

DREF Operation

Honduras: Dengue Outbreak

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|---|---|
| DREF MDRHN013 | Glide n° EP-2019-000072-HND |
| Date of issue: 2 July 2019 | Expected timeframe: 3 months |
| Operation start date: 1 July 2019 | Operation end date: 1 October 2019 |
| Category allocated to the of the disaster or crisis: Yellow | |
| DREF allocated: 222,826 Swiss francs (CHF) | |
| Total number of people affected: On 14 June, the government declared a state of emergency in 12 of 18 departments due to the dengue outbreak in the country. A total of 11,436 cases of dengue had been reported as of Epidemiological Week 23 (2-8 June), of which 7,395 (64.7 per cent) were cases of dengue with no warning signs and 4,041 (35.3 per cent) were classified as severe dengue. | Number of people to be assisted: 42,510 people |
| Host National Society(ies) presence (n° of volunteers, staff, branches): 306 paid staff 4,061 active volunteers, 52 branches. | |
| Red Cross Red Crescent Movement partners actively involved in the operation: Honduran Red Cross (HRC) / International Federation of the Red Cross (IFRC) | |
| Other partner organizations actively involved in the operation: Ministry of Health (SESAL), Municipalities of San Pedro Sula and Santa Bárbara, Municipal Emergency Committees (CODEM), Community Boards, schools. | |

<Click [here](#) for the DREF budget, [here](#) for the map of affected areas and [here](#) for the contact information >

A. Situation analysis

Description of the disaster

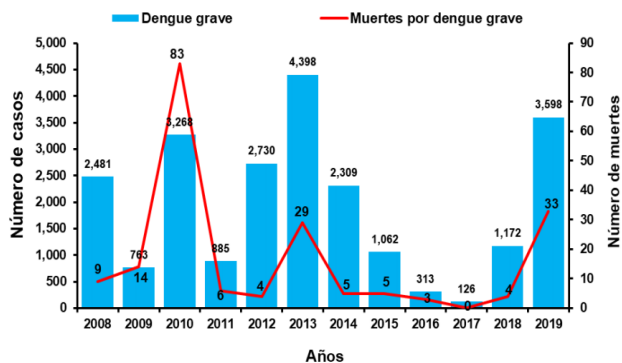
Honduras is experiencing an outbreak of dengue fever. The number of cases began to climb as of April 2019, and by Epidemiological Week 23 (2-8 June) a total of 11,436 cases had been reported, of which 7,395 (64.7 per cent) were cases of dengue with no warning signs and 4,041 (35.3 per cent) were severe cases. So far 63 people are reported dead, of which 33 are laboratory-confirmed (1.55 per cent mortality) (see figure attached). During this same period, 12 departments (66.6 per cent of the entire country)



*Photo: Awareness sessions in schools in the Department of Olancho as part of the National Emergency campaign against Dengue. June 2019.
Source: Honduran Red Cross*

reported high incidence of dengue. In view of this scenario, on 14 June the Government of Honduras declared a Health Emergency in these departments.

Dengue grave y muertes por año, Honduras. 2008 – 2019 (hasta SE 22)



The most affected departments are Cortés (4,200 cases), Yoro (1,083 cases), Olancho (855 cases) and Santa Bárbara (643 cases). If we add the 1,042 cases reported in the San Pedro Sula Metropolitan Region, we see that **75 per cent of all cases reported to date are in north-western Honduras (8,647 / 11,436 cases)**

According to the World Health Organization (WHO), Honduras presents 77.5 per cent of dengue cases reported in America

The epidemic is expected to intensify over the next few weeks unless the emergency actions that are to be taken begin to make an impact. All sectors in the country involved in responding to the epidemic have joined forces to respond to the government's declaration of emergency. It is necessary to conduct intensive vector control sessions; provide training at the community level on recognizing cases of dengue with no warning signs; strengthen the system to refer patients to health services; and conduct a strong education and communications campaign to raise the population's awareness regarding keeping homes free of vector breeding sites.

