DREF Final Report

Panama: Dengue

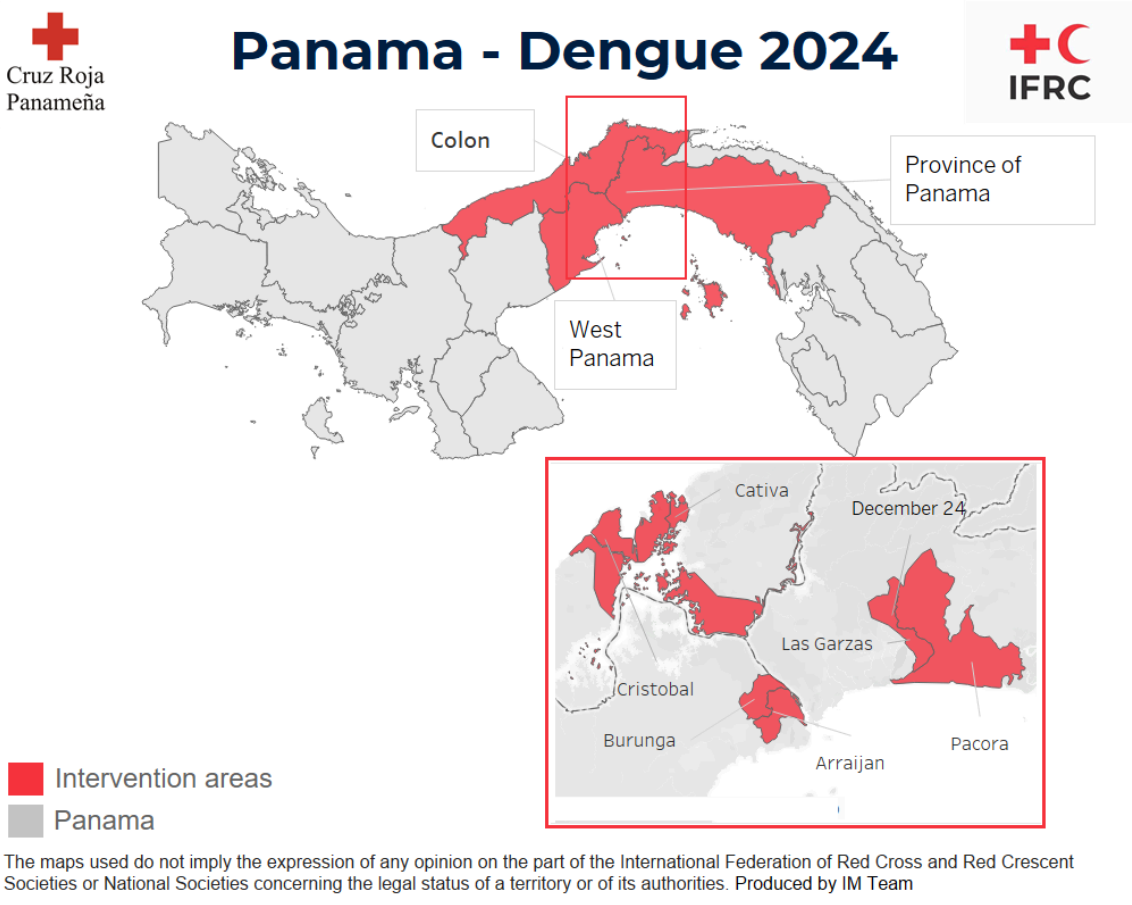
Red Cross Society of Panama response actions. Source: RCSP

Appeal: **MDRPA019**	Total DREF Allocation: **CHF 420,995**	Hazard: **Epidemic**	Crisis Category: **Yellow**
Glide Number: **-**	People at Risk: **29,229 people**	People Targeted: **60,000 people**	People Assisted: **60,000 people**
Event Onset: **Slow**	Operation Start Date: **20-08-2024**	Operational End Date: **28-02-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Colon, Panama**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Areas prioritized by this IFRC-DREF Dengue. Source: IFRC

Date when the trigger was met

09-08-2024

What happened, where and when?

Dengue was one of the main public health concerns in the Americas region, where climatic conditions and urban infrastructure favored the proliferation of the Aedes aegypti mosquito, the primary vector of this disease. The region faced a high incidence of dengue, with recurrent epidemic cycles that challenged public health systems in several countries. Factors such as rising temperatures, extreme weather events, and the El Niño phenomenon contributed to its spread. Rapid population growth and unplanned urbanization were also key factors; inadequate housing and deficient water and sanitation services facilitated the creation of mosquito breeding sites in discarded containers and other water storage items.

On 16 February, 2024, the Pan American Health Organization/World Health Organization (PAHO/WHO), alerted by the dengue trends during the first weeks of the year—with an exponential increase in cases across several countries in the region—reiterated its call to Member States to intensify efforts to control the Aedes aegypti mosquito. They also urged the continuation of surveillance, early diagnosis, and timely treatment of dengue cases. At the same time, they recommended the organization of healthcare networks to facilitate access and proper patient management in order to prevent complications and deaths associated with the disease. They further emphasized the need to strengthen communication campaigns to boost community participation in eliminating mosquito breeding sites and seeking timely medical attention (1).

Between epidemiological weeks 1 and 28 of 2024, a total of 10,893,547 suspected cases of dengue were reported in the Americas region, with a cumulative incidence of 1,154 cases per 100,000 inhabitants. This figure represented an increase of 233% compared to the same period in 2023 and 418% above the five-year average (2).

In Panama, the rise in dengue cases also raised concerns among health authorities and was considered a significant public health threat. On 25 July, 2024, the Ministry of Health, through Resolution No. 1580, declared a Health Alert for Dengue in the Health Regions of Panama

Metro, Colón, Panama Oeste, and Panama Este (3).

