and women leadership organizations (19%), and mixed society organizations of the area (17%). The Government bodies are ranked with much lower percentages: CONRED (18%), PNC (16%), Army (15%), EOC (13%), COLRED/COMRED (11%), and the departmental government ([N/A]).



Source: Prepared by author based on survey results for this RGA.

4.3.2. Participation of women

The surveys indicate that women have participated in about 22% of all decisions; 31% have only participated some of the time; 30% have participated a little, and 17% not at all.



Source: Prepared by author based on survey results for this RGA.

The reasons indicated by the surveyed persons and that affect the participation of women are:

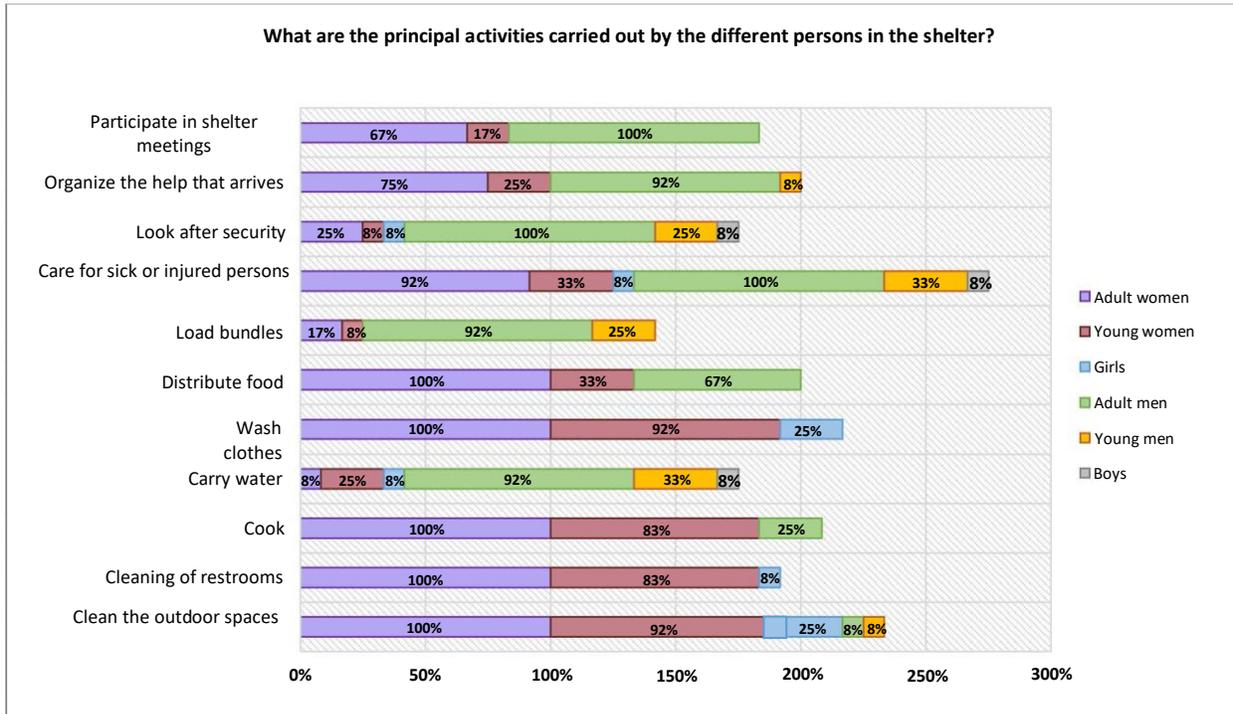
- The COCODEs have intervened in decision making and the participation of women has been very specific.
- There are few women involved in community-based organizations. At the institutional level, there is a greater presence of women in decision making.
- Masculine culture still prevails, impeding the active participation of women in these areas. Chauvinist employers exclude women, do not value women’s opinions, nor recognize them as leaders.
- Women are not prepared, do not express what they think, what they know, and they are dependent on their fathers and husbands.
- Due to their reproductive role, women assumed responsibility of taking care of the children during the emergency.

- Women are not taken into account in community structures, nor were they taken into account in decisions of community development before the storm.
- Due to their lack of organization and their limited time, women do not accept positions and they do not participate in the decision making.

Sheltered women:

They tend to follow the norm of gender roles for the dividing up of activities. The women who participated in the shelter coordination committees are left in charge of the food. Most of the COCODEs are comprised of men who make the decisions, and this is also seen in the shelters.

- Women are assigned the chores of the kitchen, washing clothes and cleaning the restrooms
- The men take care of carrying water, loading bundles and caring for the security of the place.
- Both men and women distribute the food, care for the sick and organize help.



Source: Prepared by author based on survey results for this RGA.

