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Emergency Appeal

12-months Operation Update

Central America: Dengue Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal: MDR42005	
Date of issue: 30 October 2020	Expected timeframe: 18 months
Operation start date: 18 September 2019	Expected end date: 18 March 2021 (6-month extension)
Overall Operation Budget: 2,900,000 Swiss francs (CHF) Donor Response: 42%	DREF allocated: 806,249 (Nicaragua, Honduras and Guatemala)
Number of people affected: 1,250,000 people	Number of people to be assisted: 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).	
<p>The Central American National Societies and 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 emergency appeal's actions to respond to the Dengue Outbreak. There are many limitations to developing community-based activities due to the containment decreed by almost all Central American countries.</p> <p>Considering the region's trend, and the challenges of continuing planned activities in the face of mobility restrictions by COVID-19, the operation was extended for six months. New end date: 18 March 2021.</p> <p>Initially, it was expected to mobilize 3,000 volunteers for this operation, but with the restrictions caused by the pandemic, a new target was set aligned with the National Societies' current capacity to reach and recruit volunteers.</p>	

<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 2019, in several countries, 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.

In the Americas, between epidemiological week (EW) 1 and EW 52 of 2019, a total of 3,139,335 cases of dengue were reported (321.58 cases per 100,000 population), including 1,538 deaths. Of the total cases, 1,367,353 (43.6%) were laboratory-confirmed and 28,169 (0.9%) were classified as severe dengue. The case-fatality rate was 0.049%.

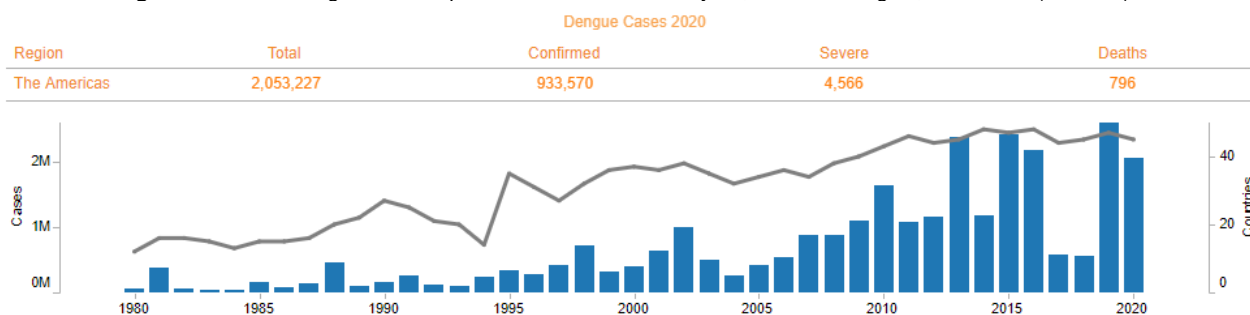
The number of cases reported in 2019 through EW 52

(3,139,335) is the largest recorded in the history of dengue in the Americas, exceeding the number of cases reported in the 2015-2016 epidemic period by 30% (**Figure 1**). In 2019, the proportion of severe dengue (0.9%) has exceeded that observed in the previous four years; however, it is below that observed between 2010-2014 (ranging 1.35% to 3.05%).



Home visit to disseminate the dengue prevention education plan in Barrio Sinaí, El Estor Izabal, Guatemala. Source: Guatemalan Red Cross

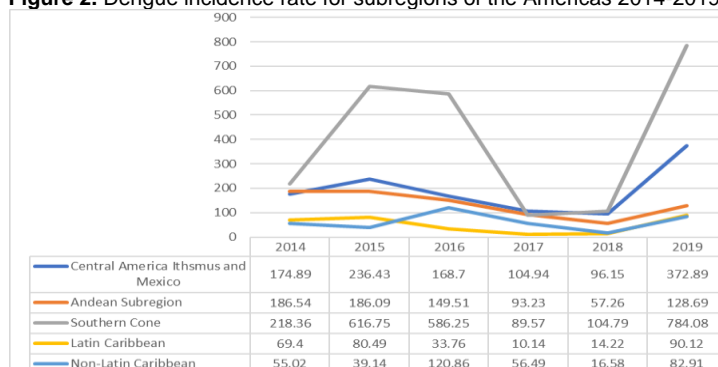
Figure 1. Total of Dengue cases reported at week 52 of each year, Americas Region, 1980-2020 (week 42)¹



Source: PHAO/WHO Health Information Platform for the Americas (PLISA). Data reported by Ministries of Health of the countries and territories in the Americas.

A comparison of accumulated incidence rates by subregion between 2019 (EW 52) and the previous epidemic period (2015-2016, EW 52) shows that, except for the Andean subregion, incidence rates in the other subregions are higher than in the previous epidemic cycle (**Figure 2**).

Figure 2. Dengue incidence rate for subregions of the Americas 2014-2019²



Source: PHAO/WHO Health Information Platform for the Americas (PLISA). Data reported by Ministries of Health of the countries and territories in the Americas.

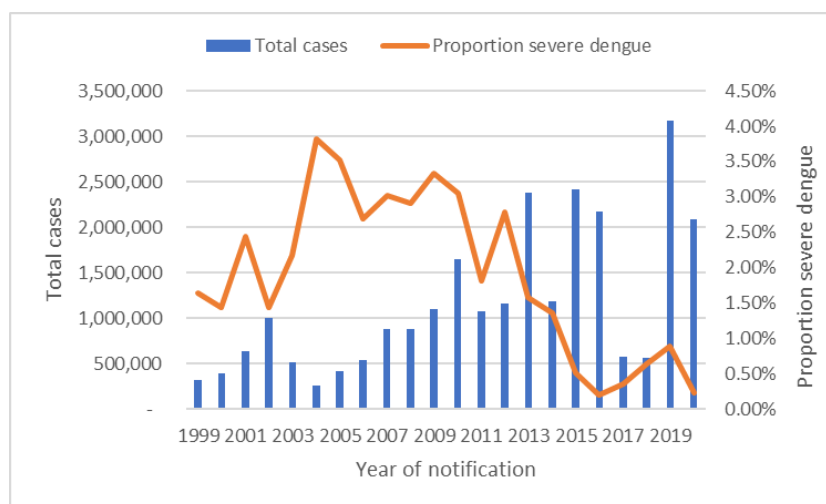
¹ PHAO/WHO - PLISA Health Information Platform for the Americas – Dengue

² PHAO/WHO – PLISA Health Information Platform for the Americas - Dengue

A total of 2,074,348 cases of dengue (incidence of 212.48 cases per 100,000 inhabitants) were reported in the Americas between EW 1 and EW 40. The highest cumulative incidence rates were observed in the Southern Cone (589.43 cases per 100,000 inhabitants), the Non-Latin Caribbean (203.38 cases per 100,000 inhabitants), the Andean Subregion (146.44 cases per 100,000 inhabitants), and the Central American Isthmus and Mexico (88.70 cases per 100,000 inhabitants).

Of the total number of reported cases in the region as of EW 40, 943,147 (45 per cent) were laboratory-confirmed and 4,608 (0.22 per cent) were classified as severe dengue (**Figure 3**). The highest number of severe dengue cases were reported in Honduras (1502 cases), Brazil (773 cases) and Colombia (772 cases), and 810 deaths were reported in the region during that same period (fatality rate of 0.039 per cent)³.

Figure 3. Distribution of reported dengue cases and proportion of severe dengue by reporting year in the Americas for 1999-2020 (as of EW 40 2020).



Source: Data in the Health Information Platform for the Americas (PLISA, PAHO/WHO) reported by the Ministries and Institutes of Health of countries and territories in the region. Detailed information, by country, is available at: <https://bit.ly/2UHpBBd>

Three Central American countries 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 8,859 cases have been reported as of EW 40 2020, for a cumulative total of 18,259 cases of dengue in the country - a 33 per cent increase (8,859 vs. 6,642) compared to 2019. The most affected areas are Huetar Caribe, Brunca, Pacifico Central, Huetar Norte, Central Norte, Chorotega, Central Este, Central Sur and Occidente⁴.

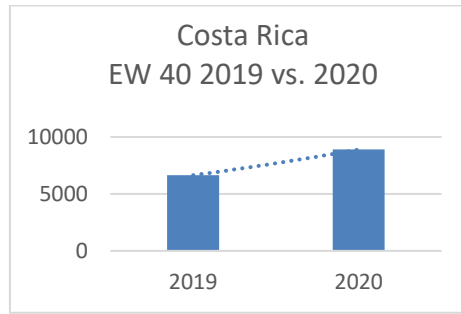
Given the increase in cases, the Costa Rican Social Security Fund (CCSS) has made a call to the population and has activated an emergency protocol⁵, which seeks to mobilize health teams and serve the population, through the following actions:

- Reinforce continuing education on dengue, chikungunya, zika and malaria care protocols.
- Update data every two weeks to know the types of circulating viruses according to the mapping of areas.
- Implement the dengue consultation and the dengue care unit, in accordance with the “Guide for the organization of care and management of patients with dengue and severe dengue” that has been in force for emergency cases since 2013.

