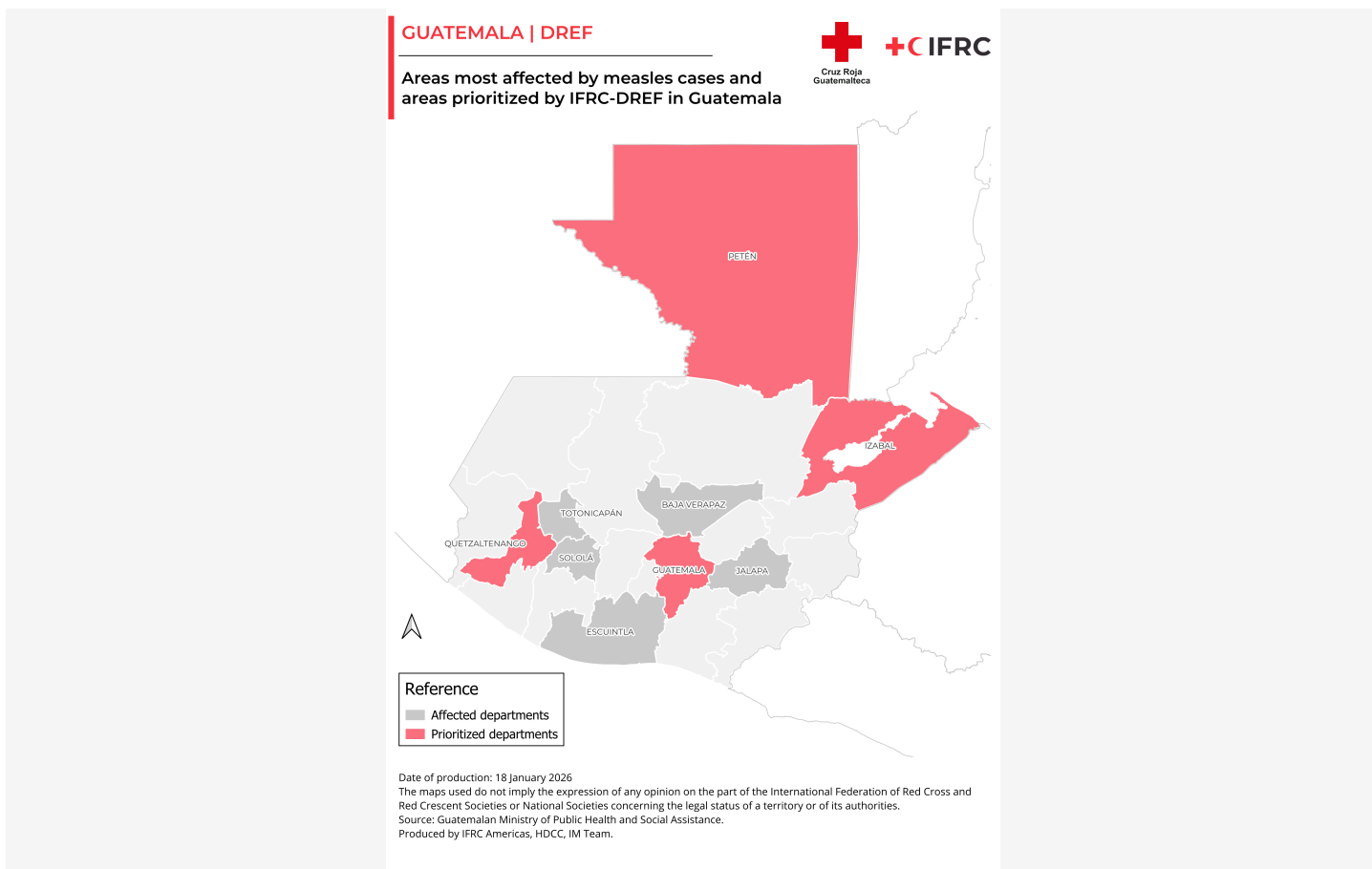




GRC supporting the MoH during vaccination activities in Zone 6, Mixco, 2026. GRC

Appeal: MDRGT027	Total DREF Allocation: CHF 330,155	Crisis Category: Yellow	Hazard: Other
Glide Number: -	People Affected: 682,500 people	People Targeted: 3,000 people	
Event Onset: Slow	Operation Start Date: 23-01-2026	New Operational End Date: 31-07-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 31-01-2026		Reporting Timeframe End Date: 15-04-2026	
Additional Allocation Requested: 0		Targeted Regions: Guatemala, Izabal, Peten, Quetzaltenango	

Description of the Event



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

Date when the trigger was met

16-01-2026

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 in all 22 departments of 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, Totonicapán, 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).



