

DREF Final Report

Guatemala: Dengue

DREF operation n° MDRGT005 19 September 2014

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: 129,671 Swiss francs were allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 9,500 beneficiaries.

During the DREF dengue operation, the National Society was able to surpass its original target, and reached 2,026 families and 22 schools. They were distributed in 12 communities and six municipalities in the departments of Mazatenango, Retalhuleu and Coatepeque, and received support with information and with the preparation of municipal and community contingency plans and with community epidemiological surveillance. These people now have relevant information regarding dengue fever, in addition to basic measures to prevent the spread of the *Aedes aegypti* mosquito and capacity to conduct community surveillance.



Guatemalan Red Cross (GRC) volunteers holding educational sessions using a Jeopardy game. Source: GRC.

The IFRC, on behalf of the National Society, would like to extend thanks to the generous contributions of the Canadian Red Cross Society and government for the allocation made to this operation to replenish the DREF. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, the Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich foundations, and other corporate and private donors. Details of all donors can be found on:

<http://www.ifrc.org/en/what-we-do/disaster-management/responding/disaster-response-system/financial-instruments/disaster-relief-emergency-fund-dref/>

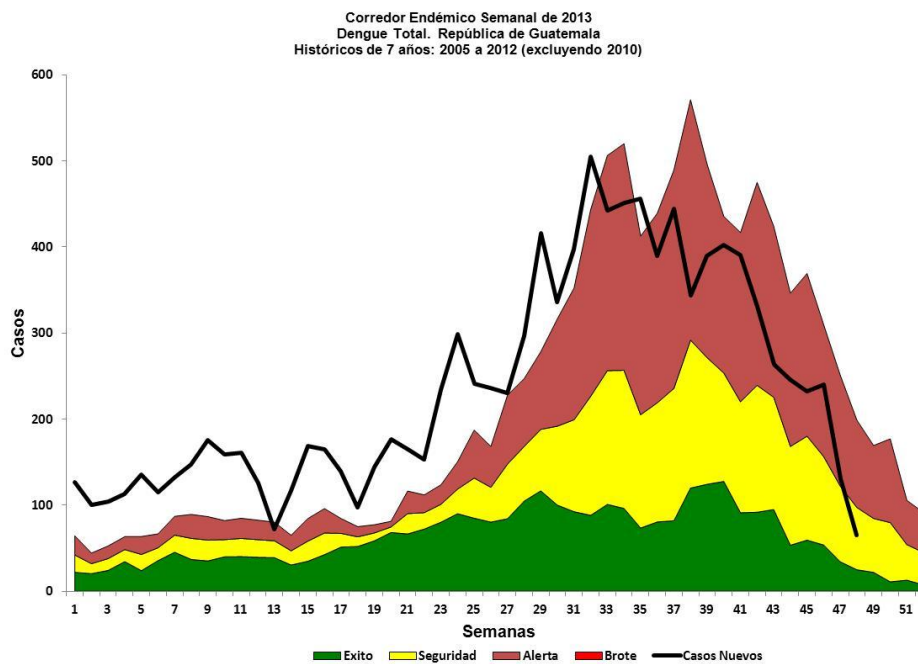
[<click here for the final financial report, or here to view contact details>](#)

Please note that the final financial report will be attached once the remaining funds are transferred from the National Society.

The situation

Dengue cases increased significantly in Central America, exceeding historic ranges of the past five years in countries such as Honduras, Costa Rica and Nicaragua. In Guatemala, dengue has been one of the diseases that has put at risk the health and lives of the population year after year, specifically the most vulnerable. Living conditions, such as lack of access to health services, poverty and malnutrition, increase the people's vulnerability, who, on the other hand, are made even more vulnerable when in need to dedicate their scarce resources in health care. In July and August 2013, the number of cases detected showed an upward trend, managing to exceed safety ranges of the endemic corridor and fluctuating between alert and epidemic outbreak status.