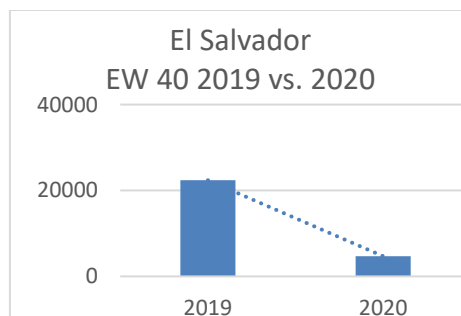
³ PHAO/WHO – PLISA Health Information Platform for the Americas - Dengue

⁴ Ministry of Health of Costa Rica - Health Situation Analysis – 1 September 2020

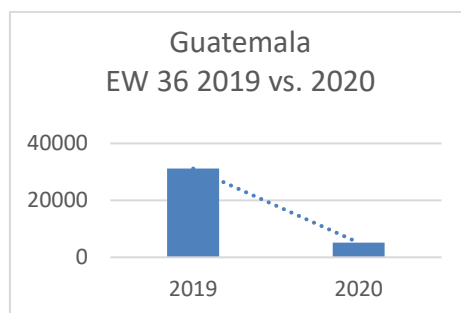
⁵ <https://www.crhoy.com/nacionales/mas-de-9-mil-casos-de-dengue-ccss-activa-protocolos-de-emergencia/>



In **El Salvador**, 27,470 cases of dengue and 14 deaths were reported in 2019, and 4,702 new cases have been reported as of EW 40 2020, for a cumulative total of 32,172 cases. A total of 4,702 suspected cases were reported as of EW40 2020 compared to 22,390 in 2019; 23 probable cases of dengue were reported as of EW37 2020 compared to 406 in the same period in 2019; and 12 cases of dengue had been confirmed as of EW38 2020 compared 175 during that same period in 2019. A total of 912 hospitalizations have been reported in 2020, and three deaths with epidemic potential are being investigated by the National Disease Audit Committee. According to the Salvadoran Ministry of Health, the most affected departments are Santa Ana and San Miguel⁶.



In **Guatemala**, a total of 50,432 cases of dengue and 66 deaths were reported in 2019 (incidence rate of 292.44). A total of 5,132 cases and 6 deaths have been reported as of EW 36, for a total of 55,564 cases and 72 deaths. Of deaths reported as of EW36, the highest fatality rate was observed among children between the ages of 5 and 9. According to the Guatemalan Ministry of Health, the most affected departments are Baja Verapaz, Santa Rosa, Petén Sur Oriental, Quetzaltenango and Sacatepéquez. The cumulative total as of EW36 is five times lower than the total that same week in 2019⁷.

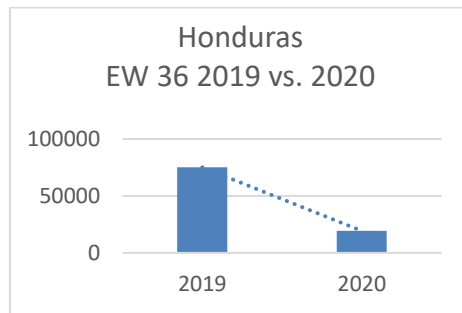


Honduras experienced the worst dengue outbreak in its history. A total of 112,708 cases and 180 deaths were reported in 2019, and a total of 19,353 new cases and 9 deaths have been reported as of EW 36 2020, for a cumulative total of 132,061 cases and 189 deaths from dengue. According to the Honduran Ministry of Health, the most affected areas are Cortés, San Pedro Sula, Santa Bárbara, the Central District, Olancho, Yoro and Atlántida.

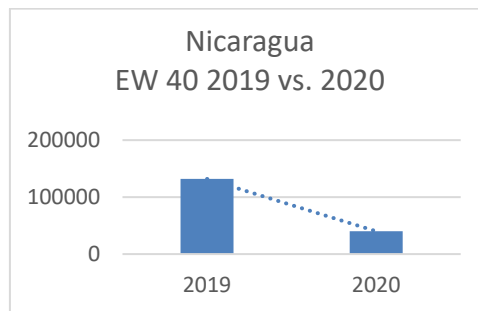
On 2 July 2020, the Honduran National Risk Management System (SINAGER) reactivated the national emergency due the increase in dengue cases nationwide. COPECO, SINAGER's governing body, coordinates all actions aimed at preventing the proliferation of the dengue-transmitting mosquito in the 298 municipalities in the country.

⁶ [MINSAL of El Salvador - Epidemiological Bulletin SE40 – October 13, 2020](#)

⁷ [Ministry of Public Health and Social Assistance of Guatemala - Epidemiological Situation of Arbovirosis – September 5, 2020](#)



In **Nicaragua**, 186,173 cases of dengue and 30 deaths from severe dengue were reported in 2019, and a total of 40,139 cases have been reported as of EW 40 2020, for a total of 226,312 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, and 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 increase the likelihood that the worsening outbreak will exceed 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 prevention measures and mandatory quarantines imposed 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 PAHO⁸, this heightened risk is the result of low exposure and, therefore, low immunity among in this age range.
- Poor environmental management (which has been even more affected due to the fact that the usual or pre-established services for abatement of water, fumigations, solid waste management, etc., have been limited by the containment measures of COVID-19) and limited access to water services in impoverished areas. Some communities depend on water storage systems for their water supply and are therefore at higher risk, as water deposits are breeding sites.
- Migrants and internally displaced persons in the region may find it difficult to access health services. Just as it may be difficult in this group to control transmission during the febrile phase.

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.

⁸ [PAHO warns of the complex situation of dengue in Latin America and the Caribbean](#)

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.:

Guatemala:

- Spanish Red Cross.
- Norwegian Red Cross.

Honduras.

- Norwegian Red Cross.
- Swiss Red Cross.
- German Red Cross.
- Italian Red Cross.

El Salvador.

- Norwegian Red Cross.
- Swiss Red Cross.

Nicaragua.

- Spanish Red Cross.
- Norwegian Red Cross.

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 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.

In the context of the current COVID-19 pandemic, the potential seasonal increase in dengue cases in endemic countries represents a challenge for both the population at large and health service providers who would be responding to concomitant emergencies (**Figure 4**)⁹. This situation is especially worrisome in areas where highly vulnerable communities to dengue and other arboviruses and COVID-19 reside.

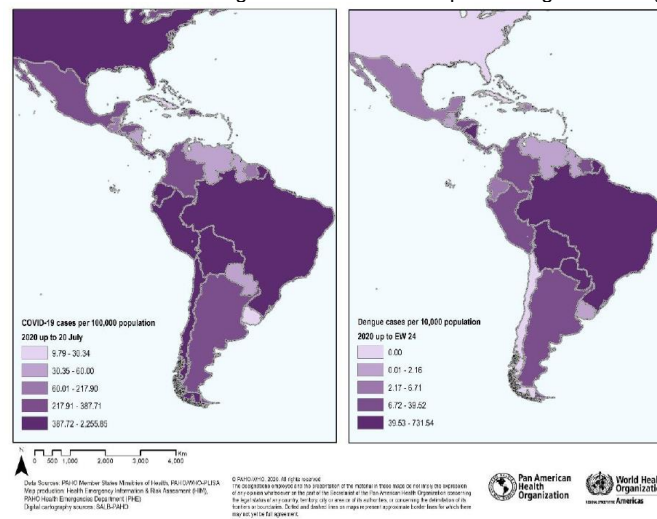
Factors that may influence the response capacity of endemic countries and territories due to the COVID-19 pandemic include, but are not limited to:

- Possible underreporting of dengue cases due to the exhaustion of healthcare services or because patients opt not to go to healthcare services.
- Delayed medical consultation of dengue cases with warning signs as a result of COVID-19 pandemic containment measures or as the result of fear of COVID-19 exposure in health care services by the population.
- Focus of the health care services on COVID-19 response.
- Interruption of fumigation activities (restrictions on the mobility of healthcare workers or other teams in charge of fumigation).

⁹ [Epidemiological update: Dengue in the context of COVID-19 – 28 July 2020](#)

- Limited numbers of healthcare professionals with experience in handling dengue cases and / or COVID-19.
- Exhaustion of specialized care beds.
- Laboratory overload for confirmation of severe cases and lack of supplies for virologic surveillance.