The Gorgas Memorial Institute for Health Studies (ICGES) reported that all four dengue serotypes circulating in Panama from 2018 to 2024 remained present: DENV-1 (genotype V), DENV-2 (Asian American genotype), DENV-3 (genotype III), and DENV-4 (genotype II). They also noted that the Cosmopolitan genotype of serotype DENV-2—which has been strongly affecting dengue morbidity and mortality in several countries in the region—had not yet been detected in Panama.

On 9 August, 2024, the Ministry of Health of Panama formally requested the collaboration of the Red Cross Society of Panama to join the national response plan to the dengue health alert. This collaboration aimed to strengthen dengue prevention and control measures across the country as part of broader efforts to mitigate the disease's spread and its impact on the population.

Finally, on 9 October, 2024, the Ministry of Health convened a technical coordination meeting to evaluate the progress of dengue prevention and management actions. During the session, it was determined that further strengthening of preventive and control measures during the summer months remained essential, especially in highly vulnerable areas with a history of dengue outbreaks. In this context, the Ministry requested the National Society to expand its interventions in the previously prioritized geographic areas to reinforce the response to this public health challenge.

Distribution of household cleaning kits. November 2024. Source: RCSP

Data check of woman receives water tank. Jan 2025. Source: RCSP

School sessions on dengue prevention. September 2024. Source: RCSP

Scope and Scale

In the latest report issued by the Ministry of Health for Epidemiological Week (EW) 47, a preliminary total of 48 cases of Dengue with Warning Signs (WS), 6 severe dengue (SD), and 376 Dengue without WS were reported. This contrasted with 50 Dengue with WS, 2 SD, and 403 Dengue without WS reported during the same week in 2023. Cumulatively, in 2024, all case categories were higher: 2,849 Dengue with WS, 232 SD, and 26,148 Dengue without WS; compared to 1,211, 32, and 11,707 cases respectively for the same period in 2023.

From a demographic perspective, the distribution of cases between men and women was in a ratio of 1:1.04. Adolescents aged 10 to 19 years were the most affected group, with an incidence rate of 906.8 cases per 100,000 inhabitants in the 10–14 age group and 846.9 in the 15–19 age group. However, the 25–49 age group registered the highest number of cases overall, with a total of 10,483 reported cases.

In terms of hospitalizations and fatalities, 44 new hospitalizations were reported during EW 47, bringing the total to 2,451. The Panama Metro region recorded the highest number of hospitalizations (673), followed by Panamá Oeste (317) and Colón (283). By EW 47, a total of 50 dengue-related deaths had been reported: 23 among individuals aged 15 to 59, 19 among those over 60, and 8 among children under 15.

Throughout 2023 and continuing into 2024, dengue cases remained within the epidemic threshold. As of EW 23 in 2024, there had been a sustained increase in cases, reaching over 1,000 new cases per week between EW 31 and 34. From EW 35 to 46, the trend showed a decline; however, a slight uptick in EW 46 was noted, which could have continued into EW 47 once the suspected case results were fully updated.

Dengue had a profound and multifaceted impact on people's lives, with particularly severe consequences for vulnerable groups. The disease not only posed a direct threat to individual health but also triggered social and economic disruptions that contributed to cycles of poverty and exclusion. Severe dengue complications required prolonged medical care, incurring substantial expenses and loss of income due to the inability to work. In resource-limited communities, these costs could be devastating, often forcing families to choose between essential healthcare and other basic needs.

At the educational level, school absenteeism due to dengue significantly disrupted learning processes and posed long-term risks to students' academic and professional trajectories.

Moreover, dengue often led to social isolation, undermining community cohesion and intensifying the emotional and psychological vulnerability of those affected. While the disease affected both urban and rural populations, certain groups—including the elderly, children, individuals with obesity, pregnant women, and those with chronic illnesses such as diabetes—faced particularly heightened risks.

Source Information

Source Name	Source Link
1. Ministry of Health - Weekly Dengue Epidemiological Report week 47	https://minsa.gob.pa/sites/default/files/publicacion-general/informe_de_dengue_se47_de_vf.pdf
2. PAHO - Situation Report No. 28. Epidemiological Situation of Dengue in the Americas.	https://www.paho.org/es/documentos/informe-situacion-no-28-situacion-epidemiologica-dengue-americas-semana-epidemiologica
3. PAHO/WHO - Epidemiological Alert: Increase in cases of dengue in the Region of the Americas	https://reliefweb.int/report/world/alerta-epidemiologica-aumento-de-casos-de-dengue-en-la-region-de-las-americas-16-de-febrero-del-2024

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC, through the Country Cluster Delegation for Central America, provided direct guidance in the planning of this IFRC-DREF. In addition, the different technical areas of the delegation offered continuous support for the monitoring and implementation of the operation. The IFRC Regional Office for the Americas also provided additional support to assist with the various components related to the emergency when necessary.
Participating National Societies	The American, Italian, Swedish, and Spanish Red Cross Societies are present in the country but were not involved in the implementation of the actions planned for this operation.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross is present in the country but were not involved in the implementation of the actions planned for this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	To address the increase in dengue cases, the Ministry of Health, the Caja de Seguro Social (CSS), and other health institutions established a coalition to promote a more comprehensive and coordinated response. At the CSS, action plans were implemented at

	its health facilities to manage the increasing number of reported cases. These efforts aimed to ensure the best possible care for affected patients. Additionally, the population was urged to seek medical attention if they experienced symptoms such as fever with headache, pain behind the eyes, mucosal bleeding, blood in the urine, skin lesions, fainting, or severe abdominal pain. On Thursday, 8 August, an intersectoral and inter-institutional team, under the direction of the Ministry of Health, carried out an operation in the village of Las Garzas. During this event, the population was reminded of the importance of allowing the teams to conduct inspections, collect garbage, and eliminate breeding sites in residences and commercial premises, among other locations. Recommendations were also made to eliminate any containers that could accumulate water, such as pots, bottles, cans, and unused tires, and to ensure that reserve containers were well-covered and clean to prevent the reproduction of the Aedes aegypti mosquito.
UN or other actors	The Pan American Health Organization (PAHO) served as a direct link with the Public Health and Epidemiology Directorate of the Ministry of Health, which was responsible for monitoring dengue cases across the country.