Summary of the current response

Overview of Host National Society

Honduran Red Cross (HRC) is divided into four regions, with 52 branches that provide response within their territories based on the needs generated by crises, their installed capacity, and the technical, logistical and financial support they receive from HRC Regional Offices and Headquarters. Honduran Red Cross has 140 National Intervention Team (NIT) members, of which 30 specialize in epidemics control. This volunteer staff can be deployed as required - in rotations according to members' time availability.

HRC has experience handling emergency situations involving epidemics produced by Arbovirosis, especially dengue, as this is a cyclical disease with seasonal epidemic outbreaks.

Currently (and until August 2019), the *Community Action against Zika Project* is being implemented in 58 communities in Cortés department, which is located in northern Honduras close to where the epidemic is found. This project is funded by USAID and implemented through Save The Children and IFRC in Panama. This project aims to empower communities to cope with the Zika epidemic that affected the country in early and late 2017 and in early 2018 through actions to prevent, control and monitor the *Aedes Aegypti* vector, which also causes dengue.

Efforts to strengthen communities' capacity to prevent Zika/arbovirosis and control the vector have been going on for more than two years. This has included training to community-based organizations, which has allowed building skills to plan for, analyse and implement vector control actions. Community members' engagement in consensus and negotiation spaces outside the community has also been promoted, which has allowed for the possibility of self-management.

This operation includes a communications plan focused on social and behaviour change and is based on promoting four practices aimed at destroying vector breeding sites. In addition, significant efforts have been made to increase communities' capacity to implement community-based surveillance measures, including identification and referral of Zika cases in vulnerable populations such as pregnant women and women of childbearing age.

During implementation of actions to respond to this emergency, HRC intends to take full advantage of the accumulated experience gained from the Zika project, which includes the knowledge acquired by technicians and volunteers involved, information and awareness-raising material produced, as well as good

practices and lessons learned. Project technicians are expected to provide quick training sessions to volunteers and those responsible for the intervention, as well as technical support to facilitate the operation.

It should be noted that the area affected by the epidemic is outside of the area targeted by the Zika project, so the project and the emergency intervention are expected to complement each other at the operational level. There are at least ten HRC branches in the target area with significant capacity to implement vector prevention, surveillance and control measures, which, together with other organizations present in the area, can be valuable to counteract the current status of the epidemic.

In addition, in 2013, Honduran RC carried out a [DREF operation for a dengue epidemic](#) that generated positive results that helped strengthen this intervention. Thanks to this experience, strategic alliances were established with schools, government entities, and institutes for the confirmation of community brigades.

Overview of Red Cross Red Crescent Movement in country

There are several National Societies present in Honduras - Switzerland, Spain, Norway, Italy, United States and, as of August 2019, Germany - with which HRC maintains bilateral cooperation. In turn, HRC implements multilateral cooperation funds through IFRC. In addition, the head of IFRC's Central American Country Cluster is based in Honduras. HRC also receives technical support from all areas at IFRC's regional office in Panama, which guides and supports countries' actions according to their needs and requirements.

An ICRC Delegation is also present in the country, with a high level of engagement at the highest levels of the Honduran government. ICRC provides technical and financial support to HRC for the implementation of programs and projects, in accordance with both their mandates.

Except for own efforts by HRC branches, no funds from RCRC Movement components have been allocated to respond to this emergency so far.

Overview of non-RCRC actors in country

The Ministry of Health (SESAL) has conducted the following actions in 12 departments as of the health emergency declaration:

- a) Coordination meetings in departmental technical tables.
- b) Activation of Municipal Emergency Committees (CODEM), in accordance with the National Risk Management System (SINAGER)
- c) Dengue prevention, control and surveillance activities.
- d) Promotion of prevention measures through mass media and education campaigns.
- e) Clean-up operations/campaigns, use of chemicals and biological agents for vector control
- f) Recording and use of information for constant monitoring of the epidemic's behaviour, taking appropriate measures accordingly.

