



Coordinated MSPAS and GRC vaccination activities in Chiquimula, 2024, GRC.

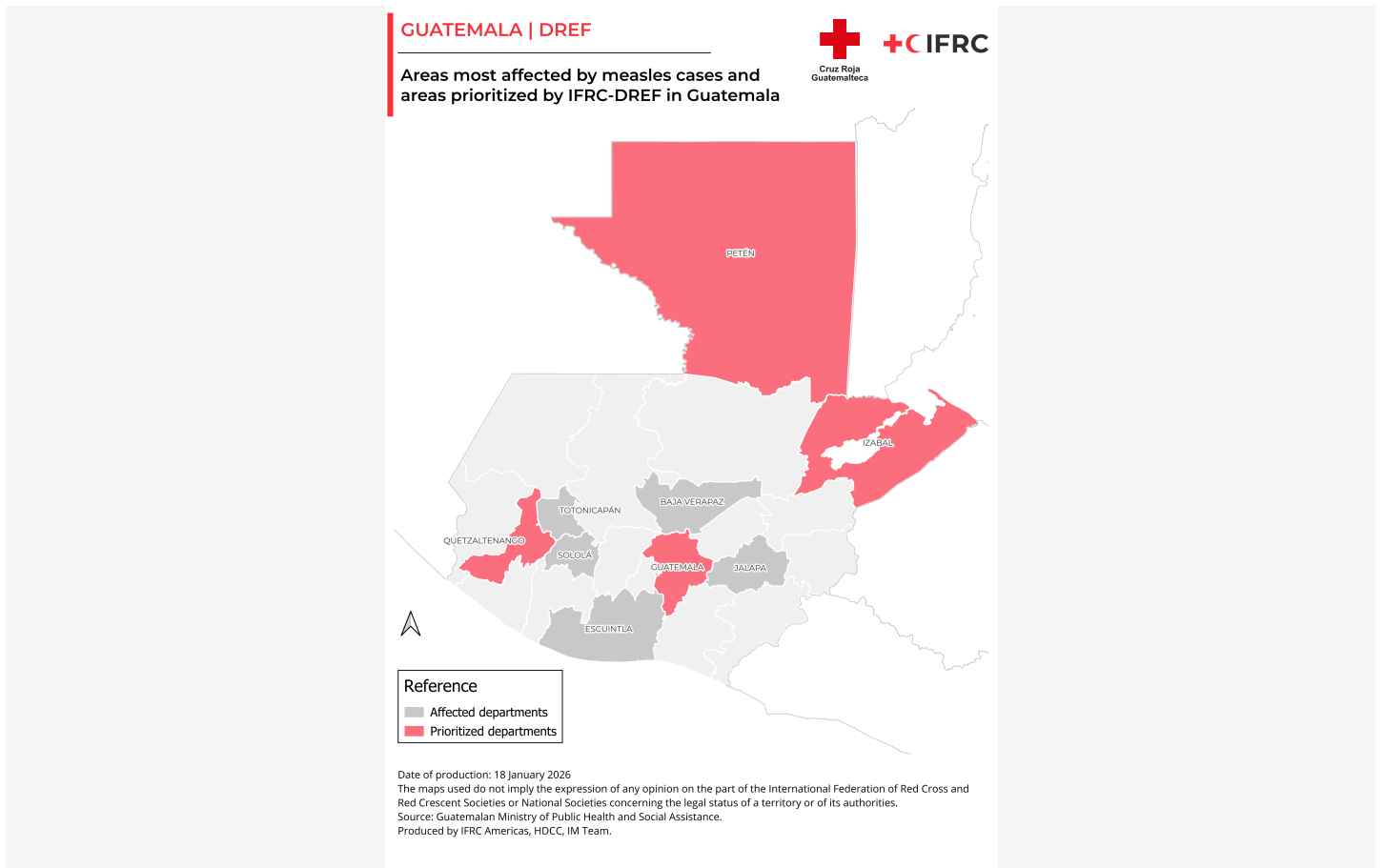
Appeal: MDRGT027	Hazard: Other	Country: Guatemala	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 330,155	
Glide Number: -	People Affected: 682,500 people	People Targeted: 3,000 people	
Operation Start Date: 23-01-2026	Operation Timeframe: 4 months	Operation End Date: 31-05-2026	DREF Published: 02-02-2026

Targeted Regions: **Guatemala, Izabal, Peten, Quetzaltenango**

Description of the Event

Date when the trigger was met

16-01-2026



Affected and targeted departments under the IFRC-DREF operation. Source: IFRC.

What happened, where and when?

Throughout 2025, the Ministry of Public Health and Social Assistance of Guatemala, through the Directorate of Epidemiology and Risk Management, issued three epidemiological alerts related to measles risk and activated institutional alert mechanisms for the detection and management of potential cases or outbreaks (1). These actions were implemented through interinstitutional coordination mechanisms and aligned with the national alert levels established under the National Coordinator for Disaster Reduction (CONRED), the National Response Plan and the Institutional Multi Hazard Response Plan (4).

On 2 January 2026, Guatemala was officially notified of a confirmed measles case involving a 24 year old male patient, of Salvadoran nationality and resident in El Salvador, with onset of rash on 24 December 2025 and laboratory confirmation reported on 30 December 2025 (2)(3). Epidemiological investigations identified the probable source of infection as participation in a large scale religious gathering attended by approximately 2,000 people from multiple countries in the region, including Mexico, the United States and Central America, as well as participants from all 22 departments of Guatemala (2).