Are there major coordination mechanism in place?

The entities of the National Health System, together with local, national, and international organizations involved in the response to the dengue emergency, held coordinated meetings. The objective was to harmonize efforts, optimize the use of available resources, and avoid duplication of actions to effectively combat the dengue outbreak.

These coordinated efforts enabled all entities and organizations to implement actions in a coordinated and sectorized manner.

Needs (Gaps) Identified

Health

In the face of the dengue emergency in Panama, critical public health management needs were identified to mitigate the impact of the disease, based on reports from the Red Cross Society of Panama health committee and directives from the Ministry of Health, consolidated during a key meeting on August 8, 2024.

Key gaps included the need for effective coordination between different levels of health care within the Ministry of Health to manage the increase in dengue cases. This increase, exacerbated by factors such as population density, poor housing infrastructure, inadequate waste management, and the rainy season, raised the risk of gastrointestinal, dermatological, respiratory, and especially vector-borne diseases. These conditions could trigger epidemiological outbreaks with serious consequences for vulnerable groups. In addition, the accumulation of stagnant water provided a favorable environment for the transmission of vector-borne diseases (arbovirosis), highlighting the importance of community education in the identification and elimination of mosquito breeding sites and the promotion of prevention practices. It also stressed the need to strengthen response capacity through training in dengue pathology, including its life cycle, signs and symptoms, treatments, and prevention and control measures. Dissemination of this information was essential, especially in communities and among local and educational leaders, to facilitate a deeper understanding and better management of the health emergency. Finally, there was a crucial need to provide basic resources, such as gloves, garbage bags, and cleaning supplies for laundry rooms, among others, to vulnerable families. This was essential to facilitate the adoption of safe and effective dengue prevention and control practices.

Water, Sanitation And Hygiene

There was a need to strengthen vector control coordination with the Ministry of Health, which was essential to improve access to safe water and reinforce hygiene practices, including hand washing and effective waste management.

Another important gap was the capacity of communities to identify and eliminate mosquito breeding sites, which required substantial improvement in waste management and collection based on the specific characteristics of each community. The lack of adequate personal protective equipment for volunteers who carried out cleanup campaigns in homes and green areas also represented an urgent need.

In addition, logistical support was needed for the Ministry of Health's spraying campaigns to reduce the adult Aedes aegypti mosquito population, including the provision of fuel for thermonebulizers. This support was crucial to extend the reach of interventions in affected communities and to strengthen educational initiatives on dengue prevention.

Protection, Gender And Inclusion

For effective dengue prevention and management in the country, it had been critical to integrate protection, gender, and inclusion (PGI) considerations to ensure equitable access to prevention and care for all people. It was necessary to recognize and address the needs of vulnerable groups, who often faced significant barriers due to inadequate housing conditions and limited access to water and sanitation.

There had been gaps in incorporating a PGI approach into dengue prevention strategies, which was essential to actively include diverse demographic groups such as pregnant women, children, adolescents, the older adults, people with disabilities, and members of ethnic and LGTBIQ+ groups in decision-making and the implementation of preventive measures.

Another important gap had been the adaptation of dengue prevention and control strategies to the specific needs of vulnerable populations, ensuring that prevention practices were culturally sensitive and that health services were accessible to all.

Finally, there had been a need for sensitization and ongoing training on the Prevention of Sexual Exploitation and Abuse (PSEA) policy for volunteers conducting field interventions, to ensure their commitment to and understanding of PGI principles.

Community Engagement And Accountability

There was a significant gap in the active participation of communities in the implementation and monitoring of dengue prevention and control strategies. This gap had manifested in the need to foster more participatory decision-making, ensuring that the voices of communities were heard and considered in the formulation and implementation of programs and strategies. In addition, there had been a need to develop clear and transparent accountability mechanisms, allowing health authorities and the Red Cross Society of Panama to report to communities on the progress and results of interventions, which in turn helped build trust and cooperation.

Another important need had been the strengthening of local capacities for the effective dissemination of contextualized information, identification of mosquito breeding sites, and promotion of preventive practices against dengue.

Operational Strategy

Overall objective of the operation

Through this IFRC-DREF allocation, the Red Cross Society of Panama aimed to contribute to the national response for dengue prevention by supporting the emergency needs of 60,000 people in the areas of health, water, sanitation, and hygiene (WASH), protection, gender, and inclusion (PGI), and community engagement and accountability (CEA) across eight townships in the country over a six-month period.

At the end of the operation, a total of 60,000 people (approximately 12,000 families) were reached through the various actions implemented.

Operation strategy rationale

Dengue prevention was a public health priority in Panama due to the constant threat posed by this mosquito-borne disease. In this context, the Red Cross Society of Panama worked closely with the Ministry of Health, utilizing epidemiological reports to assess the most affected communities and prioritize specific intervention areas using IFRC-DREF funds.

The Red Cross Society of Panama response strategy was designed to be effective and sustainable, combining multiple interconnected actions implemented in collaboration with national and local authorities. This included leveraging workspaces established by the National Society's local branches in the most affected areas. The implementation of the IFRC-DREF, which ran for six months, focused on reducing Aedes aegypti larval indices, the presence of the vector, and the incidence of dengue cases, with special attention to families in the most affected communities.

Initially, the National Society planned to reach 30,000 people, but with the approved two-month extension, it targeted 60,000 people in

the same geographic areas. This expansion was primarily achieved through vector control activities, particularly fumigation efforts under the WASH sector. The National Society maintained the same number of staff and volunteers to complete the operational activities effectively.

HEALTH

The objective was to reach 8,750 people through various health-focused activities aimed at strengthening dengue prevention and promoting safe practices within communities. These activities included awareness campaigns in educational centers and the distribution of school kits specially designed to prevent dengue, emphasizing the importance of combating this disease. Each school participating in the workshops received a school kit as a prevention support tool.

