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# Emergency Appeal

## 6-months Operations update

### Central America: Dengue Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

#### Emergency Appeal: MDR42005

<b>Date of issue:</b> 17 Abril 2020	<b>Expected timeframe:</b> 18 months
<b>Operation start date:</b> 18 September 2019	<b>Expected end date:</b> 18 March 2021 (6-month extension)
<b>Overall Operation Budget:</b> 2,900,000 Swiss francs (CHF) <b>Donor Response:</b> 42%	<b>DREF allocated:</b> 806,249 (Nicaragua, Honduras and Guatemala)
<b>Total number of people affected:</b> 1,250,000 people	<b>Number of people to be assisted:</b> 550,000

**Red Cross Red Crescent Movement partners actively involved in the operation:** five National Red Cross Societies in the Central American region (Guatemala, Honduras, El Salvador, Nicaragua and Costa Rica), American Red Cross, Canadian Red Cross Society, Chinese Red Cross - Hong Kong branch, Dutch Red Cross, Italian Red Cross, Japanese Red Cross Society, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross and the International Committee of the Red Cross (ICRC).

**Other partner organizations actively involved in the operation:** Ministries of Health in each targeted country, the Adventist Development and Relief Agency (ADRA), Government of Canada, Doctors Without Borders (MSF), European Commission (DG ECHO), the Mennonite Social Action Committee (CASM), the Government of the Netherlands, Oxfam International, Pan American Health Organization (PAHO), Save the Children, the Government of Spain, the United Nations Children's Fund (UNICEF), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

The Central American National Societies and especially their health teams have been involved in preparing and responding to the COVID-19 pandemic in their respective countries. COVID-19 epidemiological data shows an upward trend in the region. It is expected that the number of cases and likely the number of deaths will increase in the next few weeks and months. This situation leads to a delay in the actions committed to the emergency appeal to respond to Dengue Outbreak. There are many limitations to developing community-based activities due to the containment decreed by almost all Central American countries.

Considering the trends in the region, and the challenges of continuing planned activities in the face of mobility restrictions by COVID-19, the operation will be extended for six months. New end date: 18 March 2021

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

## A. Situation analysis

### Description of the disaster

Dengue is an endemic disease in the Americas, and dengue outbreaks have occurred every three to five years over the past 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.

According to the World Health Organization (WHO), 3,139,335 cases of dengue (incidence of 321.58 cases per 100,000 inhabitants) and 1,538 deaths were reported in the Americas in 2019 between epidemiological week (EW) 1 and EW 52. Of the total number of reported cases, 1,367,353 (43.6 per cent) were laboratory-confirmed and 28,169 (0.9 per cent) were classified as severe dengue. The case-fatality rate was 0.049 per cent.

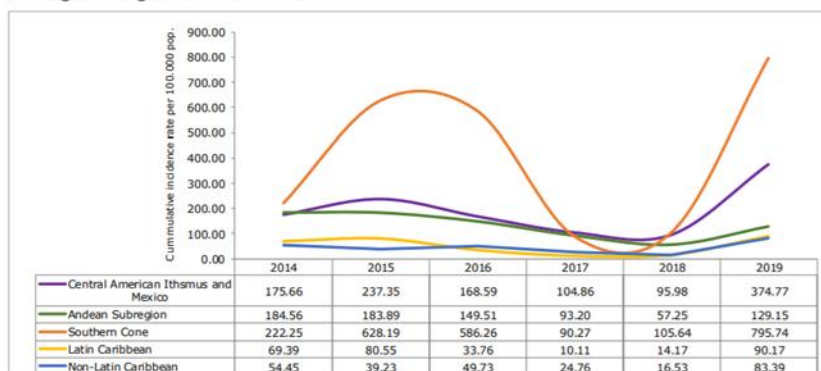


Home visit with dengue prevention educational plan in Barrio Sinaí, El Estor Izabal, Guatemala.

The number of cases reported (3,139,335) by week 52 was the highest ever recorded in the history of dengue in the Americas, exceeding by 30 per cent the number of cases reported in the epidemic year of 2015 (Figure 1). The proportion of severe dengue (0.9 per cent) has exceeded that observed in the previous four years but is still below what was observed between 2010 and 2014 (variation of between 1.35 and 3.05 per cent).

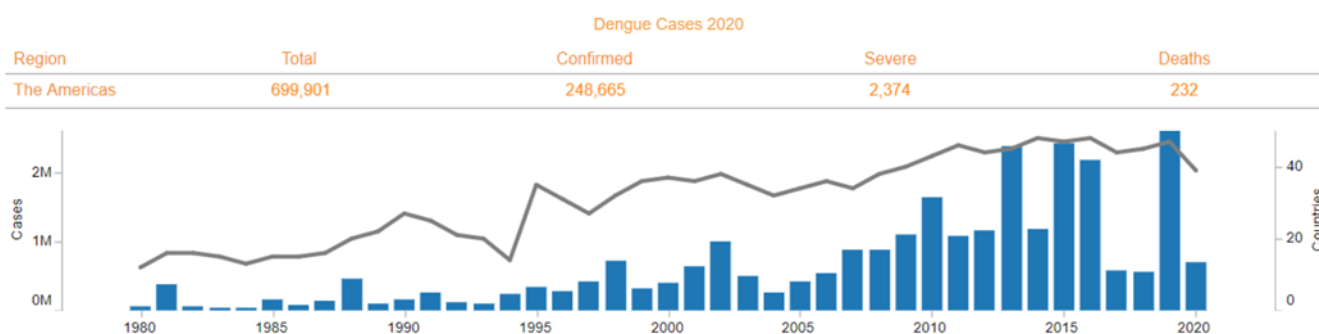
A comparison of accumulated incidence rates by subregion between 2019 (EW 52) and the previous epidemic period (2015-2016, EW 52) shows that, with the exception of the Andean subregion, incidence rates in the other subregions are higher than in the previous epidemic cycle (Figure 2).<sup>1</sup>

**Figura 2.** Tasa de incidencia de casos reportados de dengue a la SE 52 de cada año, por subregión. Región de las Américas, 2014-2019.



Fuente: Datos ingresados a la Plataforma de Información de Salud para las Américas (PLISA, OPS/OMS) por los Ministerios e Institutos de Salud de los países y territorios de la Región.

In the first 4 weeks of 2020 in the Region of the Americas countries such as Bolivia, Honduras, Mexico and Paraguay have reported an increase of two to three times more cases of dengue fever compared to the same period of the previous year. Between EW 1 and EW 12 in 2020, 248,665 cases of dengue were reported, including 232 deaths. Of the total confirmed cases, 2,374 were severe dengue<sup>2</sup>



Three Central American countries have declared an Epidemiological Alert for the current outbreak: Honduras (14 June 2019), Guatemala (29 July 2019) and Nicaragua (31 July 2019). No formal alerts have been declared in El Salvador and Costa Rica, but the number of cases there have been notably higher than in previous years, and continue to rise as of the drafting of this report.

