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Emergency Appeal
Operation Update no. 2
Central America: Dengue Outbreak

International Federation of Red Cross and Red Crescent Societies

Emergency Appeal: MDR42005	
Date of issue: 25 November 2019 **Operation start date:** 18 September 2019	**Expected timeframe:** 12 months **Expected end date:** 18 September 2020
Overall operation budget: 2,900,000 Swiss francs (CHF) **Donor Response:** 42%[1]	**DREF allocated:** 806,249 (Nicaragua, Honduras and Guatemala)
Total number of people affected: 1,250,000 people	**N° of people to be assisted:** 550,000
Red Cross Red Crescent Movement partners currently actively involved in the operation: five National Red Cross Societies of the Central American Region (Guatemala, Honduras, El Salvador, Nicaragua and Costa Rica), American Red Cross, China Red Cross - Hong Kong branch, Japanese Red Cross Society, Red Cross of Monaco, Spanish Red Cross, Swedish Red Cross, The Canadian Red Cross Society, The Netherlands Red Cross, the International Committee of the Red Cross (ICRC), Norwegian Red Cross, Swiss Red Cross and Italian Red Cross.	
Other partner organizations actively involved in the operation: Ministries of health from each of the target countries, European Commission (DG ECHO), Canadian Government, Netherlands Government, Spanish Government, Médecins Sans Frontières (MSF), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Oxfam International, Save the Children, Pan American Health Organisation (PAHO), United Nations Children's Fund (UNICEF), the Adventist Development and Relief Agency (ADRA), Mennonite Social Action Commission (CASM by its Spanish acronym) and Oxfam International.	

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A. SITUATION ANALYSIS

Description of the disaster

Dengue is endemic in the Americas, and dengue outbreaks have occurred every three to five years over the past two decades. In several countries in 2019, the number of cases before peak season was already equal or above the total number of cases in previous years. Additionally, potentially deadly severe dengue cases are on the rise, with children being the demographic most at-risk.

*Photo SEQ Figure * ARABIC 1: Nicaraguan Red Cross Training for volunteers on epidemic vector control. Source: NRC. October 2019.*

The cumulative incidence rate of dengue in the Central America region is higher than in the previous five years, with an incidence of more than 100 cases of dengue per 100,000 people. In Central America, as of

[1] As of 25 November 2019.

epidemiological week (EW) 45 (4 to 10 November 2019), 349,076 people in Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua have been reported to have dengue in 2019. Considering that dengue cases are typically underreported (with a 14 to 28-time ratio), the number of people who have been infected with dengue is likely much higher.

Three countries in Central America have declared an Epidemiological Alert for the current outbreak: Honduras (14 June 2019), Guatemala (29 July 2019) and Nicaragua (31 July 2019). El Salvador and Costa Rica are reporting an increase in dengue cases compared with previous years, and ministries of health of both countries are implementing response activities to reduce the incidence of cases. Still, no epidemiological alert had been declared as of EW 44.

In **Costa Rica**, the number of suspected dengue cases in 2019 is considerably higher than the number of cases in 2018 and 2017. As of EW 45, a total of 7,900 cases have been reported. The most affected areas are in the North Central and Caribbean regions in Sarapiquí, Guácimo, Pococí, and Turrialba. The Costa Rican Ministry of Health is actively seeking to reduce the presence of the mosquito vector using insecticides and partnering with Honduras on related activities. There has been an increase of the cases of dengue during the last 7 weeks, from 5,729 reported from EW 37 (September 10 to 17, 2019) to 7,900 cases reported in EW 45. The has been a worrying increase in the number of sever dengue cases, from 2 to 10 in the reporting period.

In **El Salvador**, 25,686 dengue cases have been reported as of EW 45. Fourteen people have died as a result of severe dengue. According to the Salvadorean Ministry of Health, the most affected departments are Santa Ana, Ahuachapán, Sonsonate and Cabañas. The Salvadorean Red Cross Society (SRCS) has developed a strong relationship with the Ministry of Health over the last few years and constant coordination is ensured with regards to the ongoing dengue outbreak in the country. Recent rains have increased the cases of dengue, especially in regions located in Bajo Lempa and San Salvador as well. The combination of high temperatures and rainfall increases the proliferation of mosquitoes. As such, it is expected that the number of cases might increase during the months of November and December. Currently, there are 105 laboratory-confirmed dengue cases in the country.

In **Guatemala**, according to the latest information available, a total of 54 deaths out of 44,616 cases (of which 85 were classified as severe dengue) have been reported as of EW 45 (4 to 10 November 2019). Among the deaths reported, over half were children below 15 years of age, of whom the majority were children aged from 5 to 9. According to the Guatemalan Ministry of Health, the most affected departments are Huehuetenango, Quetzaltenango, Petén, Suroriente, Guatemala, and Las Verapaces. Though the trend is now appearing to decline, it is unclear if this will be a sustained trend. The rainy season in Guatemala continues, and cases have remained higher than previous epidemic years, with 2014 reaching a peak in cases in EW 49 (which this year will be 1 to 7 December, 2019) after an initial drop. From EW 37 to 44, there has been an increase of around 20% in the number of reported cases. October rains will contribute to the proliferation of mosquitoes and therefore an increase in cases is to be expected. Beyond the dengue outbreak, there have also been newly reported cases of malaria in the operational areas. The current dengue operation is contributing to respond to malaria vector control as well.

Honduras is experiencing the worst dengue outbreak in its history, with 157 deaths and a case fatality rate (CFR) of 0.20%.[2] The country has reported 96,779 cases of dengue as of EW 45. Nearly one quarter of the cases reported were classified as severe dengue. The Honduran Ministry of Health indicates that the most significant number of dengue cases are in the departments of Cortes, Santa Barbara, and Comayagua. However, all 20 health regions in the country have reported dengue cases.

[2] PAHO Dengue cases reported in the Americas.

The increase in the number of dengue cases started in April 2019. As of EW 45, 96,379 dengue cases have been reported, of which 77,744 (80.7%) are classified as dengue and 18,635 (19.3%) are classified as severe dengue.[3]

Dengue: Among the 79,826 cases accumulated up to EW 45 of 2019, 93.3% occurred in 12 health regions: Yoro, Central District, Cortes, Olancho, Atlantis, Colon, Choluteca, Santa Barbara, Copán, MSPS, Comayagua and La Paz.

Severe dengue: Up to EW 44, 18,635 cases have been reported, representing an increase of 18,099 cases when compared with EW 44 of 2018 (in which 536 cases had been reported). Among the 18,635 cumulative cases of Severe Dengue up to EW 44 of 2019, 92.0% occurred in six health regions: Cortes, Metropolitana de San Pedro Sula, Santa Barbara, Metropolitan MDC, Valle and Yoro.

