

Final Report

Paraguay: Dengue

DREF Operation	N° MDRPY021
Date of issue: 18 November 2020	
Operation start date: 2 March 2020	Operation end date: 31 July 2020
Host National Society: Paraguayan Red Cross (PRC)	Operation budget: 263,806 Swiss francs (CHF)
People affected: 106,127 people	People Reached: 12,800 people
Red Cross and Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: National Emergency Secretary (SEN), Ministry of Public Health and Social Welfare (MSPBS), Pan-American Health Organization, municipal and departmental governments.	
The Paraguayan Red Cross spent a total of 138,229 CHF. The remaining balance of 125,577 CHF will be reimbursed to the Disaster Relief Emergency Fund.	

<For the final financial report, click [here](#). For Contacts, click [here](#).>

A. Situation analysis

Description of the disaster

In Paraguay, dengue has been a public health problem caused by various factors such as the climate, the final disposal of liquid and solid waste and other issues related to the provision of basic services. By early 2020, Paraguay surpassed the epidemiological trends for dengue outbreaks, with 106,127 suspected cases, 33,483 new cases and 20 deaths as of Epidemiological Week (EW) 6, with an extremely high increase compared to previous years.

The Government of Paraguay declared a health emergency throughout the country¹.

The dengue transmitting vector circulated in all 17 departments in the country, initially gaining strength in the capital city of Asunción and in the Central department. In epidemiological weeks 22, 23 and 24, between 51 and 100 cases of dengue were reported in Central department, followed by 10 to 50 cases in six departments (Alto Paraná, Itapúa, Caaguazú, Boquerón, Ñeembucú and Asunción).



The Paraguayan Red Cross (PRC) delivered cleaning kits in affected communities. Source: PRC.

¹ [Declaration of Health Emergency, Asunción, 18 March 2020, PAHO/WHO](#)

The following table provides a summary of the accumulated State data on cases and suspected cases reported from EW1 to EW30 (29 December 2019 to 25 July 2020)²:

Arboviruses	Cases	Dead's	Suspected Cases
Dengue	60,891	73	159,150
Chikungunya	3	0	266
Zika	0	0	476

In March, the COVID-19 pandemic increased the complexity of this dengue epidemic. As soon as the first COVID-19 cases were detected in the second week of March, the national government declared a National Health Emergency and ordered preventive isolation, mobility restriction and physical distancing measures. In compliance with Ministry of Health instructions, all cases involving fevers were to be treated as suspected cases of COVID-19, which led to a decrease in reporting and registration of dengue cases.

Summary of response

Overview of Host National Society

The Paraguayan Red Cross (PRC) created its Plan of Action to respond to the dengue outbreak throughout the country, specifically in the departments of Asunción and Central, distributing cleaning kits to 2,560 families and waste clean-up kits to 16 brigades and 12 schools. The plan also included community surveillance activities; water, sanitation and hygiene (WASH) assessments, hygiene promotion, and waste management through clean-up and environmental *mingas* (collective work) of which brigades and families were an important part.

Overview of Red Cross Red Crescent Movement Actions in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) supported the National Society in the following actions:

- Epidemiological surveillance of dengue cases
- Acquisition of 8,840 long-lasting insecticidal nets (LLIN): 5,000 for hospitals in Asunción and Central and 3,840 for 1,280 families in 16 communities.
- Contracting of accident insurance for 161 volunteers involved in the operation.
- Mobilization of a Regional Intervention Team (RIT) member to assist with coordination and implementation of activities.
- Technical support from the IFRC country cluster for the Southern Cone and Brazil and the Regional Logistics Unit (RLU).

Overview of non-RCRC actors in country

The Paraguayan government, through its Ministry of Health and the National Malaria Eradication Service (SENEPA), ordered fumigation activities and campaigns to eliminate mosquito breeding sites and promote a culture of disease prevention in both schools and communities.

PRC worked in coordination with the National Emergency Secretariat (SEN), the Ministry of Health and SENEPA.

At the beginning of this operation, meetings were held between Paraguayan Red Cross and the National Emergency Secretariat in order to move forward with the process to acquire 5,000 LLINs. The meetings were attended by SEN's Chief of Staff, the PRC's Executive Director, members of the operation's technical team and the Disaster Coordinator for South America. A similar meeting was held with the Ministry of Health's Health Director.

² [Summary of Epidemiological Situation - Paraguay - 2020](#)

Finally, an inter-institutional roundtable was organized and attended by members of the Ministry of Health, SENEPA and members of Paraguayan Red Cross to coordinate actions in the communities most affected by dengue, implement activities in target schools and coordinate solid waste disposal.

Summary of actions carried out by the government

National Emergency Secretariat	Set up tents to provide care to people in district hospitals due to saturation of health services.
Ministry of Health	The Ministry of Health, through the Health Promotion Directorate, carried out activities in schools within the framework of dengue response, reinforcing actions in schools in the most affected communities in conjunction with Paraguayan Red Cross.
SENEPA	Fumigations in areas most affected by dengue.

Needs analysis and scenario planning

Until July, the greatest impact was observed in Asunción and throughout the Central department, with higher rates in certain cities in this department. The highest percentage of cases (94 per cent) was found in urban or sub-urban areas, specifically in communities settled along riverbanks. These families were previously affected by floods; they usually do not have safe access to basic services or to water and sanitation. These communities faced needs in terms of access to health services and social welfare. Furthermore, they lacked the necessary information to identify dengue signs and symptoms. When this population group is ill, they often do not go to health centres since that implies losing a day of work, and therefore their daily income. All of these factors posed risks for the families and communities most affected by the health emergency.

In addition to the scarcity and low quality of basic services, the lack of safe water supply (common in the capital city) contributed to increasing the needs of the target population. Families resorted to temporarily storing water to wash clothes and household items. The residual water was thrown out inside the dwellings, which led to the creation of the majority of mosquito breeding sites.

A total 60.891 cases of dengue were registered between January and 6 June in 19 health regions in the country, mainly in Asunción and Central department. In addition, a total of 159.150 notifications of suspected cases were accumulated so far this year across all health regions - 71.12 per cent (118,034 / 165,950) in the Metropolitan Area; 107, 311 in Central and 10,723 in Asunción. Three serotypes were detected in the country: DEN-1, DEN-2 and DEN-4, with a predominance of DEN-4.