Guatemala has four types of serotypes distributed nationwide. The health areas where all four serotypes were detected were Escuintla, central Guatemala and San Marcos; 3 serotypes - DEN1, DEN2 and DEN3 - were detected in Alta Verapaz, northwestern Guatemala, Jalapa, Jutiapa, Quiché and Suchitepéquez; while DEN4 was detected in Ixcán, Retalhuleu and northwestern Guatemala. An epidemiological relationship was detected between the presence of the DEN4 virus and the incidence of cases of dengue hemorrhagic fever.



Endemic corridor - Week 47 dengue Guatemala
Source: Ministry of Health and Social Welfare

To epidemiological week 47 (from 17 to 23 November), 11,397 clinical cases of classic dengue had been reported - 1,977 were confirmed cases, 31 were cases of dengue hemorrhagic fever; 8 deaths were reported. The most affected health areas were: Zacapa, Jutlapa, Escuintla, Izabal, Guatemala Sur, Quetzaltenango, Retalhuleu, Santa Rosa, southwest Petén and Chiquimula.

As can be seen, by the end of the operation's implementation period the endemic curve has decreased significantly, falling to within safety levels.

In this context, community interventions were carried out by the Guatemalan Red Cross mostly in conjunction with Ministry of Health authorities and in coordination with local governments. The National

Society conducted home visits to deliver flyers to families, which contained information regarding basic measures to prevent the spread of the dengue-transmitting mosquito.

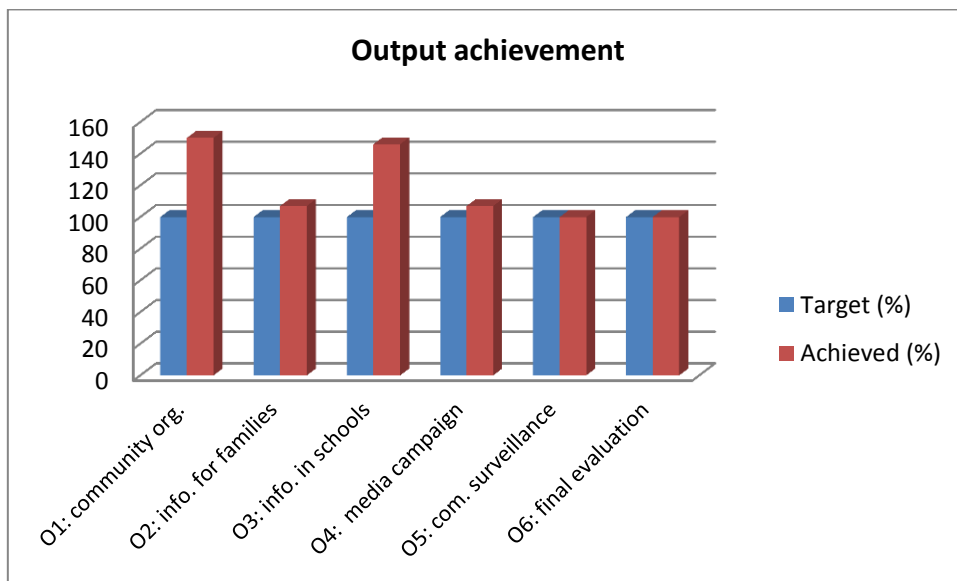
Red Cross and Red Crescent action

The primary purpose of the DREF-funded dengue project was to raise awareness in 12 selected communities regarding the importance of eliminating breeding grounds as the main method for reducing the incidence of the mosquito-borne virus. 2,026 families were reached directly through home visits, in addition to working with 22 schools, and reaching the population through the media.



Guatemalan Red Cross volunteers conducting community visits. Source: GRC

Six municipal contingency plans and 12 community contingency plans were drawn up as part of the DREF-backed containment strategy. In order to carry out their community-based strategy, the National Society's permanent and volunteer staff, needed to be trained not only on the disease's characteristics and transmission, but also on debunking myths present in the country.