Following notification through the International Health Regulations mechanism and the National IHR Focal Point, the Ministry of Public Health and Social Assistance activated its Immediate Response Teams and national surveillance and response protocols to prevent secondary transmission. Given the absence of sustained community transmission of measles in Guatemala since 1997, the confirmation of this first case triggered the declaration of an Institutional Red Alert, in accordance with the Sectoral Operational Response Protocol for Measles (2)(4).

Confirmed cases and epidemiological risk have been identified across multiple departments in Guatemala, reflecting both the geographic origin of participants in the mass gathering and the potential for secondary transmission. Departments identified as priority areas include Sololá, Guatemala, Petén, Izabal, Escuintla, Tonicapán, Jalapa, Quetzaltenango and Baja Verapaz, encompassing urban, peri urban and



rural contexts with varying levels of vaccination coverage and access to health services (1).

On 16 January a letter from MSPAS was sent to the Guatemalan Red Cross leadership requesting support for the vaccination campaigns in support of the MoH response as part of the institutional red alert. The situation remains ongoing, with active epidemiological surveillance, contact tracing, risk communication and preventive actions being implemented by national authorities under the leadership of the Ministry of Public Health and Social Assistance, in coordination with CONRED and humanitarian partners, including the Guatemalan Red Cross in its auxiliary role to public authorities (4)(5).



Measles symptoms awareness shared by Guatemalan Red Cross, January 2026. GRC.

Scope and Scale

Measles is one of the most contagious viral diseases known, transmitted through airborne droplets and direct contact with infected nasal or pharyngeal secretions. The virus can remain active and infectious in the air or on contaminated surfaces for up to two hours, making transmission extremely efficient. A single infected person can generate up to 18 secondary infections, particularly in settings with low population immunity.

Measles primarily affects individuals who are not immunised or who have incomplete vaccination schedules, with children being the most vulnerable group. After an incubation period of 7 to 21 days, the disease typically presents with fever and a maculopapular rash that begins on the face and spreads downward to the trunk and extremities. Additional symptoms may include cough, coryza and conjunctivitis. While most cases recover without complications, measles can lead to severe outcomes such as pneumonia, encephalitis, severe diarrhoea and blindness, especially among malnourished children and immunocompromised individuals. The disease is preventable through vaccination, and effective control depends on achieving and sustaining high coverage with two doses of measles containing vaccine.

Measles represents a significant public health concern in the Region of the Americas. Although the disease was declared eliminated in the region in 2016, declining vaccination coverage, the accumulation of susceptible populations and increased international mobility have led to its re emergence through outbreaks in multiple countries. According to the Pan American Health Organization and World Health Organization epidemiological update of September 2025, between epidemiological weeks 1 and 37, a total of 11,313 confirmed cases and 23 deaths were reported in 10 countries, representing a 31 fold increase compared to the same period in 2024. Approximately 71 per cent of cases occurred among unvaccinated individuals, with the most affected age groups being children under one year of age and adolescents aged 10 to 19 years (1).

In Guatemala, the risk is exacerbated by insufficient vaccination coverage below the recommended 95 per cent threshold, the presence of



pockets of unvaccinated populations, unequal access to health services and the continuous risk of case importation from countries experiencing active outbreaks (1)(2). In alignment with the National Multi Hazard Response Plan, the Institutional Multi Hazard Response Plan and the International Health Regulations, measles represents a high risk of reintroduction and rapid spread across the national territory, requiring timely activation of surveillance, preparedness, response and intersectoral coordination mechanisms (2)(4).

As of 18 January 2026, the Ministry of Public Health and Social Assistance has confirmed 38 measles cases, identified in the municipality of Santiago Atitlán in the department of Sololá, as well as in the departments of Petén, Izabal, Guatemala, Escuintla, Totonicapán, Jalapa, Quetzaltenango and Baja Verapaz. Most confirmed cases are among adults aged 30 to 50 years; however, cases have also been confirmed in children aged 3 to 6 years and in two infants aged 5 and 6 months, the majority of whom had no history of measles vaccination (2). This information is currently shared through interinstitutional coordination mechanisms, including the Health Cluster and the Emergency Operations Centre led by the Directorate of Epidemiology and Risk Management.

Based on outbreak scenarios and vaccination coverage data, an estimated 682,500 people are considered susceptible to measles infection nationwide considering unvaccinated, immunocompromised and malnourished children profiles. National vaccination coverage data for 2025 indicate that first dose measles containing vaccine coverage reached 88 per cent, while second dose coverage reached only 82.6 per cent. Departments with the lowest coverage include Guatemala at 56.8 per cent, Izabal at 77.3 per cent, Quiché at 84.3 per cent, San Marcos at 85.7 per cent and Sololá at 86.8 per cent.

Low vaccination coverage significantly increases the risk of transmission across the country and highlights the need to intensify prevention and risk mitigation actions. Additional factors further increasing vulnerability include acute and chronic malnutrition, immunosuppression, low body weight, limited access to safe water and inadequate nutrition, all of which reduce immune response and increase the likelihood of severe disease outcomes (1).