Health

This operation was launched based on the EW7 (February 15) epidemiological report in which 100 per cent of neighbourhoods in Asunción reported suspected cases. Dengue was reported to be circulating in 17 departments in addition to Asunción, especially DEN-2 and DEN-4 serotypes, but mostly the DEN-4 serotype, which until then had not been as predominant. Both serotypes lead to more severe cases. The Central department had the greatest number of cases, followed by Asunción with 63 per cent of cases. Together, these two areas accounted for 90 per cent of reported cases in mid-February 2020.

Most of the cases were reported in urban and peri-urban communities and settlements that lack environmental sanitation services and the resources to acquire cleaning and waste management supplies. These settlements house a significant number of people at greater risk of infection, such as pregnant women facing possible Zika virus infections and older adults suffering from chronic diseases. They are considered a vulnerable sector due to their overall health status compared to other groups.

People's lifestyles, occupations and behavioural patterns are limiting factors in the prevention of the virus. The lack of basic sanitation services, water supply issues or improper ways of disposing of the water used, and territorial characteristics conducive to the formation of breeding sites, especially during the rainy season, are the social and public issues most commonly seen in targeted areas; these significantly influence the increase and continuity of the disease's prevalence.

Considering the above, the PRC considered appropriate to work with the community to establish a group in the community responsible for surveillance and monitoring of relevant health and sanitation aspects with the aim to prevent and mitigate the effects of dengue. The community health brigades worked to raise awareness of the importance of taking the necessary precautions to prevent the vectors' circulation as much as possible, on assessing the communities' sanitation conditions and on articulating with public health entities to respond to the needs that communities are unable to address on their own (such as removal of debris from vacant lots, cleaning school yards, plazas and other common areas).

The brigades also had the function to empower the community through practices that protect against dengue, such as wearing clothes that cover all areas of the body, using repellent and mosquito nets, and knowing the signs and symptoms of and groups at greatest risk from the disease to quickly identify a potential case and act accordingly.

Prior to COVID-19, children and adolescents spent most of their day in schools, in which the risk of transmission of vector-borne diseases was high. Thus, the PRC decided to work with the main schools in targeted communities

As of late July, 60,891 cases of dengue and 73 deaths were reported. The following health promotion activities reduced the most urgent threats to the health of the people living in the most affected communities: dissemination of information on dengue, using a community-based health and first aid (CBHFA) approach, identification of signs and symptoms, and actions to eliminate vector breeding sites in homes and in the community through community referents.

Water, Sanitation and Hygiene

In the most affected communities, the PRC identified the lack of basic health services, poor environmental sanitation, the absence and poor state of sewage systems, and scarce or no knowledge of waste management. Despite the fact that several communities have pipes for water, these are not adequately managed. The level of sanitation of water pipes makes it impossible to properly dispose of used water. Households faced challenges to use and store water, as well as poor access to waste collection systems, which promoted vector proliferation.

Poor environmental conditions were identified in schools due to the large amount of solid waste and potential water reservoirs in areas around the premises. Sanitation was increased in the sites most affected by dengue because of the increased proliferation of mosquitoes caused by the presence of waste that accumulates water or inadequate water disposal.

In immediate response to the considerable increase in cases, environmental sanitation activities were carried out in conjunction with health promotion that focused on the areas with the highest larval reproduction rates. This reduced the immediate risk of mass reproduction of mosquitoes in the most affected communities. Concurrently, the PRC conducted awareness-raising and dissemination of information on solid and liquid waste management to families and community managers. Promoting the elimination of breeding sites was a key action that reduced the immediate risks of dengue. These actions were implemented in homes and in the community. PRC provided the means to do so by providing community and family cleaning kits, which were essential for the immediate adoption of healthy practices by the affected communities.

Risk Analysis

The PRC conducted a risk analysis that was modified with the COVID-19 health emergency. The following table details the risks identified throughout the operation:

Scenario	Humanitarian consequence	Potential Response
COVID-19 pandemic	Delays in implementation times	Dynamism in the schedule proposed to carry out the operation's activities.
	Total restrictions on circulation across the country	A security/biosafety protocol was developed for the return to field activities. Some actions were conducted remotely. Branch-level activities were modified or reduced.

		International mobilizations (beyond the one RIT member) planned were not possible. These changes entailed a reduction in planned expenditures.
	Positive cases in targeted communities	Two communities were put in quarantine during the operation, which made activities difficult. Paraguayan Red Cross implemented the activities and conducted house-to-house distributions taking the required health measures
Dengue outbreak	Increase in the number of dengue cases	Dengue protection and prevention measures were encouraged, intensifying communication campaigns and sensitizing families in targeted communities.
Bad weather (heavy rains)	Limited access to communities	Rescheduling of activities due to the heavy rains that limit access to communities.

B. Operational strategy

Overall Operational Objective

To contribute to the reduction of the spread of dengue in 16 communities in the departments of Asuncion and Central through health prevention, hygiene promotion, and the implementation of the community mobilization strategy.

Specific objectives

PRC worked on actions to support 6,400 vulnerable people in the departments of Asuncion and Central and 5,000 people in hospitals. The operational strategy followed the Pan American Health Organization (PAHO) recommendations and included risk communication, integrated vector management and personal prevention measures.

The presence of COVID-19 limited the implementation of this operation's activities in the field. With the easing of the measures, PRC volunteers were able to enter the communities and adapt to the "new normal", taking all the biosafety measures when carrying out actions. The PRC implemented new community strategies, emphasizing health, water, sanitation and hygiene promotion, thus ensuring the elimination of the causes of the disease through interventions aimed at eliminating vector breeding sites, the forming of community brigades capable of preventing and responding to dengue outbreaks, and through inter-institutional partnerships with the Ministry of Health, Family Health Units (USFs), municipalities and education sectors, to cover basic services in the most affected communities.