Deaths: Up to EW 44, there were 253 deaths suspected to be caused by dengue. Of those, 156 deaths were confirmed to be dengue-related by laboratory tests and 46 were determined to have no relation to dengue. There are an additional 38 cases in the process of confirmation. 57.8% (89) of those deceased were under the age of 15, of which 52.8% (47) were between 5 and 9 years of age.

In **Nicaragua**, 172,095 dengue cases have been reported as of EW 46, including 26 deaths due to severe dengue[4]. The government of Nicaragua has reported that the most affected departments are Leon, Carazo, Esteli, Chinandega, Masaya and Managua. The outbreak is primarily affecting children, with the highest incidence rates seen among 10 to14 year-old children as well as among 5 to 9 year-old children. During the last 7 weeks there has been an increase of over 32% in the number of cases reported, from 116,381 cases reported in EW 37 to 172,095 number of cases reported in EW 46 (10 to 16 November 2019).

From a regional point of view, there is an increasing risk of dengue infections since Central America is in its rainy season and this risk increases in more impoverished areas where improper waste disposal and water and sanitation systems generate stagnant water, which is a breeding site for the Aedes aegypti mosquito.

On 11 November, the Pan American Health Organization (PAHO) issued a report regarding the impact of dengue in the Americas region. Between EW 1 and EW 42 of 2019, a total of 2,733,635 cases of dengue (280 cases per 100,000 population) have been reported in the region, including 1,206 deaths. Of the total cases, 1,217,196 (44.5%) were laboratory-confirmed and 22,127 (0.8%) were classified as severe dengue. The reported case-fatality rate was 0.044%. The number of cases reported in 2019 as of EW 42 (2,733,635) is the largest recorded in the history of dengue in the Americas, exceeding by 13% the number of cases reported in the epidemic year of 2015. In 2019, the proportion of severe dengue (0.8%) has exceeded that observed in the previous four years.

The following factors and conditions contribute to the risk of a worsening outbreak exceeding endemic thresholds throughout the region:

- Increased rainfall leading to faster outbreak spread due to a higher number of mosquito breeding sites.
- Typically, the highest incidence for dengue in Central America occurs from August through November and sometimes extends to January.
- Currently, the four dengue serotypes (DENV 1, DENV 2, DENV 3 and DENV 4) circulate simultaneously in Central America, which increases the risk of severe cases and the consequent burden of care for health services. Serotype 2 is one of the deadliest and is the one that is currently affecting children and adolescents in the region.
- Children under 15 are the most affected group. In Honduras, they constitute 66% of all confirmed deaths, while in Guatemala, they represent 52% of the total cases of severe dengue. According to

[3] Source: Unidad de Vigilancia de la Salud (UVS) de la Secretaría de Salud. / Vol. 53, Sem. Epi. 44, 2019
[4] PAHO / WHO Dengue indicators

PAHO, this heightened risk is the result of low exposure, and therefore, low immunity among this age range.
- There has been inadequate environmental management and limited access to water services in impoverished areas.
- The Central American region is experiencing a series of political and social challenges (restructuring of the Ministry of Health in El Salvador; health sector strikes and social mobilizations in Honduras, Nicaragua and Guatemala; etc.) that are hindering access to health services for the population affected by dengue fever.
- Migrants and internally displaced people in the region may find accessing health services challenging.

National Societies in Central America have supported community health outreach activities and used their unique access to cover gaps in service provision, including support for environmental approaches to health. They have worked in the past to overcome the issues outlined above and are well equipped with the skills needed to respond.

Summary of current response

Overview of Red Cross Red Crescent Movement in country

Various partner National Societies have a presence in Central America. In Guatemala, Spanish Red Cross (SpRC) and Norwegian Red Cross (NorCross) are supporting the Guatemalan Red Cross (GRC) in different programmes related to health and disaster management. In Honduras, SpRC, NorCross, Swiss Red Cross (Swiss RC), German Red Cross (German RC) and Italian Red Cross (IRC) are present in the country. Both German RC and IRC are supporting Honduran RC on the Dengue response. There are some ongoing coordinated actions to respond to the dengue outbreak with the ICRC. In El Salvador, SpRC, NorCross, Swiss RC, and IRC have permanent delegations in the country. In Nicaragua, SpRC and NorCross are present, and the Nicaraguan Red Cross (NRC) leads ongoing coordination. There are currently no Partner National Societies with a permanent presence in Costa Rica.

The two National Societies that had not received DREF support (El Salvador and Costa Rica) have already designed dengue response plans for the upcoming months. Costa Rican Red cross will be facilitating training on identification of dengue signs and prevention measures, carrying out breeding site elimination campaigns and implementing information campaigns with a CEA approach in the affected and at-risk communities. Salvadorean Red Cross will be delivering education sessions for community leaders, heads of households and school children on preventing the spread of dengue, as well as carrying out breeding site elimination and fumigation campaigns. Initial allocation of funds has been assigned to kick off the response operations for both National Societies. In the next operation update, the activities and indicators from both National Societies will be included.

The International Committee of the Red Cross (ICRC) has permanent missions in Guatemala, Honduras, El Salvador, and Nicaragua coordinated by the ICRC Regional Delegation for Mexico and Central America, based in Mexico City. The ICRC coordinates its actions and cooperates closely with the different National Societies and Movement partners active in these countries, in particular the IFRC. The main activities of the ICRC in the countries in which the Emergency Appeal is implemented (except Costa Rica) aim at alleviating the human suffering caused by violence in the region and provide a response to the humanitarian needs of the missing persons and their families, the migrants and the internally displaced, persons deprived of freedom and people affected by violence. In Nicaragua, the ICRC focuses in the area of detention and supporting the capacities of the National Society in the Safer Access Framework and Restoring Family Links. In all countries, the ICRC strives to strengthen the capacities of the National Societies in close coordination with the IFRC and partner National Societies. The ICRC will provide all the support needed to facilitate the implementation of this Emergency Appeal.

Information has been continuously shared through the regional dengue dashboard, epidemiological updates, dengue information bulletins and other approaches. Partners have expressed interest in the dengue outbreak, and Red Cross response.

Overview of non-RCRC actors in country

The IFRC maintains close and constant coordination with PAHO, which in turn works closely with the different ministries of health responding to the dengue outbreak in their respective countries. PAHO has established joint missions to affected countries, and coordination is in place to ensure National Societies are integrated into the respective ministry of health plans. PAHO technical experts are available to provide professional advice as needed.

Since the declaration of the nationwide epidemiological alerts in Honduras, Guatemala, and Nicaragua, continuous coordination meetings were organized with the ministry of health of each country. Strong coordination also has been set up at field level through the intersectoral coordination mechanism. It is expected that this intersectoral coordination mechanism will continue until the outbreak is entirely under control.