The six municipalities and 12 communities selected for the project were:

Department	Municipality	Community
Mazatenango	Santo Thomas la Unión	Paballal
		San Juan Maza
	San Lorenzo	La Soledad
Coatepeque	Coatepeque	San Vicente Pacaya
		San Rafael Pacaya
		El Socorro

		El Pomal
		Aldea Las Palmas
		Comunidad Agraria La Esmeralda
Retalhuleu	San Andres Villa Seca	Canton San Jose
	San Felipe	Colonia Fegua
	Nuevo San Carlos	Canton Cabañas

Among the major challenges that the National Society had to face was the need to support local authorities with municipal contingency plans to help them deal with the emergency. The assistance provided by volunteers from other branches, especially the Health Coordinator Network of the Guatemalan Red Cross (19 volunteers), was key to providing technical support to the operation.

Furthermore, the last months of the operation coincided with the end of the school term, so coordination with teachers had to be very close. The communications campaign was fundamental for raising the population's awareness to support prevention.

National headquarters' technicians were deployed to facilitate the operational process, and focal points were established in branches in three departments to facilitate their deployment. For this operation the Guatemalan Red Cross received support from a health RIT member from IFRC and from a general RIT member who was doing an internship in Central America. The disaster management coordinator for Central America provided technical support and guidance to the operation.

Achievements against outcomes

Health in emergencies		
Outcome: The risk of dengue fever has been reduced for 9,500 people through information and awareness-raising campaigns on prevention measures and early detection of complication signs in four municipalities from the departments of Retalhuleu, Suchitepéquez, Quetzaltenango and other areas prone to dengue fever.	Outputs	% of achievement ¹
	Output 1: Promote community organization for dengue prevention activities through Municipal and Local Risk Reduction Committees in four municipalities in the departments of Quetzaltenango, Retalhuleu and Suchitepéquez.	150%
	Output 2: 1,900 families are reached with information about prevention and early detection of signs of complications from dengue in four municipalities in the departments of Retalhuleu, Quetzaltenango and Suchitepéquez.	107%
	Output 3: Fifteen primary and secondary schools are reached with information about prevention and early detection of signs of complications from dengue in communities in the departments of Quetzaltenango, Retalhuleu and Suchitepéquez.	146%
	Output 4: Mass media campaigns reach 9,500 people directly and 335,735 people indirectly with dengue prevention information.	107%

¹ This field represents the percentage of the output that has been reached, according to the figures it specifies.

	Output 5: 1,900 families are reached with active surveillance of cases in four municipalities in the departments of Quetzaltenango, Retalhuleu and Suchitepéquez in support of health services.		100%
	Output 6: The effectiveness of the dengue operations in Central America is evaluated and recommendations gathered.		100%
Activities	Is implementation on time?		% progress ²
	Yes	No	
Hold at least three coordination and monitoring meetings in four municipalities and their selected communities.	X		100%
Preparation of four municipal action plans.	X		100%
Selection of beneficiaries.	X		100%
Conduct three workshops about dengue and its control for 75 community leaders, teachers, students and other institutions to facilitate promotion and dengue prevention.	X		100%
1,900 home visits for awareness on dengue prevention and epidemiological surveillance twice a month.	X		100%
Develop one course on Epidemics Control for 24 Guatemalan Red Cross volunteers.	X		100%
Coordination with local authorities.	X		100%
Conduct two lectures in 15 schools on dengue prevention for 1,000 students and teachers.	X		100%
Printing of information materials.	X		100%
Development and airing of radio spots.	X		100%
Dissemination of dengue fever prevention messages over the radio, the press and via loudspeakers on vehicles in public places.	X		100%
Distribution of information materials to Red Cross branches whose municipalities have the greatest incidence of cases	X		100%
Deployment of a communication RIT to support the communications plan development at National and Regional level.	X		100%
Development of media materials on National Society actions and its impact on beneficiaries at national and regional level	X		100%
Coordination with governmental authorities to develop a community-based surveillance strategy.	X		100%
Monitoring visits for early detection of cases at community level	X		100%
Development of weekly epidemiologic surveillance reports	X		100%
Conduct four epidemiological surveillance municipal workshops for community leaders	X		100%
Coordination with National Societies in Central America that are responding to dengue outbreaks.	X		100%
Coordination with Partner National Societies with projects in the affected areas	X		100%
Hiring of an external consultant to evaluate the dengue operation at the regional level	X		100%
Field visits are completed in at least three countries	X		100%
Sharing of results and recommendations with key stakeholders	X		100%

² This field represents the percentage of completion of a given activity, according to the timeframe planned.