In **Costa Rica**, the number of suspected cases of dengue in 2019/2020 is considerably higher than the number of cases in 2018 and 2017. A total of 9,400 cases were reported in 2019 and 1,051 cases have been reported as of EW 8 2020<sup>3</sup>, for a cumulative total of 10,451 cases of dengue in the country. The most affected areas are Huetar Caribe, Pacifico Central, Huetar Norte, Chorotega, Brunca, Central Norte, Sur, Este and Occidente.

In **El Salvador**, 27,470 cases of dengue and 14 deaths were reported in 2019 and 2,042 new cases have been reported as of EW 11 2020<sup>4</sup>, for a cumulative total of 29,512 cases. According to the Salvadoran Ministry of Health, the most affected departments are Santa Ana, Ahuachapán, Sonsonate and Cabañas.

In **Guatemala**, a total of 50,432 cases of dengue and 90 deaths were reported in 2019 and 2,203 cases and 15 deaths have been reported as of EW 8 2020<sup>5</sup>, for a cumulative total of 52,635 cases and 105 deaths. More than half of those

<sup>1</sup> PAHO - PLISA Health Information Platform for the Americas - Dengue

<sup>2</sup> PAHO - PLISA Health Information Platform for the Americas - Dengue

<sup>3</sup> Ministry of Health of Costa Rica - Health Situation Analysis - 5 March 2020

<sup>4</sup> MINSAL of El Salvador - Epidemiological Bulletin SE11 - March 22, 2020

<sup>5</sup> Ministry of Public Health and Social Assistance of Guatemala - Epidemiological Situation of Arbovirosis - March 1, 2020

reported dead were children under the age of 15, most between the ages of five and nine. According to the Guatemalan Ministry of Health, the most affected departments are Huehuetenango, Quetzaltenango, Petén, Suroriente, Guatemala and Las Verapaces. The cumulative total as of EW 8 is 66.7 per cent higher compared to this same period the year before.

**Honduras** experienced the worst dengue outbreak in its history. A total of 112,708 cases and 266 deaths were reported in 2019 and a total of 7,084 new cases and 13 deaths have been reported as of EW 7 2020<sup>6</sup>, for a cumulative total of 119,792 cases and 279 deaths from dengue. According to the Honduran Ministry of Health, the most affected areas are Cortés, San Pedro Sula, Santa Bárbara, the Central District, Olancho, Yoro and Atlántida.

In **Nicaragua**, 186,173 cases of dengue and 30 deaths were reported in 2019 and a total of 15,772 cases have been reported as of EW 10 2020<sup>7</sup>, for a total of 201,946 cases as of the drafting of this report. The Nicaraguan government has reported that the most affected departments are León, Carazo, Estelí, Chinandega, Masaya and Managua. The outbreak primarily affects children - the highest incidence rates are seen in children between the ages of 10 and 14 and between the ages of 5 and 9.

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

- The presence of COVID-19 in all Central American countries has significantly affected the activities of health service providers. Activities have been affected by measures related to preventive and mandatory quarantines taken by governments, which has reduced the number of people in common spaces.
- Increased rainfall leading to faster outbreak spread due to a higher number of mosquito breeding sites.
- Four dengue serotypes (DENV 1, DENV 2, DENV 3 and DENV 4) are currently circulating 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 the age of 15 are the most affected group. According to PAHO, this heightened risk is the result of low exposure, and therefore, low immunity among this age range.
- Poor environmental management and limited access to water services in impoverished areas.
- Migrants and internally displaced persons in the region may find it difficult to access health services.

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 the current response

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

Various Participating National Societies (PNSs) have a presence in Central America, which provide support for different programmes related to health, emergency management, etc.:

PNS	HONDURAS	GUATEMALA	NICARAGUA	EL SALVADOR	COSTA RICA
Spanish RC	✓	✓	✓	✓	
Norwegian RC		✓	✓	✓	
Swiss RC	✓			✓	
German RC	✓				
Italian RC	✓				

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) are aimed at alleviating the human suffering caused by violence in the region and provide a response to the humanitarian needs of missing persons and their families, 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

<sup>6</sup> [Secretaría de Salud de Honduras - Boletín Informativo - 23 de febrero 2020](#)

<sup>7</sup> [MINSA Nicaragua - Boletín Epidemiológico SE10 - 8 de marzo 2020](#)

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.

All National Societies participating in this operation have temporarily suspended their activities due to issues (border restrictions, suspension of classes in schools and recreational activities, mandatory quarantines or curfews) caused by the COVID-19 emergency. Delivery of key messages (for both emergencies) continue.

### **Overview of non-RCRC actors' actions 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.

Continuous coordination meetings are organized in Honduras, Guatemala, Nicaragua, El Salvador and Costa Rica with their respective Ministries of Health, and strong coordination also has been set up at field level through the intersectoral coordination mechanism.

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, Doctors without Borders (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 programmes.
- 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 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 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.

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.

The number of cases reported in 2019 is six times the number recorded in 2018, both in terms of detected cases and deaths. In 2020, the number of cases so far has exceeded the number reported during the same period the year before.

The appearance of COVID-19 cases in all Central American countries has diverted people's attention away from dengue. Given the widespread fear and misinformation, health centres are now prioritizing the virus, although governments are asking to not neglect the dengue issue.

In Nicaragua, people's anxiety or panic over COVID-19 has diverted attention from door-to-door visits, which has reduced effectiveness and deprioritized dengue. Health centres are busy conducting home visits to detect coronavirus symptoms, and this limits their priorities. Regarding the dengue epidemic, the Ministry of Health has asked the National Society for brochures for work in the field and to unify the information collected during visits.

In Honduras, the government has not neglected dengue-related activities given the significant increase in cases. It is still necessary to continue delivering key messages to communities and treat the cases found.

Costa Rica's health systems are focused on COVID-19, but spraying in communities is still necessary, which is why visits by the Ministry of Health have not been cancelled.

In Guatemala, the only entity directly responding is the Ministry of Health through its vector control programme. The National Society is assisting with fuel management or work materials.

In El Salvador, the Ministry of Health has suspended outpatient services and common medical consultations to respond to COVID-19, as health personnel are focused on the new emergency. Movement within the country has been restricted, and cleaning and fumigation campaigns are being carried out only in containment centres (for isolation and quarantine related to coronavirus).

## **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 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.

The operation has been affected by COVID-19 now present in all Central American countries, many of which have placed restrictions on their borders and declared mandatory quarantines or curfews. Movement personnel sometimes work in contact with potentially infected people and must therefore have the necessary protection measures to carry out these tasks.