Water analysis at Juan Concepción Arellano Marín Rural Mixed School. Petén.



Educational session/kit distribution for measles prevention, Quetzaltenango.



Handwashing education session for measles prevention, Izabal.



Clinical management of measles update workshop for MoH staff, April 2026. GRC.

Scope and Scale

Confirmed cases and epidemiological risk have been identified in all 22 departments of 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, Totonicapán, Jalapa, Quetzaltenango and Baja Verapaz, encompassing urban, peri urban and rural contexts with varying levels of vaccination coverage and access to health services (1).

Measles is one of the most contagious viral diseases and is transmitted through airborne droplets and direct contact with infected nasal or throat secretions. The virus can remain active and infectious in the air or on contaminated surfaces for up to two hours, making transmission extremely high. One infected person can generate up to 18 secondary infections, particularly in settings with low population immunity. Measles mainly affects unvaccinated people or those with incomplete vaccination schedules, with children being among the most vulnerable groups. After an incubation period of 7 to 21 days, the disease usually presents with fever and a maculopapular rash that starts on the face and spreads to the trunk and extremities. Other symptoms may include cough, coryza and conjunctivitis. Although most cases recover without complications, measles can lead to severe outcomes such as pneumonia, encephalitis, severe diarrhoea and blindness, particularly among malnourished children and people with low immunity.

As of 24 April 2026, the Ministry of Public Health and Social Assistance had confirmed 5,297 measles cases, with the highest number of reported cases in Guatemala Central, Sololá, Totonicapán, Guatemala North West and Guatemala South. Cases continued to be reported in several departments, including Guatemala with 2,682 confirmed cases, Quetzaltenango with 232 cases, Izabal with 74 cases and Petén with 14 cases. People aged 15 to 39 years accounted for 62 per cent of confirmed cases. Although Petén has reported confirmed cases, suspected cases remain pending confirmation by the National Health Laboratory. Due to high demand, laboratory confirmation times have been prolonged. The distance between Petén and the laboratory also creates challenges for the regular shipment of samples, as a minimum number of samples is required before they can be sent. (6)

For this reason, prevention actions and support to measles vaccination campaigns will continue in line with the microplanning of the Ministry of Public Health and Social Assistance. Low vaccination coverage significantly increases the risk of transmission across the country and highlights the need to intensify prevention and risk mitigation measures. (7) Other factors increasing vulnerability include acute and chronic malnutrition, immunosuppression, low body weight, limited access to safe water, inadequate nutrition and young pregnant women, as these conditions may reduce immune response and increase the likelihood of severe disease. Interinstitutional coordination has continued through the Health Cluster and the Health Emergency Operations Centre, led by the Directorate of Epidemiology and Risk Management.

As part of these coordination mechanisms, the Guatemalan Red Cross has participated in periodic meetings and supported interinstitutional capacity strengthening workshops on measles clinical management, Protection, Gender and Inclusion, and WASH in the intervention areas, with participation from personnel of the Integrated Health Service Network Directorates of Petén Norte, Guatemala Sur and Quetzaltenango.

Coordination with the Ministry of Education has also been maintained to conduct school based educational sessions on measles prevention, signs and symptoms, immunization schedules and proper handwashing. In coordination with the CONRED system and as part of the Health Emergency Operations Centre and Health Cluster, an interinstitutional mass communication campaign has been developed under an “information as aid” approach, allowing content to be adapted to the communication channels used by the population to improve understanding and message transmission.