SESAL's departmental health offices (called sanitary regions) implement vector control measures through the Health Surveillance Department, making house-to-house visits and measuring the larval index. The population is made aware of dengue warning signs and where and when to seek medical attention. Secondary health care services (hospital centres for more complex cases) treat severe dengue cases in order to stabilize the sick and prevent deaths. It is also important to mention that the WHO / PAHO Country Office is providing advice and guidance to Honduran health authorities to help them deal with the current epidemic.

HRC branches are currently participating in health technical tables in their territories, as well as in meetings and work sessions including updates on the situation, statistical cross-referencing, response planning and assisting SESAL actions through active participation by its volunteers. In some areas, branch volunteers are already participating in working groups tasked with destroying breeding sites and raising awareness house-to-house.

All actions are being coordinated by SESAL Sanitary Regions, which involves coordination with municipalities, community boards and civil organizations. After a quick stakeholder mapping, and to avoid

duplication of actions, HRC will address two specific areas, considering the actions being conducted by other organizations, SESAL's installed capacity and HRC branches.

Needs analysis and scenario planning

Needs analysis

Honduras, which ranks fourth among the countries with the highest incidence rates in Latin America, has reported a sustained increase in cases since EW 44 of 2018, is in the epidemic zone of the endemic channel, and has a case-fatality ratio of 0.3%, which is the highest reported in the Region thus far in 2019.¹

The area targeted by this proposal is made up of two types of urban populations: one population segment is composed of 20,000 people located within the San Pedro Sula Metropolitan Region, and the other population segment consists of 5,000 people within the city of Santa Bárbara.

Both intervention zones have the same characteristics: individuals who are low-income, salaried or engaged in trade. Water for human consumption is scarce in this area, which forces people to store water for up to two weeks. In general, vector breeding conditions are ideal. A communications campaign dealing with preventing, identifying and seeking timely treatment for dengue will be developed for the target population. **It is important to mention that no new educational material will be designed or basic messages validated for this Dengue Operation given the existence of the information and communication tools designed by the USAID/Save the Children/IFRC Community Action Against Zika Project.**

Operation Risk Assessment:

In recent years, the country has experienced growing social instability that has led to an adverse environment characterized by: gang-controlled areas, extortion, organized crime, protests, marches, road blockages, looting, extortion along highways, and acts of intimidation against those who refuse to join the protests, in addition to a lack of consensus between the population, trade unions and governments stemming from past decisions. This makes any intervention more complex, and in worst case scenarios some projects and other institutional actions must put planned activities on hold and reschedule and redirect approach strategies.

In this context, this operation's implementation must consider organizational aspects, actions in the field, coordination with local actors, institutional constraints and community-based actions that may put the operation, the implementation team and/or institutional and community volunteers at risk. Under this perspective, the following considerations are established that consider different risk situations that could affect this operation:

At the institutional level: Overall, HRC is organizationally and financially stable, which ensures that an operation like this will not run any risks. In administrative terms, the only issue is that the organization has not been granted a sales tax exemption by the Revenue Administration System for any purchases it may make, which means that this tax has to be paid for any goods and services acquired. For all intents and purposes, this money is unrecoverable, as the process involved in getting it reimbursed is immensely complicated. All the necessary products or materials will be considered within the procurement plan; however, if a product not included in the Global Purchase Plan is required, appropriate steps will be taken to acquire said product. Anyhow, a purchasing plan will be prepared exclusively for this operation in order to ensure availability of equipment, tools and services to achieve the operation's objectives.

At the State Ministry and Municipal levels: Some state agencies may experience changes in leadership, either of directors or managers, which may lead to changes in the people with whom actions are coordinated. Should this happen, one mitigation measure will be to widely disseminate planned actions among the entities involved – which will be done during the operation's coordination phase - in order to make several actors aware of the operation's targets and objectives and thus obtain their assistance in fulfilling them.