Output 1: Community organizing for dengue prevention actions

Six meetings were held with various health centers to socialize the project prior to its implementation. Furthermore, four meetings were held with other actors involved to socialize project activities, determining specific intervention programming in each. In addition, two workshops for the municipalities and municipal meetings were held to draw up contingency plans. Given the very positive outcome of the coordination, it was possible to expand the original scope and work on plans with all six municipalities, and not just four. By the end of the operation, six municipal contingency plans and 12 community contingency plans have been designed, surpassing the original target of reaching. As the achievement of this objective is deeply integrated with the other lines of the strategies; further information is provided in the following sections.

Output 2: Information about prevention and early detection of complications from dengue

Facilitators' workshop: Sixty-nine community leaders attended the Community Facilitator workshop on dengue prevention. Twelve targeted communities participated, receiving training in:

- General characteristics of dengue.
- Community participation guide for dengue prevention and control.
- Toolkit use to control epidemics

A workshop was held for communities in each department where the project was implemented, for a total of three workshops to community leaders: one in Mazatenango, one in Retalhuleu and one in Coatepeque. Activated NITs participated in these workshops, working in logistics and as facilitators and assistants, in addition to RITs who came to Guatemala to work as workshop facilitators.

Surveillance workshop: Sixty-four community leaders attended the Community-based Epidemiological Surveillance Workshop, with participation from all 12 communities. Participants trained in topics such as:

- Community-based Epidemiological Surveillance.
- How to set up and manage a health situation room
- Public health surveillance

These workshops were held in each department with collaboration from National Intervention Teams (NITs) and deployed RITs. Participants included health center staff who collaborated by teaching dengue-related topics and socialized the work in vector areas, thus reinforcing knowledge regarding the vector's cycle. This training was key to complete the community-based surveillance of output 5.

Municipal workshops: Two workshops were held to update/draw up dengue-focused municipal contingency plans. Twenty-five people participated, including representatives from six targeted communities, health center staff, vector area staff, Ministry of Education staff, Red Cross personnel, as well as from various media outlets. This was a key element to complete output 1 of the operation.

Workshops to community leaders

Department	Municipalities	No of workshops	Workshop attendance				
			Community facilitators		Epidemiological surveillance		Municipal plans
			M	W	M	W	
Coatepeque	Coatepeque	2	8	16	6	17	25
Mazatenango	Santo Thomas La Unión and San Lorenzo	2	8	13	7	16	17

Retalhuleu	Nuevo San Carlos, San Felipe and San Andres Villa Seca	2	6	18	5	13	0
TOTALS		6	22	47	18	46	42

Volunteers from the Guatemalan Red Cross branches conducted approximately 14,285 home visits to around 2,026 families in 12 communities.

Visits consisted in:

- Visit 1: Identification and elimination of mosquito breeding grounds
- Visit 2: Informing the beneficiary about dengue symptoms.
- Visit 3: Informing the beneficiary about dengue prevention
- Visit 4: Raising awareness about the importance of keeping a clean and safe yard.
- Visit 5: Yard inspections
- Visit 6: Elimination of breeding grounds

Based on the prioritization of areas and risks, a seventh visit was made to Coatepeque and Mazatenango, conducting 1,438 more visits in both branches.