Additionally, the National Society provided training to staff and volunteers participating in the operation. The training covered essential topics such as the mosquito life cycle, signs and symptoms of dengue, treatments, prevention, vector control, and self-protection measures. This enabled staff and volunteers to effectively transmit this knowledge to other communities.

Awareness campaigns were also conducted through digital media and community fairs to inform the population about preventive measures, signs and symptoms of the disease, and the importance of seeking early medical intervention. These actions were planned and validated participatively with the communities to ensure that the developed materials were relevant and met their current informational needs while considering their perception of dengue and the specific context.

WATER, SANITATION, AND HYGIENE (WASH)

The objective was to reach 60,000 people (12,000 families) through a series of WASH-related activities. These included 10 community clean-up campaigns and house-to-house visits to raise awareness about vector control measures and the identification and elimination of mosquito breeding sites, in collaboration with Ministry of Health staff. Family kits for dengue prevention were also distributed. Additionally, 15 community talks focused on dengue prevention, breeding site elimination, and the importance of maintaining safe water and hygiene. Furthermore, safe water storage containers were provided to 500 families (2 per family).

All these activities were carried out in close collaboration with the Ministry of Health, which handled the necessary fumigations. The Red Cross Society of Panama contributed by purchasing fuel for the thermal foggers, thereby expanding the coverage of fumigation campaigns. The frequency of the campaigns, home visits, and fumigations was determined once field activities began to ensure their relevance and effectiveness.

Specific points were established for the clean-up campaigns, where tarpaulins were used to disseminate key messages and distribute informational materials using loudspeakers. Additionally, personal protective equipment (gloves, safety goggles, rubber boots) was purchased to ensure volunteer safety. Continuous home visits were essential to confirm that mosquito breeding sites had been effectively eradicated, aligning with the Ministry of Health's surveillance system.

PROTECTION, GENDER, AND INCLUSION (PGI)

Awareness sessions were conducted for volunteers and staff on the Prevention of Sexual Exploitation and Abuse Policies (PSEA), which included signing the policy, with special emphasis on child protection and community-level safeguarding. Additionally, specific PGI guidelines were developed to guide the implementation of the actions under this IFRC-DREF.

Given the school-level activities, the Red Cross Society of Panama previously conducted a child protection risk analysis aligned with the IFRC's Global Child Protection Policy. Tailored awareness messages were also created for different population groups, including children and adults, and tools were used to assess the level of dengue knowledge among these groups.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

Post-distribution surveys were conducted as a feedback mechanism to strengthen the National Society's accountability system. This included activating feedback channels, such as an operation-specific phone line to handle complaints. Additionally, training sessions were developed for National Society staff and volunteers on CEA topics, highlighting mechanisms relevant to the actions implemented under this IFRC-DREF. These sessions reached 100 volunteers and were conducted in five sessions.

A specific CEA strategy was also developed for this intervention. This strategy included technical support for participatory validation of messages and information, as well as adapting topics to the current needs of the community context.

STRENGTHENING THE NATIONAL SOCIETY

To execute this operation, the Red Cross Society of Panama initially mobilized 100 volunteers. However, it was prepared to increase this number if the context evolved and the situation in affected areas demanded it. While the organization had vehicles available in local committees, it rented a 15-passenger bus to facilitate personnel mobilization.

Two additional professional roles (1 financial manager and 1 operational assistant) were hired to support the implementation of the actions outlined in this IFRC-DREF request. Additionally, four technical volunteers remained active for 60 days, given the complexity of operating simultaneously in three different provinces.

As part of visibility and uniformity measures, the National Society purchased visibility items for volunteers, such as T-shirts, water bottles, and pens with the organization's emblem. All necessary expenses for mobilization and food for staff and active volunteers were covered, and accommodation was provided if needed.

Area managers and technical coordinators from the National Society headquarters conducted periodic monitoring visits to address the needs and concerns of staff and volunteers directly.

A lessons-learned workshop was held at the conclusion of the operation. This event was essential for collecting valuable insights that the National Society used to plan, implement, and monitor future operations, ensuring continuous improvement in its interventions.

The National Society maintained ongoing coordination with government authorities and other organizations on the ground, working closely with the Ministry of Health. This collaboration was crucial to strengthening the response and providing the best possible humanitarian assistance to those most in need.

Additionally, the National Society held regular follow-up meetings with representatives of the IFRC Central America Cluster Delegation. These meetings, as part of accountability mechanisms, ensured constant monitoring of the actions carried out.

It was important to highlight that, through the Pilot Programmatic Partnership Project (ECHO-PPP), awareness-raising actions were coordinated in Chiriquí Province, and fumigation activities for vector control were implemented with support from the Pan American Development Foundation (PADF). The intervention zones under this IFRC-DREF were carefully selected by the Ministry of Health and differed from the areas mentioned above. This planning ensured complementarity of actions rather than duplication, optimizing resources and efforts in the most critical areas in response to dengue cases nationwide.

Targeting Strategy

Who was targeted by this operation?

According to the health alert issued by the Ministry of Health, the Red Cross Society of Panama identified the communities of Las Garzas and 24 de Diciembre in Panama Metro; Pacora and Chepo in Panama East; Cristóbal and Cativá in Colón; and Burunga and Arraiján in Panama West as the areas with the highest incidence of dengue cases. These areas comprised a total population of 501,651 people at risk.

In response, the National Society internally assessed its capacities and the funds available through the IFRC-DREF, concluding that it could provide adequate assistance to 60,000 people in these affected areas.

Explain the selection criteria for the targeted population

While the Red Cross Society of Panama remained committed to providing support to all people in need, it prioritized its assistance to high-risk and vulnerable groups. This included the older aldults, children and adolescents, pregnant women, and individuals with pre-existing conditions such as diabetes or heart disease, who were more susceptible to serious complications from dengue.