Health

- 1,280 families were reached with information and knowledge on vector control and dengue prevention, including the Community Engagement and Accountability (CEA) approach.
- 16 community health brigades were trained and equipped.
- 3,840 long-lasting insecticidal nets were distributed to 1,280 families.
- 5,000 LLINs were distributed to 20 hospitals.



PRC volunteers distributed kits to families and community brigades. Source: PRC.

Water, sanitation and hygiene promotion

- 1,280 families were reached with information and knowledge on waste management and elimination of breeding sites, including the CEA approach.
- 16 community cleaning kits were distributed.

- 11 school cleaning kits were distributed.
- 1280 family cleaning kits were distributed.
- 11 school protection kits were distributed.

Proposed strategy

Paraguayan Red Cross adopted community strategies such as the identification of community focal points or leaders to identify the families in affected communities as well as to assess community needs, culture, access and feasibility of operation in these communities.

In response to the COVID-19 pandemic, circulation restrictions and mandatory social distancing, the National Society implemented the following dynamics in its strategies based on the type of activity:

- **Volunteer training:** Given the context and the government ban on large gatherings, the volunteers were initially trained, using an online methodology, in various topics related to field interventions. A face-to-face feedback session was held before undertaking the field work to address issues discussed virtually with the volunteers.
- **Contact with communities:** Aligned with the strategy to identify target families, PRC worked directly with community leaders, who in turn prepared a list of families with their contact information (telephone numbers). Families were called to collect the necessary information for future activities. The easing of circulation restrictions in communities made it possible to change the community assessment modality to conducting community censuses in person, always implementing COVID-19 prevention and protection measures
- **Monitoring the situation in communities:** Community surveillance actions involved conducting home visits to monitor breeding sites inside the homes, eliminate them and provide recommendations on preventing them, as well as raising awareness of the importance of taking these measures to prevent a dengue outbreak in the community. The community brigades in conjunction with community agents from the Family Health Units have established and scheduled community walkthroughs (every fifteen days) to monitor the situation with breeding sites and the health risks to the population and be able to take appropriate action.
- **Activities in schools:** The trainings on health promotion, hygiene promotion, waste management, as well as information on COVID-19, were delivered to teachers, principals and parent groups (ACEs: Association for School Cooperation) both virtually and face to face, so that together they could replicate the topics addressed to students.
- **Cleaning and fumigation sessions:** The established community brigades organized with families to carry out cleaning days, in coordination with municipalities to ensure that the waste collected could be removed and disposed of properly.
- **Humanitarian aid distribution:** A safe distribution plan was designed to distribute family and brigade cleaning kits, which established a circuit at the distribution points to contribute to the health and safety of the target population and the PRC volunteers. In summary, the distribution included taking the temperature of the individuals who came to pick up the kits, proper washing of hands before and after the delivery of these, physical distancing, mandatory use of face masks at all times, and constant disinfection of the site and the materials used.

Human resources

The following basic structure was used to carry out activities at the national and departmental level:

Headquarters	1 Operation coordinator 1 Health coordinator 1 Field coordinator 1 Administrative/financial staff 1 driver
Branches	Asunción, Limpio, Capiatá, Ñemby, Mariano Roque Alonso
National Intervention Team (NIT)	13 NIT members mobilized
Volunteers	86 volunteers mobilized for the operation's actions

Logistics and supply chain

The long-lasting insecticidal nets for the operation were purchased internationally, which was coordinated with IFRC's Logistics Unit in Panama. The main procurement processes were handled at the national level by IFRC to support PRC and conducted following standard IFRC procedures.

The following items were acquired:

- 8840 LLINs
- 2560 family kits
- 16 brigade kits
- 16 community kits
- 12 school kits

The National Society used the following logistical supplies: vehicle for implementation of actions in the field, one truck for community distributions and its warehouse

Communications

The communications strategy for this DREF operation was affected by the COVID-19 emergency declared worldwide (10 March by WHO and 16 March in Paraguay). Considering that the Dengue DREF was to begin implementation on 10 March and the urgent need to communicate information on COVID-19, an integrated communications campaign was created. The "Health in your Hands" campaign integrates points to generate changes in the population's behaviour, considering that both diseases are caused by viruses, both require changes in hygiene-related behaviours and habits, and both require commitment by everyone. Complementary messages, specific to each illness, included aspects on related to COVID-19 and personal hygiene and physical distancing; for dengue, messages were created for household and community hygiene.

The campaign, which ran from 16 March to 15 June, provided information to vulnerable communities and the public to adopt healthy habits. All PRC platforms experienced a significant increase in followers, which is attributed to the sites' dynamic content and the relevant and regular information provided. Each post added value to the audience, generating a commitment to follow and interaction among the public and a brand with our target audience.

Facebook	Instagram	Twitter
Posts 36	Posts 36	Tweets 36
Views 854,121	Views 74,006	Views 46,442
Reach 774,376	Reach 52,457	Visits to profile 478
Interactions 10,853	Interactions 1,323	Mentions 222
Likes (pag.) 33,032	Followers 3,749	Followers 1,669

Materials produced for the "Health in your Hands" campaign

- [Campaign identity development](#)
- [Editable template design for branches](#)
- [A4-size poster](#)
- [Stickers for printing](#)
- [36 posts \(copy + audio-visual material\) on Facebook, Instagram and Twitter](#)
- [Dengue breeding site elimination video SP](#)
- [Dengue breeding site elimination video GUA](#)

- [Dengue breeding site elimination audio/spot SP](#)
- [Dengue breeding site elimination audio/spot GUA](#)

Security

The Security Plan prepared by the technical team was socialized and implemented to carry out activities in the field safely and remain mindful of risk factors that may affect staff and volunteers. The Security Plan provides details how the actions will be implemented, what protective equipment will be used in areas affected by COVID19 in the communities, vehicle-related provisions, drivers' and volunteers' roles and responsibilities, number of proposed volunteers, as well as the distribution route taking into account mobility restrictions due to COVID-19.

To ensure the protection of staff and volunteers, constant and conscious analysis was provided, through the acquisition of tools, of the safety risks when a dengue outbreak occurs and how to act in the event a critical incident (critical incident management), through safety education and training.