- Visit 7: Yard inspection and elimination of breeding grounds

Home visits to communities

Department	Municipality	Community	Goal	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Total
Coatepeque	Coatepeque	San Vicente Pacaya	200	221	221	211	211	211	211	221	1,507
		San Rafael Pacaya	200	200	200	221	221	221	221	221	1,505
		El Socorro	100	96	101	101	101	101	101	101	702
		El Pomal	60	59	59	59	59	59	59	59	413
		Aldea las Palmas	200	212	229	212	212	212	212	212	1,501
		Comunidad Agraria la Esmeralda	100	92	100	100	100	100	100	100	692
Mazatenango	Santo Tomas la Union	Canton Paballal	60	60	59	63	60	60	60	60	422
		San Juan Maza	100	195	190	195	195	195	195	195	1,360
	San Lorenzo	Aldea La Soledad	250	279	173	234	279	279	279	279	1,802
Retalhuleu	San Andres Villa Seca	Canton San Jose	150	283	283	283	283	283	283	0	1,698
	San Felipe	Colonia Fegua	150	200	200	200	200	200	200	0	1,200
	Nuevo San Carlos	Canton Cabanas	330	163	244	244	244	244	244	0	1,383
TOTAL			1,900	TOTAL VISITS CONDUCTED							14,185

To develop operation activities, 24 volunteers from 10 Guatemalan Red Cross branches involved in this operation were trained through an Epidemics Control Workshop.

Volunteers trained through the Epidemics Control Workshop

Branches	N°
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1	El Palmar	3
2	Petén	2
3	Retalhuleu	4
4	El Estor	2
5	Mazatenango	3
6	Central Headquarters	1
7	Santo Tomas de Castilla	3
8	Coatepeque	3
9	San Marcos	2
10	Quetzaltenango	1
Total		24

These trained volunteers were later activated and collaborated in the implementation of the following project activities:

- Six training workshops to community leaders
- Setting up 12 health situation rooms
- Drawing up 12 contingency plans at the community level
- Drawing up 6 contingency plans at the municipal level
- Home visits
- Systematization of project information
- Monitoring community surveillance

Output 3: Schools are reached with information about prevention and early detection of complications from dengue in communities

Trainings were conducted in 22 schools, reaching 8,704 students and 145 teachers in targeted communities. These sessions were facilitated by volunteers. Educational sessions consisted in providing 3 sessions, which are described below:

- **First session:** An induction was conducted on what dengue is, its signs and symptoms, and disease prevention measures, reinforcing the information among the student body using the Jeopardy game.
- **Second session:** This consisted of walking through the entire school and surrounding areas, identifying and eliminating all breeding sites with help from students and teachers, thus guaranteeing a school free of breeding sites for the following school year
- **Third session:** A closing activity was carried out where students received feedback on dengue prevention measures, strengthening learning with contests and recreational activities.

Jeopardy is a game adapted to reinforce the school children's knowledge through play. For this dynamic, the volunteer forms two groups of no more than 15 students each, who then compete by correctly answering the greatest number of questions chosen by throwing dice.

Workshops in schools

Department	Municipalities	No. of Schools	No. of children	
			M	F
Coatepeque	Coatepeque	14	2,736	2,535
Mazatenango	Santo Tomas La Unión	2	648	474
	San Lorenzo	1	570	510
Retalhuleu	San Andres Villa Ceca	1	180	189

	San Felipe	2	149	124
	Nuevo San Carlos	2	325	264
TOTAL		22		8,704

Output 4: Mass media campaigns

Two 30-second spots were developed - one for radio and another for TV - with key messages about dengue prevention. The information campaign over the radio was broadcasted by four radio stations, while cable TV channels aired the spot in the departments of Retalhuleu, Mazatenango and Coatepeque.

Informational dengue prevention posters were reproduced and distributed to branches in dengue-endemic areas and to nearby branches as well.

All 12 communities were covered through loudspeakers, where volunteers used high-power bullhorns to convey key messages during visits.