Total Assisted Population

Assisted Women	17,549	Rural	80%
Assisted Girls (under 18)	14,523	Urban	20%
Assisted Men	16,673	People with disabilities (estimated)	5%
Assisted Boys (under 18)	11,255		
Total Population Assisted	60,000		
Total Targeted Population	60,000		

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?	**No**
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
Interruption of field activities due to heavy rains	Establish a flexible schedule that allows rescheduling or adjusting planned actions. In addition, it is important to develop effective communication strategies to inform all involved about changes or alternative actions in a timely manner.
Contagion of mosquito-borne diseases to staff and volunteers	Ensure the constant use of approved and effective insect repellents among volunteers and staff. Additionally, the use of appropriate protective clothing, such as long-sleeved shirts, should be promoted to reduce skin exposure to mosquito bites.
Changing outbreak dynamics	Design response plans that adapt to changes in dengue outbreak dynamics. This requires the identification of key indicators and triggers that allow the activation of different phases of the response as the outbreak situation evolves, ensuring agile and appropriate action.

Please indicate any security and safety concerns for this operation:

The implementation of actions in areas classified as high risk exposed staff and volunteers to potential clashes with violent groups or theft situations. To mitigate these risks, the Red Cross Society of Panama remained committed to ensuring safer access and maintaining effective operational security in the field. In addition, the National Society took steps to ensure that both staff and volunteers were easily identifiable through the use of clearly marked uniforms. This not only improved security but also strengthened the visibility and legitimacy of the operation in these critical areas.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Health

Budget: CHF 118,164
Targeted Persons: 8,750
Assisted Persons: 8,750
Targeted Male: 4,975
Targeted Female: 3,775

Indicators

Title	Target	Actual
Number of people reached through educational talks and distribution of school kits for dengue prevention.	8,750	8,750
Number of schools that received school kits.	65	75
Number of dengue awareness fairs held.	10	11
Number of volunteers and staff trained on dengue-related topics.	100	104

Narrative description of achievements

As part of the comprehensive dengue prevention strategy led by the Red Cross Society of Panama, and in close coordination with the Ministry of Health (MINSA), multiple awareness-raising, community education, and capacity-strengthening activities were carried out in areas identified as priority due to their level of impact. These actions not only responded to the emergency but also contributed to building sustainable institutional and community learning for the future prevention of vector-borne diseases.

A total of 126 educational sessions were conducted in 75 schools across the communities of Chepo, La Chorrera, Medalla Milagrosa, Buena Vista, Las Margaritas, Potrero Grande, Burunga, and Kuna Nega. Each session was designed with a participatory and context-adapted approach, providing children and adolescents with practical information on dengue risk factors, warning signs, and key measures to prevent the spread of Aedes aegypti. As part of the educational component, 8,750 school kits were distributed to participating students. These kits included activity booklets, educational materials, illustrated prevention stickers, colored pencils, and other items designed to reinforce learning and promote the adoption of preventive practices.

To ensure technically sound implementation, six training sessions were delivered to 104 people, including staff and volunteers from the Red Cross Society of Panama. This exceeded the initial target slightly due to increased interest from new volunteers joining the activities. The training sessions covered essential topics such as the mosquito life cycle, dengue symptoms, referral pathways, personal protection practices, and guidelines for community outreach. This training enabled a more coordinated response aligned with national standards and strengthened the volunteer base with transferable skills for future interventions.

In parallel, a multi-channel awareness campaign was launched, featuring content shared through the National Society's social media platforms (Instagram and WhatsApp), radio spots, a jingle titled "Stop Dengue", and public service announcements. These messages were developed collaboratively with technical teams, communications staff, and focal points for Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI), ensuring that the information was tailored to community feedback and institutional health priorities. The campaign aimed to promote sustainable behavioral change, adapted to the realities of different population groups.

To complement these efforts, 11 community outreach fairs were organized in high-risk strategic locations such as Omar Park, Ricardo J. Alfaro School, Policentro Chepo, Buena Vista (Colón), and the Minsa-Capsi in Burunga, among others. While 10 fairs were initially planned, one additional event was added at the request of MINSA, demonstrating institutional trust in the value of the intervention. These fairs provided the affected population with information on dengue, its symptoms, and the importance of timely medical attention, and included activities tailored for specific groups such as children and older adults. Recreational spaces were also used to deliver child-focused mental health messages through storytelling, coloring materials, and leisure activities—acknowledging the emotional impact of public health emergencies.

To support schools in maintaining mosquito-free environments, 75 dengue prevention kits were delivered to the educational centers reached through the intervention. These kits included garbage bags, disposable and gardening gloves, hand soap, and basic tools such as rakes. This number exceeded the initial target, as coverage was expanded to additional schools within the same prioritized intervention areas in response to high local demand and coordination.

A key element of the operation was the strengthening of linkages with government and community actors. During accountability meetings with communities and MINSA authorities at various levels, the added value of the Red Cross Society of Panama was recognized —not only as an implementing partner delivering complementary operational actions but also as a catalyst for learning that enhances institutional and community preparedness mechanisms for epidemic outbreaks. The role of community health committees promoted by MINSA was also highlighted, as they actively supported the implementation of field activities and the mobilization of communities.

Lessons Learnt

• The coordination among the Health, WASH, PGI, and CEA components enabled the design and implementation of contextualized interventions with messages tailored to different population groups, which proved key to achieving greater community ownership of dengue prevention measures.
• Collaboration with community health groups promoted by the Ministry of Health (MINSA) strengthened the local implementation of activities and expanded the territorial and social reach of the intervention. Their involvement proved to be an enabling factor for community work and the future sustainability of preventive practices.
• The inclusion of activities not originally planned—such as the integration of a child mental health approach during community fairs—responded directly to observations collected during implementation, highlighting the importance of maintaining flexibility for programmatic adaptation in changing contexts.