Respective ministries of health have procured and are using chemical and biological means to control mosquito populations. These include adulticides (to kill adult mosquito vectors) and larvicides (to reduce mosquito populations by killing them in their larval stage before they become adults). Governments are also supporting source reduction through elimination campaigns in homes and information campaigns.

Constant coordination has been maintained with external partners carrying out dengue fever response activities. In Honduras, OCHA has provided an Emergency Cash Grant (ECG) of 100,000 US dollars (USD) for the United Nations, while PAHO/WHO is also providing support through the purchase of medical supplies for the response.

Other actors implementing activities include Oxfam, ADRA, Médecins Sans Frontières (MSF), World Vision and UNICEF.

- UNICEF in conjunction with PAHO / WHO and Ministries of Health and Education in the respective countries have developed and distributed educational materials for schools to educate children on dengue symptoms and prevention in Guatemala, Honduras, and Nicaragua.
- ADRA, CASM and COPECO are involved in elimination of breeding sites activities through cleaning campaigns, risk communication, and support for larvicide and adulticide programmes in Honduras.
- Oxfam is supporting municipal authorities with fumigation campaigns and WASH supplies in schools in El Salvador.
- In El Salvador, Save the Children is supporting 11 municipalities with existing Zika programs.
- MSF continues supporting hospitals in the most affected geographical areas with human resources, medical equipment and supplies.

Needs analysis and scenario planning

Needs analysis

Dengue in the Americas has evolved from a low dengue-endemic state to a pandemic state with indigenous transmission now observed in almost all countries[5]. The increasing trend in severe dengue cases and the occurrence of more severe cases in children is alarming. There is no specific treatment to cure dengue, but the early identification of early warning signs and symptoms and early supportive care can save lives. Control measures rely on reducing the population of the Aedes aegypti mosquito through vector control

[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2803522/

activities. The success of these activities depends on an ongoing process that promotes community mobilization and empowerment based on the community-based health and first aid (CBHFA) approach. This approach enables to plan, develop, and evaluate activities with communities that respond to the needs identified by the communities themselves, promote behaviour change, and mitigate the effect of negative social and environmental determinants. To ensure appropriate care-seeking for early supportive care, and to encourage household- and community-level action to reduce mosquito populations in the community, all activities will be based on the Community Engagement and Accountability (CEA) approach. Key messages that promote positive behaviour change in communities will be shared. Communication activities based on the evolution of the epidemiological situation, monitoring and response to rumours and misinformation, and increased participation of volunteers and community leaders in dengue prevention activities will also be included as the response strategy.

One of the main characteristics of the dengue outbreak in 2019 is the high number of cases and their lethality. The mortality rate is high, especially among children below 15 years old. The health authorities have been quite proactive to respond to and treat the reported cases of dengue.

Houses that have not been able to be assessed are at potential risk of developing breeding sites for the mosquitoes. Some communities need a specific approach due to challenges in terms of accessibility and security. Some communities depend on water storage systems for their water supply and are therefore at higher risk, as water deposits are breeding sites. Also, some neighbourhoods have significant waste, which also increases the proliferation of breeding sites.

There has been relevant progress in terms of eliminating breeding sites through cleaning. There is a demand to support the staff of the ministries of health to strengthen their capacities to respond to the dengue outbreak. National Societies coordinate with interagency coordination systems to plan different activities, especially community fumigation, to respond to the dengue outbreak.

As it was flagged in the description of the disaster section, there has been an increase of between 20% to 30% in the number of dengue cases since the first Operations Update. There have been significant efforts from the authorities to respond to the dengue outbreak, mainly through fumigation, removing breeding sites and communication campaigns. However, the capacity to respond from the humanitarian community is not enough given the geographical scope of the outbreak. The National Societies' concerns about the increase in cases during the months of October and November have been confirmed and validated through dengue statistics provided by PAHO and the different Ministers of Health across the Central America Region.

Operation Risk Assessment

Access to some geographical areas affected by organized violence can be challenging in some communities of Central America, especially in the Northern Triangle (Guatemala, Honduras and El Salvador). National Societies in the region have increased their capacity to access some of these areas through training in security management and Safer Access (some of them implemented through the DREF-funded operations in the region).

Most of the challenges related to safer access are linked to a weak structure at the community level and safety concerns. It is expected that community leadership and community mobilization will be strengthened to ensure proper coordination with community counterparts. To manage potential challenges, the National Societies will increase the presence of the staff and volunteers, and actions related to community mobilization will be implemented. Moreover, National Societies have security focal points for dealing with security management. Constant coordination is ensured between the National Societies and the ICRC for safer access challenges. ICRC has proposed its support to address safer access issues, if necessary.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective:

The overall objective of the operation is to contribute to prevent and respond to the dengue outbreak in affected countries in Central America, reaching 550,000 people in Guatemala, Honduras, El Salvador, Nicaragua and Costa Rica through activities focusing on:

- Health;
- Water, Sanitation and Hygiene Promotion (WASH);
- National Society Capacity Strengthening; and
- Effective and Coordinated International Disaster Response.

Proposed Strategy

Implementation will be driven by a community and people-centred approach where individuals and communities are enabled to lead their own response process; assistance which supports and builds on local capacities and links to Government plans; and households and communities that remain better prepared to cope with future outbreaks.

The main efforts will be focused on the following actions:

1. Supporting National Societies to decrease community-level risks through source reduction actions for mosquitoes including environmental management and water and sanitation activities in communities and schools;
2. Support community prevention and response through risk communication campaigns and community engagement and accountability;
3. Support Ministries of Health and other partners in meeting gaps in epidemic response, especially with regards to community engagement around chemical methods of mosquito control (larvicide and fogging).

This operation has been designed considering the specific needs, capacities and contexts of each of the five National Societies included in this Emergency Appeal. As such, a flexible approach has been adopted when designing each country's operational plan, allowing each NS to focus on the areas where their capacities can better meet the humanitarian needs on the ground. Each National Society has a unique plan of action aimed at one common goal, and the indicators presented in the Appeal's Emergency Plan of Action (EPoA are meant to be the best reflection of their collective efforts to achieve the main goal of this operation: the reduction of risk, morbidity and mortality related to the current dengue outbreak in Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 149,826
Male: 74,913
Female: 74,913

Outcome 1: ***Health outcome: The morbidity and mortality of dengue has been reduced through effective management of health emergency risks in affected and at-risk countries.***

Indicators:	Target	Actual

# of families reached through home visits	TBC	Honduras: 16,107 Guatemala: 3,020 Nicaragua: 8,700 El Salvador: To be reported Costa Rica: To be reported **Total: 27,827 Families**
# of dengue prevention plans based on the CBHFA approach	TBC	Honduras: 79 Guatemala: 16 Nicaragua: 11 El Salvador: To be reported Costa Rica: To be reported **Total: 106**
Output 1.1: The spread and impact of dengue is reduced through community-based Health and first aid (CBHFA) approach		
Indicators:	**Target**	**Actual**
# people that receive information regarding identification of dengue signs and symptoms and/or prevention measures.	550,000	Honduras: 80,535 Guatemala: 25,791 Nicaragua: 43,500 El Salvador: To be reported Costa Rica: To be reported **Total: 149,826**
Estimated number of people informed through communication campaigns	3,000,000	Honduras 300,000 Guatemala: 27,363 Nicaragua: 1,507,325 El Salvador: To be reported Costa Rica: To be reported **Total: 1,834,688**

HONDURAS

<u># of families reached through home visits</u>

Following the LIRA assessment and the formulation of anti-dengue plan of actions, home visits were carried out to families in the most affected areas.