On 26 March IFRC launched a revised Emergency Global Appeal to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 (novel coronavirus) outbreak. Besides critical components such as health interventions, risk communication and community engagement (RCCE) and other form of support to medical services, the Emergency Appeal has a strong focus on National Society institutional preparedness. This component considers how the humanitarian landscape is changing due to challenges brought by the COVID-19 pandemic, and considers the development of effective and relevant guidance to ensure that ongoing activities will factor in these new risks.

As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies have a strong role to play in supporting domestic operations focused on preparedness, containment and mitigation against the pandemic. National Society responses to COVID-19 are supported through the Emergency Global Appeal, which will facilitate supporting

them to maintain critical service provision, while adapting to COVID-19. Business continuity plans for IFRC at all levels have been developed and are continuously being adapted as the situation changes. Focus is given to supporting National Societies to maintain critical service provision through ongoing Emergency Appeals, while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

This Emergency Global Appeal is aligned with and will contribute to the current Global Strategy and Regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office, in coordination with Global and Regional partners. Specific activities related to COVID-19 preparedness and response related to this Emergency Appeal presented above will be further developed and fully integrated in the upcoming revised EPoA. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this particular crisis and provide necessary guidance to its membership.

For more information please consult the [Covid-19 operation page](#) on the IFRC Go platform.

## **B. Operational strategy**

### **Proposed Strategy**

#### **Overall Operational Objective**

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 Building
- 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. Support National Societies to decrease community-level risks through mosquito source reduction actions including environmental management and water and sanitation activities in communities and schools.
2. Support community prevention and response through risk communications campaigns and community engagement and accountability.
3. Support Ministries of Health and other partners in closing 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 National Society to focus on the areas where their capacities can better meet the humanitarian needs on the ground. Each National Society has one single 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.

At the close of this report, the real impact generated by COVID-19 on humanitarian activities is being analysed. As the situation evolves, more information will be available to consider a timely change in operational strategy.

## C. Detailed Operational Plan



### Health

People reached: 166,886 <sup>8</sup>

Male: 81,756

Female: 85,130

**Health Outcome 1: 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	10,000	Honduras: 3,251
		Guatemala: 3,816
		Nicaragua: 5,103
		El Salvador: <b>N/A</b> <sup>9</sup>
		Costa Rica: 3,091
		<b>Total: 15,261</b>
<b>Health Output 1.1: The spread and impact of dengue is reduced through community-based Health and first aid (CBHFA) approach</b>		
Indicators:	Target	Actual
# of dengue prevention plans based on the CBHFA approach	5	Honduras: 10
		Guatemala: <b>Stage 2</b> <sup>10</sup>
		Nicaragua: 8
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 18</b>
# of people that receive information regarding identification of dengue signs and symptoms and/or prevention measures	45,000	Honduras: 15,500
		Guatemala: 36,368
		Nicaragua: 7,837
		El Salvador: <b>N/A</b>
		Costa Rica: 2,546
		<b>Total: 48,251</b>
# of community leaders reached through educational sessions on dengue spread prevention	80	Honduras: 87
		Guatemala: 503
		Nicaragua: 185
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 775</b>

Progress

<sup>8</sup>The people reached was calculated with data from the Statistical Institute of each country regarding the number of people in a family and the percentage of men and women over the total population.

<sup>9</sup> **N/A without figures to report:** The lack of figures with regards to El Salvador and Costa Rica indicators is due the start-up of the implementation in both countries. El Salvador and Costa Rica started the dengue operation in February. Although the activities in both countries started before the impact of COVID-19, at this stage there is no consolidated data to report against on this 6 months Operational Update.

<sup>10</sup> **2nd stage.** This indicator will start working in the second stage of implementation of the operation.

## # of families reached through home visits

### HONDURAS

Since the start-up of this operation, Honduran Red Cross has been participating in the intersectoral health table to coordinate efforts with the Ministry of Health and other organizations involved in this emergency. Work areas were distributed among all following the preliminary assessments, and work on the ground is carried out through house-to-house visits that have been coordinated ahead of time with community leaders.

MUNICIPALITY	AREAS	HOMES VISITED
Comayagua	Colonia Fiallos	225
	Aldea Quebracho	141
	Colonia Valladolid	306
	Barrio Cabañas	314
	Colonia 21 de Abril	653
La Paz	Barrio San Antonio	310
	Barrio San Juan	283
	Barrio La Concepción	303
	Barrio La Merced	316
	Barrio La Granja	400
<b>TOTAL</b>		<b>3,251</b>



Home visits in Colonia Valladolid, Comayagua.  
Source: Honduran Red Cross

### GUATEMALA

To determine the work areas, the Ministry of Health classifies areas as low-, medium- or high-risk using the Housing index, the Breteau index and the Positive Container index.

The work is carried out mainly in high-risk housing in conjunction with Ministry of Health Vector Brigades.

The teams are made up of one brigade member and one volunteer, who visit approximately 15 to 20 homes per day.

MUNICIPALITY	AREAS	HOMES VISITED
Chiquimula	Sector D	836
	Sector F	
	Residenciales Chiquimula	
Puerto Barrios	Aldea El Coroso	61
	Aldea Agua Caliente	
El Estor	Aldea El Sauce	875
	Barrio Los Cerritos	
	Barrio Santa Cruz	
	Barrio El Centro	
Mazatenango	Caserío Rancho Grande	1,588
	Aldea El Progreso	
	Caserío El Caserío	
	Colonia El Compromiso	
Retalhuleu	Colonia Concepción	32
Coatepeque	Aldea Las Palmas	424
<b>TOTAL</b>		<b>3,816</b>

### NICARAGUA

House-to-house visits were conducted in coordination with the Ministry of Health, which allows reaching more homes and prevents a duplication of efforts. The visits are carried out by three-person teams consisting of one Nicaraguan Red Cross volunteer, one community leader and one Ministry of Health employee.

The work has been divided by municipalities and their different sectors, which are selected jointly by the National Society and health centres based on criteria related to the risk of breeding sites.

MUNICIPALITY	AREAS	HOMES VISITED
Masaya	Cuatro Esquinas	551
	Pancasan	290
	Santa Rosa	1,032
Chinandega	Camilo Ortega	698
	Augusto C. Sandino	508
	2 de junio	552
Managua	Andrés Castro	543
	Tierra Prometida	497
	Omar Torrijo	432
<b>TOTAL</b>		<b>5,103</b>

### ***COSTA RICA***

The National Society works in conjunction with the Ministry of Health. Costa Rican Red Cross makes its institutional vehicle available to transport the people conducting the visits, which are then carried out separately. One to three communities are visited per day depending on the time available and the size of the area.

COMMUNITY	HOMES VISITED
Betania	1,045
Laureles	
Brooklyn	528
Victoria	
Quebrador	
Sirriquitos	
Tobías Vaglio	1,518
<b>TOTAL</b>	<b>3,091</b>

### **# of dengue prevention plans based on the CBHFA approach**

#### ***HONDURAS***

Once contact is established with community leaders, Honduran Red Cross organizes a number of meetings in order to prepare a prevention plan before conducting the house-to-house visits. This plan is prepared jointly in a spreadsheet, which contains a map of the neighbourhood they will be visiting and in which data obtained from the assessments performed during visits and tours will be recorded. Once the assessments are completed, Honduran Red Cross proposes a number of preventive or corrective actions that families or the community could take to lower their risks.