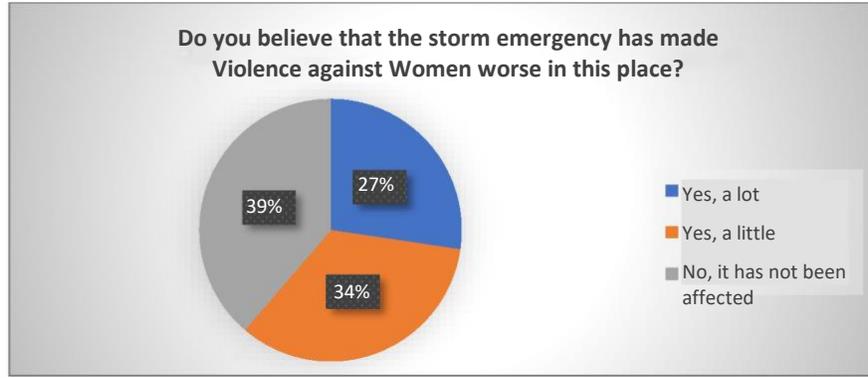
4.4. Protection

4.4.1. Violence against women and girls

Women affected in general:

Within the framework of the storm, the risks of violence against women can increase due to tension in the home, uncertainties in the economic situation of households, overcrowding, and stress stemming from confinement because of COVID 19. Therefore, girls and women are in a situation of increased vulnerability to threats of sexual aggression and physical violence.

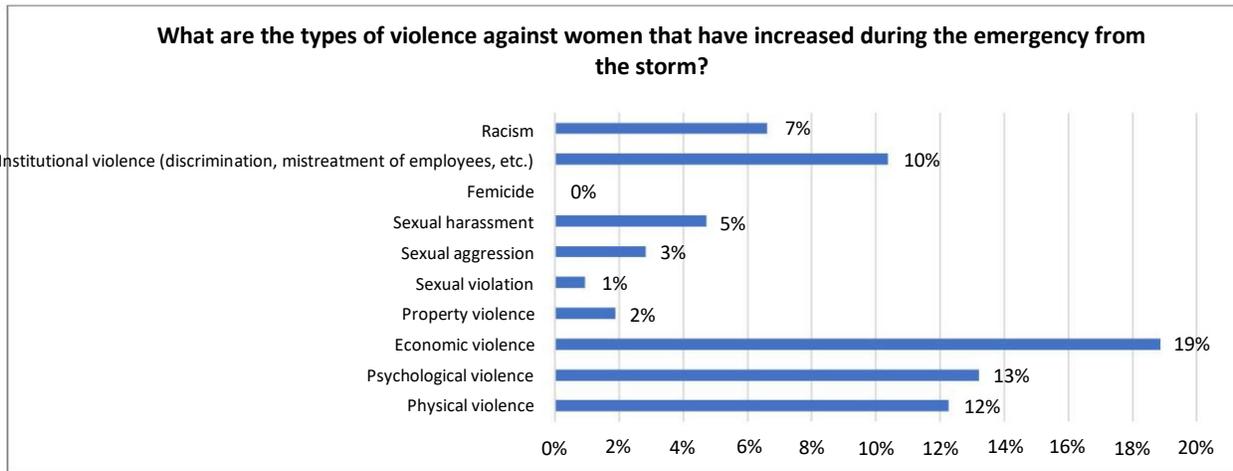
The results of the surveys indicate that 27% believe that violence against women has gotten “much” worse with the storms, 34% believe that it has gotten “a little” worse and 39% do not believe it has been affected.



Source: Prepared by author based on survey results for this RGA.

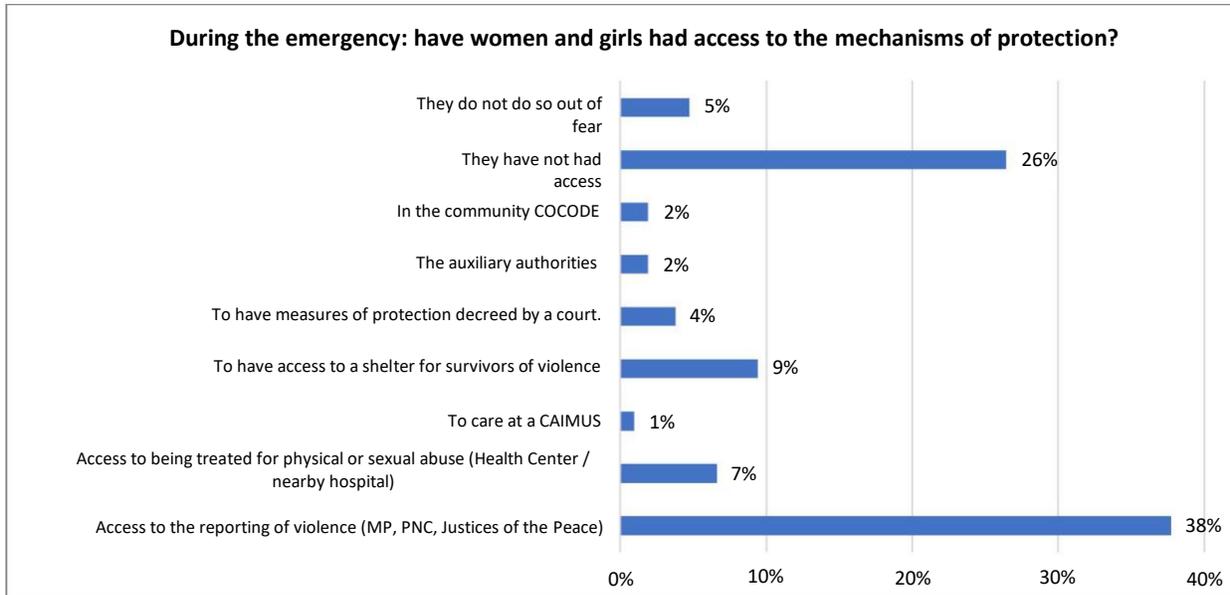
In relation to the types of violence that most commonly affect women within the context of the storms, the people surveyed indicated that the worst type has been economic violence (19%) which, when added to the 1% of property violence, represents 20%. Women have lost their belongings and they face situations of greater economic dependence. Psychological violence has been expressed in 13% of the cases and physical violence in 12%, sexual harassment in 5%, sexual aggression in 3%, sexual violation in 1%.