Department	Radio/TV Station	Coverage	Spot
Retalhuleu	Radio Católica, La Voz de la Esperanza	Department of Suchitepéquez, Retalhuleu, Quetzaltenango, San Marcos and Sololá. At the national and international level, through : ww.radiolavozdelaesperanza.com	Time slots: 08:00, 8:30, 10:30, and 13:30 y 17:30. Duration: 30 seconds during October and November
Mazatenango	Canal 23, Intercable	Departmental capital of Suchitepéquez, and coverage in the entire department	Time slots: 06:30, 07:15, 08:00. Duration: 30 seconds
	Emisoras Unidas	National	Time slots: 10:20, 12:30, 16:20 and during football matches. Duration: 30 seconds
Coatepeque	Dinamita	Municipality of Coatepeque.	12 spots per day: 6 during the morning and 6 during the afternoon. Duration: 30 seconds
	Canal 30, cable-visión	Municipality of Coatepeque.	12 spots per day: 6 during the morning and 6 during the afternoon. Duration: 30 seconds
	Despertar Occidental	Department of Quetzaltenango.	6 spots per day: 3 during the morning and 3 during the afternoon

An IFRC communications officer was deployed to Guatemala to support the National Society's communication strategy, while a communications RIT from Trinidad and Tobago was deployed to Costa Rica, Honduras, and Nicaragua to support communications actions on dengue. These missions included

interviews with beneficiaries, local actors and National Society members, which were conducted within activities planned by DREF operations and disseminated through the IFRC's and National Societies' portals.

Costa Rica: <http://www.ifrc.org/en/news-and-media/news-stories/americas/costa-rica/saving-lives-through-community-outreach-in-the-fight-against-dengue--63785/>

Nicaragua:<http://www.ifrc.org/en/news-and-media/news-stories/americas/nicaragua/education-and-community-sensitization-are-the-key-to-preventing-dengue-63750/>

Honduras:<http://www.ifrc.org/en/news-and-media/news-stories/americas/honduras/partnership-to-facilitate-response-to-increased-cases-of-dengue-in-honduras/>

Guatemala:<http://www.ifrc.org/en/news-and-media/news-stories/americas/guatemala/dynamic-childrens-games-promote-dengue-prevention-in-guatemala-64119/>

An institutional video has been prepared by the IFRC's Communications Department in the Americas, which will be released soon as part of a dengue prevention communications campaign.

Furthermore, in April 2014 the IFRC released a report on raising awareness about dengue called "Giving Voice to a Silent Disaster", in order to give a voice to this silent disaster and to advocate a change in approach, from one that responds to isolated outbreaks to making investments in integrated programmes and long-term actions that include community initiatives resulting in sustainable behavioral changes. This report was released internationally and included information about the region.

"Giving Voice to a Silent Disaster" report: <https://ifrc.org/Global/documents/secretariat/201404/1267700-Dengue%20Advocacy%20Report-EN-LR.pdf>

Press releases: <http://www.ifrc.org/en/news-and-media/press-releases/general/reducing-the-burden-of-dengue-is-our-collective-responsibility/>

<http://www.ifrc.org/en/news-and-media/news-stories/international/disaster-relief-and-emergency-fund-enables-dengue-outbreak-response-65371/>

Video: <http://www.ifrc.org/en/news-and-media/features/dengue/>

Output 5: Active case surveillance

Twelve community epidemiological surveillance workshops were held for to set up community situation rooms. Community leaders from six municipalities in the departments of Coatepeque, Mazatenango and Retalhuleu were trained. As a result, 12 community situation rooms were set up in three departments: six in Coatepeque, one in San Lorenzo, two in Santo Tomas la Union, one in Nuevo San Carlos, one in San Andrés Villa Seca and one in San Felipe. These activities were carried out jointly with the presidents of local community development committees and in coordination with health authorities. Surveillance began once the situation rooms were ready.

To conduct surveillance actions, a reference and cross-reference file was created. Volunteers were trained on its use and was applied during all visits. These actions helped identify 44 suspected cases, of which 15 were confirmed.