#### ***NICARAGUA***

Dengue prevention plans are prepared jointly with community leaders using the CBHFA approach. This document is worked on during meetings with community leaders and contains sections that include:

- Identification of main vulnerabilities.
- Mapping of risk areas within the community.
- Preventive or corrective actions for dengue mitigation.
- Allocation of roles and responsibilities and deadlines for action.

Plans must be signed by a representative of the Ministry of Health to make them official and later submitted to community leaders to formalize the commitment. This part of the activity is postponed until the COVID-19 emergency situation is over and conditions are back to normal.

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

#### ***HONDURAS***

The National Society completes the spreadsheet where it collects the necessary information to deliver these talks. It is at this time that they determine how affected a home is, taking into account larvae levels and other determining data. During the visits, informative talks are delivered, leaflets are distributed, homes are checked and the following are performed:

- Delivery of key messages on early identification and symptoms of dengue.
- Elimination of mosquito breeding sites.

- House fumigation.
- Delivery of cleaning supplies.

MUNICIPALITY	AREAS	MEN	WOMEN	TOTAL
Comayagua	Colonia Fiallos	479	534	1,013
	Aldea Quebracho	292	329	621
	Colonia Valladolid	667	727	1,394
	Barrio Cabañas	678	727	1,405
	Colonia 21 de Abril	1,406	1,634	3,040
La Paz	Barrio San Antonio	607	879	1,486
	Barrio San Juan	511	756	1,267
	Barrio La Concepción	682	895	1,577
	Barrio La Merced	634	833	1,467
	Barrio La Granja	1,003	1,227	2,230
<b>TOTAL</b>		<b>6,959</b>	<b>8,541</b>	<b>15,500</b>

### GUATEMALA

Two-person teams tour neighbourhoods and conduct thorough home visits in search of potential breeding sites

In addition, information booths are set up to provide informative brochures and short talks to people. Longer, more detailed talks are delivered in locations such as health centres, schools and hospitals.



Community assembly aimed at community leaders in Mazatenango, Suchitepéquez.  
Source: Guatemalan Red Cross

MUNICIPALITY	MEN	WOMEN	TOTAL
Chiquimula	2234	4147	6381
Puerto Barrios	2568	3988	6556
El Estor	1409	2373	3782
Mazatenango	2246	4069	6315
Retalhuleu	2266	4659	6925
Coatepeque	2257	4152	6409
<b>TOTAL</b>	<b>12,980</b>	<b>23,388</b>	<b>36,368</b>

### NICARAGUA

This indicator reflects home visits, averaging the number of homes visited and the number of people living in them (approximately five people per family). During visits, families are provided brochures and talks on dengue signs and symptoms, including a space for Q&A. Teams record the number of cases in each family, and if allowed, check the house in search of potential breeding sites.

MUNICIPALITY	AREAS	MEN	WOMEN	TOTAL
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Masaya	Cuatro Esquinas	551	287	838
	Pancasan	290	151	441
	Santa Rosa	1032	537	1569
Chinandega	Camilo Ortega	698	363	1061
	Augusto C. Sandino	508	264	772
	2 de junio	552	287	839
Managua	Andrés Castro	543	282	825
	Tierra Prometida	497	258	755
	Omar Torrijo	432	225	657
<b>TOTAL</b>		<b>5,103</b>	<b>2,654</b>	<b>7,757</b>

#### **COSTA RICA.**

Teams conduct home visits to deliver key messages through talks, information and brochures, as well as check homes for potential breeding sites.

COMUNIDAD	MEN	WOMEN	TOTAL
Betania	0	0	0
Laureles			
Brooklyn	805	852	1657
Victoria			
Quebrador			
Sirriquitos			
Tobías Vaglio	444	444	888
<b>TOTAL</b>	<b>1,249</b>	<b>1,296</b>	<b>2,545</b>

#### **# of community leaders reached through educational sessions on dengue spread prevention**

#### **HONDURAS**

Community leaders are contacted before home visits begin in order to provide them with training on dengue and its main characteristics, signs and symptoms and to coordinate the prevention measures and actions that need to be considered. All subsequent efforts in neighbourhoods are organized and coordinated during these meetings.

#### **GUATEMALA**

Community leaders were the first people contacted when dengue response began. These meetings dealt with the delivery of basic institutional information, which facilitates home visits and entry into high-risk neighbourhoods to start working. The institution is provided a space during community assemblies.

#### **NICARAGUA**

The leaders are part of the community health network and provide support during the house-to-house visits. Their training is provided over five meetings, dealing with:

- Fundamental Principles. Dengue: signs and symptoms.
- Mosquito life cycle, identification and elimination of breeding sites
- Preparing a risk map.
- Community action plan against dengue.
- Psychosocial support.



Preparing plans with community leaders in Barrio Andres Castro and Tierra Prometida in Managua. Source: Nicaraguan Red Cross

#### **Health Output 1.2: Schools have information on prevention and early detection of dengue complications.**

Indicators:	Target	Actual
# of adults reached through educational sessions on preventing the spread of dengue	80	Honduras: 59
		Guatemala: 22,775

		Nicaragua: 230
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 23,064</b>
<i># of schoolchildren reached through educational sessions on preventing the spread of dengue</i>	5000	Honduras: 330
		Guatemala: 13,593
		Nicaragua: 3,793
		El Salvador: <b>N/A</b>
		Costa Rica: in process <b>N/A</b>
		<b>Total: 17,716</b>

Progress

**# of adults reached through educational sessions on preventing the spread of dengue**

**HONDURAS**

The work is carried out in schools with teachers, during workshops organized for them, and with parents, during school meetings. Talks on dengue signs and symptoms, prevention actions and breeding site elimination are delivered during both events.

MUNICIPALITY	SCHOOLS	MEN	WOMEN	TOTAL
Comayagua	Escuela María Teresa Agueta	9	12	21
	Escuela Jose Antonio Rivas	1	2	3
La Paz	Escuela Francisco Varela	6	14	20
	Escuela Adelina Martinez	7	8	15
<b>TOTAL</b>		<b>23</b>	<b>36</b>	<b>59</b>

**GUATEMALA.**

These talks are delivered in hospitals, health centres and during home visits using the ERCA method, which uses people's previous experiences to build knowledge.