Source Information

Source Name	Source Link
1. Official Request for Support to the Guatemalan Red Cross	https://ifrcorg.sharepoint.com/:b/s/OperacionesCCD/IQBer8HbU1BuQKFOAhZRCZQ9AdhlvdgWTYAQjWD-VDI8bDM?email=anellys.lopez%40ifrc.org&e=DM3R5i
2. National Measles and Rubella Epidemiological Situation Report (2025)	https://ifrcorg.sharepoint.com/:b/s/IFRCSharing/IQCjOt11G49IS5f7LUf4NBySAZ22vZQHidPAn4e3Eoi_Ukk?e=e2r1Zy
3. Epidemiological Alert for Measles in Guatemala, Circular DPR-DEGR No. 02-2026	https://ifrcorg.sharepoint.com/:b/s/IFRCSharing/IQANwmSOUZ-WTpQW68rytW6-Afad0UXn4obGvQn3rrKi1js?e=Eao9DI
4. Laboratory Surveillance Guidelines for Measles and Rubella, Circular DLNS-D-001-2026	https://ifrcorg.sharepoint.com/:b/s/IFRCSharing/IQDjndGtKlpkT5pDfe0o4S6cAaVApX2UtbaDjfizk3vXI8g?e=mbFzob
5. Sectoral Operational Response Protocol for Measles	https://ifrcorg.sharepoint.com/:b/s/IFRCSharing/IQCtB_eGskjrR5Vz8qT-qvfzAXzllCto6uG2smYVv2xS_-U?e=6qjLdl
6. Portal Sarampión Guatemala/MSPAS-ALMA	https://saludjuntos.gt/
7. Vacunación de esquema regular en Guatemala	https://tableros.mspas.gob.gt/vacunacionesquemaregular/

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No



Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

Through this operations update no. 1, the Guatemalan Red Cross aims to inform about:

- (i) A two month no cost timeframe extension (New end date: 31 July 2026)
- (ii) A budget revision without modifying the total DREF allocation

The timeframe extension is required to ensure the completion of planned activities under the approved operational strategy, in alignment with the Ministry of Public Health and Social Assistance’s ongoing measles containment efforts.

Since March 2026, the epidemiological situation has required the intensification of preventive and containment actions, particularly following the increase in confirmed cases and the heightened risk of transmission associated with mass gatherings during the Easter period. In response, the Ministry of Health initiated a microplanning process for containment vaccination activities, including the expansion of vaccination posts in Guatemala and the other departments covered by the operation. The Guatemalan Red Cross will continue supporting these efforts through community-based active case finding, accompaniment to vaccination activities, health and hygiene promotion, PGI-sensitive community engagement, and the dissemination of life-saving information.

The extension is also necessary due to delays in the receipt of key supplies and equipment procured under the operation. Several items, including vaccine transport coolers, measles prevention kits, materials for child-friendly and safe spaces, handwashing station accessories, and personal protective equipment for volunteers, are expected to be received in early May. Additional time is therefore required to complete their distribution, installation and operational use in the targeted communities and vaccination points.

The additional two months will allow the National Society to complete pending activities across the active sectors of the operation. In Health, the extension will support continued accompaniment to vaccination and containment activities, provision of basic equipment to the Ministry of Health, and strengthening of community-based surveillance. In Water, Sanitation and Hygiene, it will allow the continuation of safe water support at vaccination points, installation of handwashing stations, and distribution of handwashing kits. In Protection, Gender and Inclusion, it will enable the delivery of educational kits, continuation of sensitization sessions, and establishment of safe community spaces. In CEA, the extension will consolidate the “Information as Aid” approach, building on community feedback and social listening to address concerns, misinformation and information needs related to measles and vaccination.

Besides the timeframe extension, a budget revision is proposed within the existing allocation to adjust lines related to staff and volunteer per diems, reproduction of educational materials, cold chain support items, and other supplies required to continue supporting the Ministry of Health’s containment strategy. However, it is worth highlighting that no additional DREF allocation is being requested.

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>
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Participating National Societies

No Partner National Societies are supporting or implementing activities under this DREF operation.