Accident insurance was provided to 166 volunteers as well as personal protection equipment (PPE) to staff and volunteers who participated in the operation. The following PPE was purchased and provided to the volunteers who participated in the operational actions in the field: long-sleeved, cotton t-shirts with collar; repellent; caps; and fanny pack (32 cm x 15 cm). In addition, 350 PPE including surgical gowns, shoe covers, masks, protective goggles and gloves were acquired through IFRC, which were used by PRC volunteers as a personal protection measures against COVID-19 during the operation.

Information Technology

Paraguayan Red Cross used Open Data Kit (ODK) for complementary assessments on the ground, identification of families, WASH assessments, community surveillance and the satisfaction survey.

Planning, monitoring, evaluation and reporting (PMER)

The operation included the following PMER mechanisms: an internal operation update report 30 days after the start of the operation; a satisfaction survey with the target population; a portfolio of data validation instruments as sources of verification; a digitized and evaluated database of verification sources; and a final project report,

Administration and Finance

The PRC Administration Directorate was responsible for management of funds in country, in compliance with IFRC standard procedures defined in the Letter of Agreement signed between PRC and IFRC for the operation's implementation. The IFRC Finance staff provided the necessary support to the operation for the review, validation of budgets, bank transfers, and technical advice to the National Society on IFRC financial procedures.

C. Detailed Operational Plan

	<p>Health</p> <p>People reached: 12,800</p> <p>Male: 5,504</p> <p>Female: 7,296</p>	
Health Outcome 1: Transmission of diseases of epidemic potential is reduced		
Indicators:	Target	Actual
# of people for whom immediate health risks are reduced	11,400	12,800
Health Output 1.1 Community-based disease control and health promotion is provided to the target population		

Indicators:	Target	Actual
# of families trained at community level	1280	2,560
# PRC volunteers trained in epidemic control and sanitation and hygiene	50	60
# of community brigades formed and trained	16	16
# of kits distributed to brigades	16	16

Progress

National Communication Strategy on dengue

This was carried out through the “Health in your hands” campaign. It was linked to dengue and COVID-19 prevention actions on Facebook, Twitter and Instagram, which aimed to provide information and help vulnerable communities and the general public to adopt healthy habits. Materials were designed and disseminated in targeted communities, and distributed to families and in high-traffic sites such as USFs, markets, municipalities, among others.

The campaign reached; Facebook: 774,376 people and Instagram: 52,457 people.

Community surveillance activities

This activity was conducted in 16 communities served by the branches in Capiatá, Asunción, Limpio and Mariano Roque Alonso. These were carried out through house-to-house visits to up to 30 per cent of the population in each community. Volunteers, accompanied by community brigades, checked dwellings to identify and eliminate breeding sites, reaching a total of 304 households, as detailed in the following table:

City	Community	Households reached
Limpio	Villa Madrid	58
	Nuevo Horizonte	19
	Divino Niño Jesús	17
	Caacupemi	24
Asunción	San Agustín	24
	Caacupemi	35
	Sander	20
	San Miguel Guerrero	8
	Nueva Esperanza	9
Mariano Roque Alonso	La Amistad	5
	San Nicolas de Barís	10
	Sagrada Familia	10
	Riacho San Francisco / Vecinos Unidos	5
Capiatá	Cerrito	10
	7ma compañía	40
	San Antonio	10
Total		304

Training in schools to control the spread of dengue.

These were aimed at principals, teachers and parents, reaching a total of 13 schools in Asunción, Capiatá and Mariano Roque Alonso. The trainings focused on dengue-related topics such as signs and symptoms, prevention and solid waste management. A COVID-19 module was added, which described the disease's characteristics, prevention, spread and appropriate health measures. The following table details the schools reached:

City	Institution	People trained
Limpio	Basic Education Centre N° 3220 San Isidro L	3
	Basic Education Centre N° 3476 Prof. Antonia Aveiro	5
	School Jesús Misericordia N° 6559	5
	School Fray de Bolaños	3
Asunción	Basic Education Centre N° 6038 Caacupemi de fe y Alegría	5
	School Marcelo Espínola	4
	Basic Education Centre N° 6039 Santa Cruz de fe y alegría	7

	Basic Education Centre N° 18 República de Cuba	11
Mariano Roque Alonso	Basic Education Centre N° 7078 La Amistad (virtual)	10
	Basic Education Centre N° 6565 San Nicolas de Barís (virtual)	6
	Basic Education Centre N° 6258 Maria Auxiliadora (virtual)	3
Capiatá	School Cerrito (Virtual)	7
	School Piro'y (Virtual)	1
Total		70

Households health promotion for elimination of breeding sites, protection actions, dengue symptoms and warning signs, in line with CBHFA, PHAST and CEA approach methodologies

A total of 2,560 families were reached through trainings, which were held during family kit distributions. All COVID-19 protocols were followed. Only one representative per family was convened, and kits were distributed to only 20 people at a time (every 30 minutes) to avoid crowds. At each distribution, talks were given to the person or family who received a kit.

The talks, delivered under the CBHFA methodology, addressed topics such as vector control, identification of dengue symptoms, breeding site elimination and waste management. Families received materials (posters, stickers) on the subject (dengue symptoms, waste management), as well as information on COVID-19 prevention measures such as mask use, physical distancing and proper hand washing.

The distribution was organized in a process that included washing before admission, temperature measurement, training space, distribution of the kits to families and satisfaction survey.



The PRC conducted a training for families in the community of San Miguel Guerrero, Asunción. Source: PRC.

Workshops for branch PRC focal points on vector control, sanitation and hygiene promotion

Training was provided to 60 volunteers from the Capiatá, Asunción, Mariano Roque Alonso and Limpio branches. Because of the COVID-19 emergency, these trainings took place remotely (e.g. sending of educational material in PDF format, power points, videos, audios and links of interest). The volunteers received these materials from their branch focal points and the evaluations were performed using Google forms. The following table describes the topics addressed and the number of volunteers per branch.