The following activities were carried out in these visits: delivery of key messages on early identification and symptoms of dengue, removal of vector breeding sites, house-to-home fumigation and delivery of cleaning kits.

All these actions contributed to reach 16,107 home visits (for the detailed number of visits see <u>Annex 1</u>).

GUATEMALA

<u># of families reached through home visits</u>

<u>Estimated number of people informed through communication campaigns</u>

The images below illustrate the activities carried out by the Guatemalan Red Cross in the dissemination of awareness messages among community leaders, at-risk communities and household visits, as shared on the National Societies' Twitter account. To date, 3,020 households have been reached through home visits and an estimated 27,363 people have been reached through communication campaigns in Guatemala.

Photo 1: GRC communication campaign through social media.

NICARAGUA

<u># of families reached through home visits</u>

<u># of people that receive information regarding identification of dengue signs and symptoms and/or prevention measures</u>

The Health Centres (ESAFC by its Spanish acronym), have selected the neighbourhood intervention to register the number of cases in a given neighbourhood. When the neighbourhood is large, the sector most affected by dengue cases is considered as a priority for home visits. To date, 5,045 home visits (60.4% of the target) have been carried out informing families about dengue, signs, symptoms and prevention measures, as well as identifying and eliminating positive breeding sites.

The districts of Managua are still to be completed, which includes District III: Barrio Camilo Ortega and el Recreo and District V: Comarca Las Jaguitas and Comarca San Antonio Sur.

Output: 1.2: Schools have information on the prevention and early detection of dengue complications.		
Indicators:	**Target**	**Actual**
# educational sessions with adults on preventing the spread of dengue	80	Honduras: 18 Guatemala: 46 Nicaragua: 200 El Salvador: To be reported Costa Rica: To be reported **Total: 264**
# educational sessions with schoolchildren on preventing the spread of dengue	5,000	Honduras: 3,445 Guatemala: 3,165 Nicaragua: 9,184 El Salvador: To be reported Costa Rica: To be reported **Total: 15,794**
# educational sessions with community leaders on preventing the spread of dengue	80	Honduras: 18 Guatemala: 46 Nicaragua: 188 El Salvador: To be reported Costa Rica: To be reported **Total: 252**

HONDURAS:

educational sessions with schoolchildren on preventing the spread of dengue

The campaigns carried out in schools to eliminate breeding sites, which are reported under Output 2.1, also included educational sessions through recreational activities such as fairs, socio-educational events, distribution of cleaning educational material and cleaning kits. The cleaning kits contained: shovels, brooms, rakes, gloves and dumpsters for school cleaning sessions.

Photos 2 and 3: HRC volunteers carrying out activities in schools. Source: HRC September 2019

One of the critical challenges was the safety of the team on the ground, especially in the communities of San Pedro Sula, which was managed by adopting the preventive security measures of the movement. As well as local coordination with key actors in the communities served, coupled with the integration of radiocommunications in the field.

A total of 3,445 children and young people were trained in 18 trainings in educational centres in San Pedro Sula, Puerto Cortés, Chamelecón and Santa Barbara:

Community	Council	Date	People reached
San Pedro Sula			
Armenta	CEB 18 de Noviembre (ARMENTA)	09/08/2019	154
	CEB 18 de Noviembre (ARMENTA)	28/08/2019	234
	CEB 18 de Noviembre (ARMENTA)	07/08/2019	92
Zapotal	CEB Pompilio Ortega (ZAPOTAL)	14/08/2019	309
	CEB Pompilio Ortega (ZAPOTAL)	29/08/2019	236
	Instituto Gubernamental Zapotal	15 and 16/08/2019	104
Puerto Cortés			
El porvenir	CEB Marco Aurelio Soto	19 and 21/08/2019	579
Cieneguita	CE Mary Frenter	20 and 23/08/2019	102
Palermo	CEB Nueva Honduras	28/08/2019	98
Campana	CE Heriberto Castillo	28/08/2019	158
	CE Heriberto Castillo	29/08/2019	308
Centro	CE Great Freedom	30/08/2019	122
La laguna	CE Días Felices	02/09/2019	97
Centro	CEB Manuel Bonilla	04/09/2019	298
Chamelecón			
Guanacaste	CE José Castro López	02/09/2019	256
Santa Bárbara			
Llano del Conejo	CE Manuel de Jesús Subirana	30/07/2019	29
	CE Manuel de Jesús Subirana	30/08/2019	262
Jilote	CE Francisco Morazán	01/08/2019	7
Total of students reached			**3,445**

Photo 4 and 5: HRC conducting campaigns in Schools. Source HRC November 2019.

GUATEMALA

educational sessions with adults on preventing the spread of dengue

educational sessions with schoolchildren on preventing the spread of dengue

educational sessions with community leaders on preventing the spread of dengue

At the national level, workshops on "Prevention and Control of Dengue", directed by Red Cross Volunteers were held through recreational-participatory methodologies developed by the technical team of the Guatemala Dengue Action Plan.

The increase in awareness is achieved through educational sessions and home visits, aimed at community leaders, parents, school children and adolescents, youth and adults, implementing the method (Experiences, Reflections, Conceptualization and Action), emphasizing the main topics such as: dengue and severe dengue early signals, elimination of breeding sites, kit contents and promoting cleaning sessions in and around schools through the Turn, Elimination, Clean and Close down strategy (VELITA by its Spanish acronym).

So far, 128 school sessions have been delivered by the Guatemalan Red Cross technical Team and volunteers, and community leaders who are part of the volunteer network in Vector Control, Use and Management of BTI and Danger Signs and Symptoms in the Jaguitas have been trained (total of 46 community leaders trained so far).