Community surveillance found during the operation

Department	Municipality	Community	Suspected cases	Confirmed cases
Coatepeque	Coatepeque	San Vicente Pacaya	24	1
		San Rafael Pacaya	0	3

		El Socorro	0	1
		Aldea las Palmas	9	0
Mazatenango	Santo Tomas la Union	Canton Paballal	0	1
		San Juan Maza	2	1
	San Lorenzo	Aldea La Soledad	2	0
Retalhuleu	San Felipe	Colonia Fegua	2	3
	Nuevo San Carlos	Canton Cabanas	5	5
TOTAL			44	15

Source: Community situation rooms and recording of cases by the Ministry of Public Health and Social Welfare's Vector Department

Evaluation of DREF Operations in Central America

An external regional evaluation was conducted between February and March 2014 regarding the dengue response operations in Colombia, Costa Rica, Honduras, Guatemala and Nicaragua in 2013. This activity was budgeted within DREF, however, it was decided to conduct it once all operations were closed and it was finally financed by the Canadian Red Cross Society and by IFRC evaluation funds and not this DREF operation.

The evaluation included a number of variables to determine the operation's impact. Below are the overall achievements and challenges of the operations.

Country	Main achievements	Main challenges
Common to all countries	<ul style="list-style-type: none"> • Dengue-related trainings were adequate at all levels of implementation. These were aimed at achieving the expected results, and the terms used were easily understood by the participants. The replication mechanisms between volunteers, leaders, health personnel and other agents were effective for reaching the entire target population • Interventions have had technical and volunteer teams trained and adapted to project needs. The project's level of involvement and commitment has been the key element in the population's recognition of the work conducted by the Red Cross. • DREFs have enhanced the chapters' capacities, positioning them as agents of reference with local authorities and communities 	<ul style="list-style-type: none"> • From what has been described above, we can extract the following challenges shared by all countries: • The need to establish a contingency plan for epidemics that defines the objectives, actions and internal aspects to keep in mind to deal with the disaster. • Establishing a permanent epidemiological surveillance system through the existing EOCs that makes it possible to monitor the evolution of epidemics and anticipate possible emergencies. • Providing continuity to processes to train volunteers and strengthen chapters that enable them to update their knowledge and apply community surveillance models • Establishing cooperation and mutual support agreements between governments, local authorities and National Societies and their chapters, seeking to strengthen the partnerships developed during this DREF. • Designing community work strategies that promote community empowerment in order to build the communities' capacity so as to strengthen them as dengue-prevention agents. • Establishing a health programme in countries

		<p>that lack one, that allows preventing epidemics regardless of an outbreak.</p> <ul style="list-style-type: none"> • That both National Societies and chapters take advantage of the opportunities generated by the project in terms of designing interventions on the topic which can be submitted to potential funding entities (PNS and others). The strengths generated are large enough to be exploited. • The positioning achieved as an agent of reference has generated high expectations within communities, which constitutes a challenge for chapters in considering expanding their response capacity.
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Its own achievements and challenges are presented under each operation. Below are the main achievements and challenges identified in Guatemala's DREF operation:

Country	Main achievements	Main challenges
Guatemala	<ul style="list-style-type: none"> • Promoting innovative intervention strategies to raise awareness by adapting dynamic activities and games used in other campaigns (the Jeopardy game). These tools have been extremely useful for reinforcing messages transmitted to the population and to evaluate the impact of the interventions. 	<ul style="list-style-type: none"> • Taking advantage of participatory work implemented in communities to recruit new volunteers for the National Society. The potential or opportunities that the project has generated to encourage volunteerism within communities has not been considered. The figure of the community volunteer should be considered in each and every action promoted.
	<ul style="list-style-type: none"> • Transferring skills and knowledge to communities for active epidemiological surveillance is considered a relevant action for the sustainability of the actions, as well as for promoting the population's ownership of its joint responsibility in community health. 	<ul style="list-style-type: none"> • Seeking alliances with institutes or schools who provided support through young volunteers, in order to promote other types of alliances that allow chapters to attract new volunteers, such as for developing first aid courses, etc.
	<ul style="list-style-type: none"> • Volunteer brigades who participated in home visits implemented a gender-inclusive strategy, fostering joint responsibility in addressing the problems with the aim of achieving a real and broad engagement by men and women to avoid the spread of the disease. 	<ul style="list-style-type: none"> • Making administrative procedures more flexible in emergency situations in order to respond more efficiently to a DREFs' own timing.

