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# DREF Operation Update

## Honduras: Health emergency

 Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja

<b>DREF Operation no. MDRHN009</b>	<b>Glide no. EP-2015-000175-HND</b>
<b>DREF update no. 1</b>	
<b>Date of issue:</b> 17 May 2016	<b>Date of disaster:</b> 2 February 2016
<b>Operation start date:</b> 26 February 2016	<b>Expected timeframe:</b> 4 months (end date 26 June 2016)
<b>Host National Society:</b> Honduran Red Cross (HRC)	<b>Overall operation budget:</b> 97,489 Swiss Francs (CHF)
<b>Number of people affected:</b> 4,592 people affected directly 2 million people at risk	<b>Number of people to be assisted:</b> 30,000 people
<b>Red Cross Red Crescent Movement partners actively involved in the Operation:</b> International Committee of the Red Cross (ICRC), Swiss Red Cross, Norwegian Red Cross	
<b>Other partner organizations actively involved in the Operation:</b> National Risk Management System (SINAGER), Ministry of Health and Municipal Governments	
<p>Given the high incidence of the zika epidemic in the country, Honduran Red Cross (HRC) has been working with various donors to respond to the emergency. The National Society has coordinated actions with each donor following the guidelines established in the Honduran Red Cross' Plan of Action, which was done in this way in order to achieve a standardization of both the actions implemented and the content of communications campaigns and lecture material. This material is now ready for printing and distribution; however, since the project's end date is 20 days away, HRC believes that there will not be enough time to reach all families that were to be targeted through DREF, either directly or indirectly.</p> <p>Ministry of Health guidelines established to respond to this emergency dictate that it must coordinate with all local sectors according to prioritized municipalities. The Ministry of Health has been late in assigning HRC the sectors where actions are to be implemented, especially in San Pedro Sula, which in turn has caused delays to DREF.</p> <p>In light of the technical reasons previously expressed, the National Society is requesting that the International Federation of the Red Cross (IFRC) grant a 30-day extension as of 26 May 2016. This request is based on an analysis conducted by the technical team which shows that this extension is necessary to develop and complete the activities within this project's plan of action, with quality and following a logical sequence. This will result in the achievement of the impact expected in DREF and the establishment of a suitable exit strategy for targeted municipalities.</p>	

## A. Situation Analysis

### A.1 Description of the disaster

Through Executive Decree PCM-008-2016, the Honduran Government declared a national health emergency on 2 February 2016 due to the high incidence of zika, dengue and chikungunya.

According to Ministry of Health nationwide statistics to date, the curve continues within the epidemic zone, with high transmission rates and on an upward trend since the last weeks in 2015. At the regional level, **17** of the 20 regions are considered to be in the epidemic zone: Atlántida, Colón, Comayagua, Copán, Cortés, San Pedro Sula, Choluteca, El Paraíso, Francisco Morazán, Tegucigalpa, La Paz, Lempira, Ocotepeque, Olancho, Santa Bárbara, Valle and Yoro; while the Bay Islands are in the alarm zone; Intibucá in the secure zone; and Gracias a Dios in the success zone.

Based on information provided by the Ministry of Health for Epidemiological Week 16 (17-23 April), there were **35,502** cases transmitted by the *Aedes aegypti* vector: 18,642 cases of zika, 8,882 cases of dengue and 7,978 cases of chikungunya.

Below are the most affected municipalities where two or more of these diseases are found:

Municipalities	Zika	Chikungunya	Dengue
San Pedro Sula	X	X	X
Tegucigalpa	X	X	X
Choloma	X		X
Villanueva	X	X	
El Progreso	X	X	
Choluteca	X		X
Puerto Cortés		X	X
Juticalpa		X	X

With regard to Guillian Barre, there are 152 suspected cases to date, one death, and 238 pregnant women with clinical suspicion of zika. Given these numbers, it is possible to generally determine that the following are the suspected cases of chikungunya, dengue and zika, by Department, for Week 16:

Health Regions/Weeks	Chikungunya				Dengue				Zika				Total number of diseases transmitted by <i>Aedes a.</i>
	Weeks 2016			Cumulative 2016	Weeks 2016			Cumulative 2016	Weeks 2016			Cumulative 2016	
	14	15	16		14	15	16		14	15	16		
Atlántida	9	5	3	223	24	32	33	417	0	4	1	95	735
Colón	4	2	3	110	4	6	11	128	0	3	1	60	298
Comayagua	2	6	4	145	14	14	11	317	2	9	1	129	591
Copán	2	3	0	86	7	9	6	113	0	0		10	209
Cortés	21	22	29	1388	133	119	80	816	122	90	56	4540	6744
Metro San Pedro Sula	36	14	27	1964	106	78	80	1149	61	32	28	7489	10602
Choluteca	2	2	2	416	16	6	4	810	11	11	12	890	2116
El Paraíso	12	8	10	274	10	15	9	250	13	12	8	223	747
Francisco Morazán	5	2	2	148	9	6	4	256	1	4		183	587
Metro de Tegucigalpa	114	131	114	1800	180	233	198	3223	134	189	151	1680	6703
Gracias a Dios		0	0	1	0	0	0	7	0		0	85	93
Intibucá	2		1	20	4	1	1	38				16	74
Islas de la Bahía	1	6	4	58	1	4	6	56			4	4	118
La Paz	3	0	2	55	1	1	2	96		2		131	282
Lempira	0		0	11	1	5	6	52				3	66
Ocoatepeque	4	0	1	37	3	2	1	50				5	92
Olancho	31	30	22	290	45	29	58	552	47	56	54	484	1326
Santa Bárbara	11	20	10	278	13	16	7	141	18	26	19	809	1228
Valle	1	1	2	111	1	3	1	64	0	1	1	81	256
Yoro	25	14	10	563	17	20	23	348	31	36	6	1725	2636
<b>National Total</b>	<b>285</b>	<b>266</b>	<b>246</b>	<b>7978</b>	<b>589</b>	<b>598</b>	<b>541</b>	<b>8882</b>	<b>440</b>	<b>475</b>	<b>342</b>	<b>18642</b>	<b>35502</b>