It must also be underscored that women identified racism (7%), and institutional violence (10%) as other forms of violence that affect them. Since institutional violence is linked to discrimination, and in the case of indigenous women, with racism, it is understood that 17% have suffered this type of racist violence.



Source: Prepared by author based on survey results for this RGA.

Furthermore, they were asked whether, during the emergency, women have had access to protection mechanisms. 26% say that they have not had access and 5% do not file any report out of fear. 9% say that they have access to a shelter, 7% indicate they have access to a health center or hospital in the face of damage or sexual crimes, 4% have access to protection measures decreed by a judge, and 2% identify the community COCODE and the auxiliary town halls as spaces for filing reports. The fact that in 38% of the cases, the persons surveyed indicated that the PNC, the MP and the courts are the most accessible entities is striking.

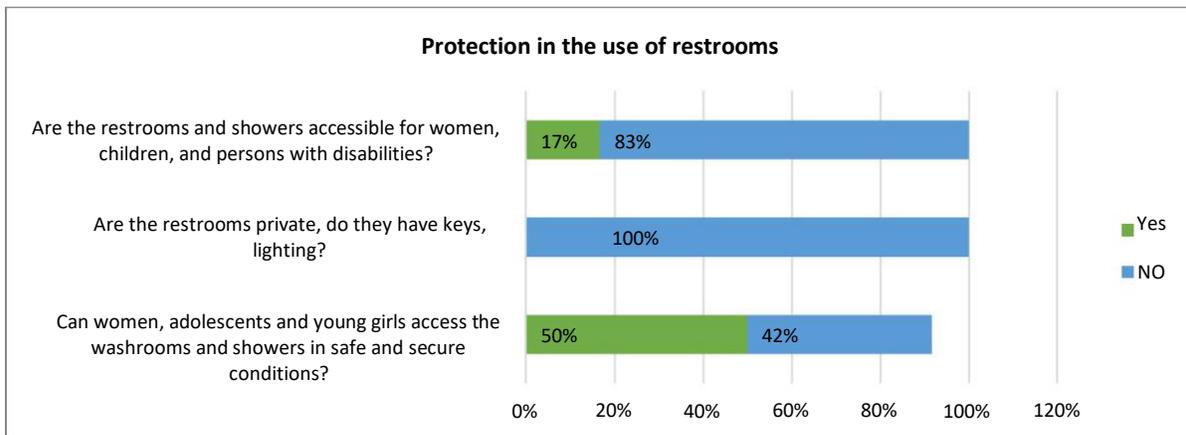


Source: Prepared by author based on survey results for this RGA.

Women indicate that within the framework of the storm and in light of the economic difficulties they face to support themselves and their daughters, adult men have taken advantage of the situation to “hook up” with young girls / adolescents, since the situation does not make it possible for the women to report them. That means that crimes were committed during the emergencies.