At this stage, an epidemiological curve analysis is not included, as Guatemala has not experienced sustained community transmission of measles since 1997. However, the current epidemiological situation demonstrates a high probability of reintroduction and local transmission, underscoring the need for continuous preparedness and rapid response capacity at national and subnational levels (4). Furthermore, the National Budget for 2026 remains suspended constraining the resources the Ministry of Health can dedicate to address this outbreak.

Source Name	Source Link
1. National Measles and Rubella Epidemiological Situation Report (2025)	https://ifrcorg.sharepoint.com/:b:/s/IFRCSharing/IQCjOt11G49IS5f7LUf4NBySAZ22vZQHIdPAn4e3Eoi_Ukk?e=e2rIZy
2. Epidemiological Alert for Measles in Guatemala, Circular DPR-DEGR No. 02-2026	https://ifrcorg.sharepoint.com/:b:/s/IFRCSharing/IQANwmSOUZ-WTpQW68rytW6-Afad0UXn4obGvQn3rrKi1js?e=Eao9DI
3. Laboratory Surveillance Guidelines for Measles and Rubella, Circular DLNS-D-001-2026	https://ifrcorg.sharepoint.com/:b:/s/IFRCSharing/IQDjndGtLpkT5pDfe0o4S6cAaVApX2UtbaDjfizk3vXI8g?e=mbFzob
4. Sectoral Operational Response Protocol for Measles	https://ifrcorg.sharepoint.com/:b:/s/IFRCSharing/IQCtB_eGskjR5Vz8qT-qvfzAXzllCto6uG2smYVv2xS-U?e=6qiLdl
5. Official Request for Support to the Guatemalan Red Cross	https://ifrcorg.sharepoint.com/:b:/s/OperacionesCCD/IQBer8HbU1BuQKFoAhZRcZQ9AdhlvdgWTYAQjWD-VDI8bDM?email=anellys.lopez%40ifrc.org&e=DM3R5j

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-



If yes, please specify which operation

-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Lessons learned from previous emergency operations implemented by the Guatemalan Red Cross, including responses to volcanic activity, floods, dengue outbreaks and public health emergencies, are directly informing the design and implementation of the current DREF operation.

In the health sector, prior responses demonstrated the critical importance of early coordination with health authorities and mobile health brigades to ensure continuity of essential services, particularly in remote and hard to reach areas. Based on this experience, the current operation will be implemented in close coordination with the Ministry of Public Health and Social Assistance (MSPAS), clearly defining complementary roles and avoiding duplication during vaccination campaigns, surveillance activities and community outreach.

Previous operations also highlighted that timely, clear and community trusted communication is a form of assistance in itself. Lessons from Community Engagement and Accountability (CEA) interventions showed that one way messaging is insufficient to address misinformation, fear and vaccine hesitancy. As a result, this operation integrates CEA from the outset, prioritising two-way communication, perception monitoring, the use of local and trusted channels, and mechanisms that allow communities to ask questions, express concerns and provide feedback related to measles prevention and vaccination.

Experience gained through joint actions with MSPAS during COVID 19 and other vaccination related interventions demonstrated the value of community-based approaches to build trust in immunisation. These lessons are being applied through community sensitisation activities, engagement with local leaders and educators, and tailored messaging aimed at increasing acceptance of vaccination among vulnerable and hard to reach populations.

From a Protection, Gender and Inclusion (PGI) perspective, past operations underscored the need to systematically integrate protection considerations, particularly for children, women and persons with disabilities. Accordingly, this operation incorporates PGI principles across all activities, including child safe approaches during educational sessions, inclusive communication materials and training for volunteers on PGI and safeguarding standards.

While measles is transmitted through airborne droplets, evidence from epidemic and emergency contexts shows that poor WASH conditions exacerbate health risks and complications. Hygiene promotion and access to safe water therefore complement vaccination and surveillance efforts, strengthening community-level prevention.

Finally, experience from earlier operations reinforced the importance of strong coordination with national disaster risk management and health authorities, including National Coordinator for Disaster Reduction (CONRED) and MSPAS, to ensure coherent, timely and well aligned responses. This coordination framework is being applied in the current operation to maximise impact, address identified gaps and support national response efforts in line with the auxiliary role of the Guatemalan Red Cross.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

Yes

What was the risk level for Child Safeguarding Risk Analysis?:

The Guatemalan Red Cross has completed the Child Safeguarding Risk Analysis in all previous emergency operations.

Based on these assessments, the overall child safeguarding risk level has been identified as moderate. This is primarily due to the limited and controlled interaction with children during operations, which has been restricted to educational and sensitisation activities in school and community settings.

In the current operation, direct contact with children will mainly occur during awareness raising sessions and community based educational activities. The Guatemalan Red Cross will not administer vaccines directly, as vaccination will be carried out exclusively by the Ministry of Public Health and Social Assistance. Red Cross personnel and volunteers will provide accompaniment and community support, which significantly



reduces safeguarding risks.

Building on lessons from previous operations, this DREF integrates specific measures to mitigate safeguarding risks, including training for staff and volunteers on Child Safeguarding and Protection, adherence to institutional safeguarding policies, and the application of safe programming standards throughout all activities, particularly those involving children.