Figure 4. Incidence of COVID-19 and dengue in the Americas. Epidemiological Week (EW) 1 to 28 of 2020



Source: Pan American Health Organization / World Health Organization. Epidemiological Alert: Dengue and other arboviruses in the context of COVID-19. 28 July 2020, Washington, D.C. PAHO / WHO. 2020

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 for first 10 epidemiological weeks has exceeded the number reported during the same period the year before, however, as of EW40, a slight downtick in cases has been seen compared to the number seen during the same period in 2019 - 2,069,855 in 2020 vs 2,740,877 in 2019, i.e. a reduction of approximately 24 per cent. However, these figures for 2020 should be considered with precaution as the COVID-19 pandemic might be impacting widely either the surveillance system itself or the timely reporting.

Significant progress has been achieved with eliminating breeding sites through clean-up. Health ministry staff require support to strengthen their capacity to respond to the dengue outbreak. National Societies are currently coordinating various activities, especially community fumigation, with inter-institutional coordination systems to respond to the dengue outbreak.

In **Nicaragua**, the COVID-19 pandemic and subsequent suspension of field activities to prevent staff and volunteers from being infected required making changes to project planning. May, June and July were the most difficult months in terms of increase in cases and infection, forcing NRC leadership to limit office hours and work schedules. Furthermore, several staff members contracted COVID-19, preventing them from coming to work at all.

While classes were not suspended in the country, most students are staying home. Actions in schools have therefore suspended, and the budget earmarked for said actions has been reallocated to conducting information campaigns in coordination with the Ministry of Health. This also addresses the need to reinforce communities' awareness regarding dengue, as the pandemic of COVID-19 has diverted attention away from dengue awareness-raising and relevance.

In **Honduras**, the State has not neglected the tasks related to the dengue epidemic given the significant increase in cases. It is still necessary to deliver key messages to the community and to treat the cases that arise.

The Government of Honduras decreed¹⁰ quarantine and prevention measures as of 13 March 2020 due the COVID-19 health emergency, restricting people's movements and banning large gatherings of people. In response, some Appeal interventions have been adapted for virtual platforms, which is why the use of Facebook and WhatsApp has been promoted to improve communication between community structures, health centres and comprehensive health centres and the communities.

Members of community structures have been identified, as they have access to a greater number of people, and their community development initiatives have also focused on promoting community health and hygiene. As key actors, community leaders play two important roles: 1) recipients of key messages; and 2) community health promoters.

¹⁰ [Comunicado oficial del Despacho de Comunicaciones y Estrategia Presidencial](#)

Moreover, their involvement may in the future translate into greater capacity to utilize social networks and virtual resources to promote community activities and render accounts to the community.

Costa Rica's health systems are focused on COVID-19; however, fumigation in communities is still necessary, which is why visits by the Ministry of Health have not been cancelled. The Ministry of Public Security and the National Coast Guard service carry out fumigations to prevent diseases such as dengue, Zika and chikungunya.

Some of the fumigated sites are churches, health centres, schools, parks, banks and bus depots to communities such as downtown Caldera, Tivives, Guardianes de la Piedra, Mata de Limón, Salinas and Cambalache, among other locations.

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 the context of the current COVID-19 pandemic, the incidence of reported dengue cases in municipalities and departments has been on a downward trend, which is a goal achieved for health service providers responding to simultaneous emergencies. This especially alleviates conditions in communities highly vulnerable to dengue, other arboviruses and COVID-19.

Getting to this point required adopting integrated control measures aimed at reducing the *Aedes aegypti* population, a sustained process that involves communities' participation.

There is a current demand for vector staff to serve communities or localities historically at risk of dengue and other arboviruses, to fulfil needs related to positivity of containers collected in entomological surveys at the beginning of the winter in the country

In **El Salvador**, the Ministry of Health suspended outpatient services and normal medical consultations as of 16 March to respond to COVID-19. Hospitals resumed their outpatient services as of 1 September after being closed for 165 days. The State decreed mobilization measures and suspension of all activities at the community level to enable health personnel to focus on providing care to suspected COVID-19 cases during the pandemic. Cleaning campaigns and fumigations are carried out in containment centres and in locations where suspected cases of dengue are reported. On the other hand, restriction measures prevented the mobilization of the various suppliers, which delayed the acquisition of certain products and supplies.

The Ministry of Education (MINED) has decided not to reopen schools for face-to-face classes, so some activities in the plan will be redirected elsewhere. The original plan was to hold workshops in five schools targeted for intervention, which would have reached some 500 children. Given that the school year was cancelled because of the pandemic, an alternative activity will be implemented that includes preparing and delivering 500 colouring books (with dengue prevention measures) to 500 boys and girls.

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.

B. Operational 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.

C. Detailed Operational Plan

	<p>Health People reached: 139,507¹¹ Male: 68,938 Female: 70,569</p>	
<p>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</p>		
Indicators:	Target	Actual
<p><i># of families reached through home visits</i></p>	<p>10,000</p>	Honduras: 8,075
		Guatemala: 9,305
		Nicaragua: 5,103
		El Salvador: 192
		Costa Rica: 11,108
		Total: 33,783
<p>Health Output 1.1: The spread and impact of dengue is reduced through community-based Health and first aid (CBHFA) approach</p>		
Indicators:	Target	Actual
<p><i># of dengue prevention plans based on the CBHFA approach</i></p>	<p>5</p>	Honduras: 17
		Guatemala: N/A*
		Nicaragua: 9
		El Salvador: N/A*
		Costa Rica: N/A*
		Total: 26
<p><i># of people that receive information regarding identification of dengue signs and symptoms and/or prevention measures</i></p>	<p>45,000</p>	Honduras: 40,300
		Guatemala: 170,625
		Nicaragua: 25,515
		El Salvador: 192*
		Costa Rica: 129,115
		Total: 365,747
<p><i># of community leaders reached through educational sessions on dengue spread prevention</i></p>	<p>80</p>	Honduras: 137
		Guatemala: 519
		Nicaragua: 185
		El Salvador: N/A*
		Costa Rica: N/A*
		Total: 841

¹¹ 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:

Honduras: [INE](#)
 Guatemala: [INE/Censo Población](#)
 Nicaragua: [Redatam/Inide](#)
 El Salvador: [Censos.gov.sv](#)
 Costa Rica: [INEC](#)

- *N/A (No data available):*
 - *Guatemala. Participation by community health commissions is required given that these are community plans; however, participation is hindered by the country's guidelines prohibiting large gatherings of people as well as by the curtailed access to certain communities, which have barred access to prevent COVID-19 infections.*
 - *Costa Rica. COVID-19-related restrictions have prevented engagement with communities; as an alternative measure, they are being reached via campaigns of campaigns in different media and in conjunction with the Ministry of Health.*
 - *El Salvador. During home visits, the head of the household is counted, but the entire family is counted in the checklists, so they will be included in the final report. As for community leaders, activities are planned for the first week of November.*

Progress

of families reached through home visits

HONDURAS

Honduran Red Cross works in coordination the intersectoral health tables to join forces against the emergency. Following the preliminary assessments, the work zones are distributed among all, and work on the ground is carried out through house-to-house visits with support from community-based organizations, leaders, and volunteers. In addition to prevention actions for access, all personnel involved uses basic biosafety equipment.

MUNICIPALITY	ZONES	HOMES VISITED
Comayagua	Colonia Fiallos	225
	Aldea Quebracho	141
	Colonia Valladolid	306
	Barrio Cabañas	314
	Colonia 21 de abril	653
	Colonia Lomas del Rio	450
	Aldea Valle de Ángeles	400
	Colonia Iván Betancourt	450
	Barrio La Independencia	693
	Colonia 1 de Mayo	804
La Paz	Barrio San Antonio	310
	Barrio San Juan	283
	Barrio La Concepción	303
	Barrio La Merced	316
	Barrio La Granja	400
Tegucigalpa	Los Pinos sector D	1012
	Los Pinos Sector F	1015
TOTAL		8,075



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

GUATEMALA

To determine the target areas, communities classified as high risk are prioritized based on quarterly and monthly entomological surveys provided MSPAS, which include positive container indices, housing index and the Breteau index.



Home visit with Educational Plan in Colonia El Compromiso, Mazatenango, Suchitepéquez.
Source: Guatemalan Red Cross.



Home visit with Educational Plan in the community of Punta Gruesa, Puerto Barrios, Izabal
Source: Guatemalan Red Cross.