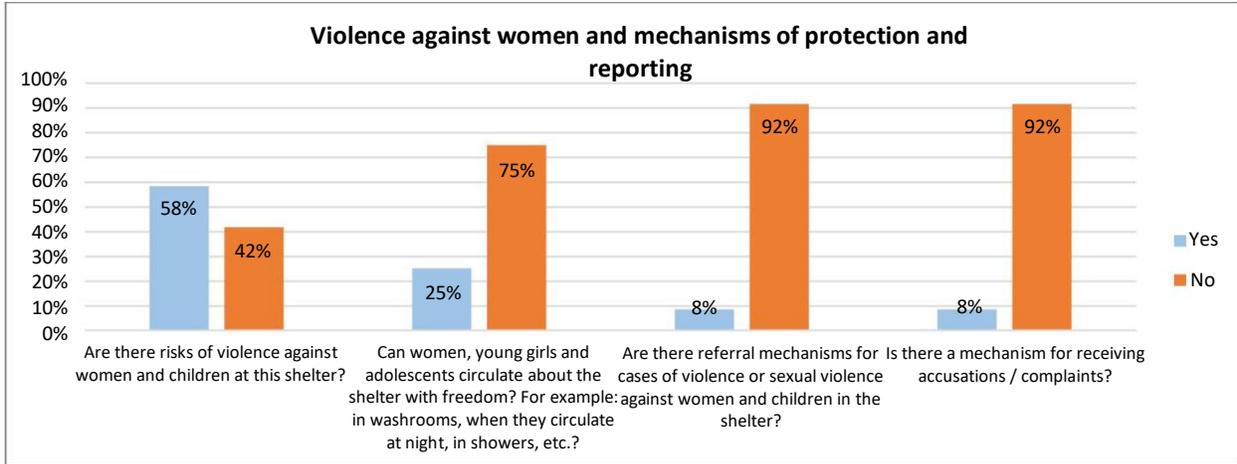
Sheltered women:

Women also point out that there are too few showers for the numbers of the sheltered population and that furthermore, they do not have any privacy, which is a risk for them, and most especially, for the young girls and adolescents.



Source: Prepared by author based on survey results for this RGA.

At the shelters, 42% of the women indicated there are risks of violence and 75% said there is difficulty for women to circulate in freedom and without danger.



Source: Prepared by author based on survey results for this RGA.

Likewise, for 92%, there are no referral mechanisms for cases of violence or sexual violence, and for 92%, there is no mechanism for receiving accusations.

- There are no conditions for any sex life in the shelters, and the men are going to bars and then coming back, and the women have no access to condoms or care in terms of sexual or reproductive health.
- Some facilities enable possibilities for sexual harassment
- The lack of privacy and the slits in the boards and in the showers make sexual harassment possible.
- Reliance on mechanisms to prevent and to deal with gender-based violence are internal whistle blowing channels that connects to the outside, operated by the Government.

Insecurity has been detected in the shelters; therefore, it is necessary to ensure lighting and the presence of personnel to supervise the area. SOSEP indicates that unsafe situations for women have been detected in the shelters, and they are coordinating with the PNC to prevent any incidents. They have detected several cases of couples made up of underage girls and adult men, but they inform us that the PNC's capacity for response is not efficient. In most of the shelters, there are no divisions for each family, and for now, they are mainly covering the basic needs (roof, water and food).

Access to protection and justice remains a challenge, since the mechanisms are not accessible for women and for the vulnerable population, and the staff is not sufficiently sensitized and trained in order to not re-victimize the survivors.

The interviews confirmed that the persons who experience violence are victims of control and control of resources on the part of the aggressor, and they do not have the chance to file these types of accusations, because they do not have money to recharge their phones or they do not own a cell phone; they do not have the resources to go to the municipal seat or the departmental seat; they do not understand how technological apps, such as the panic button, work; and they do not know that despite the quarantine, they could circulate to file a complaint.

4.4.2. Other risks

The women who are returning to their homes are facing other security problems, which are important to consider in the response and recovery actions, among which the following stand out:

- In those areas where there was flooding, the river has brought snakes and other venomous animals, posing significant danger.
- Many communities are completely cut off, making access to essential goods difficult. There have been landslides and bridges collapses, all of which creates huge risks for the security of women and girls, not only

due to the danger of accidents (several deaths have been reported from such events), but also because they have no access to the protection mechanisms against possible violence.

- In the communities and villages where there has been flooding and a significant number of animals have drowned, large foci of infection have been detected, creating risks of illnesses for people.
- In some cases, people affected have not received the proper information about their options to access shelters and the forms of support they could receive in such places. The case of the village of Jimenitos, in the municipality of Morales, department of Izabal, stands out; there they decided to pitch a camp at the side of the highway and did not want to go to the shelter because they thought they would not get any food. They are sleeping in cardboard boxes, with no roof, and surviving with the help of some organizations and private individuals. They are in a vulnerable situation and at risk of being run over by vehicles or of catching illnesses and infections stemming from the humidity. Women, elderly women and young girls mainly find themselves in this situation.

5. Conclusions

Losses of livelihoods:

According to CONRED data, 86,345 homes have been affected, presenting several types of damage or being at risk; 19,022 have light damage; 56,554 have moderate damage; 4,310 have severe damage.