NICARAGUA

educational sessions with adults on preventing the spread of dengue

educational sessions with schoolchildren on preventing the spread of dengue

educational sessions with community leaders on preventing the spread of dengue

The educational community has been involved in establishing actions for the reduction of dengue in 9 educational centres, including teachers, students, and parents of families who have been informed. Activities have included a workshop on Dengue to students/teachers, workshops for parents, cleaning sessions at schools, and exhibition fairs. Activities at the Colegio San Joaquín in the Jaguitas community are yet to be finalized.

The formation of school brigades has been achieved in each educational centre, and two workshops have been given on vector control, use, and management of BTI, and early signs and symptoms identification to 345 students.

Teachers at 7 schools have received training in Vector Control, use and management of BTI, Alarm signals, and have committed to replicate the training in their classrooms. The Jaguitas and San Antonio Sur Educational Centre are pending,

The number of adults reached through these sessions might exceed the planned target, as work continues to carry out sessions at two schools in the capital.

Output: 1.3: Improvement of the capacities of vulnerable populations through communications campaigns based on the CEA approach that promote the adoption of behaviours that decrease the incidence of dengue cases.

Indicators:	Target	Actual
# of communication plans to sensitize and inform families about dengue, zika and chikungunya	1	1
# of campaigns (including awareness tools and) to implement dengue, zika and chikungunya prevention awareness	5	Honduras: 1 Guatemala: 1 Nicaragua: 1 El Salvador: To be reported Costa Rica: To be reported **Total: 3**

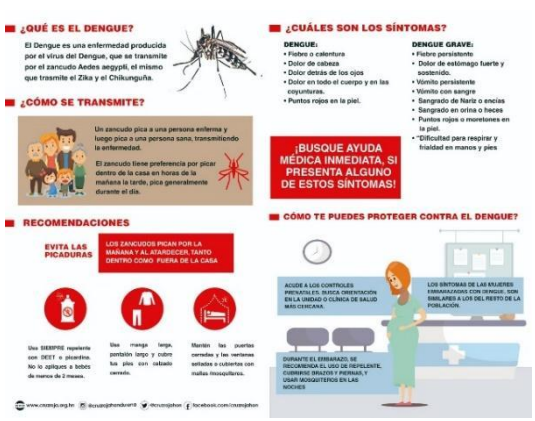
HONDURAS

<u># of campaigns to implement dengue, zika and chikungunya prevention awareness</u>

Reproduction of educational material (brochures, posters, stickers): The Communication and Image Management and the Health Departments of the National Society worked on reviewing and updating the graphics and critical messages of educational materials for educational campaigns, which were distributed in the communities with 11 HRC recommendations.

Brochures

Flyers



Sticker

Message dissemination campaign with CEA approach (advertising spots, radio spots, etc.):

Initially, the launch of the operation was carried out in conjunction with the authorities of the Ministry of Health in the department of Cortez, where local and national media coverage was carried out to raise awareness among the population of the areas most affected by the epidemic.

From the Communication and Image Management Department of the HRC, spots were designed for radio and television videos, which were used by local television and radio stations and for mass awareness campaigns in the communities served by the DREF (now Emergency Appeal).

Photo 6: Dengue awareness Session day. Source: HRC 2019.

GUATEMALA

<u># of campaigns to implement dengue, zika and chikungunya prevention awareness</u>

The following are examples of Facebook and Twitter deliverables from Guatemala Red Cross with messages on how to prevent dengue:

Guatemalan Red Cross social media post on dengue symptoms.

Analytics on Twitter post about the brush and clean up tool.

Analytics on Facebook post about the Guatemalan Red Cross actions to response to the Dengue outbreak.

Analytics on Twitter post about symptoms of dengue.

Analytics on Twitter about dengue prevention.

NICARAGUA

<u># of campaigns to implement dengue, zika and chikungunya prevention awareness</u>

As part of the house-to-house visits reported under Output 1.1, families received a set of critical messages designed for the disposal and prevention of breeding sites and proper management of containers where water is stored. Additionally, a series of informational materials have been developed by NRC with messages on how to identify and prevent dengue, as illustrated below:

Output: 1.4: The National Societies affected have the necessary resources and competence to support health authorities in activities in the communities affected and at risk of the dengue epidemic.		
Indicators:	**Target**	**Actual**
# of first and second-level health personnel trained in clinical management of dengue.	250	Honduras: 132 Nicaragua: 60 Guatemala: 60 El Salvador: To be reported Costa Rica: To be reported **Total: 252**
# of health personnel and community volunteers trained in timely case identification and referral.	250	Honduras: 200 Guatemala: 149 Nicaragua: 55 El Salvador: To be reported Costa Rica: To be reported **Total: 404**
# of PSS Sessions for families emotionally affected by the virus	80	Nicaragua: 5 Honduras: this activity was not included in the plan Guatemala: this activity was not included in the plan El Salvador: this activity was not included in the plan Costa Rica: this activity was not included in the plan **Total: 5**

HONDURAS

<u># of health personnel and community volunteers trained in timely case identification and referral</u>

Community monitoring workshop for HRC and CEA volunteers: Within the framework of actions to increase HRC's capacities in response to epidemics, specifically arboviruses, five workshops were developed for 200 National Society volunteers and community volunteers from the communities served by the Operation. The workshops had a focus on community outing strategies in the areas most affected by the dengue epidemic.

HRC, in implementing the recent Zika project, trained volunteers in CBHFA, to map risks and share this data with partnered local health authorities. People were trained in Community-Based Surveillance and in identify risks through geographic maps. These volunteers have been also supporting the Dengue appeal, and more will be trained as needed in order to expand the range of action.

Photo 7: HRC trainings to staff and volunteers. Source: HRC October 2019

<u># of first and second-level health personnel trained in clinical management of dengue</u>

Three training workshops for health personnel in clinical management of dengue: A training course was carried out for the first level of care staff in the Health units of the Armenta, Zapotal and FESITRANH Communities, in matters of clinical management of dengue. This process was carried out with RIT support.

In addition, an update session was developed on the clinical management of patients with dengue, aimed at medical staff of the second level of care, especially doctors and nursing in the hospital area of Mario Catarino Rivas Hospitals, Leonardo Martinez Hospital and Health Municipality Care Units of San Pedro Sula, which are in charge of providing direct care to patients with dengue.

This training was developed by 6 medical specialists of the Mario Catarino Rivas Hospital in the specialties of Infectiology, Paediatrics, Epidemiology, Entomology and Internists, who provided a high-level training to the health personnel expected to provide better care in the clinical management of patients in order to reduce the incidence of deaths in the most vulnerable.

NICARAGUA

# of PSS sessions for families emotionally affected by the outbreak

Three psychosocial support workshops have been held, one per NRC branch: Masaya, Chinandega, and Managua, to prepare volunteers for the implementation of psychosocial support sessions in schools. A session is pending for each educational centre.