**E:** Experience. The person is asked about their previous knowledge on the subject.

**R:** Reflection. Based on what was previously discussed, they reflect on what the best forms of prevention might be.

**C:** Conceptualization. Conceptual information on the subject is provided.

**A:** Action. Actions to deal with the issues raised are proposed together with the person.

MUNICIPALITY	MEN	WOMEN	TOTAL
Chiquimula	1420	3272	4692
Puerto Barrios	1095	2467	3562
El Estor	460	1431	1891
Mazatenango	1280	3131	4411
Retalhuleu	1154	3427	4581
Coatepeque	924	2714	3638
<b>TOTAL</b>	<b>6,333</b>	<b>16,442</b>	<b>22,775</b>

These educational sessions were carried out in more than 100 institutes in the six municipalities in which Guatemalan Red Cross is working.

**NICARAGUA.**

Nicaraguan Red Cross is working with school teachers, covering dengue issues in two-hour sessions at the end of the school day. This is also done with parents.

MUNICIPALITY	SCHOOLS	MEN	WOMEN	TOTAL
Masaya	Santa Rosa	9	27	36
	Alejandro Vega Matus (morning session)	14	27	41

	Alejandro Vega Matus (afternoon session)	18	16	34
Chinandega	Rosa María Martínez	0	0	0
	Mons. Alejandro González	3	20	23
Managua	Concepción de María	4	19	23
	La Viña	2	28	30
	14 de Septiembre	8	35	43
<b>TOTAL</b>		<b>58</b>	<b>172</b>	<b>230</b>

#### **# of schoolchildren reached through educational sessions on preventing the spread of dengue**

##### **HONDURAS**

This is implemented in coordination with school authorities. A group of child leaders from each grade are trained in the subject, after which Honduras Red Cross replicates these trainings classroom by classroom jointly with the children trained. Recreational activities, training sessions, etc. are also held. These activities are currently on hold until the COVID-19 emergency is over and the situation is back to normal

MUNICIPALITY	SCHOOLS	BOYS	GIRLS	TOTAL
Comayagua	Escuela María Teresa Agueta	150	180	330
	Escuela Jose Antonio Rivas	0	0	0
La Paz	Escuela Francisco Varela	0	0	0
	Escuela Adelina Martínez	0	0	0
<b>TOTAL</b>		<b>150</b>	<b>180</b>	<b>330</b>

##### **GUATEMALA**

These talks are delivered to children in schools using the ERCA method, which uses people's previous experiences to build knowledge.

**E:** Experience. The person is asked about their previous knowledge on the subject.

**R:** Reflection. Based on what was previously discussed, they reflect on what the best forms of prevention might be.

**C:** Conceptualization. Conceptual information on the subject is provided.

**A:** Action. Actions to deal with the issues raised are proposed together with the person

MUNICIPALITY	MEN	WOMEN	TOTAL
Chiquimula	814	875	1689
Puerto Barrios	1473	1521	2994
El Estor	949	942	1891
Mazatenango	966	938	1904
Retalhuleu	1112	1232	2344
Coatepeque	1333	1438	2771
<b>TOTAL</b>	<b>6,647</b>	<b>6,946</b>	<b>13,593</b>

##### **NICARAGUA**

Schools have their school brigades, consisting of child leaders who communicate information to their classmates. These activities involve talks on the subject. To process the information, each class group prepares a presentation and displays it in different stations at a fair organized to this end. These fairs are also attended by parents and teachers.

MUNICIPALITY	SCHOOLS	BOYS	GIRLS	TOTAL
Masaya	Santa Rosa	7	13	20
	Alejandro Vega Matus (morning session)	11	9	20

	Alejandro Vega Matus (afternoon session)	11	9	20
Chinandega	Rosa María Martínez	451	418	869
	Mons. Alejandro Gonzalez	346	307	653
Managua	Concepción de María	292	256	548
	La Viña	118	249	367
	14 de Septiembre	650	646	1296
<b>TOTAL</b>		<b>1,886</b>	<b>1,907</b>	<b>3,793</b>

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

Indicators:	Target	Actual
<i># of communication plans to sensitize and inform families about dengue, zika and chikungunya</i>	5	Honduras: 1
		Guatemala: 1
		Nicaragua: 1
		El Salvador: <b>N/A</b>
		Costa Rica: 1
		<b>Total: 4</b>
<i># of campaigns (including awareness tools) to implement dengue, zika and chikungunya prevention</i>	5	Honduras: 2
		Guatemala: 1
		Nicaragua: 6
		El Salvador: <b>N/A</b>
		Costa Rica: 2
		<b>Total: 11</b>
<i>estimated # of people reached through communications campaigns</i>	3,000,000	Honduras: 600
		Guatemala: 1,507,000
		Nicaragua: 1,507,325
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 3,014,925</b>

**# of campaigns (including awareness tools) to implement dengue, zika and chikungunya prevention**

**HONDURAS**

The National Society is organizing three campaigns. Two campaigns have been conducted via fairs held in town squares of municipalities where the National Society is working.

These campaigns disseminate messages on dengue, its prevention and recommended actions using loud speakers and music. These also include distribution of brochures and educational material, murals, and activities with children using games, balloons and face painting. A third campaign will be conducted over the radio, which is still pending.



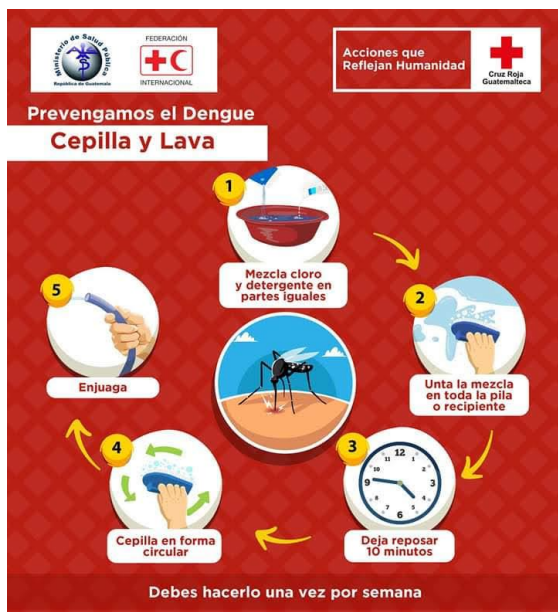
Fair at the Plaza de la Juventud – Comayagua. Source: Honduran Red Cross

**GUATEMALA**

The campaigns have been conducted over the radio, television and social networks (Facebook and Instagram). Messages disseminated over the radio are also broadcast in Q'eqchi (Mayan language), the native language spoken in the El Estor and Puerto Barrios regions.

These campaigns address the following:

- Signs and symptoms of dengue.
- Signs and symptoms of severe dengue (difference in symptoms).
- Scrub and wash (the vector's cycle).
- Dengue prevention (the VELITA strategy – tip over, eliminate, clean and cover).



Communications campaign designs.  
Produced by Guatemalan Red Cross

## NICARAGUA

Six tools are used to promote campaigns:

- TV spots on channel 10, national coverage from Red Cross
- Radio spots: Radio Corporación.
- On buses.
- Printing of materials (brochures) that are delivered on home visits.
- Printing of stickers for homes.
- Posters with information on dengue.