Training topic	Trained volunteers by branch			
	Asunción	Capiatá	Limpio	Mariano Roque Alonso
Vector Control 1	20	13	12	15
Vector Control 2	20	13	12	15
Vector Control 3	20	13	12	15
Rapid Health Assessment	20	13	12	15
Water and Sanitation	20	13	12	15
Social mobilization and communication for changes in behaviour	20	13	12	15
Community-based surveillance	20	13	12	15
Psychosocial support	20	13	12	15
Gender protection and inclusion	20	13	12	15
Waste Management	20	13	12	15
Use of Personal Protective Equipment	20	13	12	15

Training of community brigades to control the spread of dengue in target communities

A total of 16 community brigades were formed and trained in Capiatá, Asunción, Limpio and Mariano Roque Alonso. Brigades were made up of 6 to 10 people, for a total of 143 individuals including community leaders, neighbourhood commissions, youth groups and community agents from the Family Health Units (USFs). Trainings addressed topics such as dengue signs and symptoms, vector generalities, vector control, breeding site elimination and waste management, as well as induction to the surveillance protocol and community-based health monitoring.

Organizations already embedded in the community were considered when forming the health brigades, which were formalized by having members sign an incorporation register that established the group's objectives, expectations and roles.



PRC volunteers trained the community brigade in the community of El Cerrito, Capiatá. Source: PRC.

Community brigades were created for the following purposes:

- To strengthen epidemiological surveillance systems at the local level for Dengue, Zika and Chikungunya
- To coordinate with local health entities for the establishment of working groups where surveillance and monitoring results were submitted and used to inform joint decision-making on interventions aimed at controlling and mitigating Dengue, Zika and Chikungunya.
- To encourage community participation in monitoring and intervention processes, seeking to achieve greater effectiveness and sustainability of actions.
- To sensitize the participating population about the care and practices to prevent and control vectors that transmit dengue.

The brigades worked in conjunction with the USFs, the municipalities, the health councils, and organizations working in public health. They were also in charge of selecting a sample of the population universe (houses to be visited) in which to carry out the vector incidence controls (number of breeding sites in the house and its surroundings) and to determine the frequency of the home visits to be carried out (recommended: every 15 days). They applied a basic survey to the families visited to ask about issues related to Dengue, Zika and Chikungunya. They recommended to the members of the visited family's effective procedures for the elimination of the breeding sites. Finally, they organized clean-up campaigns in the community (where possible and appropriate and necessary)

The PRC trained a total of 120 individuals (35 men and 85 women), as detailed in the following table:

City	Men	Women	Total
Capiatá	6	17	23
Asunción	15	28	43
Limpio	2	19	21
Mariano Roque Alonso	12	21	33
Total	35	85	120

Distribution of kits to community brigades

City	Kits delivered
Capiatá	3
Asunción	5
Limpio	4
Mariano Roque Alonso	4
Total	16

The PRC distributed 16 kits (hats, repellent, sunscreen, protection goggles and face masks) to the community brigades trained in Capiatá, Asunción, Limpio and Mariano Roque Alonso. Each kit was designed to protect brigade members while they conducted cleaning sessions and community surveillance actions in coordination with USF community agents. The following table provides details on the distribution:

Health Output 1.2: Vector-borne diseases are prevented

Indicators:	Target	Actual
# of households reached with Long-Lasting Insecticidal Nets (3,840 units)	1,280	1,280
# of hospitals supported with Long-Lasting Insecticidal Nets (5,000 units)	20	-

Progress

Distribution of Long-Lasting Insecticidal Nets (LLINs) to families.

A total of 3,840 mosquito nets were distributed to 1,280 households (3 per household) in 16 communities in Capiatá, Asunción, Limpio and Mariano Roque Alonso. The nets were delivered during family kit distributions.

City	Community	Households reached
Limpio	Villa Madrid	175
	Nuevo Horizonte	64
	Divino Niño Jesús	41
	Caacupemi	41
Asunción	San Agustín	107
	Caacupemi	150
	Sander	55
	San Miguel Guerrero	74
	Nueva Esperanza	14
Mariano Roque Alonso	La Amistad	40
	Monseñor Bogarin	19
	San Nicolas de Barís	20
	Sagrada Familia	55
	La Rivera / Vecinos Unidos	186
Capiatá	Cerrito	60
	7ma compañía	129
	San Antonio	50
Total		1,280

Distribution of LLINs to hospitals that were attending cases

A total of 5,000 LLINs were purchased for the distribution to 20 hospitals in Asunción and Central department. The mosquito nets remain to be delivered to hospitals based on the Ministry of Health's recommendations to delay delivery due to the COVID-19 emergency. The PRC is storing the LLINs in its warehouse until the National Emergency Secretariat approves their delivery to hospitals. One thousand nets were given to the SEN for distribution in the temporary collective centres created by the government to contain the spread of COVID-19 that were part of the total purchased. These centres' coordinators have reported significant circulation of mosquitoes as well as cases of dengue in their areas, which made it necessary to take appropriate action.

Challenges

One of the greatest challenges was giving continuity to the dengue response given the emergence of the COVID-19 in the country, as it led to having to adopt new work and communication modalities that affected the volunteers' training, which initially was planned to be in person. As the government ordered social isolation measures and restricted movement and large gatherings, the training had to be adapted to a virtual methodology, which required sending all reading materials on the training topic to volunteers via WhatsApp, email and Bluetooth. With the easing of measures, the training ended with a face-to-face session in each branch for feedback on the topics addressed in trainings.

Another challenge was the suspension of activities and the ban on large gatherings of people ordered by a presidential decree in response to the pandemic. The team was forced to reschedule interventions until gatherings were possible.

Inter-institutional agreements regarding dengue were weakened as State ministries and entities tasked with addressing health emergencies began to focus on COVID-19.

The interinstitutional agreements made through meetings with SENEPA and the Ministry of Public Health and Social Welfare facilitated procedures by the municipal governments of cities where the target communities are located, after analysing the statistical data on dengue together with PRC and in view of the significant number of cases per day, especially in Central department.

Lessons learned

- It is important to have information in advance about the needs of the communities; an analysis of vulnerabilities and capacities could be carried out.
- The means of verification were limited. The use of electronic devices to register activities in the field and avoid the use of paper and other objects will contribute to diminish the risk of COVID-19 transmission.
- Timely coordination and the call for volunteers, including a calendar of activities within the project, contribute to efficiency.
- The dengue symptom guide should be translated in Guarani to ensure reaching all of the target population.