Additionally, support has been provided to the Ministry of Health with two meetings with the country's epidemiologists, who are convened by the Ministry of Health and who train their staff. The workshops aimed to strengthen the institutional human resource of MINSA that allows a better approach to the dengue epidemic.

Water, sanitation and hygiene

People reached: 107,910 (21,582 Families)
Male: 53,955
Female: 53,955

Outcome 1: Dengue's risk has been reduced thanks to hygiene promotion and vector control

Indicators:	Target	Actual
# of communities that have controlled mosquito breeding sites	80	Honduras: 15 Guatemala: 12 Nicaragua: 12 El Salvador: To be reported Costa Rica: To be reported **Total: 39**
Output 1.1: Social mobilization is promoted for the elimination of dengue vector reproduction sites		
Indicators:	**Target**	**Actual**
# breeding-site elimination sessions conducted	80	Honduras: 132 Guatemala: 12 Nicaragua: 6 El Salvador: To be reported Costa Rica: To be reported **Total: 140**
# of community leaders empowered through dengue prevention and sanitation measures	240	Guatemala: 271 Nicaragua:200 Honduras: 140 El Salvador: To be reported Costa Rica: To be reported **Total: 611**
# of kits distributed	7000	Honduras: 7500 Guatemala: 3,873 Nicaragua: 500 El Salvador: To be reported Costa Rica: To be reported **Total: 11,873**
# of households reached by the fumigation campaigns and home visits	7,000	Honduras: 10,540 Guatemala: 6,257

		Nicaragua: 3200 El Salvador: To be reported Costa Rica: To be reported **Total: 19,997**

HONDURAS

Among the primary needs identified was the need to eliminate breeding sites. Elimination campaigns are being carried out, including days of mass fumigation in the target communities. The intervention has been prioritized in areas where dengue cases have been identified:

breeding-site elimination sessions conducted:

Under the Operation, 123 elimination of breeding sites campaigns were implemented in the following communities:

San Pedro Sula, 31 campaigns: Colonia FESITRAN (2), Community Armenta one and two (8), Zapotal Community (8), Bordo de Rio Blanco (8), Veracruz (1), Los Pinos (4).

Santa Bárbara, 34 campaigns: Barrio El Llano (8), Barrio los Emilios (3), Barrio La Libertad (6), El Mirador (4) and El Chaparral (3).

Progreso, 6 campaigns: Colonia Mangandy 1 (3), Las Colinas uno (1), Los Laureles (2).

San Manuel, 25 campaigns**:** Casmul dos (1), Casmul tres and Adonilo Palma (1), Casmul uno, dos and tres (1), Lidia Martínez and Montes de Olivo (1), El Paraíso y Constantino Catillo (1), Chavarría and Calán (1), La Delicia and Buenos Aires (1), Monte Olivos (1), El Paraíso, Centro (1), El Calan (1), Aldeas Libertad and Vegas of Ulua (1), Los Laureles and Colonia Chavarría (1), Lomas del TEHUMA and Casmul tres (1), Colonia Buenos Aires (1), Villas del Castle (1), Colonia Juan Pablo, Ramón Martínez y Lomas del Zate (1), Nueva Esperanza, Monte de Zion, Dionisio Bardales and Villa Vinda (1), Odonilo Palma, Constantine, Dionisio Bardales (1), El Centro, Lidia Martínez and Ramón Martínez (1), Barrio Suyapa and Las Delicias (1), Colonias Betel and Ana Melissa (1), Aldea el Plantel y Barro (1), Cowle and La Mora (1), Valle Verde and Loma San Manuel (1) and Barrio David y Lomas de Guanacaste (1).

Villanueva, 14 campaigns: Colonias de Suiza two and three (9), Barrio El Centro (1), Aldea Calán (2), Aldea El Venado and San Isidro and Aldea Santa Eduviges (1).
Chamelecón 5 campaigns: Colonia Morales two and four (2), Chotepe (1), Nena Hernández and Guanacaste (1) and San Isidro (1).

La Lima, 2 campaigns: Colonia Nuevo San Juan one and two (2).

Choloma, 6 campaigns: Colonia 15 de Septiembre (1), Colonia Edilberto Zolano (1), Colonia El Ceibón (2) and Colonia Las Pilas (2).

Potrerillos, 4 campaigns: Barrio Suyapa (1), Barrio Morazán (1), Aldea Higueritos (1) and Aldea La Garroba (1).

Omoa, 6 campaigns: La Venada (1), Barrio Salinas (1), La Isleta and La Playa (1), La Loma, El Paraíso and San Maren (1), Barrio San Antonio and Colonia Costa Rica (1), Aldea la Venada and Tulian Field (1).

# of community leaders empowered through dengue prevention and sanitation measures

In order to provide comprehensive care to target communities, meetings were established with community organizations, where 12 Anti-Dengue Plans of Action were designed and implemented:

- San Pedro Sula- 7 Plans of Action: Colonia Fesitranh (1) Armenta Community One (1), Armenta 2 (1), Zapotal Community (1), Rio Blanco Board (1), Veracruz (1), Los Pinos (1).
- Santa Bárbara- 5 Plans of Action: Barrio El Llano del Consejo (1), Barrio los Emilios (1), Barrio La Libertad (1), Barrio El Mirador (1) and Barrio El Chaparral (1).

# of kits distributed

7,500 “Untadita” kits were purchased and delivered in the communities served by the operation, accompanied by the practical demonstration of the use of these inputs for the elimination of vector eggs in batteries and barrels.

# of households reached by the fumigation campaigns and home visits

As reported under Output 1.1, a total of 16,107 home visits have been carried out in Honduras thus far. The following activities were carried out in these visits: distribution of key messages on early identification and symptoms of dengue, removal of vector breeding sites, house-to-home fumigation and distribution of cleaning kits.


Photo 7: HRC trainings to staff and volunteers. Source: HRC October 2019

GUATEMALA

# of breeding site elimination sessions conducted:

In coordination with key stakeholders and the participation of COMUDE (Municipal Development Council), COCODES (Community Development Council), members of the Guatemalan Army, members of Military Reserves, staff of the Ministry of Health and Social Assistance, elimination of breeding sites sessions were carried out in the areas of risk in the colonies of Mitch and La Refinery of the municipality of Puerto Barrios-Izabal, collecting a total of 20 tons of unused containers. During the reporting period, community communication information material was printed and delivered with key messages to foster awareness in the targeted population for the elimination of breeding sites.

# of houses reached by the fumigation campaigns and home visits:

Chemical control in homes is done outside and inside the houses. The actions are carried out in coordination with the staff of the Ministry of Health and Social Assistance through the staff of the Vector Transmitted Diseases Program. The application of Temephos for the elimination of larvae is done directly to containers found in the dwellings. Deltamethrin is applied with fogging pumps within the house. While the vector program is directly responsible for these activities, they are incorporated into the teams or brigades of the Ministry of Health and the Guatemalan Red Cross Volunteers.