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	Yes
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> <p>To improve communication and the timely reporting of confirmed measles cases, MSPAS created the "Portal Sarampión Guatemala", which regularly updates the measles situation room, including confirmed cases, national distribution, confirmed cases by day, distribution by age group and sex, mortality, case fatality and the outbreak timeline.</p>
UN or other actors	No specific actions by United Nations agencies or other external actors have been reported in relation to this DREF operation.



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.

At local level, coordination has also been established with the Municipality of Quetzaltenango to support the implementation of vaccination points in strategic locations during March and April, facilitating access for the population. The Guatemalan Red Cross will support these efforts through the installation of tents, handwashing points and awareness raising on the importance of vaccination.

In coordination with the Physical Education Technical Office of the Ministry of Education and the Municipality of Santo Tomás de Castilla, municipal level awareness raising actions are also being implemented.

Needs (Gaps) Identified



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. The need for personal protective equipment remains, both for Ministry of Health personnel and Guatemalan Red Cross volunteers supporting vaccination campaigns. 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.

The operation has identified the need to ensure access to safe water in educational and health facilities, in order to prevent infectious diseases and strengthen preventive barrier measures.

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.

As part of the national strengthening efforts led by the Ministry of Public Health and Social Assistance to contain measles, there is also a need to expand the population reached with handwashing kits and to increase the number of handwashing points as a preventive measure.



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.

In the context of the measles emergency response in Guatemala, it is essential to identify and address key protection, gender and inclusion gaps to ensure an equitable and effective intervention. There is a need for a differentiated approach that considers the specific needs of women, children, older people, persons with disabilities and people with pre-existing medical conditions, who may face heightened vulnerability during epidemics.

Limited participation of women in decision making and in the implementation of response actions may reduce the effectiveness and relevance of interventions. Gender-based violence, which can be exacerbated in crisis situations, also represents a significant protection concern, as women and girls may face increased risks of abuse and exploitation.

There is also a need to strengthen training and refresher sessions on minimum protection, gender and inclusion standards for staff and volunteers through a Cross-cutting Approaches Workshop, ensuring that the response is appropriate and sensitive to these specific needs.

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.

The lack of safe spaces for children during community activities remains a significant gap. Children require protected environments while their families participate in measles prevention and control activities. These spaces provide physical safety and a supportive environment for their emotional and physical well-being, while also helping reduce stress and anxiety during the crisis. They also provide an opportunity for children to learn about measles prevention measures. Educational kits, including materials such as books with key messages and crayons, are needed to support this community based educational work.





Community Engagement And Accountability

The Guatemalan Red Cross has identified significant needs related to inclusive risk communication, community engagement and accountability mechanisms in the context of the measles outbreak. Affected populations require clear, reliable and timely information on measles prevention, signs and symptoms, vaccination schedules and available services, particularly through channels that are accessible and trusted by different population groups.

Women, children, older people, persons with disabilities and Indigenous communities remain among the groups most exposed to communication barriers, limited access to feedback channels and reduced opportunities for direct participation. These gaps may affect timely access to vaccination, early detection of suspected cases and community adherence to prevention measures.

Given the scale of the outbreak and the need to sustain public trust in vaccination and prevention actions, there is a continued need to strengthen two-way communication with communities. This includes active listening through social media and community channels, direct responses to questions and concerns about measles and vaccination, and the use of satisfaction surveys during vaccination days to assess service quality and the clarity of messages received.

There is also a need to continue adapting messages under an "Information as Aid" approach, ensuring that technical information from health authorities is translated into clear, practical and context-appropriate messages for the population. This requires continued coordination with Ministry of Public Health and Social Assistance, CONRED and other public institutions, including education and municipal authorities, to ensure coherent messaging and broader community reach.

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 is implementing 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

Who will be targeted through this operation?