Contact information

For further information specifically related to this operation please contact:

- **Guatemalan Red Cross:** Daniel Javiel, director general, telephone: +502 2381-6565, email direcciongeneral@cruzroja.org.gt
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(planning, monitoring, evaluation and reporting enquiries)**

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1. Final financial report **below**
 2. Click **here** to return to the title page
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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 \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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Disaster Response Financial Report

MDRGT005 - Guatemala - Dengue

Timeframe: 20 Aug 13 to 20 Nov 13

Appeal Launch Date: 20 Aug 13

Final Report

Selected Parameters

Reporting Timeframe	2013/8-2014/8	Programme	MDRGT005
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		129,671				129,671	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		129,671				129,671	
C4. Other Income		129,671				129,671	
C. Total Income = SUM(C1..C4)		129,671				129,671	
D. Total Funding = B + C		129,671				129,671	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		129,671				129,671	
E. Expenditure		-105,583				-105,583	
F. Closing Balance = (B + C + E)		24,088				24,088	

Disaster Response Financial Report

MDRGT005 - Guatemala - Dengue

Timeframe: 20 Aug 13 to 20 Nov 13

Appeal Launch Date: 20 Aug 13

Final Report

Selected Parameters

Reporting Timeframe	2013/8-2014/8	Programme	MDRGT005
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			129,671			129,671		
Relief items, Construction, Supplies								
Teaching Materials	57,037		47,718			47,718	9,319	
Total Relief items, Construction, Sup	57,037		47,718			47,718	9,319	
Logistics, Transport & Storage								
Transport & Vehicles Costs	4,147		5,602			5,602	-1,455	
Total Logistics, Transport & Storage	4,147		5,602			5,602	-1,455	
Personnel								
International Staff	6,912		5,482			5,482	1,430	
National Society Staff	6,912		8,285			8,285	-1,373	
Volunteers	1,397		7,306			7,306	-5,908	
Other Staff Benefits	1,659		1,908			1,908	-249	
Total Personnel	16,880		22,980			22,980	-6,101	
Consultants & Professional Fees								
Consultants	23,722		2,792			2,792	20,929	
Total Consultants & Professional Fees	23,722		2,792			2,792	20,929	
Workshops & Training								
Workshops & Training	4,608		4,215			4,215	393	
Total Workshops & Training	4,608		4,215			4,215	393	
General Expenditure								
Travel	8,681		8,503			8,503	179	
Information & Public Relations	2,968		1,808			1,808	1,159	
Office Costs	968		2,080			2,080	-1,112	
Communications	2,239		2,502			2,502	-263	
Financial Charges	507		939			939	-432	
Total General Expenditure	15,363		15,832			15,832	-469	
Indirect Costs								
Programme & Services Support Recover	7,914		6,444			6,444	1,470	
Total Indirect Costs	7,914		6,444			6,444	1,470	
TOTAL EXPENDITURE (D)	129,671		105,583			105,583	24,088	
VARIANCE (C - D)			24,088			24,088		

Disaster Response Financial Report

MDRGT005 - Guatemala - Dengue

Timeframe: 20 Aug 13 to 20 Nov 13

Appeal Launch Date: 20 Aug 13

Final Report

Selected Parameters

Reporting Timeframe	2013/8-2014/8	Programme	MDRGT005
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	129,671		129,671	129,671	105,583	24,088	
Subtotal BL2	129,671		129,671	129,671	105,583	24,088	
GRAND TOTAL	129,671		129,671	129,671	105,583	24,088	