¹ Source: [Epidemiological Update Dengue. 25 June 2019](#). PAHO.

Another measure is to have the operation's coordinator become an active part of the various Intersectoral Tables created by SESAL from the beginning, as these ensure a broad coordination space.

At the field action level: The social problems mentioned above have led to the blocking of highways and roads that are used to reach the different municipalities and communities targeted by the operation. Initially, as a mitigation measure, the project structure is considering having local coordinators, who will streamline actions in terms of coordinating the implementation of operational activities. On the other hand, plans will consider institutional security measures, conducting periodic analyses of the country's situation as relates to the operation's target area. The operation's leadership, in conjunction with the implementing team, will quickly and in an organized manner analyse the situation and propose measures to continue moving forward with the implementation plan, taking into consideration the impact caused on targets. In any case, the head of IFRC's Cluster in Honduras will be kept informed of intervention conditions and any potential delays that may occur.

Large migrant caravans: Another situation that will negatively affect community-based actions included in the project will be the current high migration levels in the country, which could have negative consequences for the DREF operation's objectives and targets. In view of this situation, HRC intends to include a large number of beneficiaries so as to ensure the development of proposed actions. Furthermore, specialized training and socialization and coordination spaces will be provided at the community level as part of beneficiary motivation.

B. Operational strategy

Proposed Strategy

According to plans, the operational strategy for this initiative is based on:

HRC has information available for up to Epidemiological Week 23, and monitoring and coordination is ongoing. HRC's Health Manager maintains close communication with SESAL staff and is continuously monitoring the epidemic's behaviour. Furthermore, HRC is participating in health technical tables in affected areas through its branches, which allows it to take part in planning and participate in concrete actions with human and logistical resources available in each area.

The current dengue epidemic in Honduras requires a comprehensive approach: first, better training to first- and second-level health care teams on the clinical management of dengue with warning signs; and secondly, working with communities on performing surveillance and monitoring tasks so that dengue cases can be detected quickly and immediately referred to health services, focusing on high-risk populations: children, pregnant women, people living with HIV and older adults.

All of the above will be accompanied by a systematic plan to address conditions conducive to presence and proliferation of the vector in targeted areas. This means engaging in significant coordination with communities, house-to-house visits, clean-up campaigns, destruction of breeding sites and application of SESAL-approved larvicides and insecticides. It will also be necessary to conduct social mobilization campaigns to involve the population in mass activities together with an anti-dengue communications plan.

Considering the level of effects, the population's exposure, the upward trend in risk and number of cases, the mapping of key actors and their installed capacity, and aiming to avoid duplication of actions and maximize the use of resources, this operation proposal is designed to be carried out for three months in two affected sectors: the San Pedro Sula Metropolitan Region in Cortés department and the City of Santa Bárbara in Santa Bárbara department, through respective HRC branches in these cities. Both areas are among the five cities most affected by the dengue epidemic.

Likewise, given the extent of the epidemic as well as coordination and actions implemented by HRC branches together with Sanitary Regions in each municipality, this proposal also intends to provide technical, financial and logistical support to other specific branches in order to enhance the operation's impact and add value to dengue prevention and control activities promoted by CODEMs in each municipality, including mass anti-dengue campaigns.

Such branches will initially include those in Omoa, Puerto Cortés, La Lima, El Progreso, Choloma, San Manuel, Villanueva, Pimienta and Potrerillos. It should be noted that these branches are located in Cortés, which is where 53 per cent of total dengue cases have been reported (6,066 / 11,436 cases). Depending on the epidemic's behaviour and available resources, maybe other branches can be formed in susceptible areas in the country in order to conduct specific actions such as sensitization materials, mass campaigns, etc.

The implementation strategy is to work directly with communities, in coordination with and strengthening existing intersectoral health committees. This will ensure that actions are consistent with strategies being conducted by local authorities, the Ministries of Health and Education and COPECO.