This operation targets 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 is supporting 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 is 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 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	<p>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.</p> <p>Cases of GBV identified by the PGI focal point at the community level will be safely referred to the responsible local authority.</p>

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
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Planned Intervention



Budget: CHF 145,023
Targeted Persons: 3,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people assisted through measles vaccination campaigns	1,900	1,026
Number of health facilities (health posts and health centres) strengthened with basic equipment for the management of measles cases	8	0
Number of community health committees strengthened in community based surveillance for the early detection of measles cases	9	2
Number of people reached through educational sessions on measles prevention and health promotion	1,000	1,255
Number of volunteers reached through training processes on measles prevention	50	67
Number of MSPAS staff trained through a workshop on community level epidemiological surveillance	50	73

Progress Towards Outcome

Guatemalan Red Cross continued supporting the Ministry of Public Health and Social Assistance (MSPAS) in the implementation of measles prevention and response activities, with a focus on vaccination support, community active case finding, health education, and capacity strengthening for health personnel, community health commissions and volunteers.

Under vaccination support, the Guatemalan Red Cross accompanied MSPAS vaccination days in three intervention areas as part of community active case finding for measles. In Colonia El Milagro, Zone 6 of Mixco, Guatemala, 810 people between 1 and 80 years of age were vaccinated. In San José Chiquilajá and Zone 1 of Quetzaltenango, 124 people aged one year and above were vaccinated. In Punta de Palma, Santo Tomás de Castilla, 92 people were vaccinated. In total, 1,026 people were assisted through measles vaccination campaigns.

Health education activities were conducted in Petén, Quetzaltenango and Santo Tomás de Castilla, reaching 1,255 people. In Petén, educational sessions on measles prevention reached 230 students from El Hashamayin School and Génesis Christian School. In Quetzaltenango, 631 people were reached through sessions at the José Martí Rural Mixed Official School in San José Chiquilajá, the Guatemalan Red Cross Quetzaltenango branch, and the National Basic Education Institute by Cooperative of San José Chiquilajá. In Santo Tomás de Castilla, 371 people were reached through educational sessions at Las Flores Rural Mixed Official School in Entre Ríos, Izabal, and Irma Virginia Calderón Rural Mixed Official School. In addition, 23 members of two community health commissions from sectors 1 and 2 of San José Chiquilajá participated in a session on measles prevention, signs and symptoms, proper handwashing, immunization schedules and community active case finding.

Capacity strengthening activities were also carried out for MSPAS personnel and Guatemalan Red Cross volunteers. Two workshops on updated clinical management of measles were conducted for MSPAS personnel, reaching 73 participants in total. This included 40 staff members from the Departmental Directorate of Integrated Health Services Networks (DDRIS) Guatemala North West and 33 staff



members from the DDRISS Petén Norte, including nurses, doctors from health centres and health posts, epidemiology personnel and a representative from San Benito Hospital. The workshops were facilitated by MSPAS central level staff and technical staff from the Guatemalan Red Cross operation, covering general information on measles, the epidemiological situation in Guatemala, surveillance actions, community and institutional active case finding, immunization response actions and the Measles DREF operation.

For GRC volunteers, three virtual educational sessions were conducted with participants from 20 Guatemalan Red Cross branches, reaching 67 volunteers. The sessions focused on measles prevention, prehospital care and patient transfer.

The operation also strengthened the capacities of two community health commissions in San José Chiquilajá for early detection of suspected measles cases. With the support of personnel from the San José Chiquilajá health post, members of the two commissions were oriented on community active case finding and the reporting of people with incomplete immunization schedules.

Progress on strengthening health facilities with basic equipment has not yet been reported, as procurement is still ongoing. Cold chain equipment and related supplies, including vaccine transport coolers, alcohol gel, antibacterial soap, spray bottles and personal protective equipment, are currently under procurement and will be delivered to MSPAS once received.

To ensure progress against the planned indicators during the requested two-month extension, the operation will continue supporting MSPAS through vaccination posts, strengthening of health services with basic vaccination equipment, capacity strengthening for community health commissions on measles case detection and management, and the delivery of pending supplies.