- Of the 106 people surveyed, only 20 indicated that women in their communities had no damage to their homes (19%), that is, 81% explained that, in their community, there was damage of different magnitudes: Thirty-three percent had minor damage to their homes; 50% of the communities had major damage to their homes and had to move to a shelter; in 35% of the communities, women had lost their homes completely from the floods or landslides.
- In the shelters, 1,797 adult women and 1,735 girls have been affected with damage to their homes, for a total of 1,734 families.

There are multiple forms of damage to the physical capital means of support for women:

- *Livelihoods support linked to nourishment and a worsening of food insecurity:* loss of family planting, yard animals that have died, gotten ill or were lost due to the flooding; Foods that had been purchased and kept at their homes and grain that they had harvested and had kept for family consumption.
- *Losses of means of support linked to living conditions:* furniture and bed linen, which got wet and were damaged; clothing, typical clothing of indigenous women (cortes, huipiles, etc.) and under garments; household appliances of family use or as work tools; cattle that represented an important source of income for the women and their families.
- *Losses of means of support linked to income generation:* work tools for women, (poyeton stoves, ovens, griddles, tilling tools, looms, among others); work equipment (nixtamal mills, freezers, refrigerators, sewing machines, water pumps, etc.); vehicles (cars, motorcycles, bicycles, tricycles or carts); which in many cases were also used for their productive activities.

Other means of support that were affected include:

- *Natural capital livelihood support:* flooded land; loss of water sources; loss of pastures or areas for animals to graze; loss of trees or woods as a result of winds, rains and flooding; inability to fish due to river flooding; damage to wildlife and native species.
- *Human capital livelihood support:* loss of lives, serious injuries or illnesses caused by the storm; loss of labor force, due to illness or being unable to work; loss of education for children because they have no conditions to study.

Access to services and resources:

- *Access to drinking water and healthcare services:* Only 31% have access to drinking water. 43% do not have access, due to damage caused by ETA; 23% only have access sometimes, and 2% have access to drinking water in the shelter. With respect to access to restrooms, 42% have access, 38% do not have access, 17% only have access sometimes and 2% have access to restrooms in the shelter.
- *Health services:*
 - The MSPAS reports damage at the facilities of Alta Verapaz, Izabal, Petén and Quiché; Of those persons surveyed, 29% indicate that in their communities they do not have access to health services and 4% indicate they only have access at times. 7% only have access to traditional healers, community first aid kits, or sometimes, a mobile clinics.
 - The main health problems presented by women in the communities surveyed were: bronchopulmonary problems, colds and related illnesses, diarrhea, stomach infections and similar problems; skin infections, allergies, etc.; contagion by COVID 19; injuries or fractures; and to a lesser extent, sexually transmitted infections and other related infections.
 - With respect to access to protection against COVID-19 within the framework of the storm-related emergency, the surveys point out that women and girls have had poor access to masks, soap and, most especially, alcohol gel and water to wash their hands regularly. Most of them have not had access to a doctor if they present symptoms, and they do not have the possibility to stay in quarantine if they do present symptoms.
 - The main risks of contagion were due to: agglomerations, no social distancing, no masks, people forgot about the prevention measures, overcrowding could not be avoided when in an emergency or when being evacuated.
 - The problem of access to sexual and reproductive health services (contraceptives, gynecological care, Pap smears, among others) has become much worse for women. 56% of women indicate that they do not have access, 4% say they sometimes have access, 37% say they do have access and 1% say they never had it.
 - For women's sexual and reproductive health care, it is essential to have access to hygiene products (water, soap, etc.). However, more than 70% indicated their access to these necessities has been affected. Furthermore, the women in shelters point out that there are no conditions of comfort and privacy for their intimate hygiene.
 - About 84% of the women indicate they have no access to psychological care or therapy that allows them to overcome stress, anxiety and anguish, stemming from the emergency.

Access to food and nutritional security:

- The Department of Agriculture estimates that 38,204.63 hectares of crops have been damaged, affecting 67,514 families, in the departments of Alta Verapaz, Izabal, Quiché, Chiquimula, El Progreso, Huehuetenango, Jutiapa, Petén, Santa Rosa and Zacapa.
- The availability of and access to food for women and their families has diminished due to the emergency and losses of harvests, grain and economic income have been recorded. In 50% of the communities, women do not have any stored foods because they have lost their grain and harvests and they only have what they receive in donations; 42% of the communities only have foodstuffs for a few days or weeks; in 27% of the communities, they have some food, but no variety; and only 13% of the communities have no difficulty with the availability of foods

Access to information and technology:

In the RGA interviews, before the emergency, 29% of the women indicated they had no information whatsoever regarding the risks that the storms posed, and 48% said they had a little such information. During and after the storm, 27% had no information whatsoever, and 53% had a little information about what to do or where to go to evacuate in the event of risk.

Decision making, participation and leadership:

- COCODEs assumed a leadership role in the face of the emergency for the most part. Furthermore, they mention the municipalities, fire departments, women's organizations and women leaders, mixed social

organizations of the area. The Government bodies are less mentioned, and only CONRED, PNC, Army, EOC, and COLRED/COMRED appear. Departmental governments are not ranked.