Challenges

• The methodologies for community engagement, including those used in educational centers, had to be continuously adapted due to differences in local capacities, community dynamics, access to services, and pre-existing levels of knowledge about dengue. This challenge required the design of tailored approaches based primarily on age and context, which in turn demanded more human resources, materials, and time than initially anticipated to ensure an effective and participatory intervention.

Water, Sanitation And Hygiene

Budget: CHF 190,298
Targeted Persons: 60,000
Assisted Persons: 60,000
Targeted Male: 29,220
Targeted Female: 30,780

Indicators

Title	Target	Actual
Number of people reached through dengue prevention actions (including community talks and home visits).	60,000	60,000
Number of families that received family kits for dengue prevention.	12,000	12,000
Number of families that received tanks for safe water storage.	500	500
Number of community clean-up campaigns carried out.	15	15
Number of volunteers and personnel equipped with personal protective equipment.	100	100

Narrative description of achievements

In the context of the sustained increase in dengue cases in prioritized communities under this IFRC-DREF, the Red Cross Society of Panama activated a comprehensive response aimed at reducing risk factors, promoting the adoption of preventive practices, and strengthening community resilience. This intervention, implemented in close coordination with the Ministry of Health (MINSA), was structured around principles of community preparedness, anticipatory action, and institutional coordination—reaffirming the National Society's auxiliary role in the public health sector.

As part of the territorial actions, 15 community cleanup campaigns were conducted in high-incidence transmission areas, including Chepo, La Chorrera, Medalla Milagrosa, Buena Vista, Las Margaritas, Potrero Grande, Burunga, and Kuna Nega. These campaigns actively mobilized residents in identifying and eliminating mosquito breeding sites, raising collective awareness about environmental sanitation as a structural prevention measure. The acquisition of five awnings and five loudspeakers facilitated efficient logistics and enhanced visibility of the activities, thereby strengthening community participation and ownership of the process.

In parallel, 12,000 family dengue prevention kits were distributed, reaching approximately 60,000 people. These kits—comprising garbage bags, rubber gloves, brooms, and cleaning cloths—provided practical tools to help households maintain safe, vector-free environments. During distribution, guidance was provided on the proper use of the supplies, reinforcing key prevention and self-care messages.

The strategic partnership with MINSA was instrumental in ensuring the relevance and effectiveness of the response. This coordination enabled joint planning of field activities, alignment with national health sector plans, and systematic elimination of previously identified breeding sites. Through inter-institutional feedback mechanisms, duplication of efforts was avoided, and the reach of the operation in prioritized territories was maximized.

Additionally, 29 household monitoring visits were carried out to follow up on community interventions. During these visits, trained Red Cross volunteers provided information on vector control practices and distributed educational materials, including stickers with key prevention messages, which supported both follow-up and identification of engaged households.

As part of the health promotion component, 15 community talks were organized, focusing on key topics such as safe water storage, basic hygiene, and warning signs of dengue. These sessions strengthened local knowledge and encouraged sustainable behavior change. Concurrently, 1,000 water storage tanks (two per household) were distributed to 500 households, helping to reduce the use of open containers and improve safe water management in vulnerable communities.

To ensure safe working conditions, 100 volunteers were equipped with personal protective equipment, including gloves, safety goggles, and rubber boots. These items were essential for the effective execution of fieldwork, particularly in areas with waste accumulation or limited accessibility, and helped uphold operational safety standards throughout all phases of the intervention.

Community outreach efforts were further reinforced through the feedback mechanism established by the Red Cross Society of Panama, which included channels such as WhatsApp messages, email, and QR codes. This approach enabled the tailoring of content, adjustment of materials, and mediation of information in a contextualized manner, responding to the specific needs of the affected population participating in the actions.

Beyond the emergency response, the results of this operation reflect a positive transformation in community organization, local ownership of prevention measures, and installed capacity to respond promptly and collaboratively to future threats. The communities involved not only participated actively in the activities but also became multipliers of the knowledge gained. The experience further solidified the role of the Red Cross Society of Panama as a technical actor within the national health system, demonstrating the effectiveness of its auxiliary role in implementing integrated prevention strategies grounded in inclusion, participation, and sustainability.

Lessons Learnt

• The active mobilization of communities through cleanup campaigns and community talks demonstrated that when participatory spaces are promoted and local ownership is encouraged, changes in prevention practices are effectively fostered. This experience reaffirms the importance of strengthening community organization as a key pillar in addressing future public health threats.
• The coordination with the Ministry of Health enabled the alignment of the Red Cross Society of Panama actions with sectoral plans, the optimization of resources, and the avoidance of duplication. This synergy enhanced the reach of the intervention and reinforced the National Society auxiliary role within the public health system.
• The use of channels such as WhatsApp, email, and QR codes facilitated the continuous adaptation of materials and messages, allowing for a contextualized response to the specific needs of the population. This practice increased the relevance and effectiveness of the actions implemented.

Challenges

• The diversity of community contexts in terms of prior knowledge, social dynamics, and access to services posed a significant challenge to the uniform implementation of activities. This heterogeneity required constant adjustments to methodologies and content, resulting in a high demand for human, logistical, and operational resources during implementation.
• Inter-institutional coordination to ensure the participation of all key actors—particularly in the execution of community cleanup campaigns—posed a logistical and operational challenge. Additionally, weather conditions caused delays in the implementation of field activities.

Protection, Gender And Inclusion

Budget: CHF 2,242
Targeted Persons: 2,000

Assisted Persons: 2,104
Targeted Male: 1,041
Targeted Female: 1,063

Indicators

Title	Target	Actual
Number of people reached through awareness-raising messages tailored to different population groups.	2,000	2,000
Number of volunteers and staff who have been trained in the PEAS policy and have signed the implementation commitment.	100	104

Narrative description of achievements

As part of the institutional commitment to protection and the promotion of safe and inclusive environments during the dengue outbreak response, actions were undertaken to integrate the Protection, Gender, and Inclusion (PGI) approach and internal risk prevention across all phases of the operation. These measures aimed not only to ensure the safety of those involved in the activities but also to strengthen community trust in the care and mobilization spaces led by the Red Cross Society of Panama.