Current National Society Actions

Start date of National Society actions

14-01-2026

Health	<p>Through social media platforms and other communication channels, the Guatemalan Red Cross continues to disseminate information and recommendations to the population on measles prevention. Preventive messages focus on symptoms, modes of transmission and actions to reduce the risk of infection.</p> <p>Published content provides clear and accessible information on what measles is, its main symptoms, modes of transmission and practical recommendations to reduce the risk of contagion. The messages emphasise the highly contagious nature of the disease, the importance of early identification of symptoms and preventive behaviours and are presented using visual and easy to understand formats to reach a broad audience.</p> <p>In addition, internal information bulletins are being produced and shared to inform and update all members of the Guatemalan Red Cross and participating National Societies on measles prevention measures and actions for the care of people at risk of infection.</p> <p>The National Society is also developing a protocol for patient management in prehospital care and medical transport, as well as guidance for the clinical care of individuals assisted in Guatemalan Red Cross clinics, to ensure safe, standardised and coordinated care in line with national health guidance.</p>
Coordination	<p>The Guatemalan Red Cross maintains close communication and coordination with the Ministry of Public Health and Social Assistance through the Health Cluster and the Health Emergency Operations Centre, following up on the evolution of the measles outbreak and the actions to be implemented jointly. The National Society participates on a monthly basis in Health Cluster and Health Emergency Operations Centre meetings. In the context of the current measles outbreak, updates on the evolution of cases and response actions are being shared on a weekly basis through established coordination mechanisms, including WhatsApp communication channels used by the Health Emergency Operations Centre.</p>
National Society Readiness	<p>In line with its Fundamental Principles, humanitarian mandate and auxiliary role to public authorities, the Guatemalan Red Cross is closely monitoring the evolution of the measles outbreak in the country. As part of its preparedness actions, the National Society has developed institutional information bulletins and is strengthening response protocols, including a prehospital care protocol for the management of suspected and confirmed measles cases. These materials are being used to inform and train National Society staff and volunteers involved in health and emergency response activities.</p>
National Society EOC	<p>The Emergency Operations Centre of the Guatemalan Red Cross remains active to coordinate humanitarian actions required by national authorities, as well as actions requested in response to the needs of the affected population in relation to the measles outbreak.</p>



IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies supports the Guatemalan Red Cross through its Central America Country Cluster Delegation, providing technical, strategic and coordination support in line with the auxiliary role to public authorities.</p> <p>In the context of the current measles outbreak, the IFRC is providing Secretariat support to the National Society, including guidance on DREF processes and compliance, technical support in planning, monitoring, evaluation and reporting (PMER), and coordination with relevant regional and global technical units. Financial and administrative support related to the operation is also provided in accordance with IFRC procedures, as required.</p>
Participating National Societies	<p>No Partner National Societies are supporting or implementing activities under this DREF operation.</p>

ICRC Actions Related To The Current Event

To date, there has been no collaboration in the implementation of this DREF.

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>Yes</p>
National authorities	<p>The Government of Guatemala, through the Ministry of Public Health and Social Assistance (MSPAS), is implementing response actions in relation to the measles outbreak.</p> <p>As part of the initial response, MSPAS held coordination meetings with the Departmental Directorate of Integrated Health Services (DDRIS) corresponding to the location where the event took place, in order to notify the confirmed measles case linked to Guatemala.</p> <p>Health authorities have conducted the epidemiological characterisation of the case, including the calculation of exposure periods, transmission timelines and identification of potential secondary cases. Response actions have been implemented in a timely manner and an expanded epidemiological investigation remains ongoing.</p> <p>Active surveillance is being maintained to detect possible secondary cases, alongside the dissemination of key messages focused on prevention, early detection and containment of potential measles cases among the population.</p>
UN or other actors	<p>No specific actions by United Nations agencies or other external actors have been reported in relation to this DREF operation.</p>
Are there major coordination mechanism in place?	



Several key coordination mechanisms have been activated to support the response to the measles outbreak in Guatemala.

The Health Emergency Operations Centre (Health EOC), led by the Ministry of Public Health and Social Assistance, serves as the main technical coordination space for monitoring the evolution of the outbreak, analysing epidemiological information and guiding health sector response actions, including surveillance, investigation and prevention measures.

The Health Cluster provides a platform for coordination, information sharing and alignment among health sector actors, including public institutions and humanitarian partners, to ensure complementarity of actions and consistent public health messaging.

In addition, the National Emergency Operations Centre (National EOC) supports interinstitutional coordination at national level, linking health sector actions with broader emergency management structures and facilitating coordination across government institutions, in line with established national response mechanisms.

These coordination mechanisms allow for regular information exchange, joint analysis of the situation and alignment of response actions, contributing to a coordinated and effective management of the measles outbreak.

Needs (Gaps) Identified



Health

Children under five years of age are the population group at highest risk of measles infection, particularly those with chronic illnesses, malnutrition or immunocompromised conditions. In addition, population cohorts born after 1965 who lack vaccination records or have incomplete immunisation schedules remain vulnerable to infection.

Limited access to health services in rural, dispersed or hard to reach communities represents a significant barrier to achieving optimal vaccination coverage, despite immunisation being a universal and free right. Geographic barriers, distance to health facilities and gaps in service availability reduce timely access to vaccination and early case detection.

Migrant populations, people displaced by natural hazards and individuals returning to the country due to political decisions face additional challenges in accessing health services. These groups often experience discontinuity in vaccination schedules and limited access to information and health care, increasing their vulnerability to measles transmission and complications.