Water, Sanitation and Hygiene

People reached: 12,800

Male: 5,504

Female: 7,296

WASH Outcome 2: Immediate risk reduction of waterborne and water-related diseases in target communities

Indicators:	Target	Actual
# of people at lower risk of dengue due to appropriate prevention and waste management measures	6,400	12,800

WASH Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of WASH assessments	3	3
# of coordination meetings with local institutions involved in dengue control and prevention	6	6

Progress

Conduct WASH assessments with respect to needs and target population

Three WASH assessments were conducted in the 16 beneficiary communities. The first assessment was performed during the families' identification, during which volunteers made house-to-house visits together with community focal points. To this end, a survey format was designed containing questions regarding families' WASH status and hygiene behaviours, habits and needs

The second assessment consisted of touring the communities to verify the data extracted from censuses and obtain additional information on the health and environmental status, in order to tailor intervention and communication strategies accordingly.

The third assessment consisted of chlorine (Cl) and pH measurement in the communities (30 per cent of the population).



PRC conducted a WASH assessment in the community of Caacupemi, Limpio. Source: PRC

Institutional articulation for the implementation of joint activities that contribute to the control and prevention of dengue

Six inter-institutional meetings were held, mostly between participating branches and public health entities working directly with targeted communities, including USFs, the municipalities and SENEPA.

Articulating with the USFs was necessary because they work with and possess information on the target communities, which facilitated the approach to the leaders and therefore to residents. They also contributed significantly to the community selection process because of their knowledge of dengue's impact within their micro-territories and associated environmental sanitation needs, which is why branches tried to involve USFs at all times. USF community agents assisted with community surveillance activities, the identification and elimination of breeding sites and with health and hygiene promotion to families. Moreover, most are members of the community brigades formed.

The municipalities collaborated during clean-up days through their health directorates, making available their garbage collection trucks, their weeding and fumigation equipment as well as their cleaning crews to support community sanitation activities.

The operation's technical team kept in contact with SENEPA to coordinate fumigation actions in several communities as a complement to mosquito elimination and mitigation procedures in the area.

WASH Output 5.1: Adequate sanitation that meets Sphere standards in terms of quantity and quality is provided to the target population.

Indicators:	Target	Actual
# of school cleaning kits delivered	12	12
# of community cleaning kits delivered	16	16
# of family cleaning kits delivered	1,280	2,560
# of families receiving hygiene promotion and waste management clean-up kits	1,280	2,560
Progress		

Distribution of 12 school clean-up kits

The PRC distributed cleaning kits to 12 schools in Capiatá, Asunción, Limpio and Mariano Roque Alonso, which were used to carry out cleaning tasks in schools to eliminate mosquito breeding sites. These kits contained:

School cleaning kit	
10	Waste bag packages
2	Plastic 100-litre trash cans, with pedal
2	Rakes
2	Bottles of bleach (5 per cent)
2	Brooms with wooden handle
2	Wheelbarrows
2	Mosquito net rolls

Distribution of 16 community clean-up kits

The PRC distributed cleaning kits to 16 communities targeted by the operation, which were used for cleaning days or environmental *mingas* organized by the communities with support from branch volunteers and municipalities. Each kit contained:

Community cleaning kit	
100	Waste bag packages
5	Wheelbarrows
15	Rakes
15	Shovels
15	Bottles of bleach (5 per cent)
3	Machetes



The PRC provided the delivery of community cleaning kit to the community of Caacupemi, Asunción. Source: PRC.

Distribution of 2,560 family clean-up kits

A first distribution of 1,280 family kits was made in 16 communities in Capiatá (239 families), Asunción (400 families), Limpio (321 families) and Mariano Roque Alonso (331 families). Considering that USFs were reporting positive cases, the level of vulnerability, the extra funds available, and the capacity of the National Society and of the branches involved in the operation, an additional 1,280 kits were distributed to 400 families in Capiatá, 480 in Asunción and 400 families in Ñemby, for a total of 2,560 kits distributed.

	Communities	Families reached
Limpio	Villa Madrid	175
	Nuevo Horizonte	64
	Divino Niño Jesús	41
	Caacupemi	41
Mariano Roque Alonso	La Amistad	40
	Monseñor Bogarin	19
	San Nicolas de Barís	20
	Sagrada Familia	55
	La Rivera / Vecinos Unidos	186
Asunción	San Agustín	107
	Caacupemi	150
	Sander	55

	San Miguel Guerrero	74
	Nueva Esperanza	14
	Banco San Miguel	250
	San Francisco	180
	Candelaria	50
Capiatá	Cerrito	60
	7ma compañía	129
	San Antonio	50
	8 de diciembre	122
	Uruguay Anahí II	53
	Loma Barrero	99
	Laurely	78
	Aldana Cañada	48
Nemby	Maria Auxiliadora y Divino Niño	92
	Villa del Sur	80
	Las Mercedes	76
	Guayaibity	83
	Nazareno	31
	Primavera	38
	Total	2,560

Hygiene promotion communication materials were delivered with each kit to enable families to eliminate mosquito breeding sites in their home. Kits contain:

Family cleaning kit	
1	Rake
1	Dustpan
2	5-litre bottle of bleach (5 per cent)

Awareness raising activity in hygiene promotion with CEA approach.

Hygiene promotion activities were carried out during community brigade training sessions and community surveillance activities; key messages were delivered through dissemination materials (posters, stickers) during the family kit distributions. In addition to dengue prevention messages, communities were reached with hygiene promotion activities to prevent COVID-19 through training on proper hand washing and correct use of face masks.

Printing of hygiene promotion material

The PRC designed and printed 1,500 hygiene promotion posters that were placed in various sites around communities, such as USFs, supermarkets, community halls, among others, and distributed during trainings to families in communities. The material included relevant information on the actions to be taken to eliminate mosquito breeding sites, on separating recyclable items and proper waste disposal in homes.