Five sensitization sessions on the Prevention of Sexual Exploitation and Abuse (PSEA) Policy were delivered to staff and volunteers actively engaged in the response, ensuring a clear understanding of their responsibilities in preventing inappropriate behavior. At the end of each session, institutional commitment was formalized through the signing of a pledge by the 104 participants, surpassing the initial target. This action not only reinforced accountability mechanisms but also fostered an organizational culture grounded in respect and humanitarian ethics.

Recognizing the need to tailor educational messages to the specific characteristics of different population groups, targeted sensitization materials were designed and printed, such as bookmarks with key messages for children and age-appropriate visual materials for adults. This initiative not only broadened the informational reach but also ensured that the content was culturally and pedagogically relevant. The materials were distributed throughout various implemented activities, reaching over 2,000 people.

To monitor the level of understanding generated by the educational efforts, a specialized knowledge assessment tool on dengue was applied, differentiated by age group. This tool enabled the measurement of the impact of the information campaigns, as well as the identification of knowledge or perception gaps among the target population. Preliminary findings showed a significant improvement in recognizing warning signs of dengue and in understanding appropriate vector prevention practices, particularly among schoolchildren and caregivers. These insights informed adjustments to the content and methodologies used in subsequent sessions, strengthening the operation's adaptive capacity.

Lessons Learnt

• The cross-cutting integration of the PGI (Protection, Gender and Inclusion) approach from the intervention design stage ensured that messages, activities, and materials were more accessible, culturally appropriate, and aligned with the specific needs of women, girls, older adults, and other vulnerable groups. This facilitated active participation and local ownership, thereby strengthening the impact of preventive actions.
• The PEAS (Prevention of Sexual Exploitation and Abuse) training sessions for staff and volunteers not only reinforced the institutional commitment to safeguarding individuals, but also helped to strengthen the position of the Red Cross Society of Panama as a trusted and safe actor within communities. This, in turn, improved access and community receptiveness in the targeted areas.

Challenges

• Despite these efforts, barriers to the participation of women, persons with disabilities, and older adults in key community activities persisted, highlighting the ongoing need to promote more inclusive and safe environments that foster equitable engagement.

Community Engagement And Accountability

Budget: CHF 8,015

Targeted Persons: 600
Assisted Persons: 1,197
Targeted Male: 602
Targeted Female: 595

Indicators

Title	Target	Actual
Number of post-distribution surveys completed.	600	1,093
Number of volunteers and staff who have participated in talks on CEA-related topics.	100	104

Narrative description of achievements

The dengue response operation in Panama incorporated a broad Community Engagement and Accountability (CEA) component, which not only supported field activities but also ensured the quality, relevance, and appropriateness of the response to the realities of the prioritized communities. To monitor the impact and continuously adjust interventions, the Red Cross Society of Panama implemented a total of 1,093 satisfaction surveys targeting participants of the various activities conducted. This figure significantly exceeded the initial target, following a technical decision by the field team to expand the sample size in order to ensure representativeness of opinions, perceptions, and satisfaction levels—thus strengthening the data used for real-time decision-making.

As part of its commitment to accountability, the National Society activated a multichannel feedback mechanism, which included a WhatsApp line, an email address, and QR codes available at different service points. This strategy established a direct communication channel with the affected population, facilitating the reception of complaints, comments, suggestions, or compliments. The existence of this channel enhanced community trust in the operation, ensured quicker response to concerns raised, and promoted an organizational culture oriented toward continuous improvement based on community feedback.

To strengthen internal capacities, six specialized sessions were conducted for volunteers and staff, focusing on minimum CEA actions and their practical application in emergency contexts like this dengue operation. These sessions provided an opportunity to reflect on the most appropriate participation and communication mechanisms, considering the diverse profiles of people reached, and helped reinforce technical coherence in community engagement activities. A total of 104 people were trained, slightly surpassing the initial target due to the integration of new volunteers interested in actively supporting field activities.

Complementing these efforts, during the operation, the CEA Mobile Unit was deployed, acquired through funding from the Programmatic Partnership with ECHO (ECHO-PP). This mobile unit represented an innovative and strategic resource for territorial implementation, enabling the dissemination of key dengue prevention messages directly within communities through audiovisual projections, distribution of information materials, and activities tailored to specific groups such as children and older adults. In addition to facilitating field logistics, the Mobile Unit became a valuable space for community gathering, learning, and ownership, enhancing the educational and participatory dimension of the operation.

Lessons Learnt

• The establishment of accessible channels such as WhatsApp, email, and QR codes enabled direct communication with communities, facilitating the real-time collection of complaints, comments, and suggestions. This practice not only increased community trust in the intervention but also generated key information to adjust actions in a timely and context-specific manner.
• The deployment of the Mobile CEA Unit as a tool for educational and participatory activities proved to be an innovative resource that strengthened the territorial presence of the operation. It facilitated the dissemination of key messages and created safe and inclusive spaces for engagement with different population groups, enhancing understanding and ownership of dengue prevention measures.

Challenges

• Despite significant efforts to implement the CEA approach, the challenge remains to systematically integrate feedback mechanisms across all sectors and levels of intervention, starting from the planning phase.

Secretariat Services

Budget: CHF 3,965
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: 0
Targeted Female: 0

Indicators

Title	Target	Actual
Number of field visits completed.	4	4

Narrative description of achievements

As part of the technical follow-up to the operation, a field monitoring visit was carried out with the participation of the Disaster Management Coordinator, the Senior Officer for Planning, Monitoring, Evaluation, and Reporting (PMER), the Community Engagement and Accountability (CEA) Officer, and the Health Assistant. This mission allowed for direct observation of key activities such as kit distributions and community sessions, providing valuable opportunities for dialogue with operational teams to reflect on the methodological approaches used, identify good practices, and adjust strategies based on feedback gathered in the field.