According to the official communication submitted by the Ministry of Public Health and Social Assistance to the Guatemalan Red Cross (Annex 5: Official Request for Support to the Guatemalan Red Cross), the Ministry has formally requested support for the provision of essential equipment required to carry out vaccination campaigns, due to shortages affecting the availability of such equipment. In addition, during the first months of the year, the Ministry of Public Health and Social Assistance and other state institutions face limitations in available resources linked to the annual budget allocation process, which constrains the timely implementation and scale up of vaccination and prevention activities. In addition, the Ministry of Public Health and Social Assistance has requested the strengthening of its capacities through targeted training activities, including workshops on community based epidemiological surveillance, vaccination schedules, prehospital care, and updated clinical management of measles.

Given the high transmissibility of measles and the presence of susceptible populations, there is a clear need to strengthen preventive health actions, particularly in priority departments with lower vaccination coverage. The most urgent needs identified include low vaccination coverage, limited availability of equipment and supplies to support vaccination campaigns, gaps in community based epidemiological surveillance, and insufficient access to clear, inclusive and timely information.

These challenges are compounded by structural constraints within the national health system, including shortages in cold chain equipment, personal protective equipment and resources for large scale communication efforts, which affect early detection, referral mechanisms and the overall effectiveness of the response.



Water, Sanitation And Hygiene

Although measles is transmitted through airborne droplets, evidence from epidemic and emergency contexts shows that poverty, overcrowding, and inadequate WASH conditions significantly increase the risk of complications, secondary infections, and severe outcomes, particularly among children and other vulnerable groups.

Therefore, hygiene promotion, access to safe water, and strengthened vaccination and surveillance efforts complement prevention measures, reinforcing community-level protection, especially in the departments most affected by the outbreak.

Also water quality testing will be required due to the operational challenges expected at mobile health points and health facilities located



in areas with limited or no access to safe water. In these settings, the lack of reliable water quality assurance will pose risks to safe service delivery during vaccination and health promotion activities. The procurement of laboratory supplies will therefore be necessary to enable timely water quality testing, ensuring that water used at vaccination sites meets minimum safety standards and supports hygiene and disease prevention measures.

In addition, water storage tanks and pumping equipment will be required to ensure a consistent supply of safe water at health facilities and vaccination points. These items will be prioritised exclusively for locations identified jointly with the Ministry of Health, based on a prior needs assessment, where existing water infrastructure is expected to be insufficient to support vaccination and handwashing requirements.



Protection, Gender And Inclusion

The population group at highest risk of measles includes children under five years of age, particularly those living with chronic illnesses, malnutrition or immunocompromised conditions. In addition, population cohorts born after 1965 who lack vaccination records or have incomplete immunisation schedules are also vulnerable to infection.

This situation highlights the need to ensure an equitable and accessible response for the entire population, with a particular emphasis on children. Prevention and response actions must be designed to reach vulnerable groups in a safe and inclusive manner, ensuring that information and services are accessible to those at higher risk.

There is also a need to adapt and prepare safe community spaces where recreational and awareness raising activities can be carried out to sensitise children and caregivers on measles prevention, contributing to protective environments at community level.



Community Engagement And Accountability

The Guatemalan Red Cross has identified significant gaps in inclusive communication, community participation and accountability mechanisms. Affected populations face difficulties in accessing clear, reliable and timely information about response actions, as well as in expressing their concerns, priorities and feedback regarding the interventions being implemented.

This limited interaction reduces the transparency of the humanitarian process and negatively affects community ownership of the response. Groups most exposed to these gaps include women, children, older people, persons with disabilities and Indigenous communities, who often have less access to communication channels and fewer opportunities for direct participation.

The absence of mechanisms that enable communities to influence their own recovery processes further reinforces marginalisation and limits the reach of a rights based response. In addition, institutional gaps have been identified in the systematic integration of community engagement and accountability practices, highlighting the need to strengthen the technical and operational capacities of staff and volunteers involved in emergency response actions.

Any identified gaps/limitations in the assessment

The national health system is facing several limitations that constrain the effectiveness and scale of the response to the measles outbreak. These include limited availability of personal protective equipment, which affects the capacity of health personnel to safely conduct surveillance, case investigation and response activities.

Gaps in vaccination coverage remain a critical limitation, increasing the number of susceptible individuals and the risk of further transmission. This situation is compounded by insufficient equipment to ensure an adequate cold chain, which restricts the capacity to store, transport and deploy vaccines in a timely and effective manner, particularly in remote and hard to reach areas.

In addition, limited resources are available to implement large scale communication campaigns for the dissemination of key preventive messages. This affects the ability to reach diverse population groups with timely, clear and consistent information, and limits efforts to promote early detection, prevention and community engagement at scale.

Together, these limitations highlight structural and operational challenges that affect the overall response capacity and underscore the need for targeted support to strengthen vaccination, protection of health personnel and risk communication efforts.



Operational Strategy

Overall objective of the operation

This IFRC-DREF aims to assist 3,000 people (600 families) through prevention actions in order to reduce the risk of measles transmission among vulnerable populations affected by the emergency.

The operation will implement an integrated response focused on health promotion, community sensitisation, community based epidemiological surveillance and interinstitutional coordination, contributing to the protection of health and life of the population served by the Guatemalan Red Cross focused on the departments of Guatemala, Izabal, Petén and Quetzaltenango.