Joint community clean-up campaigns

Cleaning campaigns or environmental *mingas* were developed in all 16 communities with support from community brigades, family members and branch volunteers, as well as Limpio, Capiatá, Mariano Roque Alonso and Asunción municipal staff, who assisted with transporting waste to the garbage dump. The communities through their brigades led and managed clean-up activities within their territories.



Residents of the community of Sander, Asunción conducted a community clean-up campaign with support of the PRC. Source: PRC.

Challenges

The context of the pandemic has made it difficult to plan and carry out the assessments and coordination meetings proposed in this DREF operation because of the mobility restrictions in communities under quarantine.

The maintenance of adequate communication with community support institutions allowed adequate management for sanitation activities.

The greatest challenge for the operation was setting up the mechanisms to distribute the family, brigade and school kits.

The increase in positive cases of COVID-19 in targeted areas, most of which could not be traced, constituted a challenge to reach families. As several targeted areas were put under quarantine by the Ministry of Health, house to house visits had to be conducted, taking the necessary biosafety measures and limiting the time spent in the field.

In view of the impact of the health emergency, many communities began to organize daily community breakfasts, lunches, and snacks, forcing PRC to schedule activities for the afternoons. Community sessions (in line with health protocols and regulations for social work in a COVID-19 context) took several days to complete instead of the one or two initially planned.

The families' fear and uncertainty, which was mitigated by the information volunteers provided on how the disease is spread and how to prevent it, was a challenge. The trust built with communities made it possible for distributions (and activities in general) to continue as planned despite the outlook and the restrictions established by the national government.

Lessons Learned

- Consider having masks available for the target population at the time of distributions or activities in general, since they do not always have them or have only low quality protection.
- Include in the community training the correct use of PPE (mask use and the preparation of cloth masks).
- Ensure that hygiene promotion materials are on time for the activities.

National Society Strengthening

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

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
# of PRC branches involved in this operation	4	4
# of PRC volunteers mobilized	75	87

A lessons-learned workshop carried out	1	1
# volunteers provided with personal protective equipment	50	50
150 volunteers are insured	150	166
A Security Plan developed	1	1

Progress

Recruitment of operational staff

The technical team was made up of a health coordinator and a field coordinator (members of Paraguayan Red Cross), who were in charge of coordinating implementation, follow-up and support to operation activities with branch focal points and presidents; a person was hired for administrative, financial and logistical duties; and a driver was also hired to transport the technical team and assisting branches with mobilizations to the field.

Support to local branch implementation

Four branches were involved in the operation: Asunción, Capiatá, Limpio and Mariano Roque Alonso, which carried out plan of action activities in 16 communities as well as coordinated locally with municipalities, USFs and community leaders. A total of 87 volunteers from five branches - Capiatá, Asunción, Limpio, Mariano Roque Alonso and Ñemby - were mobilized for this operation as detailed in the table below:

Branch	# of volunteers mobilized
Capiata	30
Asunción	17
Limpio	12
Mariano Roque Alonso	12
Ñemby	16
Total	87

Lessons Learned Workshop

The Lessons Learned Workshop aimed to identify opportunities for improvement in the operation and contribute to improving the quality of future actions. The workshop was attended by 37 individuals representing: technical sectors that worked in the operation, participating branches, management staff, heads of departments, participating volunteers, participating municipalities, NGOs and community leaders.

PRC worked with four facilitators, who were individuals who were not directly related to the operation, including one representative from IFRC.

The remote and participatory methodology met the physical distancing requirements demanded by the COVID-19. To achieve objectives, the process was divided into three implementation stages. The first stage consisted of information gathering, followed by an analysis of the data collected and finally a stage of conclusions and recommendations to close the workshop. Below is a description of the implementation stages, with methodological details in the next section.

Stage 1: Convening and information gathering.

- Sending of Terms of Reference and convening to the workshop.
- Dissemination of the survey to collect the necessary data used as input to develop the online workshop.

Stage 2: Data analysis and processing

- Facilitator team meeting for analysis and processing of data collected in the surveys carried out in Stage 1.
- Use of matrix where the information that used as input for the development of Stage 3 was processed.

Stage 3: Online workshop, sharing of collected data, development of conclusions and recommendations.

- Launch of the three-hour workshop over the Zoom platform, to reach conclusions based on the information gathered.
- Development of workspaces, both in plenary and in teams of up to ten people, with guidance from the facilitator team.

Based on the workshop's conclusions, the following lessons and recommendations were identified:

Health:

- Have a strategic protocol for the approach to communities. Have protocols in place for each scenario and field work disinfection and intervention.
- Continue to take into account the communities' information in advance, which is currently done. Do not let too much time pass between data collection and delivery, but not too quickly, either.
- Raise awareness regarding the handling of information (personal data) when surveying communities, for better accountability in the future.
- Use a cloud to save information in the form of photographs or data collection surveys.
- Produce dengue materials in the Guaraní language to be able to reach everyone in the community.
- Carry out trainings in Guaraní so that volunteers can practice it when delivering it to the community.
- Promote partnerships with hospitals for disposal of personal protection equipment.
- Have suppliers deliver kits to the branches involved in the project and/or for the National Society to have greater mobility to make the deliveries on time and other actions.
- Further develop the work with the CEA tool for better community insertion.

Water, sanitation and hygiene promotion:

- Carry out continuous assessments of the operation's context in order to be able to make changes regarding purchases or the items to be distributed.
- Take surveys into account when purchasing the items to be distributed.
- When working with suppliers, set deadlines for the delivery of the items ordered.
- Keep in mind that materials must be attractive to the people being targeted and that these should be prepared in two languages (Guarani and Spanish)
- To make the National Society's actions more relevant, it is important to review the WASH needs assessment survey with questions that address the issue in more depth. Have jerrycans to transport drinking water.
- Encourage greater engagement with the target municipalities.

Protection and visibility materials for volunteers involved in emergency response

Protection equipment was provided to 50 volunteers, who received a long-sleeved shirt, a cap and a fanny pack, as well as personal protection equipment as part of the COVID-19 prevention safety protocol.