MUNICIPALITY	ZONES	HOMES VISITED
Chiquimula	Area Urbana, Sector D and F zone 1	1,054
	Residenciales Chiquimula	
	Aldea Shororagua	
Puerto Barrios	Aldea El Coroso	1,863
	Aldea Agua Caliente	
	Comunidad Río Escondido	
	Barrio La 14	
El Estor	Comunidad Punta Gruesa	875
	Aldea El Sauce	
	Barrio Los Cerritos	
	Barrio Santa Cruz	
Mazatenango	Barrio El Centro	2,921
	Caserío Rancho Grande	
	Aldea El Progreso	
Retalhuleu	Caserío El Caserío	878
	Colonia El Compromiso	
	Colonia Concepción	
	Aldea Rusia	
	Aldea San José La Gloria	
Coatepeque	Cantón Copepe	1,714
	Cantón Vaquilito	
	Aldea Las Palmas	
Coatepeque	Lotificación Valle Verde	1,714
	Lotificación Nuevo Coatepeque	
TOTAL		9,305

NICARAGUA

Teams visited 5,103 of 5845 homes in the neighbourhoods mentioned above. The 5845-home target set could not be met because activities were suspended in late March due to the COVID-19 pandemic. Once activities were resumed in July and August, key messages on breeding site elimination and identification of dangerous symptoms were disseminated via loudspeakers throughout the neighbourhoods during clean-up days and health fairs, which reinforced the work that had not been completed. The goal was to reach a total of 29,225 people through these home visits, but ultimately only 25,515 were reached. This activity was supported by 51 volunteers from three NRC branches.

MUNICIPALITY	ZONES	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
TOTAL		5,103



Home visits in Barrio Santa Rosa, Masaya
Source: Nicaraguan Red Cross



Home visit in barrio2 de junio, Chinandega
Source: Nicaraguan Red Cross

EL SALVADOR

Target areas are determined in conjunction with the Ministry of Health in each municipality, prioritizing those with the highest dengue rates. Home visits are also carried out in coordination with the Ministry of Health. The groups consist of a National Society volunteer and a health promoter who is also a community leader.

MUNICIPALITY	ZONES	HOMES VISITED
Coatepeque	El Carmen	40
	Los Cerritos	23
	Ojusthal	45
	Ojusthal	28
	Santa Lucia	56
TOTAL		192



Home visit in Siete príncipes canton, community of Los Cerritos
Source: Salvadoran Red Cross

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. Support continues to be provided to the Ministry of Health, specifically in Siquirres, Limón, and their data on community visits are added.

Support continues to the Ministry of Health, specifically Siquirres who continue to have Dengue outbreaks in their communities. The Ministry of Health in Siquirres continues to visit the communities to carry out vector control through the application of larvicides and fumigations. Therefore, the data reflects the communities addressed by the Red Cross, as well as by the Ministry of Health.



Joint work with the Ministry of Health
Source: Costa Rican Red Cross

of dengue prevention plans based on the CBHFA approach

HONDURAS

Once contact is established with community leaders, Honduran Red Cross sets up a number of meetings to prepare a prevention plan prior to 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, in which data obtained from the assessments performed during visits and tours will be recorded. Once the assessments are completed, Honduran Red Cross proposes several preventive or corrective actions that families or the community could take to lower their risks.

NICARAGUA

As a result of the training delivered to leaders, nine community health intervention plans were drawn up, delivered to communities, and signed by MINSA. Actions in these plans, such as cleaning days, health fairs and home visits, were later implemented.



Delivery of the Community Intervention Plan to leaders of barrio Andrés Castro, Managua
Source: Nicaraguan Red Cross



Delivery of the Community Intervention Plan to leaders of Barrio Omar Torrijo, Managua
Source: Nicaraguan Red Cross

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

HONDURAS

The National Society completes a spreadsheet in which 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	ZONES	MEN	WOMEN	TOTAL
Comayagua	Colonia Fiallos	479	534	1013

	Aldea Quebracho	292	329	621
	Colonia Valladolid	667	727	1394
	Barrio Cabañas	678	727	1405
	Colonia 21 de abril	1406	1634	3040
	Colonia Lomas del Rio	706	857	1563
	Aldea Valle de Ángeles	633	640	1273
	Colonia Ivan Betancourd	624	723	1347
	Barrio La Independencia	1074	1179	2253
	Colonia 1 de Mayo	1082	1098	2180
La Paz	Barrio San Antonio	607	879	1486
	Barrio San Juan	511	756	1267
	Barrio La Concepción	682	895	1577
	Barrio La Merced	634	833	1467
	Barrio La Granja	1003	1227	2230
Tegucigalpa	Los Pinos Sector D	2444	4820	7264
	Los Pinos Sector F	3350	3570	6920
TOTAL		16,872	21,428	40,300

GUATEMALA

Universal access to information has been established through community megaphoning, face-to-face or virtual educational sessions, live broadcasts or via FB Live, closed webinars, free spaces on radio and TV, during home visits via the educational plan, and during the application of larvicide and adulticide. The purpose is to raise awareness regarding warning signs, prevention measures at the individual, family and community level, and the path to refer potential cases

MUNICIPALITY	MEN	WOMEN	TOTAL
Chiquimula	10,904	13,225	24,129
Puerto Barrios	15,041	16,531	31,572
El Estor	9,475	10,958	20,433
Mazatenango	17,424	19,182	36,606
Retalhuleu	10,797	13,269	24,066
Coatepeque	15,879	17,940	33,819
TOTAL	79,520	91,105	170,625



Educational session with community leaders in Barrio El Cangrejal, Puerto Barrios, Izabal
Source: Guatemalan Red Cross.

NICARAGUA

Home visits were expected to reach a total of 29,225 people, but ultimately only 25,515 were reached. This activity was supported by 51 volunteers from three NRC branches.

EL SALVADOR

A CBSM form is filled out during home visits, which allows the National Society to collect personal data and identify the larval index, among other data. Teams also address the following topics during home visits:

- Dengue signs and symptoms.
- The VELITA strategy.
- How to use the UNTADITA.
- Mosquito life cycle and identification and elimination of breeding sites

MUNICIPALITY	COMMUNITY	TOTAL
Coatepeque	El Carmen	40
	Los Cerritos	23
	Ojusthal	45
	Ojusthal	28
	Santa Lucia	56
TOTAL		192

COSTA RICA

Home visits are conducted to deliver key messages through talks, information and brochures, as well as to check homes for potential breeding sites.

Although the National Society suspended visits to communities when the pandemic began, it did provide materials to the Ministry of Health, which did continue working. National Society vehicles were used to continue delivering key messages in communities via loudspeakers.

of community leaders reached through educational sessions on dengue spread prevention

HONDURAS

Some 140 individuals have been trained as community guides - to support vector control actions in their communities - via training workshops on dengue's main characteristics, signs and symptoms, and prevention measures and actions that need to be considered. All subsequent efforts in neighbourhoods are organized and coordinated during these meetings.

GUATEMALA

Given the health crisis that the country is going through, the role played by community leaders is vital. Efforts have been focused on meeting needs, resuming field activities and respecting the protocols established in the GRC community procedures guide, which made it possible to obtain approval, support and authorization to ensure institutional actions and above all the safety of staff in the field.



*Coordination meeting with MSPAS and FundAzúcar together with community leaders in Aldea Rusia, Retalhuleu
Source: Guatemalan Red Cross*

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.

185 community leaders from nine communities targeted by the project have been strengthened through provision of tools and knowledge on dengue signs and symptoms, warning signs, vector control (life cycle of mosquitos, where they live, how they reproduce and identification of breeding sites, ending with the preparation of an action plan), and community-based surveillance



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: 26,123
		Nicaragua: 143
		El Salvador: N/A*
		Costa Rica: 4,293
		Total: 30,618
# of schoolchildren reached through educational sessions on preventing the spread of dengue	5000	Honduras: 330
		Guatemala: 14,882
		Nicaragua: 3,539
		El Salvador: 500
		Costa Rica: 1,386
		Total: 20,637
<ul style="list-style-type: none"> • El Salvador. The original plan was to hold workshops in five schools targeted for intervention, which would have reached some 500 children. Given that the school year was cancelled because of the pandemic, an alternative activity will be implemented that includes preparing and delivering 500 colouring books (with dengue prevention measures) to 500 boys and girls. 		

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 specifically 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.

In October, virtual workshops via Facebook Live will be delivered to teachers in five education centres located in the project's area of influence in the capital city. This helps teachers acquire the knowledge required to deliver messages to their students.

MUNICIPALITY	SCHOOLS	MEN	WOMEN	TOTAL
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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
TOTAL		23	36	59

GUATEMALA

This is a teaching-learning process that allows sharing and communicating health messages on protection, surveillance and vector control as well as information on dengue, especially in the context of the COVID-19 emergency. This tactic targets the people who attend the health centres or posts, face-to-face or virtual educational sessions and face-to-face engagements, during clinical care provision at or visits to medical services in GRC branch facilities in southwestern and north-eastern areas of the country. The dynamic is based on 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. They reflect on the best forms of prevention based on what was previously discussed.