The selection of the locations targeted was carried out jointly with local authorities of the Ministry of Health, based on the Recipient Index, Breteau Index, Housing Index, and suspected and confirmed cases of dengue. The activities are being carried out in the communities of:

- Municipality of Coatepeque Quetzaltenango, Community San Vicente Pacaya and Community Santa María el Naranjo.
- Municipality of Retalhuleu, Community San José La Gloria and Colonia Flamenco.
- Municipality of Mazatenango Suchitepéquez, Colonia El Compromiso, Canton Progreso and Aldea Las Delicias.
- Municipality of Chiquimula, Urban Area Sectors D and G.
- Municipality of El Estor Izabal, Urban Centre in, Barrio San Francisco, Barrio San Jorge and Barrio La Corroza.

- Municipality of Puerto Barrios Izabal, Sector El Mitch and Sector la Refinería

NICARAGUA

# of community leaders empowered through dengue prevention

Eleven committees of community leaders were reached with training workshops on instructional guide visits and identification of breeding sites in homes, as well as the proper management of containers where water is stored.

Output 1.2: **The response of the Ministry of Health is strengthened**

Indicators:	Target	Actual
# of fogging pumps purchased	80	Honduras: 15 Guatemala: 26 Nicaragua: 33 El Salvador: To be reported Costa Rica: To be reported **Total: 74**
# of communities that have reduced the larvae	72	Honduras: 16 Guatemala: 15 Nicaragua: 6 El Salvador: To be reported Costa Rica: To be reported **Total: 37**

National Societies have progressed in the procurement of the fogging pumps for the fumigation campaigns. Fumigation activities have been arranged in close coordination with the coordination mechanism platforms.

Protection kits have been procured, and basic training has been provided for the management of the equipment. The ministries of health have appreciated the support for the fumigation activities due to the great demand for fumigation plus the accessibility to geographical areas for security reasons.

The geographical areas that have been prioritized for fumigation have been selected based on the cases of casualties that have been reported.

HONDURAS:

# of communities that have reduced the larvae:

A decrease of 17.4% in Aedes aegypti Rapid Index Surveys (LIRA for its acronym in Spanish) has been observed in the intervened communities in Honduras: To determine the baseline and the impact of the percentile decrease, two Aedes Aegypti Rapid Index assessments were performed in the communities with the accompaniment of the Ministry of Health. The result of the first LIRA was an average of 28.1%. Different actions were carried out to eliminate breeding sites of the vector (campaigns of elimination of hatcheries, educational days, fumigation, delivery of cleaning kits ("*untadita*"). For the second LIRA the result was 10.7%, showing a reduction of 17.4% compared with the first assessment.

# of fogging pumps purchased:

15 fogging pumps were purchased for the execution of the fumigation campaign, with which fumigation was carried out in 10,540 homes.

GUATEMALA:

# of fogging pumps purchased:

GRC has procured 26 fogging pumps. They have been distributed across the 6 GRC branches and a small amount has been donated to Minister of Health to support them on this fumigation campaigns (see image in following page). There are 4 fogging pumps that will be purchased to finalize GRC commitments with their branches in the upcoming days.

NICARAGUA:

<u># of fogging pumps purchased:</u>

NRC has bought 33 fogging pumps to carry out the fumigation campaign in close coordination with the Ministry of Health (MoH). 19 of those 33 fogging pumps have been donated to the Ministry of Health. The efforts in terms of fumigation from NRC have been focused on Masaya, Chinandega and Managua.

Photo 8: Guatemalan MoH Twitter post on the donation of 3 fogging pumps received from Guatemalan RC. GRC has donated a total of 19 pumps to the MoH thus far.

Strategies for Implementation

Outcome 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 S1.1.1 The capacity development and organizational development objectives of the National Societies are facilitated to ensure that they have the legal, ethical and financial foundations, systems and structures, skills and capacities necessary to plan and act.		
Indicators:	**Target**	**Actual**
# of National societies that are better prepared to respond to future outbreaks	5	3 (Honduras, Guatemala and Nicaragua)
# National Societies have included preparedness elements to respond to future outbreaks in their contingency plans for 2020	5	0
Output 1.2: **National Societies have the necessary corporate infrastructure and systems in place**		
Indicators:	**Target**	**Actual**
# of personal from National Societies that has been hired as part of the Dengue Operation	150	Honduras: 10 Guatemala: 8 Nicaragua: 5 El Salvador: To be reported Costa Rica: To be reported **Total: 23**
# of volunteers that has been mobilized to respond to the dengue outbreak	3,000	Honduras: 235 Guatemala: 220 Nicaragua: 125 El Salvador: To be reported Costa Rica: To be reported **Total: 580**

The main focus of the National Societies during the first weeks of implementation has been the response to the affected communities by the dengue outbreak. During the upcoming months, there will be efforts channelled to support the contingency plans for each NS with regards to preparedness to respond to future outbreaks.

Most of the staff for the operation has been hired for Honduras, Guatemala, and Nicaragua. There are ongoing discussions with Costa Rica and El Salvador to define their interventions and coordination has been held with the Ministries of Health from each country.

In terms of the procurement of specific equipment, 15 Mototurbo Motorola radios were purchased, which were used by the technical staff executing the actions in the field through the radio communication reference.

Visibility material for volunteers, including protective equipment (masks and gloves) and visibility for vehicle income for mobilizations, has been purchased.

In Honduras, two trainings in analysis and mitigation of vulnerability and security risks were facilitated for 20 SN volunteers and collaborators. This training process was carried out with the support of the IFRC and other NS: CR Costa Rica, CR Mexicana, CR Guatemala.

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: An effective response preparation and response capacity mechanism is maintained in case of emergency situations of National Societies

Indicators:	Target	Actual
# of IFRC staff that has supported the dengue operation	10	12
# of Monitoring visits that have been carried out	20	4
# of RITs that have been mobilized	3	4
One external evaluation of the operation carried out	1	Planned

There have been 12 staff from IFRC highly involved in this operation from the design and DREFs to the Emergency Appeal. The staff from IFRC that have participated in this operation had different roles: head of operation, head of Central America CCST, staff from different areas, information management, planning, monitoring, evaluation and reporting, finance, partnership resource development, surge, health, security and water, sanitation and hygiene.

So far there have been four IFRC monitoring visits and two RITs have been deployed to Honduras and Nicaragua specialized in health to support the Appeal actions. There have been another 2 RITs that have been deployed to the Regional office to support on PMER and Information Management.