The strategy involves comprehensive efforts, starting with training to HRC volunteers, community volunteers and families. Prevention and vector and breeding site elimination actions will be carried out, as well as timely case identification and referral, which will involve raising the awareness of vulnerable populations. These actions will go hand in hand with a communications campaign that includes previously validated basic messaging.

As mentioned, this Dengue Operation will build on the work done and experience generated by the USAID/StC/IFRC Community Action Against Zika Project, since it has community-based surveillance and monitoring tools, basic messages promoting four vector elimination practices, HRC and community volunteers, and Cortés branches' technical teams with prevention, control and surveillance knowledge and skills. This proposal proposes complementarity of actions with the Zika project and sharing of technical skills, logistics and information and awareness materials and supplies.

Carrying out the following activities:

- a) Community-based surveillance for vector control:
 - Rapid *Aedes Aegypti* Index Surveys (LIRA) to inform decision making.
 - House-to-house educational visits
 - Chemical and biological control in fixed water containers according to contexts (application of *abate* (a larvicide) or BTI).
 - Campaigns to eliminate mosquito breeding sites in homes and communal lands.
 - Fumigation with insecticide
 - Education for prevention via the *Untadita* method according to contexts.
- b) Institutional strengthening for community approach:
 - Training to institutional and community personnel.
 - Logistical support to HRC branches to assist in community actions.
 - Training in CEA/Behaviour change
- c) Capacity-building to health service providers in handling dengue with warning signs.
 - Training to first- and second-level health personnel in proper management of dengue with warning signs.
 - Training to community personnel on timely case detection and referral.

This intervention will be carried out by the Programmes Department, with technical and operational support from Health and Risk Management managers and Headquarters' Administrative, Logistics, Financial, Accounting, Communications and Image, IT, and Security departments. HRC's contribution will consist of targeted branches' volunteer staffs' time, as well as of the institution's technical staff and management staff.

People to be reached:

42,510 people in nine Municipalities: Omoa, Puerto Cortés, La Lima, El Progreso, Choloma, San Manuel, Villanueva, Pimienta and Potrerillos

Overall Objective

To contribute to SESAL actions aimed at addressing the dengue epidemic that is mainly affecting north-western Honduras, through community-based monitoring and control strategies that allow reducing the risk of transmission of dengue and other Arbovirosis among the most vulnerable populations.

Specific Objectives

1. To reduce the risk of dengue transmission, through strengthening community and health service provider capacity in order to be able to reduce the number of cases in the affected area.
2. To increase HRC's capacity to actively respond to epidemics, specifically Arbovirosis.

C. Detailed Operational Plan

Needs analysis: There is a need to reduce the risk of dengue transmission, through strengthening community and health service provider capacity in order to be able to reduce the number of cases in the affected area. The HRC will support actions in several of the communities affected conducting dengue vector breeding site clean-ups, with material distribution and awareness raising campaigns.

Population to be assisted: 42,510 people

Programme standards/benchmarks: All health promotion and prevention activities in the CBHFA guide and Ministry of Health guidelines and strategies.



Health

People targeted: 42,510

Male: 20,837

Female: 21,673

Requirements (CHF) 100,339

| | | |
|-----------------------|--|---|
| P&B Output Code | Health Outcome 1: Effective community-based epidemics response mechanism established to reduce the incidence of dengue in Honduras. | % ² of reduction in Rapid Aedes aegypti Index Surveys (LIRA) in targeted communities. <i>Target: 15%</i> |
| | Health Output 1.1: Communities with increased capacity to actively participate in community surveillance measures to control Arbovirosis. | # of community campaigns that have and implement an anti-dengue action plan. <i>Target: 12</i> |
| | | # of vector elimination campaigns conducted to respond to the dengue emergency <i>Target: 24</i> |
| | | # of home visits made by HRC and community volunteers in communities (LIRA, educational visits, dissemination of key messages). ³ <i>Target: 12,000</i> |

² Number of dwellings found with larvae versus the last monitoring carried out.