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	1,420	3,272	4,692
Puerto Barrios	1,095	2,467	3,562
El Estor	460	1,431	1,891
Mazatenango	1,280	3,131	4,411
Retalhuleu	1,154	3,427	4,581
Coatepeque	9,24	2,714	3,638
TOTAL	6,333	16,442	23,972



Face-to-face educational session delivered to men and women in GRC Puerto Barrios delegation facilities
Source: Guatemalan Red Cross.



Face-to-face educational session delivered to Fourth Infantry Brigade personnel in Cuyotenango, Suchitepéquez, Mazatenango branch
Source: Guatemalan Red Cross.

NICARAGUA

Educational actions were carried out with six schools. Direct coordination was established between health centres and leaders and school principals, who were open to and devoted time to carrying out the activities. 143 teachers were trained in vector control.

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 together 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.

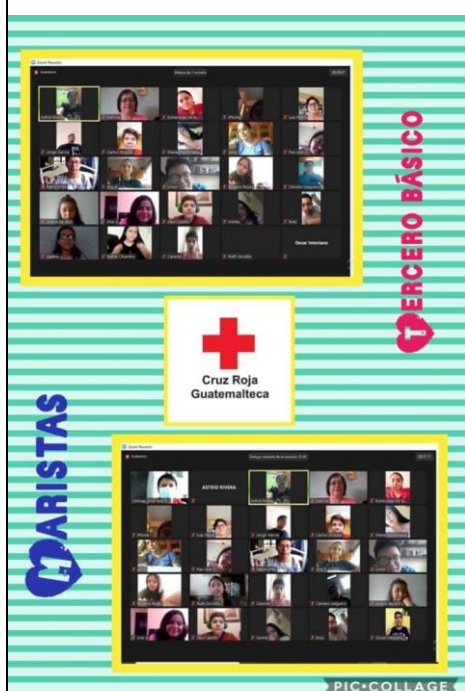
As a support measure and to contribute to preparedness, cleaning supplies will be provided and vector control will be implemented in schools through fumigation and larviciding to lower risks for when face-to-face classes resume.

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 Martinez	0	0	0
TOTAL		150	180	330

GUATEMALA

Given the new normal, virtual sessions or webinars are delivered through digital platforms such as Zoom, Skype and Google Meets, which allow reaching elementary, middle and high school students.

MUNICIPALITY	MEN	WOMEN	TOTAL
Chiquimula	814	875	1,689
Puerto Barrios	1,473	1,521	2,994
El Estor	949	942	1,891
Mazatenango	966	938	1,904
Retalhuleu	1,112	1,232	2,344
Coatepeque	1,333	1,438	2,771
TOTAL	6,647	6,946	13,593



Virtual basic training session on dengue prevention delivered to students from Colegio Liceo Coatepeque, Coatepeque, Quetzaltenango
Source: Guatemalan Red Cross

NICARAGUA

Seven 20-person school brigades were formed, reaching a total of 140 children through training on vector control. Brigades also promoted breeding site elimination actions in schools, and visited classrooms together with Red Cross volunteers to teach children about mosquitos' life cycles and why their breeding sites need to be eliminated to prevent disease. A total of 3,539 children and young people were reached – the 4700-student target set could not be achieved because the number of students enrolled in school, on which the initial data was based, ended up being higher than the number of students that actually attended; however, it was possible to reach schools with a presence in the neighbourhoods served.

EL SALVADOR

The Ministry of Education (MINED) implemented certain measures, such as working online (non-face-to-face), to prevent students from being infected in schools. Therefore, planned activities targeting schools will be classified under another action category.

Because of the Ministry of Education's (MINED) decision to suspend face-to-face classes during this school year, activities contemplated in the plan had to be redirected, for example, towards producing 500 colouring books

containing dengue prevention measures, which will be distributed to the 500 children who were expected to be reached through the workshops planned for schools.

COSTA RICA

The Ministry of Education suspended classes for this school year, so the talks planned could not be delivered to the children. Instead, Anti-dengue School Kits aimed at first- and second-graders were created. Kits include:

- Activity book
- Paintable bag
- Crayons
- Informational brochures
- Stickers
- Organic repellent

Schools in Costa Rica have a dining-hall system for the children. Since classes were suspended and given that the food that was to be served had already been arranged for, the Ministry of Education decided to provide monthly food kits to the families. In coordination with the Ministry, Red Cross distributes the kit to the first- and second-graders during these food distributions.



Anti-dengue school kit
Source: Costa Rican Red Cross



Distribution of 200 anti-dengue school kits in Escuela Central de Atenas, in coordination with the Ministry of Education
Source: Costa Rican Red Cross

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
# of communication plans to sensitize and inform families about dengue, zika and chikungunya	5	Honduras: 1
		Guatemala: 1
		Nicaragua: 1
		El Salvador: N/A*
		Costa Rica: 1
Total: 4		
# of campaigns (including awareness tools) to implement dengue, zika and chikungunya prevention	5	Honduras: 2
		Guatemala: 1
		Nicaragua: 11
		El Salvador: 1
		Costa Rica: 4
Total: 19		
Estimated # of people reached through communications campaigns	3,000,000	Honduras: 86,000
		Guatemala: 1,867,554
		Nicaragua: 1,507,325
		El Salvador: N/A*

		Costa Rica: 4,077,342
		Total: 7,538,221

- El Salvador. Communication campaign is being planned at the time of drafting this report, so the reach is not yet estimated.

Progress

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

REGIONAL

As part of the communication campaign, the IFRC Regional Office has developed a series of risk communication messages for social media in English and Spanish which are available at this [link](#). The purpose of the risk communication messages is to support and complement the efforts from the National Societies. Beyond this contribution for the National Societies of Central America, there are 2 National Societies in the Caribbean (Grenada and Saint Vincent) that are using these communication materials to response to their dengue outbreaks.

HONDURAS

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

Using loudspeakers and music, these campaigns disseminate messages on dengue, its prevention and recommended actions, and 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.

In May and June, two regional radios stations were contracted to broadcast messages at prime-time hours, reaching some 60,000 listeners. Approximately 26,000 people benefited from the educational campaign conducted with two health units in Tegucigalpa: Villa Nueva and Los Pinos.



Health volunteers distributing prevention educational material
Source: Honduran Red Cross.

GUATEMALA

Ten tools are used to promote campaigns, including promotional posters, radio and television interviews, live interviews on social networks, megaphoning at the community level, ecological bags with dengue prevention messages, animated gifs, webinars on private platforms, infographics, promotional videos and institutional Tik Tok.



Tik Tok, Let's Prevent Dengue
<https://vm.tiktok.com/ZSPeF1tk/>



Interview on Canal Ultra TV, regarding dengue prevention measures, Retalhuleu Delegation.

NICARAGUA

A Communications Plan was prepared in coordination with Nicaraguan Red Cross' communications department to inform and sensitize the general population. The plan included printing educational materials (flyers) and distributing them during home visits, as well as posters for health centres, schools, grocery stores, etc.; television and radio spots, which have been broadcast on media with nationwide coverage (Channel 10) and Radio Ya; and adverts with key messages on buses in Managua, selecting the routes most likely to reach a large number of people.

It should be mentioned that these actions took place during the first phase of the Appeal. June and July, however, were the most critical months of the COVID-19 pandemic. The population was mistaking dengue for COVID-19, so the NRC deemed it appropriate to launch an information campaign over national media and on NRC's social networks, also considering that no actions were being conducted in the field.

In this second phase of the campaign, NRC has coordinated with the Ministry of Health to launch a joint campaign including spots in radio, TV and social networks, bus adverts and printed material. This time Ministry of Health campaign materials will be used. This campaign will take place in November and December



Prevention campaign on buses
 Source: Nicaraguan Red Cross.