Operation strategy rationale

The operational strategy of this DREF aims to prevent and reduce the risk of measles transmission among vulnerable populations while strengthening community level prevention, early detection and institutional response capacities in support of the Ministry of Public Health and Social Assistance. The strategy is designed to complement national response efforts by addressing identified gaps in vaccination support, hygiene conditions, community engagement, protection and institutional preparedness.

The most urgent needs identified relate to low vaccination coverage, limited availability of equipment and supplies to support vaccination campaigns, gaps in community based epidemiological surveillance, and insufficient access to clear, inclusive and timely information. These challenges are compounded by structural constraints within the national health system, including shortages in cold chain equipment, personal protective equipment and resources for large scale communication efforts.

Based on this context, the operation prioritises integrated, community centred actions that directly address the main drivers of measles transmission and vulnerability. The strategy combines health, WASH, Protection, Gender and Inclusion, Community Engagement and Accountability and National Society Strengthening interventions to ensure a coordinated and effective response.

Health actions prioritise prevention, vaccination support and early detection, responding directly to the high transmissibility of measles and gaps in vaccination coverage and surveillance.

WASH considerations are integrated as complementary measures to health actions, particularly to ensure safe and hygienic conditions at vaccination sites and during community activities. Although measles transmission is primarily airborne, reinforcing hygiene practices supports overall disease prevention and contributes to safer service delivery in settings with limited access to basic services.

Protection, Gender and Inclusion is embedded across the strategy, with a particular emphasis on children and adolescents, who are among the most vulnerable groups affected by measles. The strategy seeks to ensure equitable and safe access to prevention actions, promote age-appropriate communication, and create safe spaces that reduce barriers to participation and support dignity and well being.

Community Engagement and Accountability is a central pillar of the strategy, responding directly to identified gaps in inclusive communication, participation and accountability mechanisms. Strengthening community dialogue, feedback and two way communication is critical to improving trust, addressing misinformation, increasing acceptance of vaccination and prevention measures, and ensuring that affected populations can influence response actions.

Finally, National Society Strengthening elements support the quality, safety and sustainability of the operation. Ensuring volunteer protection, operational coordination and institutional learning is essential to maintain effective field implementation and to strengthen preparedness for future public health emergencies.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

This operation will target approximately 3,000 people (600 families) through prevention actions implemented at national level, and risk reduction actions focused on the departments of Guatemala, Izabal, Petén and Quetzaltenango. Of the total targeted population, 1,200 are children under 18 years of age, while the remaining 1,800 people are adults, including women and men.

The operation will support the Ministry of Public Health and Social Assistance in prevention, care and or vaccination related actions linked to the measles outbreak.



Explain the selection criteria for the targeted population

The selection of the population to be assisted will be based on the following criteria:

- Households with members in vulnerable situations, including older people, children, persons with disabilities, pregnant women and individuals living with chronic illnesses.
- Individuals or families with limited or no access to hygiene supplies and WASH services.
- Families currently displaced, sheltered in unsafe housing conditions or residing in areas with limited access to health care services.
- Population groups without verifiable immunisation records.
- Immunocompromised individuals.

These criteria will guide all actions planned under the operation. However, they may be adapted according to the specific characteristics of each sector of intervention and in response to emerging needs within the evolving context of the measles outbreak. The criteria will be applied to both immunised and non immunised populations.

In addition, the geographical prioritization for this operation has been based on both vaccination coverage and the response capacity of the Guatemalan Red Cross delegations in each department.

According to available 2025 data:

- Central Guatemala: 1st Pentavalent dose, 8,342 vaccinated out of 13,893, coverage 60%.
- Izabal: 1st dose, 6,296 vaccinated out of 7,621, coverage 82.6%.
- Northern Petén: 1st dose, 2,523 vaccinated out of 2,985, coverage 84.5%.
- Western Petén: 1st dose, 4,751 vaccinated out of 4,061, coverage 117%.
- Southeastern Petén: 1st dose, 3,640 vaccinated out of 3,385, coverage 107.5%.
- Quetzaltenango: 1st dose, 11,191 vaccinated out of 14,461, coverage 77.4%.

These data show relevant vaccination gaps, particularly in Central Guatemala (60%) and Quetzaltenango (77.4%), while Petén and Izabal have relatively high coverage, albeit with specific high-risk areas due to remoteness and accessibility.

In addition to vaccination coverage, the selection of departments also considers the operational capacity and strengths of the Guatemalan Red Cross delegations, ensuring the operation can be implemented effectively and efficiently.