- The surveys indicate that about 22% of the women have participated in decision making; 31% have only participated sometimes; 30% have participated a little, and 17% not at all.
- The sheltered women participate in a shelter coordination committee, but principally related to matters of food, and to a lesser extent in strategic decisions.

Protection:

- The results indicate that 27% consider that violence against women has gotten “much” worse with the storms, 34% say it has gotten “a little” worse and 39% believe they have not been affected.
- The types of violence that have affected women within the context of the storm, in order of significance, are: economic violence and property violence, psychological violence, physical violence, sexual harassment, sexual aggression and rape.
- Women indicate that they have experienced racism and institutional violence, which is linked to discrimination, by means of racist violence.
- With respect to access to mechanisms of protection for women, 26% have not had access, and 5% do not seek to file an accusation out of fear. In 38% of the cases, the surveyed persons indicated that the PNC, the MP and the courts are the most accessible entities.
- There are cases of adult men taking advantage of and “hooking up” with young girls/adolescents, with no means to report the behavior.
- In the shelters, 42% indicated there are risks of violence and 75% say it is difficult for women to circulate freely and without danger.
- 92% indicated there are no referral mechanisms for cases of violence or sexual violence, and there is no mechanism for receiving complaints.
- The SOSEP indicates that in the shelters, there is a certain insecurity among the women, and they are coordinating with the PNC to prevent any incidents, in addition to seeking how to improve the lighting in all facilities.

Other risks:

- Snakes and other venomous animals have been found in the homes, brought there by the rivers.
- Communities find themselves cut off by the floods, landslides and collapsed bridges, and there are security risks for women and young girls: whether with respect to accidents, illnesses or for not having access to protection mechanisms in the face of possible violence.
- Foci of infection that generate risks of illnesses due to animals killed by the flooding.
- Little or no information about options to access a shelter and the means of support they could receive in such places, which creates risks of being left out in the open, as has occurred with some communities, mainly affecting women, elderly women and young girls.

Disasters result in those affected facing a series of suffering, damage, loss and transformation in their lives, their environments and their relationships. These sudden changes, which occur in unplanned moments, create a series of economic and physical losses, as well as emotional suffering that deteriorates the health of those persons and impact the losses of their projects for their personal, family and community lives.

At first, the nature of tragedy impedes affected persons from being able to construct new lives, and this is clear in:

- The uncertainty regarding the situation affected people live through and where much depends on government bodies.
- The difficulty to make decisions due to lack of certainty, support and doubt.
- Negative perspective of the future.
- There is a sort of paralysis in planning strategies aimed at achieving short-, medium- and long-term goals.
- A significant portion of the population continues to deny the current situation, wishing to wake up from a dream and get back to their reality from before the disaster.

- In some cases, there is impulsive behavior (especially among youths) who react with rebellion or violence.
- In other cases, there are dependent behaviors, where they expect others to resolve everything. This is mainly due to the fact they are in a period of transition where they have not fully processed the loss, where their life project has been broken and they are finding it difficult to build another.
- It is also clear that there are persons who suppress or deny their emotions, to try to be stronger, or because they have not assimilated what has happened to them.
- It can also be observed, especially in the case of men, that initially there was a tendency to seek ways out through the consumption of alcohol. This can represent a danger with respect to addictions in the mid- to long-term.

The RGA's analysis makes it clear that the vulnerability in which some of people have found themselves has gotten worse. This is not only because the levels of poverty have increased and access to food has diminished, but also because the violence people face has increased.

Women tend to be more affected by damage and losses from the storms. The impact is manifested through several psycho-physiological signs, such as fatigue, headaches, gastro-intestinal illnesses, irritability and slight confusion, sleep or appetite disturbances, increase in levels of alertness-wakefulness. Especially concerning is the depression that is evidenced in various women who are in the shelters. For those women who are in their communities, there is also anxiety, and in some cases, depression, especially as a result of the fear when recalling what occurred, and the uncertainty of not knowing what will happen to their community, being in a high-risk zone.

Although women are essential to the survival of their families, the emergency situation can result in a reinforcement of traditional gender roles and a loss of their autonomy. Women continue to assume almost the totality of the responsibility for reproductive work or care, and men see themselves as "help", but without the same responsibility.

In light of the loss of their means of support, the traumatic experience of the emergency and the uncertainty of the future, most women acknowledge that they feel anxiety and despair, and this increases when they do not have income to sustain their homes.

6. Recommendations

Humanitarian entities have the opportunity to play a key role in the coordination of action. They make it possible to reach populations in an integrated manner, and with common information and joint follow-up actions. The post-disaster recovery and reactivation phase represents a huge opportunity for doing this work in a unified manner and for putting those populations most affected and their right to protection at the center of the response.