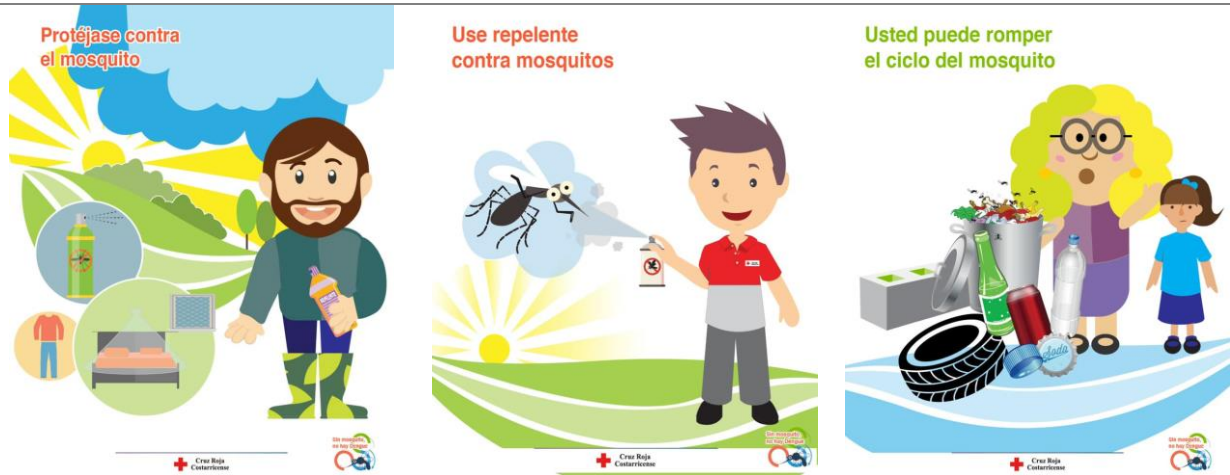
EL SALVADOR

Posters on the following topics have been prepared and are in the process of being printed:

- The VELITA strategy.
- Elimination of breeding sites
- Cleaning campaign

COSTA RICA

Two campaigns had been initially planned, but the National Society decided to implement two more given the pandemic's impact and its inability to visit communities. Two campaigns were carried out over the radio and two in social networks, disseminating key messages with a preventive approach and mitigation actions. Flyers and posters were printed, which were included in Anti-Dengue School Kits as well as shared with the Ministries of Health and Education for use in their facilities and activities.



Images used in social network campaigns
Source: Costa Rican Red Cross.

Estimated # of people informed through communications campaigns

HONDURAS

So far, one face-to-face campaign and two radio campaigns have been conducted, using printed educational material and promoting messages via loudspeakers throughout neighbourhoods.

- 60,000 reached via the radio
- 24,000 reached via loudspeakers and flyers



Communications campaign designs.
Produced by Honduran Red Cross.

GUATEMALA

Messages disseminated over local radio campaigns were also recorded in the Q'echi language for the municipalities of El Estor and Puerto Barrios, Izabal, and in Spanish for the municipalities of Coatepeque, Retalhuleu, Mazatenango and Chiquimula.

The main modality used to communicate messages - such as on dengue signs and symptoms, preventing dengue through the VELITA method, scrubbing and washing water storage containers and promoting the elimination of potential breeding sites both inside and outside homes - has been via live transmissions or transmissions over Facebook Live. Listeners can call in during live transmissions to have doubts clarified or ask questions, which may even include demonstrations on how to properly wash and scrub water storage containers.

Cumulative statistics show that 1,507,000 people had been reached as of the previous period, and the following have been reached during the current period (April to September) via radio and TV, Facebook Live and campaigns on Instagram and Facebook:

- 345,542 people reached via radio and TV
- 15,012 people reached via Instagram and Facebook



Segment of campaign on Facebook
Produced by Guatemalan Red Cross.



Post on Recommendations for Preventing Dengue, Guatemalan Red Cross official Facebook page.



In addition, the Guatemalan Red Cross communications team has created an [online dashboard](#) that indicates the scope of GRC's interventions.

NICARAGUA

Campaign slogan: "You and I can Defeat Dengue"

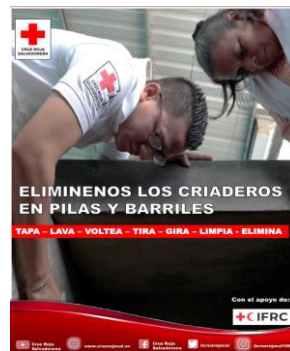
The campaign used two radio spots, one broadcast over Radio Ya, which has nationwide coverage, and another over local radio stations covering the departments of Chinandega and Masaya. It included visits to media outlets to provide information on dengue symptoms and self-protection and prevention measures; printed materials: 6,000 flyers, 4,000 stickers, 20 murals, 10 flip charts, 100 brochures, 250 posters, 500 infographics; adverts on buses covering routes across Managua; and the holding of Health Fairs in neighbourhoods and schools.



The number of people reached is estimated based on the coverage and ratings of the radio stations that broadcast the information as well as the message that arrives via bus adverts in Managua, which has more than one million residents. The approximate population reached is 1,507,325, which is the estimated population of Managua.

EL SALVADOR

It is estimated that 500 posters will be distributed in targeted communities, i.e. reaching an estimated 500 families. A digital campaign is also being considered with the National Society's communications department.



COSTA RICA

Campaigns in social networks have reached more than four million people.

- Campaign 1: 20 posts on Facebook and Instagram, 784,161 people
- Campaign 2: 30 posts on Facebook and Instagram, 3,233,821 people

Posts with greatest reach during the first and second part of the dengue campaign
Source: Costa Rican Red Cross.

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: 42 Guatemala: 105

		Nicaragua: 50
		El Salvador: N/A
		Total: 197
<i># of health personnel and community volunteers trained in timely case identification and referral</i>	250	Honduras: 140
		Guatemala: 46
		Nicaragua: 120
		El Salvador: 30
		Costa Rica: 31
		Total: 367
<i># of PSS Sessions for families emotionally affected by the outbreak</i>	80	Nicaragua: 15

Progress

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

HONDURAS

In coordination with the Comayagua working group, two workshops were held to strengthen health personnel's knowledge regarding the dengue clinical management protocol applied by SESAL; the COVID-19 care protocol was socialized; and HRC delivered its Psychosocial Support Grief Management module. The workshops, facilitated by the director of the Public Health Surveillance Unit and HRC PSS staff, were delivered on 25 and 26 June in a large venue with adequate ventilation and observing all basic biosafety measures



Refresher workshop on the dengue and COVID-19 clinical management protocol aimed at SESAL medical staff. Source: Honduran Red Cross.

GUATEMALA

As of the drafting of this report, four regional workshops have been held to deliver training to doctors, nurses and technicians responsible for 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 clinical dengue care and management, for 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.

The COVID-19 context made it impossible to continue with this output and indicators, hoping to resume coordination with the governing body and train first- and second-level care personnel.



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

Ministry of Health personnel - 35 health officials in Chinandega and 15 doctors in Tipitapa – were trained on the dengue management protocols, the latter at the request of the Ministry. Workshops will also be held in Managua, Masaya and León in November.



Dengue clinical management workshop in Chinandega
Source: Nicaraguan Red Cross.



Dengue clinical management workshop in Tipitapa
Source: Nicaraguan Red Cross.

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.

EL SALVADOR

A Community-based Surveillance and Monitoring (CBSM) workshop under a CBHFA approach was carried out to train volunteer and health personnel to use the tool to be implemented in community activities. This workshop, intended to train some 30 individuals, was held 16 to 18 October in Santa Ana, observing all prevention measures required during the current COVID-19 emergency. During training, staff are introduced to the CBSM protocols, key messages aimed at changing behaviours and communication techniques to use with communities in order to achieve effective visits and improve the life of targeted communities.



Surveillance and Monitoring workshop in Santa Ana.
Source: Salvadorean Red Cross Society.



COSTA RICA

During training, volunteers learned about the most common and deadliest epidemics, as well as evidence-based actions and other procedures to prevent the spread of communicable diseases in their communities, provide adequate care to sick people and reduce the number of deaths.



Epidemic control workshop
Source: Costa Rican Red Cross

of PSS Sessions for families emotionally affected by the outbreak

NICARAGUA


Fifteen psychosocial support sessions were conducted with support from the Nicaraguan Red Cross Psychosocial Care Centre. Seven were aimed at the school and community level, and eight focusing on stress management were aimed at volunteer personnel given the fear and anxiety felt by staff at the beginning of the COVID-19 pandemic. Within this same framework, one PSS kit was delivered to each school and stress management materials were distributed to project volunteers.

Two Psychological First Aid workshops were held in October, one for 12 volunteers at the Nagarote branch and the other for 12 volunteers at the Tipitapa branch. Biosafety material is provided to participants, and the number of participants is kept low in order to be able to maintain the necessary physical distancing required by the COVID-19 context. Eight sessions aimed at community leaders are still pending.



PSS session with project volunteers and staff, led by Ana Carolina Picado.
Source: Nicaraguan Red Cross.