Prevention campaign on buses.  
Source: Nicaraguan Red Cross



## COSTA RICA

Two campaigns have been contracted as of the drafting of this report - one over the radio and one on social networks - which will disseminate key messages with a preventive approach and mitigation actions. Brochures were also printed for distribution.

### Estimated # of people reached through communications campaigns

## HONDURAS

Two campaigns have been carried out so far in town squares, delivering approximately 600 brochures. These campaigns were carried out in Plaza de la Juventud in Comayagua and in Plaza Central in La Paz.



Communications campaign designs.  
Produced by Honduran Red Cross



## GUATEMALA

Below are campaign-related statistics provided by the Communication Department, as well as examples of the campaigns conducted on social networks from February to March 2020:

- 756,166 **people reached**
- 568,456 on **Facebook**.
- 187,650 on **Instagram**.
- 351,136 **women**.
- 403,365 **men**

Segment of campaign on social networks (Facebook)  
Produced by Guatemalan Red Cross

## NICARAGUA

TV spots (over channel 10) and radio spots (over Radio Corporación) are seen and heard by more than 50 per cent of the population. Campaign ads have been placed on buses that cover two urban routes in Managua, which are able to reach more than one million residents.

### Health Output 1.4: The affected National Societies have the necessary resources and competence to support health authorities in activities in affected and at-risk communities

Indicators:	Target	Actual
# of first- and second-level health personnel trained in clinical management of dengue	250	Honduras: <b>N/A</b>
		Guatemala: 105
		Nicaragua: <b>N/A</b>
		El Salvador: <b>N/A</b>
		<b>Total: 105</b>
# of health personnel and community volunteers trained in timely case identification and referral	250	Honduras: <b>N/A</b>
		Guatemala: 46
		Nicaragua: <b>N/A</b>
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
<b>Total: 46</b>		
# of PSS Sessions for families emotionally affected by the outbreak	80	Nicaragua: 7

### Progress

#### # of first- and second-level health personnel trained in clinical management of dengue

#### HONDURAS

The trainings are ready and organized; they have only been postponed due to the COVID-19 emergency. These are geared toward medical students and nursing assistants, as they are the ones who work at the first and second levels responsible for the clinical management of dengue cases.

## GUATEMALA

As of the drafting of this report, four regional workshops have been held to deliver training mainly to doctors and nurses in charge of treating people arriving with signs and symptoms of dengue. Workshops use the Ministry of Health's "Guide for the first, second and third level of care", which provides the protocols for care and management of clinical dengue, of suspected and confirmed cases, and for distribution of patients to hospitals according to protocols and zones. This activity was requested by the Ministry of Health.



Dengue Prevention and Control Workshop, aimed at GRC volunteer personnel and health personnel from the Ministry of Health's Vector Programme in El Estor, Izabal. Source: Guatemalan Red Cross

## NICARAGUA

Coordination meetings have been held in each municipality to carry out these workshops. The activity is organized but has been put on hold due to the COVID-19 emergency. The three workshops will be held when the situation is back to normal.

### # of health personnel and community volunteers trained in timely case identification and referral

## GUATEMALA



Workshop for community volunteers in Coatepeque. Source: Guatemalan Red Cross

The workshops provided information on signs and symptoms of dengue, how to refer people showing such symptoms, as well as information on specialized centres receiving these cases according to each work area. Attendees included 15 women and 31 men from the six municipalities in which the National Society is working: Retalhuleu, Coatepeque, Mazatenango, Chiquimula, Puerto Barrios and El Estor.

### # of PSS Sessions for families emotionally affected by the outbreak

## NICARAGUA

These sessions are aimed at school brigades, and are intended to help their members understand the importance of mental health in emergency situations, or when they or someone they know become ill.

The children were very anxious, given that the population at risk is mainly children between the ages of 9 and 14. Sessions involve simple two-hour talks and recreational activities organized by the National Society's PSS focal points. Recreational material, balloons, games, etc. have been purchased for this purpose, reaching 200 boys and girls.



Recreational activities for PSS with brigades. Source: Nicaraguan Red Cross



## Water, sanitation and hygiene

People reached: 73,741 <sup>11</sup>

Male: 36,133

Female: 37,610

<b>WASH Outcome 2: The risk of dengue has been reduced thanks to hygiene promotion and vector control</b>		
Indicators:	Target	Actual
# of communities that have controlled mosquito breeding sites	80	Honduras: <b>N/A</b>
		Guatemala: <b>N/A</b>
		Nicaragua: 5
		El Salvador: <b>N/A</b>
		Costa Rica: 7
		<b>Total: 12</b>
<b>WASH Output 2.1: Social mobilization is promoted for the elimination of dengue vector reproduction sites</b>		
Indicators:	Target	Actual
# breeding-site elimination sessions conducted	80	Honduras: <b>N/A</b>
		Guatemala: 20
		Nicaragua: 18
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 38</b>
# of community leaders empowered through dengue prevention and sanitation measures	80	Honduras: 87
		Nicaragua: 185
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 272</b>
# of kits distributed	7000	Honduras: 1,400
		Guatemala: 19,926
		Nicaragua: <b>N/A</b>
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 21,325</b>
# of households reached by the fumigation campaigns and home visits	7000	Honduras: <b>N/A</b>
		Guatemala: 10,388
		El Salvador: <b>N/A</b>
		Costa Rica: <b>N/A</b>
		<b>Total: 10,388</b>

<sup>11</sup> The people reached was calculated with data from the Statistical Institute of each country regarding the number of people in a family and the percentage of men and women over the total population.

## Progress

### **# of communities that have controlled mosquito breeding sites**

#### **HONDURAS**

These activities require house-to-house visits, which have had to be put on hold due to the COVID-19 emergency. Only educational visits have been made so far, but visits to check for breeding sites will begin once the situation returns to normal. During visits, information regarding how much a home is affected is recorded on a form, which will later be used to compare statistics collected at the beginning of the emergency.

#### **NICARGUA**

Five cleaning sessions have been held in Cuatro Esquinas, El Carmen, Pancasan and Chinandega, as well as in the 2 de Junio, Camilo Ortega and Augusto C Sandino neighbourhoods. Nicaraguan Red Cross provides all the necessary materials for cleaning (gloves, bags), which is done together with the communities, and provides a brief explanation of why these activities are required in this specific situation.

#### **COSTA RICA**

The National Society works in conjunction with the Ministry of Health. Costa Rican Red Cross makes its institutional vehicle available to transport the people conducting the visits, which are then carried out separately. One to three communities are visited per day depending on the time available and the size of the area. This work is carried out simultaneously during health-related visits.