6.1. General recommendations

- In crisis situations, we can observe a range of emergency response models that affirm gender inequalities and non-differentiated care. These indicate a need to improve and strengthen public policy and institutional mechanisms that guarantee the inviolability of rights of populations affected by disasters.
- In order to guarantee affected people's human rights, it is important that within all processes carried out by different actors, compliance with international standards on emergency response monitored, and ownership and executions of these standards are strengthened.
- In the coordinated work among humanitarian bodies, of civil society and the government, it is imperative to achieve a more effective response in face of the disasters. Joint efforts are essential for making assistance more efficient and to make it possible to carry out actions without damage. This implies renouncing institutional protagonism, and having a policy of visibility that is coherent with the situation being faced.
- For emergency care, the strengthening of capacities for the integration of gender equality in the work of international and government bodies is essential. It is critical to support the capacity development of personnel in charge of managing the shelters, in this case, the SOSEP.
- The daily work with the state actors responsible for shelters, through training and education, allows a breaking down of prejudices, integrating different approaches to the problems they face, and strengthening their views and capacities to seek solutions. It is necessary to strengthen actors and models of care at shelters in situations of crisis and emergency, adhering to international principles and human rights.
- In the actions implemented, make the effort to separate the information by sex, towns of origin, age and gender identity. This can help track differentiated information over a diverse set of issues and supports more informed decision making on for implementation actions.
- It is necessary to review public policies on risk management in order to mitigate the impacts on vulnerable populations.
- Strive to ensure that humanitarian aid is not politicized or used for evangelizing. Evaluate complements and humanitarian aid that comes from communities, including the ancestral practices of the peoples that strengthen the community organization and acknowledge the roles of women.
- In the coordinated work among humanitarian bodies of both civil and governmental bodies, it is indispensable to achieve a more effective response to the emergency. Joint efforts are essential for making the help more efficient and to make it possible to carry out actions without damage. This implies renouncing institutional protagonism and having a policy of visibility that is coherent with the situation being faced.

6.2. Recommendations by sector

6.2.1. Protection

- Access to clothing, under garments and typical dress of indigenous women is vital for being able to rebuild the dignity of the affected women, young girls and adolescents. Furthermore, the improvement of the conditions of physical health and mental health are a simple, but important action with respect to quality of protection. It is also necessary to have chains and padlocks, protection and hygiene kits for women, candles.
- It is important to pay attention to the exacerbation of social problems in the contexts of emergencies, such as violence against women, sexual violence, racial discrimination, discrimination by gender, poverty and extreme poverty, access to food and to health.
- Give priority to emergency response teams that include personnel with training in gender, indigenous peoples and forms of violence. They may contribute experience and a qualitative perspective about the situation women and other vulnerable populations face with respect to violence.
- Direct gender equality promotion actions with those persons affected are crucial for improving living conditions, especially those of women and young girls. Sensitivity training with men is a key step towards reducing gender-based violence.
- It is necessary to continue developing campaigns at the local municipal levels in the languages of each place so that the information on the rights and the means for filing accusations gets to those persons who are in situations of vulnerability. It is important to support the decentralization of justice services, since, the closer services are, the more accessible they will be to affected people who need to file accusations.
- Give priority to support for women's organizations in local departments, especially those that care for cases of gender-based violence, because they have been the ones that have continued to support those who are victims and survivors of violence, despite the pandemic. The Care Centers for Female Survivors of Violence -CAIMUS- and other similar efforts by women's organizations need economic and material support due to the lack of financing on the part of the government.

6.2.2. Water, sanitation and hygiene

- Contribute hygiene kits, which are key, due to the situation generated by the storms and in the context of the pandemic. For the case of women, it is essential to think of articles that help them resolve their specific needs, related to hygiene as well as sexual and reproductive health care.
- It is important to provide support with inspections of water quality in shelters as well as in the communities that are coming back later from the emergency, and also to support initiatives for removal of waste and cleaning up of the environment.
- One of the essential needs is access to safe and quality drinking water, and it is necessary to think of two types of actions:
 - 1) Install temporary systems for access to drinking water by using community or family water tanks and water tank trucks that can mitigate the emergency situation.
 - 2) Cooperate with the reconstructions or recovery of drinking water systems damaged by the storms, which are key to ensure that the women and their families have the minimum conditions of hygiene. In these efforts, it is essential to take into account the leading role women play to ensure that they can be a part of the decision making in this essential service.

- Sanitation systems, especially sewage or the constructions of latrines, are also fundamental in the post emergency phase, because they permit the minimum conditions for health and they avoid illnesses that could be disastrous when the sanitation system is debilitated or has collapsed.