	<p>Water, sanitation and hygiene</p>
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	People reached: 168,435¹² Male: 83,326 Female: 85,109	
WASH Outcome 2: The risk of dengue has been reduced thanks to hygiene promotion and vector control		
Indicators:	Target	Actual
<i># of communities that have controlled mosquito breeding sites</i>	80	Honduras: 17
		Guatemala: no update
		Nicaragua: 5
		El Salvador: no update
		Costa Rica: 7
		Total: 29
WASH Output 2.1: Social mobilization is promoted for the elimination of dengue vector reproduction sites		
Indicators:	Target	Actual
<i># breeding-site elimination sessions conducted</i>	80	Honduras: 10
		Guatemala: 27
		Nicaragua: 15
		El Salvador: in process
		Costa Rica: 2
		Total: 54
<i># of community leaders empowered through dengue prevention and sanitation measures</i>	80	Honduras: 136
		Guatemala: 519
		Nicaragua: 185
		El Salvador: no update
		Costa Rica: no update
		Total: 840
<i># of kits distributed</i>	17,000	Honduras: 1,400
		Guatemala: 20,623
		Nicaragua: 350
		El Salvador: 525
		Costa Rica: 1,386
		Total: 24,284
<i># of households reached by the fumigation campaigns and home visits</i>	7,000	Honduras: 8,075
		Guatemala: 15,039
		El Salvador: no update
		Costa Rica: 20,195

Progress
<u># of communities that have controlled mosquito breeding sites</u>
HONDURAS

¹² The people reached was estimated 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.

Fumigation sessions are planned and coordinated with SESAL, which are carried out to build epidemiological fences around confirmed cases of dengue. On this occasion, 100 per cent of neighbourhoods in targeted municipalities were fumigated. Municipal governments assisted by providing trucks and work crews to collect solid waste during sessions to eliminate potential mosquito breeding sites.

Fumigation is through thermal fogging using Deltamethrin 2.5% diluted in diesel (domestic and agro-industrial use).

NICARAGUA

Work was conducted in nine communities (three in each municipality), training leaders in each neighbourhood, conducting home visits to identify and eliminate breeding sites, and conducting cleaning sessions in coordination with MINSA and the mayor's office.

MUNICIPALITY	FAMILIES	BREEDING SITES		
		Observed	Positive	Eliminated
Managua	1,472	3,963	45	35
Chinandega	1,758	9,504	32	86
Masaya	2,068	8,062	476	349
TOTAL	5,298	21,529	553	470

EL SALVADOR

These activities are under implementation. Delivery of key messages via loudspeakers will be carried out prior to the days of cleaning and disposal of useless objects in coordination with community leaders, health promoters and local municipalities.

COSTA RICA

The National Society works in conjunction with the Ministry of Health. It makes its institutional vehicle available to transport the staff 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.

The National Society suspended visits to the communities because of the pandemic, but it did continue to provide support through megaphoning activities in the most affected communities. The Ministry of Health continued with visits when required.

Total de viviendas fumigadas en Siquirres a setiembre del 2020

MES	TRATAMIENTO FOCAL						TERMO NEBULIZADOR A	MAQUINA UBV (LECO)	ROCIADOS
	Existentes	Visitadas	Positivas	Cerradas	Renuentes	% Casas Cerradas	Viviendas Nebulizadas	Viviendas Nebulizadas	Viviendas rociadas
ENERO	1300	934	81	366	0	28	471	0	510
FEBRERO	2435	1749	126	680	6	28	2284	0	344
MARZO	2154	1635	112	519	0	24	5548	18200	0
I TRIMESTRE	5889	4318	319	1565	6	80	8303	18200	854
ABRIL	14	12	0	2	0	14	1987	9900	484
MAYO	2622	1874	182	745	3	28	2213	33893	2696
JUNIO	2610	1830	175	779	1	30	1303	16500	2212
II TRIMESTRE	5246	3716	357	1526	4	73	5503	60293	5392
JULIO	1477	1023	74	450	4	30	2617	1100	1294
AGOSTO	1648	1262	119	384	2	23	3326	7700	835
SEPTIEMBRE	542	438	18	104	0	19	446	19800	668
III TRIMESTRE	3667	2723	211	938	6	26	6389	28600	2797
TOTAL ANUAL	11135	8034	676	3091	10	153	13806	78493	6246

Fumigation carried out by the Costa Rica Ministry of Health.

Source: Costa Rica Ministry of Health

breeding-site elimination sessions conducted

GUATEMALA

Clean-up sessions are an intervention tactic traditionally used in Guatemala at the community level that engages community members, groups and sectors in vector-borne disease control. This activity mainly targets unused containers that may become potential breeding sites for the *Aedes aegypti* mosquito.

Measures and instructions regarding preparation, implementation and closeout of the activity are addressed in coordination with community leaders, MARN staff, MINEDUC authorities, municipal authorities (for waste collection and ETV staff), and others, who in turn are in constant communication via email, phone or WhatsApp. The following is taken into account:

- The sessions are planned based on Aedic indices.
- There are maps or sketches that identify the high-risk areas within the community.
- During the activity, GRC staff and other participants must have minimum PPE and comply with recommendations in COVID-19 context.
- The group formed must consist of no more than ten people, with a maximum of four volunteers assigned, including the technical team, who will assist with the collection of solid waste and unused containers while observing social distancing measures, washing hands and using PPE.
- Megaphoning in the targeted community at least one week beforehand in order to publicize the activity, delivering key messages (dengue and COVID-19) reminding residents that only trash placed inside plastic bags or sacks will be collected, which should be placed in front of homes and schools for adequate final disposal in the municipal or local landfill.

MUNICIPALITY	SESSIONS
Chiquimula	4
Puerto Barrios	7
El Estor	3
Mazatenango	3
Retalhuleu	7
Coatepeque	3
TOTAL	27



Clean-up and elimination of mosquito breeding sites in Aldea Rusia, Retalhuleu.

Source: Guatemalan Red Cross

NICARAGUA

Fifteen clean-up sessions have been carried out: nine in communities and six in schools. "Garbage Plan" activities are conducted in coordination with neighbourhood leaders, the Ministry of Health and the mayor's office. In addition to garbage collection, the plan includes guidance on how to eliminate breeding sites.

The target set in this regard will be met with the sessions that will take place in the second phase of the Appeal, which are still pending.



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

EL SALVADOR

This activity is under implementation. Delivery of key messages via loudspeakers will be carried out prior to the days of cleaning and disposal of useless objects in coordination with community leaders, health promoters and local municipalities.

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's main characteristics, signs and symptoms and to coordinate the prevention measures and actions that need to be considered. All subsequent efforts in neighbourhoods are coordinated during these meetings.

NICARAGUA

A total of 185 leaders have been trained to identify breeding sites by touring neighbourhoods and checking schools and homes; to identify the different types of breeding sites and how to keep containers clean; and to understand the mosquito's life cycle as well as the behaviour of the vector that transmits dengue, Zika and chikungunya.

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:

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

GUATEMALA

This tactic promotes the scrubbing and washing of containers used to store water inside the home in order to eliminate mosquito eggs during its aquatic phase. Providing these supplies encourages people to participate in home visits and face-to-face sessions, aiming to reinforce sustainable behaviours to promote changes in habits and eliminate potential mosquito breeding sites. In addition to the kits, 10,000 donated units of OFF repellent are being strategically distributed based on reported cases. Children under 15 and women are the most affected. Barrel covers are also being provided, prioritizing high-risk areas in Aldea Las Palmas, Coatepeque, Quetzaltenango.

MUNICIPALITY	Kits distributed
Chiquimula	3,536
Puerto Barrios	3,700
El Estor	2,300
Mazatenango	3,700
Retalhuleu	3,687
Coatepeque	3,700
TOTAL	20,623



Kit delivery at the health centre in El Estor, Izabal. (Kits contain a basin, chlorine, brush, detergent, ecological bag)
Source: Guatemalan Red Cross.

NICARAGUA

350 hygiene kits were distributed in three neighbourhoods in Managua: 100 in Barrio Tierra Prometida, 100 in Barrio Omar Torrijos and 80 in Barrio Andrés Castro. The remaining kits were given to schools and health centres. The delivery of an additional 150 kits, which have already been purchased, is still pending. These will be distributed in October and November because of delays coordinating with MINSAs.

EL SALVADOR

3,000 UNTADITA kits are expected to be distributed, the purpose of which is for families to use the UNTADITA to reduce larval indices and therefore dengue cases. During distributions, people receive a talk on how to use the UNTADITA so that everyone can implement it in their homes.

The kit contains:

- 12 Populinos (chlorine bleach)
- 2 sponges
- 1 brush
- 1 Rinso
- Stickers with recommendations for its use.



Kit delivery in the communities of Cerritos, El Carmen and Santa Lucia.
Source: Salvadoran Red Cross.

MUNICIPALITY	Community	Kits distributed
Coatepeque	Cerritos	85
	El Carmen	172
	Santa Lucia	23
	Ojusthal	245
TOTAL		525

COSTA RICA

School kits will be distributed, 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:

- Paintable bag
- Activities book
- Brochure with information
- Crayons



Activity book in Dengue School Kit.
Produced by Costa Rican Red Cross.

of households reached by the fumigation campaigns and home visits

GUATEMALA

The emergence of confirmed cases of dengue activates an inter-institutional response plan led by the Ministry of Public Health and Social Assistance to control the outbreak. Chemical control is carried out respecting physical distance by not entering homes, as a preventive measure given the current COVID-19 situation. It was agreed with the heads of vector brigades in six targeted municipalities that risk would be assessed based on the COVID-19 Warning Dashboard, which would indicate whether or not to enter homes and request families to leave doors and windows open during fogging.