Total Targeted Population

Women	1,200	Rural	30%
Girls (under 18)	800	Urban	70%
Men	600	People with disabilities (estimated)	1%
Boys (under 18)	400		
Total targeted population	3,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No



Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Security risks related to theft, assaults or extortion affecting access and safety during field activities	Implementation of security measures, safer access arrangements and monitoring through the Guatemalan Red Cross Emergency Operations Centre. Coordination will be carried out with local security authorities to identify risk areas in the intervention locations.
Risk of measles infection among Guatemalan Red Cross response personnel	Development of training processes on infection prevention and control, safety and care measures, allowing for the rotation of volunteer personnel supporting the intervention. Prior to the involvement of volunteers in the operation, their vaccination status will be verified.
Community resistance or tensions related to vaccine hesitancy, misinformation or lack of knowledge about measles vaccination	<p>Continuous communication with the Emergency Operations Centre to report potential risks. Implementation of mass sensitisation campaigns on prevention measures and the importance of vaccination. Engagement with health committees in awareness raising actions to address myths, stigma and misinformation related to vaccination, its collective benefits and individual protection.</p> <p>Engagement with community local leaders, educators and community health committees, will be prioritised to support trusted communication and improve acceptance of prevention and vaccination activities.</p> <p>Community feedback collected through dialogue, surveys and social media monitoring will be systematically analysed and used to adapt messaging approaches and, where necessary, adjust service delivery modalities to better respond to community concerns and preferences.</p>
Access constraints due to road collapse or damage to infrastructure	Real time monitoring of road conditions and access routes through the Guatemalan Red Cross Emergency Operations Centre. Identification of alternative routes and flexible logistics planning to ensure access to communities. Coordination with municipal and departmental authorities to support road clearance and rehabilitation when possible. Daily environmental assessments to adjust movements in response to new damage caused by aftershocks or adverse weather conditions.
Security constraints related to the current insecurity context and state of emergency	The current security context in the country may limit the implementation of vaccination campaigns and assistance activities. To mitigate this risk, constant communication will be maintained with the Emergency Operations Centre. Measures will include proper identification of personnel, adherence to security protocols and the appropriate use of personal protective equipment during field activities. Cases of GBV identified by the PGI focal point at the community level will be safely referred to the responsible local authority.

Please indicate any security and safety concerns for this operation:



In line with the previously identified risks and considering the dynamic nature of the emergency, the Guatemalan Red Cross has anticipated and implemented complementary and robust preventive measures to safeguard the safety and security of staff and volunteers involved in response activities.

The National Society will ensure that all personnel deployed in the field have access to updated health information, as well as information on evacuation routes, safe areas and institutional response protocols. Personal protective equipment (PPE) and visibility kits that comply with movement safety standards will also be provided.

Through its Emergency Operations Centre, the Guatemalan Red Cross will maintain continuous monitoring of the operational context, including road conditions, weather patterns and potential protection risks. This will allow for timely adjustments to action plans and travel routes, as required.

These measures, reinforced through ongoing coordination with local authorities and security forces, form part of a comprehensive Safety, Access and Security Strategy aimed at minimising risks and protecting the safety and well being of personnel throughout the operation.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 141,274

Targeted Persons: 3,000

Indicators

Title	Target
Number of people assisted through measles vaccination campaigns	1,900
Number of health facilities (health posts and health centres) strengthened with basic equipment for the management of measles cases	8
Number of community health committees strengthened in community based surveillance for the early detection of measles cases	9
Number of people reached through educational sessions on measles prevention and health promotion	1,000
Number of volunteers reached through training processes on measles prevention	50
Number of MSPAS staff trained through a workshop on community level epidemiological surveillance	50

Priority Actions

- Support MSPAS vaccination campaigns through the installation of a 45 m² multipurpose tent equipped with air conditioning and handwashing facilities.
- Conduct community awareness activities on measles prevention, signs and symptoms, and the importance of vaccination.
- Implement mass communication campaigns through radio, television and social media, reaching approximately 100,000 people.
- Provide personal protective equipment (PPE) and cold chain supplies for vaccination activities, including hygiene items, N95 masks, portable vaccine carriers, refrigeration equipment, waste management supplies and basic office materials, to be delivered to MSPAS.
- Procure community outreach equipment (megaphones) to support loudspeaker messaging at community level, to be donated to MSPAS



at the end of the operation.

- Strengthen community based epidemiological surveillance through training of community health committees.
- Deliver prevention and vaccination awareness sessions in schools, using age appropriate educational materials for children and adolescents.
- Strengthen institutional capacities through targeted workshops on: 1. Clinical management of measles (MSPAS staff), 2. Prehospital care and patient transport (Guatemalan Red Cross branches), 3. Community level epidemiological surveillance (MSPAS staff).
- Provide basic office materials to MSPAS to support vaccination campaigns (stationary).
- Hiring of 3 health technicians (nurses) for 3 months.



Water, Sanitation And Hygiene

Budget: CHF 71,239

Targeted Persons: 2,000

Indicators

Title	Target
Number of vaccination campaign sites supplied with safe water	4
Number of handwashing points established	16
Number of people reached through hygiene promotion activities	2,000
Number of people who receive handwashing kits	1,000

Priority Actions

- Ensure safe water supply for facilities prepared for vaccination campaigns.
- Procure water storage and handwashing equipment for vaccination sites, including water tanks, pumping equipment and handwashing stations to be installed at communities.
- Conduct water quality testing at vaccination campaign sites.
- Procure laboratory supplies required for water quality analysis (reactives for PH and chlorine, nitrates).
- Ensure water availability for handwashing at designated handwashing points through handwashing stations and procurement of supplies (soap, water tanks, towel paper and waste disposal containers).
- Implement hygiene promotion campaigns through information fairs, school based sensitisation activities and community level awareness actions, including the distribution of visibility materials related to measles prevention.
- Distribute personal handwashing kits, including antibacterial soap, paper towels and alcohol based hand sanitiser.
- Produce and distribute educational materials on handwashing practices, health promotion and household water treatment methods.