Water, Sanitation And Hygiene

Budget: CHF 73,040

Targeted Persons: 2,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of vaccination campaign sites supplied with safe water	4	2
Number of handwashing points established	16	2
Number of people reached through hygiene promotion activities	2,000	1,001
Number of people who receive handwashing kits	1,000	0

Progress Towards Outcome

Under water quality analysis, ten physical and chemical tests were carried out to inform the establishment of handwashing points. In Petén, four tests were conducted at Flores Health Centre, Paxcamán Health Centre, José Gil Mixed Official Rural School and La Ceiba de Paxcamán Mixed Official Rural School. In Quetzaltenango, two tests were conducted at San José Chiquilajá Health Centre and a primary school in the community. In Santo Tomás de Castilla, four tests were conducted at Santo Tomás de Castilla Health Centre, Punta de Palma Health Post, Sarita Primary School and El Tamarindo community. The tests showed that none of the water distribution sources contained chlorine. However, pH, total alkalinity and total hardness were within the permitted ranges and in line with the COGUANOR NGO 20 001 standard.

Based on these assessments, locations for the installation of handwashing points were identified in the three intervention areas. In Petén, the planned locations include Flores Health Centre, Paxcamán Health Post, José Gil Mixed Official Urban School and La Ceiba Mixed Official Rural School. In Quetzaltenango, the planned location is the San José Chiquilajá Health Post, near the sanitation area. In Santo Tomás de Castilla, planned locations include Santo Tomás de Castilla Health Centre, Punta de Palma Health Unit, Sarita Mixed Official Urban School and Entre Ríos Health Post. Each point is expected to include a portable handwashing station, a 1,100 litre water tank, a continuous water pump and connectivity accessories. Installation is scheduled once all supplies are received, following coordination with local authorities.

In the meantime, two temporary handwashing points were installed to support vaccination campaigns in Sarita and Punta de Palma,



Santo Tomás de Castilla, ensuring access to water for people attending the vaccination points. The establishment of the 16 planned handwashing points with full equipment remains pending until the required supplies are received.

Hygiene promotion activities were conducted in the three intervention areas, reaching 1,001 people. In Petén, 230 children and young people aged 7 to 15 years were reached through sessions on health promotion and proper handwashing at El Hashamayin School and Génesis Christian School. In Quetzaltenango, 400 children and adolescents were reached at José Martí Mixed Official Rural School in San José Chiquilajá and the National Basic Education Institute by Cooperative of San José Chiquilajá. In Santo Tomás de Castilla, 371 children were reached through sessions at Las Flores Mixed Official Rural School in Entre Ríos, Izabal, and Irma Virginia Calderón Mixed Official Rural School.

Preparatory work for the distribution of handwashing kits has also advanced. Through Kobo Collect, information was collected to identify people to be assisted in Sarita, Punta de Palma and El Tamarindo. The distribution of handwashing kits has not yet started and is planned for the next phase of implementation.

During the requested extension period, the operation will prioritize the establishment of handwashing points, with four planned in each intervention area, as well as the delivery of handwashing kits to prioritized people.



Protection, Gender And Inclusion

Budget: CHF 62,635

Targeted Persons: 3,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of educational measles prevention kits distributed to children and adolescents	1,200	0
Number of people reached through PGI educational sessions	1,750	464
Number of volunteers trained on Protection, Gender and Inclusion	50	0
Number of community level safe spaces established	8	1

Progress Towards Outcome

In Quetzaltenango, educational sessions on Protection, Gender and Inclusion were conducted at the San José Martí Mixed Official Rural School in San José Chiquilajá, reaching 234 children aged 7 to 12 years. The sessions focused on child abuse prevention.

In Petén, educational sessions on Protection, Gender and Inclusion were conducted at Génesis School in Paxcamán village and El Hashamayin Christian School in Flores, reaching 230 children and adolescents aged 7 to 14 years. These sessions also focused on child abuse prevention.

In Santo Tomás de Castilla, one safe space was established at the community hall in Sarita community during the measles vaccination day. The space provided support to 45 people and contributed to a safer environment for children and community members participating in the vaccination activities.

The distribution of measles prevention educational kits to children and adolescents has not yet started and will be prioritized during the extension period. The training of volunteers on Protection, Gender and Inclusion has also not yet been conducted and will be implemented through the Cross-cutting Approaches Workshop. The operation will also prioritize the establishment of additional safe spaces in health centres and health posts.