6.2.3. Livelihoods and generation of income

- The loss of livelihoods demands strengthening and operationalization of public policies and mechanisms related to food security, with implementation differentiated in accordance with the diversity of needs.
- The negative influences encountered by women and their families on the food production systems are enormous, and they lead to major risks of food insecurity in the short- to mid-term. Likewise, the loss of soil, harvests, irreparable damages to basic productive infrastructure for the production of foods represents another enormous challenge. It is necessary to coordinate proposals that can integrate food aid in the short term and the development of production recovery efforts in the mid- to long-term.
- In order to achieve the economic empowerment of women in the medium-term, it is necessary to consider that the majority of those affected are in situations of poverty, so it is important to reactivate their means of support and their access to production resources, training, seed capital and soft credit.
- Although it is necessary to think of food to avoid hunger and malnutrition in the affected population, the key is to generate proposals for food and production development with a comprehensive view, which involve prior knowledge of the experiences and perspectives that women have, so there can be possibilities for greater success.
- The women who lost their homes and belongings need access to the minimum conditions of dignity to be able to reconstruct their projects for life. It is necessary for central government and local governments to generate housing access programs, and for specialized international bodies to collaborate with these efforts. For the women, it is essential to recover key furniture and belongings to guarantee their own security and health, and that of their children. Access to beds, mattresses, pillows, bed linen, basic furniture, curtains, stoves, kitchen utensils, ecofilters, candles, among other things, helps to generate better protection against illnesses and violence.
- The recovery and reconstruction of community infrastructure with collective benefits is important for those communities affected, because they represent the minimum conditions for the well-being of the population. Efforts for reconstruction of key infrastructure that especially benefit women can be supported, such as community [nixtamal] mills, infrastructure for production efforts for women, among others.
- Recovery of the Road Network, such as highways with bridges, is a challenge that the central government needs to face. However, there is a series of secondary or community roads that are essential for everyday mobility of the populations, which can be supported with technical studies and with strategies of social auditing and rendering of accounts.
- The negative influences on the community electrical systems represent a problem faced by the majority of communities affected by the flooding. Although the majority of these facilities is private, belonging to the different electricity distribution companies, there are some communities that have their own distribution networks with which they could cooperate. An example of this includes the affected communities in Uspantán, Zona Reina, Quiché.

6.2.4. Health and sexual and reproductive health

- It is necessary to strengthen the options for providing psycho-social and medical assistance, especially with therapies that address trauma and help to reconstruct projects for life. Specialized psychological support for women and young girls is essential.
- Installation of mobile clinic services and the creation / improvement of COVID 19 tracing equipment.
- Provide comprehensive hygiene kits for women and young girls.
- Support the shelters and health stations of the most affected communities with first aid kits and essential medications.
- Although they are roles that are under the government's responsibility, it is essential to support the reconstruction and/or functioning of community health facilities. Likewise, it is also important to have specialized health personnel in the most affected areas, whether of the permanent type or by means of health fairs or tours. The ideal scenario would be to conduct more focused diagnoses of the health situation in each area in order to concentrate efforts and help in the response and recovery phase.
- Information campaigns on COVID 19 safety measures and the use of protective equipment.
- Mobile clinics or other possible forms that provide sexual and reproductive health services for women and offer access to methods of contraception.

6.2.5. Information and technology

- Access to information on the rights of the most vulnerable populations may be an opportunity for them to start to change their situation, to learn the laws and existing mechanisms for filing accusations, the services that the government and civil society bodies have to support the accusations and to monitor the cases, among others.
- The need for a comprehensive social communication strategy that includes competent government bodies and the persons affected, cooperation entities and civil society.
- Train women in the use of ICT, thinking of community or collective forms of access to these types of resources, which permit a more direct access to information.
- Improve the early warning systems, with the participation of women and with new forms of community communication.

6.2.6. Participation and organization

- Every phase of recovery entails an important opportunity to continue promoting the organization of women and their economic, political and personal empowerment, as well as to advance toward the eradication of gender-based violence. Recovery and reactivation programs must have participation and decision making from these and other vulnerable populations at their very core.
- For women to be able to recover their everyday routine and control over their own lives, it becomes necessary to conduct organized work to recover the social fabric and to promote spaces for organizations of diverse sectors of the community. There is a need to promote the self-organization of women and their participation in the management, planning and decision making in shelters and communities, and for the authorities to value joint work with the population.

- The emergency has driven women to assume fundamental roles in their families and communities, and although initially this is seen as related to their historic gender roles (cleaning, caring and reproduction work), it is an opportunity to empower them and for women to assume a stronger role in decision making in their families, communities and organizational bodies.
- Support strengthening the participation of women in decision-making at the community, municipal, departmental and national levels, especially in those response plans and programs implemented. Access to information about their rights, to strengthen their leadership [capabilities] and to construct their identity as women, build individuals who can hold a better position in their personal and community life.
- Take into account the recommendations and the lessons from the emergency at the community level, seek coordination, contact with women's organizations, conduct initial analyses and make short-, medium- and long-term plans to face it, based on the reality of women and in alliance with women's organizations.