Guatemalan Red Cross continues supporting health services and providing supplies for this type of control, i.e. human resources, fuel, chemicals, PPE and materials necessary for implementing the activity.

A large-scale kits purchase was made, resulting in a very low-price unit. This has allowed for a greater scope and this figure is expected to rise before the project ends.



Fogging in homes and spaces in Barrio Las Torres, Puerto Barrios, Izabal. Source: Guatemalan Red Cross.

MUNICIPALITY	ZONES	HOMES REACHED
Chiquimula	Sector D, G, F, Area Urbana Chiquimula	4,986
	Residenciales Chiquimula	
	Aldea Shororagua	
Puerto Barrios	Sector El Mitch	3,534
	Sector la Refinería	
	Cementerio General	
	Aldea Milla 3	
	Sector Rio Escondido	
	Aldea Agua Caliente	
El Estor	Barrio San Jorge	1,361
	Barrio San Francisco	
	Barrio San Marcos	
Mazatenango	Caserío Las Delicias	2,805
	Aldea Progreso	
	Colonia El Compromiso	
Retalhuleu	Aldea San José La Gloria	1,185
	Cantón San Josecito	
	Barrio Monterrey	
	Colonia San Antonio	
	Concepción Ocosito	
	Aldea Rusia	
Coatepeque	San Vicente Pacaya	1,168
	Santa Maria el Naranjo	
	Barrio El Rosario	
	Aldea Bethania	
	Aldea Las Palmas	
TOTAL		15,039

COSTA RICA

This activity is led by the Ministry of Health, which has the supplies required to carry it out. As an institution, CRRC provided printed materials for distribution, and the National Society loaned three thermal foggers to the Ministry of Health in Siquirres to increase their response capacity.

WASH Output 2.2: The response provided by the Ministry of Health is strengthened		
Indicators:	Target	Actual
# of foggers purchased	80	Honduras: 16
		Guatemala: 29
		Nicaragua: 5
		El Salvador: 9
		Costa Rica: 6
		Total: 65
# of communities that have reduced larvae	72	Honduras: 15
		Guatemala: No update
		Nicaragua: No update

		El Salvador: No update
		Costa Rica: 7
		Total: 22

Progress

of foggers purchased

HONDURAS

Sixteen foggers have been purchased, which are deployed to each community as needed. These are 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.

Four more foggers have been purchased in addition to the ten initially purchased. These will be assigned to delegations implementing the Dengue Appeal, which have been placed at strategic points with an incidence of dengue.



Donation of foggers to MSPAS
Source: Guatemalan Red Cross.

NICARAGUA

Five thermal foggers and protection equipment will be delivered to the municipality of León in the first week of November.

EL SALVADOR

Nine foggers have been purchased, which are deployed to communities based on needs. These are managed by Salvadoran Red Cross Headquarters and are available to all National Society branches. Furthermore, maintenance will be provided to the National Society's foggers, which will also be used for project activities.

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. Three of these have been loaned to the Ministry of Health in Siquirres.

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: 5
		Guatemala: 8
		Nicaragua: 5
		El Salvador: 2
		Costa Rica: 1
		Total: 21
# of volunteers deployed for response	450	Honduras: 55
		Guatemala: 52
		Nicaragua: 58
		El Salvador: 200
		Costa Rica: 57
		Total: 422
Progress		
<p><u># of National Societies that are better prepared to respond to future outbreaks</u></p> <p>The focus of the National Societies during the first weeks of implementation has been the response to communities affected by the dengue outbreak. In the coming months, efforts will be channelled towards supporting the contingency plans in each National Society with regards to preparedness to respond to future outbreaks.</p> <p>In terms of procurement of specific equipment, 7 radios were purchased, which were used by the Salvadorean Red Cross technical staff executing actions in the field through the radio communication reference.</p> <p>Visibility material for volunteers, including protection equipment (masks and gloves), and visibility for vehicles during deployments has been purchased.</p> <p>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).</p> <p>Once the budget for the third phase had been allocated in Guatemala, Guatemalan Red Cross acquired chemical control supplies, PPE and four thermal foggers to enable it to respond to future outbreaks, and strengthened its monitoring system through the standardization of tools and training processes for technical staff in the context of the COVID-19 pandemic.</p> <p>In Nicaragua, the process of drawing up the contingency plan is in an advanced stage. It is currently being reviewed and adjusted by medical specialists, who are also assessing the proposed actions. The plan includes staff training to face future epidemics/pandemics.</p> <p><u># of personnel hired in National Societies as part of the operation</u></p>		

Most of the staff for the operation in Honduras, Guatemala and Nicaragua has been hired. 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

Five people have been hired for this emergency operation.

- 1 administrative assistant (Comayagua).
- 1 field technician (Comayagua).
- 1 field technician (La Paz).
- 1 field coordinator
- 1 driver/logistician

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

Staff 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 out of Headquarters, with support from regional and local structures, and implements project activities.

of volunteers deployed for response

The initial target of 3,000 volunteers for this operation, was affected by the COVID-19 pandemic. Due to the measures adopted by each country government, volunteers being on risk groups or taking care of family members affected by the pandemic, restrictions on mobilization and social gatherings, it was considered best to lower this target to align it better with the NS actual capacity to mobilise volunteers. Therefore, the target was updated to 450.

COUNTRY	VOLUNTEERS	BRANCH / DELEGATION
HONDURAS	25	Comayagua
	10	La Paz
	20	Tegucigalpa
Subtotal	55	
GUATEMALA	16	Chiquimula
	8	Puerto Barrios
	14	Mazatenango
	6	Retalhuleu
	8	Coatepeque

Subtotal	52	
NICARAGUA	15	Managua
	25	Chinandega
	18	Masaya
Subtotal	58	
EL SALVADOR	30	Santa Ana
	30	Coatepeque
	30	Sonsonate
	30	Nahuizalco
	80	Headquarters
Subtotal	200	
COSTA RICA	8	Atenas
	49	Siquirres
Subtotal	57	
TOTAL	422	

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

Indicators:	Target	Actual
<i># of IFRC staff that has supported the dengue operation</i>	10	12
<i># of monitoring visits conducted</i>	20	7
<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. The staff has performed various 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. A PMER assistant was hired in October 2020 to strengthen support to National Societies.

The IFRC has conducted seven monitoring visits (two Health RITs have been deployed to Honduras and Nicaragua to support Appeal actions; one RIT PMER made a monitoring visit to Nicaragua; and the Disaster Manager visited several times to support the NS).

Four RITs have been deployed to the regional office to support the operation: one Health RIT, one Information Management RIT, and two PMER RITs.

D. Financial Report

See Annex attached.

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:



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



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



Promote **social inclusio**
and a culture of
non-violence and pe

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/09	Operation	MDR42005
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 23 Oct 2020

All figures are in Swiss Francs (CHF)

MDR42005 - Central America - Dengue Outbreak

Operating Timeframe: 18 Sep 2019 to 18 Mar 2021; 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
Total Funding Requirements	2,900,000
Donor Response* as per 23 Oct 2020	1,216,934
Appeal Coverage	41.96%

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	916,516	901,583	14,933
AOF5 - Water, sanitation and hygiene	125,736	58,818	66,918
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	281,215	60,996	220,219
SFI2 - Effective international disaster management	377,700	463,499	-85,800
SFI3 - Influence others as leading strategic partners	45,096	0	45,096
SFI4 - Ensure a strong IFRC	30,990	5,022	25,968
Grand Total	1,777,253	1,489,918	287,335

III. Operating Movement & Closing Balance per 2020/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,781,308
Expenditure	-1,489,918
Closing Balance	291,390
Deferred Income	0
Funds Available	291,390

IV. DREF Loan

* not included in Donor Response	Loan :	806,249	Reimbursed :	241,875	Outstanding :	564,374
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/09	Operation	MDR42005
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 23 Oct 2020

All figures are in Swiss Francs (CHF)

MDR42005 - Central America - Dengue Outbreak

Operating Timeframe: 18 Sep 2019 to 18 Mar 2021; 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				564,374	564,374		
European Commission - DG ECHO	498,344				498,344		
Japanese Red Cross Society	36,457				36,457		
On Line donations	27				27		
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		
Total Contributions and Other Income	1,216,934	0	0	564,374	1,781,308	0	
Total Income and Deferred Income					1,781,308	0	