³ As per Table 1, a total of 7,539 households are scheduled for home visits. For this type of activity, however, it is estimated that only 80 per cent of visits will be effective due to factors such as families that are not at home when this activity is conducted. This 80 per cent (6,031 households) is expected to be visited twice by HRC volunteers and community staff.

| | Activities planned Week | # of educational centres that carry out breeding site elimination campaigns. <i>Target: 5</i> | | | | | | | | | | | |
|-----------------------|--|--|---|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP011 | Breeding site elimination campaigns | | | | | | | | | | | | |
| AP011 | Home visits in communities | | | | | | | | | | | | |
| AP011 | Clean-up campaigns in schools (five schools) | | | | | | | | | | | | |
| P&B Output Code | Health Output 1.2: Developed a social communication strategy for the prevention of Dengue and Arbovirosis | # of educational campaigns carried out in the schools. <i>Target: 5</i> | | | | | | | | | | | |
| | | Campaign to disseminate basic messages through mass media. <i>Target: 1</i> | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP011 | Reproduction of educational material (flyers, posters, school note pads, cards) | | | | | | | | | | | | |
| AP011 | Prevention workshops in five schools | | | | | | | | | | | | |
| AP011 | Message dissemination campaign (advertising spots, radio spots, micro-perforations, etc.) | | | | | | | | | | | | |
| P&B Output Code | Health Output 1.3: Health providers and community staff have increased capacity to respond to the dengue emergency and monitor people affected by Arbovirosis. | # of first- and second-level health personnel trained in clinical management of dengue. <i>Target: 50</i> | | | | | | | | | | | |
| | | # of health personnel and HRC and community volunteers trained in timely case identification and referral <i>Target: 80</i> | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP022 | Three Training workshops for health personnel in clinical management of dengue | | | | | | | | | | | | |
| AP016 | Community-based surveillance workshop for HRC volunteers | | | | | | | | | | | | |
| AP022 | Purchase of thermo-spray pumps, insecticide and biological material | | | | | | | | | | | | |
| AP022 | Purchase of <i>Untadita</i> Kit ⁴ (chlorine, larvicide and instruction sticker) | | | | | | | | | | | | |
| AP016 | Epidemic control training workshop for volunteers using a CBHFA approach | | | | | | | | | | | | |

⁴ The Untadita Kit refers to the process of cleaning water reservoirs to reduce larvae.

Strategies for Implementation

Requirements (CHF) 90,537

[Emergency Items Catalogue 2009](#)

[Logistics Standards Online](#)

[Procurement Portal](#)

Considering the context in the country in general and in the operation's target area in particular, HRC will strengthen volunteers' capacity in matters of safety. To this end, IFRC's security officer in Panama will deliver two workshops at the beginning of the operation. At the same time, HRC will ensure that its personnel has HRC standard uniforms, radios, and proper identifying signage on a vehicle in Santa Bárbara that does not meet institutional regulations, which could represent a safety risk for personnel being transported.

| P&B Output Code | S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | | | | | | | | | | | |
|-----------------|---|--|---|---|---|---|---|---|---|---|----|----|----|
| | S1.1.4: National Societies have effective and motivated volunteers who are protected | # of individuals trained in safety risk analysis and mitigation (aimed at HRC staff). | | | | | | | | | | | |
| | | # of individuals carrying out community actions in the field who are properly identified | | | | | | | | | | | |
| | Activities planned Week / Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP016 | Two Training in safety risk analysis and mitigation (HRC personnel) ⁵ | | | | | | | | | | | | |
| AP040 | Provision of uniforms to volunteer and project staff | | | | | | | | | | | | |
| AP040 | Insurance for 150 volunteers involved in the operation | | | | | | | | | | | | |
| P&B Output Code | Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place | | | | | | | | | | | | |
| | | # of signage on vehicles and tools used in the operation. | | | | | | | | | | | |
| | | # of portable radios purchased (strengthening of telecommunications system) | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP042 | Hiring of personnel (One coordinator, one administrator, one PMER, six local technician, one logician for three months) | | | | | | | | | | | | |
| AP042 | Procurement of portable radios | | | | | | | | | | | | |

⁵ Due to the Civil Unrest situation in the country, IFRC and HRC agreed to strengthen the safety and risk management of volunteers participating in community activities.