COMMUNITY	HOMES VISITED
Betania	1,045
Laureles	
Brooklyn	528
Victoria	
Quebrador	
Sirriquitos	
Tobías Vaglio	1,518
<b>TOTAL</b>	<b>2,046</b>

### **# breeding-site elimination sessions conducted**

#### **GUATEMALA**

These sessions involve visiting homes, searching for and properly disposing of unused containers (cans, bottles). This activity is carried out in coordination with community leaders and the Ministry of Environment.

MUNICIPALITY	JORNADAS
Chiquimula	3
Puerto Barrios	7
El Estor	2
Mazatenango	3
Retalhuleu	2
Coatepeque	3
<b>TOTAL</b>	<b>20</b>



Home visit to promote the scrubbing and washing of containers in use, in Sector D, Chiquimula.  
Source: Guatemalan Red Cross

#### **NICARAGUA**

Talks on vector control and identification and elimination of larvae are delivered during these visits. A total of 15 breeding site elimination sessions have been conducted. During visits, the homes and surrounding areas are checked for containers that may become mosquito breeding sites. Together with families, containers not in use are disposed of and those in use are washed, covered and put away for future use.

MUNICIPALITY	SESSIONS
Santa Rosa	11
Cuatro Esquinas	3
Pancasan	4
<b>TOTAL</b>	<b>18</b>



Cleaning and breeding site elimination session in Colegio La Viña, Managua.  
Source: Nicaraguan Red Cross

### **# of community leaders empowered through dengue prevention and sanitation measures**

#### **HONDURAS**

Community leaders are contacted before home visits begin in order to provide them with training on dengue and its main characteristics, signs and symptoms and to coordinate the prevention measures and actions that need to be considered. All subsequent efforts in neighbourhoods are organized and coordinated during these meetings

#### **NICARAGUA**

The leaders are part of the community health network and provide support during the house-to-house visits. Their training is provided over five meetings, dealing with:

- Fundamental Principles. Dengue: signs and symptoms.
- Mosquito life cycle, identification and elimination of breeding sites
- Preparing a risk map.
- Community action plan against dengue.
- Psychosocial support.

### **# of kits distributed**

#### **HONDURAS.**

The kits have been purchased and are stored and ready for delivery. This activity has been suspended due to the COVID-19 emergency. The kits contain the following:

- 1litre of liquid chlorine
- 1kg of powdered detergent
- 1 plastic cleaning brush
- 1 plastic container.

## GUATEMALA

Kits containing the following are delivered during visits.

- Container
- Powdered detergent.
- Chorine
- Strong brush

The purpose is to promote the washing of containers in use to interrupt the vector's cycle, which is done together with the family being visited. Repellent is provided for pregnant women, children over 12 and confirmed dengue cases, which are prioritized to receive the repellent included in the kit. A promotional reusable bag is also provided



Health fair, International Women's Day, Ministry of Public Health and Social Assistance facilities, Guatemala.  
Source: Guatemalan Red Cross

MUNICIPALITY	Kits distributed
Chiquimula	2976
Puerto Barrios	3583
El Estor	2300
Mazatenango	3700
Retalhuleu	3667
Coatepeque	3700
<b>TOTAL</b>	<b>19,926</b>



Activity book School Kit - Dengue.  
Production: Costa Rican Red Cross.

## COSTA RICA.

School kits will be delivered, the purpose of which is, on the one hand, to disseminate key messages containing specific information on dengue, signs and symptoms, preventive actions, etc.; and on the other, to conduct a survey on the level of risk in the children's homes, as the kit contains a form that must be filled out at home and handed in to the National Society for review. The kit contains:

- A bag that can be drawn on
- Activities book
- Brochure with information
- Crayons.

## # of households reached by the fumigation campaigns and home visits

### GUATEMALA

This activity is led by the Ministry of Health through its Vector staff, and the National Society provides support, materials and fuel to the Ministry. During fumigation visits, a chemical is applied to the water that kills existing larvae. The chemical is not harmful to humans and lasts for one month.

**WASH Output 2.2: Social mobilization is promoted for the elimination of dengue vector reproduction sites**

Indicators:	Target	Actual
# of foggers purchased	80	Honduras: 10
		Guatemala: 15
		Nicaragua: <i>N/A</i>
		El Salvador: <i>N/A</i>
		Costa Rica: 6
		<b>Total: 31</b>
of communities that have reduced larvae	72	Honduras: <i>N/A</i>
		Guatemala: <i>N/A</i>
		Nicaragua: <i>N/A</i>
		El Salvador: <i>N/A</i>
		Costa Rica: <i>N/A</i>
		<b>Total: N/A</b>

Progress

**# of foggers purchased**

**HONDURAS**

Ten foggers have been purchased, which are deployed as needed to each community. These are kept at and managed by Honduran Red Cross Headquarters.

**GUATEMALA**

Ten nebulizers or fumigating machines and 15 thermo nebulizers have been purchased and delivered to health areas in each municipality. These were delivered in five municipalities/delegations:

1. Puerto barrios
2. El Estor
3. Mazatenango
4. Retalhuleu
5. Coatepeque

Each delivered three thermo nebulizers and two nebulizers to the Ministry of Health



Donation of Nebulizers to MSPAS.  
Source: Guatemalan Red Cross.

**COSTA RICA**

The National Society has not purchased foggers, but rather provided maintenance to the ones it has so they can be used for this operation.

## Strategies for Implementation

**Outcome 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**

Indicators:	Target	Actual
# of National societies that are better prepared to respond to future outbreaks	5	5

**Output 1.1: 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**

Indicators:	Target	Actual
# National Societies have included preparedness elements to respond to future outbreaks in their contingency plans	5	5

**Output 1.2: National Societies have the necessary corporate infrastructure and systems in place**

Indicators:	Target	Actual
# of personnel hired in National Societies as part of the operation	20	Honduras: 4
		Guatemala: 8
		Nicaragua: 5
		El Salvador: 2
		Costa Rica: 1
		<b>Total: 20</b>
# of volunteers deployed for response	3000	Honduras: 35
		Guatemala: 47
		Nicaragua: 70
		El Salvador: 200
		Costa Rica: 25
		<b>Total: 377</b>

Progress

### **# of National societies that are better prepared to respond to future outbreaks**

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

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

Visibility material for volunteers, including protection equipment (masks and gloves) and visibility for vehicles during deployments, has been purchased

In Honduras, two trainings on analysis and mitigation of vulnerability and security risks were facilitated for 20 National Society volunteers and collaborators. This training process was carried out with support from IFRC and other National Societies (Costa Rican Red Cross, Mexican Red Cross and Guatemala Red Cross)

#### **NICARAGUA**

A working meeting was held to prepare a contingency plan for future epidemiological alerts, which has been partially completed. Certain generalities and aspects still need to be defined, including consultation sessions, possible scenarios, actions or responses to such scenarios, etc.

## **# of personnel hired in National Societies as part of the operation**

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.

### **HONDURAS**

Four people have been hired for this emergency operation.

- 1 administrative assistant (Comayagua).
- 1 field technician (Comayagua).
- 1 field technician (La Paz).