Initially, the visits were planned to be conducted separately. However, based on lessons learned from previous operations, a decision was made to integrate them in order to optimize resources and avoid overburdening field teams with additional logistical preparations.

During the visit, technical meetings were also held with focal points from Finance, CEA, PMER, and Risk Management, which enabled a detailed review of the progress of planned activities, resolution of operational questions, and identification of opportunities to strengthen coordination.

As part of the operation's closing process, the Senior PMER Officer supported the facilitation of the lessons learned workshop, which brought together key stakeholders from the intervention to analyze the main achievements, challenges faced, and areas for improvement. This space not only continued to strengthen the organizational learning culture within the National Society but also generated valuable inputs for the continuous improvement of future emergency responses.

Lessons Learnt

• The joint participation of various sectors during the monitoring visit enabled not only real-time observation of activity implementation, but also the generation of immediate and context-specific feedback. This synergy strengthened the technical approach and facilitated more informed decision-making, adapted to local dynamics.

Challenges

• Effective coordination of field visits and workshops requires advance planning, especially when multiple sectors with simultaneous responsibilities are involved. The synchronization of institutional agendas remains a challenge for maximizing the value of these strategic spaces at key moments in the operational cycle.

National Society Strengthening

Budget: CHF 49,066
Targeted Persons: 100
Assisted Persons: 100
Targeted Male: 56
Targeted Female: 44

Indicators

Title	Target	Actual
Number of volunteers and staff equipped with basic visibility elements.	100	100
Number of lessons learned workshops conducted.	1	1

Narrative description of achievements

As part of the operation implementation, the Red Cross Society of Panama ensured the timely recruitment of key technical personnel outlined in the operational plan. Thanks to an agile and efficient recruitment process, the entire team was in place from the beginning of the operation, which enabled the smooth execution of planned activities and effective cross-sector coordination from the early stages. The early onboarding of staff also facilitated technical support, close monitoring, and the contextual adaptation of methodological approaches in the field.

To reinforce the institutional presence in communities and ensure appropriate working conditions in the field, 100 visibility kits were distributed to volunteers and field personnel. Each kit included long-sleeved sweaters and official identification items, allowing teams to be easily recognized by the population and local authorities. This enhanced visibility fostered trust and professionalism, and contributed to the safety of staff working in both urban and rural settings with varying levels of exposure.

In addition, a range of informational and promotional materials—including banners, posters, and visual aids—were developed and actively used throughout all community prevention activities. These materials not only supported the dissemination of key dengue control messages but also helped raise the visibility of the Red Cross Society of Panama as a complementary humanitarian actor within the national health system, in alignment with its auxiliary role. Their inclusion in community fairs, awareness talks, and household visits also contributed to local ownership of prevention measures, given their cultural and linguistic relevance.

To ensure the mobility of operational teams in hard-to-reach areas and to guarantee continuity of field activities, a vehicle was rented throughout the operation. This logistical measure was essential for optimizing travel time, transporting supplies efficiently, and ensuring the regular presence of volunteers across prioritized territories.

As part of the operation closure, a lessons learned workshop was held with the participation of technical staff, volunteers, and key stakeholders involved in the response. This structured space enabled a comprehensive analysis of key achievements, operational challenges, and the development of concrete recommendations for future interventions. Beyond technical reflection, the workshop continued to foster a culture of organizational learning within the National Society and reaffirmed its commitment to continuous improvement, accountability, and institutional preparedness for public health emergencies.

Lessons Learnt

• Early recruitment of key technical personnel was instrumental in ensuring the timely start and operational continuity of the intervention. Having a full team in place from the beginning facilitated coordinated planning, technical support, and rapid adaptation to field conditions.
• Visibility materials and branding significantly enhanced trust and safety in community-based interventions, particularly in high-risk or low-access areas. Their consistent use across activities helped consolidate the National Society presence and credibility at the local level.

Challenges

• Ensuring consistent field logistics, such as transportation in remote areas, required constant coordination and resource availability. This was essential to maintain the continuity of operations and support widespread coverage, particularly in geographically dispersed communities.

Financial Report

Selected Parameters			
Reporting Timeframe	2024/8-2025/5	Operation	MDRPA019
Budget Timeframe	2024/8-2025/2	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 15/Jul/2025

All figures are in Swiss Francs (CHF)

MDRPA019 - Panama - Dengue

Operating Timeframe: 20 ago 2024 to 28 feb 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**420.995**
DREF Response Pillar	420.995
Expenditure	**-371.750**
Closing Balance	**49.245**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	119.200	118.164	**1.036**
PO05 - Water, Sanitation & Hygiene	201.900	190.298	**11.602**
PO06 - Protection, Gender and Inclusion	3.900	2.242	**1.658**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	25.695		**25.695**
PO10 - Community Engagement and Accountability	7.600	8.015	**-415**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**358.295**	**318.719**	**39.575**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	10.300	3.965	**6.335**
EA03 - National Society Strengthening	52.400	49.066	**3.334**
Enabling Approaches Total	**62.700**	**53.031**	**9.669**
Grand Total	**420.995**	**371.750**	**49.244**

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Click here for the complete financial report

Please explain variances (if any)

A total of CHF 420,995 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 371,750. The unspent balance of CHF 49,245 will be returned to the DREF.

The main variances between the planned budget and actual expenditures were primarily due to efficiencies achieved in procurement processes. The combination of local sourcing and centralized acquisition through IFRC Regional Logistics Unit (RLU) allowed for optimized timelines, ensured quality standards, and significantly reduced projected costs, without compromising the quality or scope of planned interventions. Additionally, strategic adjustments to certain materials and activities enabled more efficient use of available resources.

Furthermore, the joint implementation of the monitoring visit by the IFRC Country Cluster Delegation for Central America resulted in additional logistical savings.

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