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| AP050 | Vehicle fuel, rental and maintenance | | | | | | | | | | | | | |
| AP058 | Monitoring visits by NS | | | | | | | | | | | | | |
| AP065 | Provision of office equipment | | | | | | | | | | | | | |
| AP057 | Visibility material for volunteers including protection equipment | | | | | | | | | | | | | |
| P&B Output Code | Outcome S2.1: Effective and coordinated international disaster response is ensured | | | | | | | | | | | | | |
| | Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | | | | | | | | | | | | | |
| | Activities planned Week / Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP046 | IFRC monitoring visits | | | | | | | | | | | | | |
| AP046 | RIT General Mobilization (2 months) | | | | | | | | | | | | | |

D. Budget

See detailed budget in Annex.

Contact Information

For further information specifically related to this operation please contact:

In the Honduran Red Cross:

- Executive Director: Arnaldo Ponce; arnaldo.ponce@cruzroja.org.hn, +504 9500 0095
- Health coordinator: Joel Durón, Joel.duron@cruzroja.org.hn; +504 3163 4955

In the IFRC Americas:

- Regional representation of the International Federation for the Central America Cluster: Nelson Aly Rodríguez, Head of CCST Central America; nelson.alyrodriguez@ifrc.org +504 9986 0160
- Iñigo Barrera, Head of the DCPRR Department: ci.barrera@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator: felipe.delcid@ifrc.org
- Mauricio Bustamante, Head of Regional Logistics Unit Americas Region, mauricio.bustamante@ifrc.org
- Diana Medina, Communications Unit Manager: diana.medina@ifrc.org

For Performance and Accountability:

- Paula Martes, Planning, Monitoring, Evaluation and Reporting Manager: paula.martes@ifrc.org

In IFRC in Geneva:

- Karla Morizzo, DREF Senior Officer; phone: +41 (0) 22 730 4295; email karla.morizzo@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

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

Annex 1. Honduras: Map of affected areas, Dengue Outbreak 2019



International Federation
of Red Cross and Red Crescent Societies

HONDURAS: DENGUE OUTBREAK



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: Honduran Red Cross, Honduran Government, GADM, Natural Earth - Produced by IM Americas.