Protection, Gender And Inclusion

Budget: CHF 66,718

Targeted Persons: 3,000

Indicators

Title	Target
Number of educational measles prevention kits distributed to children and adolescents	1,200
Number of people reached through PGI educational sessions	1,750



Number of volunteers trained on Protection, Gender and Inclusion	50
Number of community level safe spaces established	8

Priority Actions

- Distribute educational measles prevention kits (include age appropriate educational materials and basic hygiene items) to school aged children and adolescents in educational centres in the departments of Petén, Izabal, Guatemala and Quetzaltenango.
- Develop child friendly educational materials to promote measles prevention measures.
- Conduct awareness raising sessions focused on measles prevention and protection principles.
- Deliver training workshops for volunteers on transversal approaches, including Protection, Gender and Inclusion and Prevention of Sexual Exploitation and Abuse (PSEA).
- Establish community level safe spaces, equipped with indoor and outdoor child friendly materials to support recreational and awareness activities in a safe environment.
- Produce and distribute educational materials on violence prevention and on PGI and PSEA policies.



Community Engagement And Accountability

Budget: CHF 6,140

Targeted Persons: 800

Indicators

Title	Target
Number of people who participate in or provide feedback through community dialogue activities	800
Feedback Mechanism established and functional	1

Priority Actions

- Establish and operate feedback mechanisms for adults and children, including suggestion boxes, satisfaction and monitoring surveys (physical and digital), feedback collected through social media campaigns, and systematic analysis and reporting of feedback gathered in the field.
- Procure translation services to adapt key messages into local languages.
- Monitor social media platforms to track community concerns, questions and feedback related to the operation.



Secretariat Services

Budget: CHF 15,265

Targeted Persons: 0

Indicators

Title	Target
• Number of monitoring missions conducted by IFRC Staff	1

Priority Actions

- Monitoring missions by CCD
- Technical support from Ops, finance, PMER and health CCD staff



National Society Strengthening

Budget: CHF 29,519

Targeted Persons: 30

Indicators

Title	Target
Number of volunteers who receive visibility kits and personal protective equipment (PPE)	30
Lessons learned workshop conducted	1

Priority Actions

- Conduct a lessons learned workshop with National Society staff and volunteers
- Provide insurance coverage for volunteers involved in the operation.
- Procure and distribute visibility kits for volunteers, including caps, polo shirts, vests, buffs and arm sleeves as well as visibility for the operation (banners)
- Procure personal protective equipment (PPE) for volunteers, including backpacks and boots.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

It is estimated that approximately 30 volunteers will be actively involved in the implementation of this emergency response operation on a rotational basis. These volunteers will mainly be drawn from the 20 active branches of the Guatemalan Red Cross, supporting the different activities planned under the operation.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Guatemalan Red Cross volunteer teams involved in this operation include women and men of different age groups and have prior experience and knowledge of the communities where the intervention will take place. This diversity supports inclusive and culturally appropriate engagement with affected populations.

If there is procurement, will it be done by National Society or IFRC?

Procurement for this operation will be primarily managed locally by the Guatemalan Red Cross, as most required items are readily available within the country. This approach allows for efficient procurement, supports local suppliers and reduces delivery timelines. In addition, specific items will be procured through the IFRC logistics hub, including multipurpose tents and N95 masks, to ensure compliance with technical specifications and quality standards.



How will this operation be monitored?

The operation will be monitored through a combination of technical support, field supervision and internal coordination mechanisms. IFRC will provide technical support through regular virtual and/or in person coordination meetings with the National Society, where progress updates, challenges and strategic needs will be reviewed. IFRC will also provide technical assistance in key areas such as operations management, protection, monitoring and logistics, ensuring alignment with humanitarian standards and supporting narrative and financial reporting.

Field monitoring will be carried out through regular visits to priority communities by sectoral specialists in health, WASH, logistics, PGI and CEA, together with the operations coordination team, to assess the quality and relevance of interventions.

Internally, the National Society operational team, led by the Operations Coordinator, will hold weekly coordination meetings to review progress, identify bottlenecks, monitor budget execution and adjust the operational plan as needed. Field staff and volunteers will submit regular activity reports, feeding into the monitoring system with data on activities implemented, people reached, operational challenges and emerging needs.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy aims to ensure the dissemination of verified, timely and relevant information on the measles situation, the response actions implemented by the National Society, available services and contact channels, in order to keep communities informed and strengthen trust in the humanitarian response.

The strategy uses multiple communication channels, including social media platforms (Facebook, Instagram, TikTok, WhatsApp, Telegram and X), regular updates on the National Society's website, printed and digital materials, and engagement with mass and community media. Internal communication is also prioritised to keep volunteers and staff informed of operational progress and institutional guidance.



Budget Overview



DREF OPERATION

MDRGT027 - Guatemalan Red Cross Guatemala: Measles outbreak

Operating Budget

Planned Operations	285,371
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	141,274
Water, Sanitation & Hygiene	71,239
Protection, Gender and Inclusion	66,718
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6,140
Environmental Sustainability	0
Enabling Approaches	44,784
Coordination and Partnerships	0
Secretariat Services	15,265
National Society Strengthening	29,519
TOTAL BUDGET	330,155

all amounts in Swiss Francs (CHF)



Contact Information

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[Click here for the reference](#)