Contact Information

Reference documents

Click here for:

- Emergency Appeal & Emergency Plan of Action

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

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

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

ANNEX 1 – HONDURAS HOME VISITS

Department of Cortés		
HRC Council - San Pedro Sula		
Communities	**Dates**	**# of visits**
Armenta	8/8/2019	189
	9/8/2019	290
	12/8/2019	218
	14/8/2019	164
	15/8/2019	260
	13/9/2019	150
	14/9/2019	260
	15/9/2019	91
Zapotal	15/8/2019	188
	16/8/2019	280
	23/8/2019	256
	24/8/2019	261
	5/9/2019	133
	6/9/2019	122
	10/9/2019	257
	17/9/2019	183
Bordo Rio Blanco	27/8/2019	174
	28/8/2019	332
	29/8/2019	148
	30/8/2019	141
	31/8/2019	78
	17/9/2019	413
	18/9/2019	142
	28/9/2019	100
Los Pinos	5/9/2019	171
	9/9/2019	69
	10/9/2019	63
	19/9/2019	105
FESITRANHH	3/8/2019	69
	22/9/2019	175
Veracruz	3/9/2019	148
Total		**5,630**

Cortés		
HRC council - San Manuel		
Communities	**Dates**	**# of visits**
Casmul 1 y 2	15/8/2019	14
Casmul 3 y Adonilo Palma	16/8/2019	53
Lidia Martinez y Montes de Olivo	17/8/2019	25
El Paraíso y Constantino Catillo	18/8/2019	36
Chavarria y Calán	19/8/2019	22
La Delicia y Buenos Aires	20/8/2019	14
Monte Olivos, Lidia Martinez y Constantino	27/8/2019	130
El Paraíso, Centro	28/8/2019	122

B° el Calan, Suyapa y Delicia	29/8/2019	167
Aldeas Libertad y Vegas de Ulua	30/8/2019	107
Los Laureles y Colonia Chavarria	2/9/2019	72
Lomas del TEHUMA y Casmul 3	3/9/2019	88
Colonia Buenos Aires y Villas del Castillo	4/9/2019	69
Colonia Juan Pablo, Ramón Martínez y Lomas del Zate	5/9/2019	55
Nueva Esperanza, Monte de Sión, Dionisio Bardales y Villa Vinda	6/9/2019	188
Odonilo Palma, Constantino, Dionisio Bardales	9/9/2019	154
El Centro, Lidia Martínez y Ramón Martínez	10/9/2019	134
Barrio Suyapay Las Delicias	11/9/2019	121
Barrio Calan, Col. Chavarria, Los Laureles y Col. Buenos Aires	12/9/2019	144
Casmul 1,2,3	13/9/2019	119
Colonias Betel y Ana Melissa	19/9/2019	77
Aldea el Plantel y Barro	20/9/2019	39
Cowle y La Mora	21/9/2019	140
Valle Verde y Loma San Manuel	22/9/2019	152
Barrio David y Lomas de Guanacaste	23/9/2019	168
Total		**2,410**

Department of Cortés		
HRC Council - Villanueva		
Communities	**Dates**	**# of visits**
Colinas de Suiza 1	21/8/2019	271
Colinas de Suiza 3	22/8/2019	178
Colinas de Suiza 2	23/8/2019	133
Colinas de Suiza 3	24/8/2019	89
	2/9/2019	157
Colinas de Suiza 2	4/9/2019	131
Colinas de Suiza 1	5/9/2019	226
Colinas de Suiza 3	6/9/2019	216
Barrio El Centro	7/9/2019	127
Colinas de Suiza 3	8/9/2019	89
Aldea Calán	18/9/2019	92
	19/9/2019	221
Aldea El Venado y San Isidro	20/9/2019	134
Aldea Santa Eduviges	21/9/2019	108
Total		**2,172**

Department of Cortés		
HRC Council - Choloma		
Communities	**Dates**	**# of visits**
Colonia 15 de Septiembre	12/8/2019	133
Colonia Edilberto Zolano	12/8/2019	75
Colonia El Ceibón	13/8/2019	68
	14/8/2019	63
Colonia Las Pilas	15/8/2019	82
	16/8/2019	54
Total		**475**

Department of Cortés		
HRC Council - Omoa		
Communities	**Dates**	**# of visits**
La Venada	16/8/2019	34
Barrio Salinas	21/8/2019	25
La Isleta y La Playa	22/8/2019	38
La Loma, El Paraíso y San Maren	29/8/2019	36
Barrio San Antonio y Colonia Costa Rica	30/8/2019	85
Aldea la Venada y Tulian Campo	31/8/2019	36
Total		**254**

Cortés		
HRC Council - Chamelecón		
Communities	**Dates**	**# of visits**
Colonia Morales # 4	29/8/2019	122
Colonia Morales # 2	30/8/2019	160
Chotepe y Morales 4	4/9/2019	173
Chotepe, Nena Hernandez y Guanacaste	6/9/2019	229
San Isidro	8/9/2019	119
Total		**803**

Department of Cortés		
HRC Council - Potrerillos		
Communities	**Dates**	**# of visits**
Barrio Suyapa	12/9/2019	83
Barrio Morazán	13/9/2019	74
Aldea Higueritos	22/9/2019	115
Aldea La Garroba	23/9/2019	124
Total		**396**

Department of Cortés		
HRC Council - La Lima		
Communities	**Dates**	**# of visits**
Colonia Nuevo San Juan 1	1/9/2019	191
Colonia Nuevo San Juan 1 y 2	8/9/2019	209
Total		**400**

Department of Santa Bárbara		
HRC Council - Santa Bárbara		
Communities	**Dates**	**# of visits**
Llano del Conejo	8/8/2019	162
	9/8/2019	127
	14/8/2019	50
	15/8/2019	143
	16/8/2019	100
	31/8/2019	297
	7/9/2019	215
	24/9/2019	34
La Libertad	13/8/2019	198

	26/8/2019	92
	27/8/2019	92
	1/9/2019	204
	4/9/2019	42
	26/9/2019	142
	18/8/2019	99
	19/8/2019	94
	8/9/2019	59
El Mirador	24/9/2019	173
	11/09/210	124
	12/9/2019	65
EL Chaparral	23/9/2019	27
	10/8/2019	35
Los Emilios	16/8/2019	35
	31/8/2019	38
Total		**400**

Department of Yoro		
HRC Council - El Progreso		
Communities	**Dates**	**# of visits**
Colonia Mangandy	17/8/2019	217
Colonia 03 de Abril	18/7/2019	141
Las Colinas # 1	24/8/2019	136
Col. Los Laureles	7/9/2019	155
Colonia 03 de Abril	12/9/2019	152
Colonia Los Laureles	12/9/2019	119
Total		**920**