DREF OPERATION

02/07/2019

DREF #: MDRHN013

DREF NAME: Honduras Dengue Outbreak

| Output cod | Name in financial system (TBC) | Multilateral Response | Budget CHF |
|------------|---|-----------------------|----------------|
| AP005 | Shelter assistance to households | - | 0 |
| AP006 | Shelter tech. support and awareness | - | 0 |
| | Total Shelter | - | 0 |
| AP007 | Improvement of income sources | - | 0 |
| AP008 | Livelihoods assistance | - | 0 |
| AP009 | Food production & income generation | - | 0 |
| AP081 | Multipurpose cash grants | - | 0 |
| AP010 | Livelihoods awareness | - | 0 |
| | Total Livelihoods & basic needs | - | 0 |
| AP011 | Health services to communities | - | 0 |
| AP012 | Voluntary blood donation | - | 0 |
| AP013 | Maternal newborn and child health | - | 0 |
| AP014 | Nutrition | - | 0 |
| AP015 | Road safety | - | 0 |
| AP016 | NS capacity for health care | 26,720.00 | 26,720 |
| AP017 | HIV and AIDS | - | 0 |
| AP018 | Avian and human influenza pandemic | - | 0 |
| AP019 | Malaria | - | 0 |
| AP020 | Tuberculosis | - | 0 |
| AP021 | Other infectious diseases | 31,139.18 | 31,139 |
| AP022 | Health in emergency | 59,480.00 | 59,480 |
| AP023 | Psychosocial support | - | 0 |
| AP024 | Immunization activities | - | 0 |
| AP025 | Health needs in complex settings | - | 0 |
| AP075 | HIV/AIDS care and treatment | - | 0 |
| AP076 | Malaria care and treatment | - | 0 |
| AP077 | Tuberculosis care and treatment | - | 0 |
| AP078 | RMNCH care and treatment | - | 0 |
| AP079 | NCD care and treatment | - | 0 |
| AP080 | Psychosocial support | - | 0 |
| AP082 | Search and rescue | - | 0 |
| | Total Health | 117,339.18 | 117,339 |
| AP026 | Access to safe water | - | 0 |
| AP027 | Treatment/reuse of wastewater | - | 0 |
| AP028 | Reduction of open defecation | - | 0 |
| AP029 | WASH knowledge and best practice | - | 0 |
| AP030 | Hygiene promotion | - | 0 |
| | Total WASH | - | 0 |
| AP031 | Equitable access to services | - | 0 |
| AP032 | Social inclusion-equitable status | - | 0 |
| AP033 | Interpersonal violence prev/response | - | 0 |
| AP034 | Response to SGBV in emergencies | - | 0 |
| AP035 | NVP-education and advocacy programs | - | 0 |
| | Total Protection, Gender and Inclusion | - | 0 |
| AP036 | Migration assistance and protection | - | 0 |
| AP037 | Migration awareness and advocacy | - | 0 |
| | Total Migration | - | 0 |
| AP001 | Preparedness at community level | - | 0 |
| AP002 | Response and risk red. at NS level | - | 0 |
| AP003 | Green solutions | - | 0 |
| AP004 | Climate change awareness | - | 0 |
| | Total Disaster Risk Reduction | - | 0 |
| AP039 | NS organisational capacity assessm. | - | 0 |
| AP040 | NS volunteering development | 9,720.00 | 9,720 |
| AP042 | NS corporate /organisational systems | 32,436.72 | 32,437 |
| | Total Strengthening National Societies | 42,156.72 | 42,157 |
| AP046 | IFRC surge capacity | 18,350.00 | 18,350 |
| AP047 | Humanitarian principles and Rules | - | 0 |
| AP048 | Integrated services for NS | - | 0 |
| AP049 | IFRC coord. in humanitarian system | - | 0 |
| AP050 | Supply chain and fleet services | 21,700.00 | 21,700 |
| AP051 | Movement coordination | - | 0 |
| AP052 | Movement shared services | - | 0 |
| | Total Influence others as leading strate | 40,050.00 | 40,050 |
| AP053 | Advocacy on humanitarian issues | - | 0 |
| AP054 | IFRC policies and positions | - | 0 |
| AP055 | Research and evaluation | - | 0 |
| AP056 | Advocacy on humanitarian issues | - | 0 |
| AP057 | Support to NS in policy & advocacy | 1,950.00 | 1,950 |
| AP058 | Planning and reporting | 1,800.00 | 1,800 |
| AP059 | Resource generation | - | 0 |
| AP060 | Emergency fundraising excellence | - | 0 |
| AP061 | NS resource and partnership dev.supp | - | 0 |
| AP064 | Financial management | - | 0 |
| AP065 | Administration | 5,930.00 | 5,930 |
| AP066 | Staff security | - | 0 |
| | Total Influence others as leading strate | 9,680.00 | 9,680 |
| | Programme and Supplementary Services | 13,599.68 | 13,600 |
| | Total INDIRECT COSTS | 13,599.68 | 13,600 |
| | | | 0 |
| | TOTAL BUDGET | 222,825.59 | 222,826 |