### **GUATEMALA**

Eight people have been hired for this operation:

6 sanitation technicians, one for each of the following delegations:

- Chiquimula
- Puerto Barrios
- El Estor
- Mazatenango
- Retalhuleu
- Coatepeque

1 administrative technician (Headquarters).

1 project coordinator (Headquarters).

### **NICARAGUA**

The personnel for this operation was distributed by departments, but given the amount of work they are all organized to cover all activities and areas. The following have been hired:

- 1 administrative.
- 1 project coordinator
- 2 technicians
- 1 driver/logistician

### **EL SALVADOR**

Two people were hired for this operation: one project coordinator and one specialist technician.

### **COSTA RICA**

A project coordinator has been hired, who works from Headquarters.

## **# of volunteers deployed for response**

<b>COUNTRY</b>	<b>VOLUNTEERS</b>	<b>BRANCH / DELEGATION</b>
<b>HONDURAS</b>	25	Comayagua
	10	La Paz
<b>SUBTOTAL</b>	<b>35</b>	
<b>GUATEMALA</b>	16	Chiquimula
	8	Puerto Barrios
	14	Mazatenango
	6	Retalhuleu
	8	Coatepeque
<b>SUBTOTAL</b>	<b>47</b>	
<b>NICARAGUA</b>	18	Managua
	24	Chinandega
	28	Masaya
<b>SUBTOTAL</b>	<b>70</b>	
<b>EL SALVADOR</b>	30	Santa Ana

	30	Coatepeque
	30	Sonsonate
	30	Nahuizalco
	80	Headquarters
<b>SUBTOTAL</b>	<b>200</b>	
<b>COSTA RICA</b>	0	Turrialba
	25	Siquirres
<b>SUBTOTAL</b>	<b>25</b>	
<b>TOTAL</b>	<b>377</b>	

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

***Output S2.1.1: An effective mechanism for preparedness and response is maintained in National Societies in the event of emergency situations***

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i># of IFRC staff that has supported the dengue operation</i>	10	12
<i># of monitoring visits conducted</i>	20	6
<i># of RITs deployed</i>	3	4
<i># of external evaluations of the operation carried out</i>	1	Planned

Twelve IFRC staff members have been highly involved in this operation, from the design stage and DREFs to the Emergency Appeal. Said staff have had different roles during the operation: 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 IFRC has conducted six monitoring visits; two Health RITs have been deployed to Honduras and Nicaragua to support Appeal actions; and three RITs have been deployed to the regional office to assist with 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:**

**In the Guatemalan Red Cross:**

- Anabella Folgar Bonilla, President of Guatemalan Red Cross, phone: +502 2381-6515; email: [presidencia@cuzroja.gt](mailto:presidencia@cuzroja.gt)

**In the Honduran Red Cross:**

- Jose Juan Castro, President of Honduran Red Cross, phone: +504 2237-4538; email: [josejuan.castro@cuzroja.org.hn](mailto:josejuan.castro@cuzroja.org.hn)

**In the Salvadorean Red Cross Society:**

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**In the Nicaraguan Red Cross:**

- Oscar Gutierrez, President of Nicaragua Red Cross, phone: +505 2265-1582; email: [scargutso@yahoo.es](mailto:scargutso@yahoo.es)

**In the Costa Rica Red Cross:**

- Glauco Ulises Quesada, President of Costa Rica Red Cross, phone: +506 2255-3098; email: [presidencia@cuzroja.or.cr](mailto:presidencia@cuzroja.or.cr)

**In the IFRC regional office for the Americas:**

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- Mauricio Bustamante, Head of Regional Logistics Unit (RLU), email: [mauricio.bustamante@ifrc.org](mailto:mauricio.bustamante@ifrc.org)
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**In the Country Cluster Support team:**

- Nelson Ally Rodriguez, Head of the Country Cluster Support Team (CCST) in Central America, [nelson.alyrogriguez@ifrc.org](mailto:nelson.alyrogriguez@ifrc.org)

**For Resource Mobilization and Pledges:**

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**For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)**

- Sandra Romero; Head of Partnership and Resource Mobilization (PRD) and Planning, Monitoring, Evaluation and Reporting (PMER) Unit; email: [sandra.romero@ifrc.org](mailto:sandra.romero@ifrc.org)

**In Geneva:**

- Antoine Belair, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery); email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

## 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.

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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**.

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# Emergency Appeal

Operation Update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/03	Operation	MDR42005
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 17 Apr 2020

All figures are in Swiss Francs (CHF)

## MDR42005 - Central America - Dengue Outbreak

Operating Timeframe: 18 Sep 2019 to 18 Sep 2020; appeal launch date: 18 Sep 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,500,000
AOF5 - Water, sanitation and hygiene	580,000
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	320,000
SFI2 - Effective international disaster management	500,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>2,900,000</b>
<b>Donor Response* as per 17 Apr 2020</b>	<b>1,216,907</b>
<b>Appeal Coverage</b>	<b>41.96%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	882,937	703,265	179,672
AOF5 - Water, sanitation and hygiene	98,638	50,057	48,581
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	188,548	17,568	170,980
SFI2 - Effective international disaster management	638,080	376,383	261,697
SFI3 - Influence others as leading strategic partners	7,821	0	7,821
SFI4 - Ensure a strong IFRC	48,424	0	48,424
<b>Grand Total</b>	<b>1,864,449</b>	<b>1,147,274</b>	<b>717,175</b>

### III. Operating Movement & Closing Balance per 2020/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,023,156
Expenditure	-1,147,274
<b>Closing Balance</b>	<b>875,882</b>
Deferred Income	0
Funds Available	875,882

### IV. DREF Loan

* not included in Donor Response	Loan :	806,249	Reimbursed :	0	<b>Outstanding :</b>	<b>806,249</b>
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# Emergency Appeal

Operation Update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/03	Operation	MDR42005
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 17 Apr 2020

All figures are in Swiss Francs (CHF)

## MDR42005 - Central America - Dengue Outbreak

Operating Timeframe: 18 Sep 2019 to 18 Sep 2020; appeal launch date: 18 Sep 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	123,888				123,888		
China Red Cross, Hong Kong branch	25,114				25,114		
DREF Allocations				806,249	806,249		
European Commission - DG ECHO	498,344				498,344		
Japanese Red Cross Society	36,457				36,457		
Red Cross of Monaco	10,971				10,971		
Spanish Government	110,195				110,195		
Spanish Red Cross	14,913				14,913		
Swedish Red Cross	209,761				209,761		
The Canadian Red Cross Society (from Canadian Gov	22,309				22,309		
The Netherlands Red Cross (from Netherlands Govern	164,956				164,956		
<b>Total Contributions and Other Income</b>	<b>1,216,907</b>	<b>0</b>	<b>0</b>	<b>806,249</b>	<b>2,023,156</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>2,023,156</b>	<b>0</b>	