Insurance for volunteers

This operation enabled the insuring of 166 volunteers. These volunteers were included given that COVID-19 related actions were conducted as part of this DREF operation's implementation. Clear lenses, latex gloves, masks, caps, disposable gowns were purchased to adapt activities to the new context of COVID-19.

Development of a security plan		
The security plan for this operation includes planning for potential scenarios that volunteers may face and the potential response that needs be considered. The issue of biosafety (adequate use of PPE) was included, along with its respective protocol, in view of the COVID-19 context in which the actions were carried out. The plan was socialized with all volunteers in all interventions.		
International disaster response		
Outcome S2.1 Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
A monitoring and operational support mechanism	1	1
Output S2.1.1: Effective and respected surge capacity mechanism is maintained		
Indicators:	Target	Actual
Monitoring visits	3	3
Surge capacity mobilizations	2	1
Progress		
Monitoring and support missions by IFRC (CCST, DM, Finance and Logistics)		
During the start of the operation, an induction process on the actions was carried out and the IFRC Disaster Coordinator was mobilized. Monthly virtual meetings were held throughout the operation due to flight restrictions to Paraguay.		
Mobilization of rapid response personnel (General and Health Promotion & WASH RITs x 3 months)		
A general RIT was mobilized to coordinate the Dengue operation and support the National Society. Because of the flight restrictions, the RIT has been providing support to the COVID-19 operation. Mobilization of people for Health, Water, Sanitation and Hygiene Promotion could not take place because of the border closure caused by the COVID-19 pandemic. The impossibility of planned mobilizations has reduced the planned budget.		
Challenges		
Two of the branches involved in the operation did not have institutional vehicles for field activities. Plans were made with the technical team to have vehicles available to carry out the activities. The common factor during the entire operation was the context of the COVID pandemic, which prevented monitoring visits because of flight restrictions in each country; however, remote monitoring of and follow-up meetings on the operation's actions and technical support were carried out.		
Lessons Learned		
<ul style="list-style-type: none"> - The communication channels between the coordination and the volunteers should be better organized. These need protocols and socialization with the branches. - It would be interesting for the PRC to develop a preliminary prototype for the selection of families in a state of vulnerability. - Plan in time and form the transportation of kits, and an adequate vehicle. . Include in the budget expenses for mobility, contingencies (fuel, gas, etc.), driver, etc. And have a suitable place for the deposit of KITS. - Adaptation to the new action monitoring modality. - Creating proposals or strategies to approach communities in the context of the pandemic. 		

D. FINANCIAL REPORT

As an annex.

Contact Information

<p>Reference Documents</p> <p>Click here for:</p> <ul style="list-style-type: none">• Emergency Plan of Action (EPOA)	<p>For more information, specifically related to this operation, please contact:</p> <p>In Paraguayan National Society</p> <ul style="list-style-type: none">• Carlos Escobar Goiburú, Acting President of the Paraguayan Red Cross, email: presidencia@cruzroja.org.py• Arturo Ojeda (Executive Director) arturo.ojeda@cruzroja.org.py <p>At the IFRC:</p> <ul style="list-style-type: none">• Alexandre Claudon de Vernisy, Head of Country cluster for the Southern Cone and Brazil, alexandre.claudon@ifrc.org phone +54 911 3004 4360• Felipe Delcid, acting Head of the Disaster and Crisis Department; email: felipe.delcid@ifrc.org phone: +507 317 3050• Susana Arroyo, Communications Unit Coordinator for the Americas; email: susana.arroyo@ifrc.org• Maria Larios, Planning, Monitoring, Evaluation and Reporting (PMER) regional manager, maria.larios@ifrc.org
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How we work.

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

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



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



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



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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/02-2020/10	Operation	MDRPY021
Budget Timeframe	2020/02-2020/07	Budget	APPROVED

Prepared on 16/Nov/2020

All figures are in Swiss Francs (CHF)

MDRPY021 - Paraguay - Dengue 2020

Operating Timeframe: 29 Feb 2020 to 31 Jul 2020

I. Summary

Opening Balance	0
Funds & Other Income	263,806
DREF Allocations	263,806
Expenditure	-138,229
Closing Balance	125,577

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	88,917	52,449	36,467
AOF5 - Water, sanitation and hygiene	91,313	40,309	51,004
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	180,230	92,758	87,472
SFI1 - Strengthen National Societies	21,407	15,956	5,450
SFI2 - Effective international disaster management	58,522	27,632	30,889
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	3,648	1,882	1,765
Strategy for implementation Total	83,576	45,471	38,105
Grand Total	263,806	138,229	125,577

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/02-2020/10	Operation	MDRPY021
Budget Timeframe	2020/02-2020/07	Budget	APPROVED

Prepared on 16/Nov/2020

All figures are in Swiss Francs (CHF)

MDRPY021 - Paraguay - Dengue 2020

Operating Timeframe: 29 Feb 2020 to 31 Jul 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	134,540	60,871	73,669
Clothing & Textiles	22,100	18,387	3,713
Medical & First Aid	3,900	4,735	-835
Teaching Materials	43,520	1,785	41,735
Other Supplies & Services	65,020	35,963	29,057
Logistics, Transport & Storage	28,690	23,263	5,427
Storage		1,533	-1,533
Distribution & Monitoring		16,564	-16,564
Transport & Vehicles Costs	5,000	2,043	2,958
Logistics Services	23,690	3,124	20,566
Personnel	60,025	34,119	25,906
International Staff	42,000	19,320	22,680
National Society Staff	12,600	6,614	5,986
Volunteers	5,425	6,667	-1,242
Other Staff Benefits		1,518	-1,518
Consultants & Professional Fees	1,500	1,914	-414
Professional Fees	1,500	1,914	-414
Workshops & Training	5,200	423	4,777
Workshops & Training	5,200	423	4,777
General Expenditure	17,750	9,202	8,548
Travel	10,500	4,850	5,650
Information & Public Relations	4,000	479	3,521
Office Costs	1,400	821	579
Communications	1,350	685	665
Financial Charges	500	2,367	-1,867
Indirect Costs	16,101	8,437	7,664
Programme & Services Support Recover	16,101	8,437	7,664
Grand Total	263,806	138,229	125,577