Community Engagement And Accountability

Budget: CHF 2,815
Targeted Persons: 800
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people who participate in or provide feedback through community dialogue activities	800	116
Feedback Mechanism established and functional	1	2

Progress Towards Outcome

Coordination was maintained with key actors, including the Ministry of Public Health and Social Assistance (MSPAS), CONRED, the Government of Guatemala, and the Ministries of Defence and Education.

This coordination enabled the co-creation of communication materials under the “Information as Aid” approach, ensuring that technical guidance from the authorities was adapted into clear, accessible and context-appropriate messages for the population. The content was designed to respond both to public health requirements and to the communication preferences and information needs of communities.

A community listening system was implemented through social media platforms, including Facebook, Instagram and TikTok. This allowed the Guatemalan Red Cross to identify and respond to questions, concerns and misinformation related to measles, vaccination safety, side effects and the severity of the disease. These actions were complemented by satisfaction surveys conducted during vaccination days to gather feedback on the clarity of messages and the quality of information received.

The community feedback collected through surveys, comments and social media interactions showed that some people did not know where vaccination days were taking place. In several cases, people reported attending vaccination points after hearing information from neighbours. Feedback also confirmed the presence of myths and rumours related to vaccination and measles, which continued to affect risk perception and willingness to be vaccinated.

Based on the analysis of community needs and the feedback received through coordination spaces, misinformation was identified as one of the main barriers to immunization. Low levels of trust in public institutions, fear of side effects and doubts about the seriousness of measles increased the need for neutral, trusted and community-centred communication. In this context, the role of the Guatemalan Red Cross was essential to translate technical information into practical messages that responded directly to community concerns.

The “Information as Aid” approach was prioritized at the request of authorities participating in technical coordination spaces. This approach helped counter misinformation, strengthen public trust and support the acceptance of vaccination activities. Through these efforts, more than 3.8 million people were reached with measles prevention and vaccination-related information.

Given the continued increase in measles cases and the persistence of rumours and misinformation, health and disaster risk management authorities have identified the need to maintain and strengthen CEA actions.



Secretariat Services

Budget: CHF 15,265
Targeted Persons: 0
Targeted Male: -
Targeted Female: -



Indicators

Title	Target	Actual
• Number of monitoring missions conducted by IFRC Staff	1	0

Progress Towards Outcome

Technical support was provided throughout the implementation of the operation by CEA, Health, PMER, Finance, and the Operations Coordinator. Support was also provided by ARO for the review and validation of technical specifications and the management of selected procurement processes. In addition, a visit is scheduled for May to support the lessons learned workshop with the National Society



National Society Strengthening

Budget: CHF 31,378

Targeted Persons: 30

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers who receive visibility kits and personal protective equipment (PPE)	30	0
Lessons learned workshop conducted	1	0

Progress Towards Outcome

Volunteer participation was actively promoted to support community and field activities. Although the initial insurance coverage was planned for 30 volunteers and collaborators, operational needs required the rotation and participation of more than 30 volunteers across the four delegations. The volunteer insurance policy was processed for the initial group, with coverage from 1 April to 31 May, in line with the DREF operation commitments.

The procurement process for personal protective equipment and visibility materials has also advanced, with approximately 95 per cent of the requests currently under process under the approved DREF procurement request. Once received at the warehouse, these items will be distributed to volunteers in the prioritized delegations to support their safety and visibility during response activities.

Pending actions include the full receipt and distribution of PPE and visibility materials, as well as the update of volunteer lists to adjust insurance coverage according to the increased operational participation. The operation will continue following up on procurement, logistics and administrative processes in line with DREF and IFRC requirements

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	283,511
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	145,023
Water, Sanitation & Hygiene	73,040
Protection, Gender and Inclusion	62,635
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,815
Environmental Sustainability	0
Enabling Approaches	46,643
Coordination and Partnerships	0
Secretariat Services	15,265
National Society Strengthening	31,378
TOTAL BUDGET	330,155

all amounts in Swiss Francs (CHF)



Contact Information

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