## A.2 Summary of measures taken to date

### Overview of Host National Society

Honduran Red Cross, as an auxiliary to public authorities in their humanitarian actions, keeps its country response system active through its network of councils at the national level, conducting the following actions:

- Preparation of the country plan of action to respond to zika, dengue and chikungunya, a comprehensive document that dictates the actions to be conducted across the country.
- Actions in which the National Society has focused in conjunction with participating National Societies:
  - Larviciding of water reservoirs.
  - Cleaning of yards and elimination of mosquito breeding sites.
  - Fogging with insecticide. Fumigation efforts have started using spraying machines pre-positioned at HRC branches, which were acquired in previous interventions (DREF Dengue).

- Education (awareness-raising).
- Through projects they respectively implement in Bajo Aguán, in northern coastal areas and in western Honduras, Swiss Red Cross, Norwegian Red Cross and Italian Red Cross have begun efforts to educate the population regarding zika and to destroy the vector's breeding sites.
- With funding from the Spanish Agency for International Development Cooperation (AECID) and the Spanish Red Cross, actions started in April to fumigate and destroy mosquito breeding sites in Santa Bárbara, Santa Bárbara and in La Esperanza, Intibucá, with on-site coordination.
- With funding from Norwegian Red Cross, a fund has been set up to fumigate, apply larvicide and destroy mosquito breeding sites, as well as to conduct awareness-raising and education actions, in the city of Tegucigalpa in the Hato de Enmedio sector.

Norwegian Red Cross	Swiss Red Cross	Italian Red Cross	DREF
*30 volunteers in Tegucigalpa trained. *1 home visits to 1500 dwellings. *3 fumigations to 1500 dwellings. *1 larviciding to 1500 dwellings *1 campaign to destroy breeding sites in 1500 dwellings	*308 local emergency committees (CODELs) and Health Committee volunteers involved and trained. *2 information and coordination municipal town hall meetings. *9 health units fumigated. *300 mosquito nets donated. *1067 dwellings inspected to control and eliminate mosquito breeding sites. *1816 breeding sites destroyed through cleaning campaigns, application of larvicide, BTI, and drainage of stagnant water. *4148 students in 74 schools received educational lectures. *4618 people in 28 communities benefitted.	*1845 dwellings inspected *167 breeding sites eliminated. *11 communities benefitted. * Advocacy to form inter-sectoral committee. *108 educational institutions incorporated into prevention efforts.	*8 educational centres trained. *1806 dwellings inspected. *25 volunteers trained in epidemiological control. *48 volunteers trained on dengue, chikungunya and zika. *Activation of health national intervention team (NIT), deploying two people to date. *Community mobilization *Coordination with municipal emergency committees and Ministry of Health at the regional level. *8030 people sensitized. *12 communities conduct cleaning and breeding site elimination campaigns

Through IFRC's Emergency Relief Fund, Honduran Red Cross works in four municipalities in the Department of Cortés, thus reaching 12 communities.

Department	Municipality	Community/Sector
Cortés	Puerto Cortés	Barrio Buenos Aires
	Choloma	Colonia López Arellano, sectors in Cerro Verde and Brisas del Paraíso.
	Villanueva	Colonia Bella Vista Kilómetro 86 Colonia La Unión Colonia Municipal Colonia Flor del Campo Colonia San Nicolás Colonia Monte Fresco
	San Pedro Sula	Colonia San José 5 Colonia Bordos de San José Colonia Buenos Amigos

### Overview of Red Cross Red Crescent Movement in country

- HRC has prepared its nationwide global plan of action which serves as the basis for this DREF. HRC's emergency plan of action has been completed and disseminated among Movement members in order to coordinate actions standardized in all areas of the country in accordance with Ministry of Health guidelines.

- Participating National Societies in the country and IFRC have joined in actions proposed in HRC's plan of action in specific geographical areas that have been differentiated in order to optimize resources, conducting joint efforts thanks to them.

IFRC launched an Emergency International Appeal to support regional strategic actions in 23 countries affected by zika.

### Overview of non-RCRC actors in country

The Ministry of Health is currently conducting epidemiological surveillance, case detection and treatment through its network of hospitals and health centres, as well as coordinating the actions being conducted by organizations in the country as part of the Humanitarian Network and Honduran Red Cross. It is also conducting coordination actions in all 18 Departments in the country, where it coordinates with HRC councils. The nation's president is maintaining the nationwide health alert, emphasizing in Cabinet meetings the need to alert the population and continue with measures to deal with this emergency.

Below are some of the organizations conducting efforts in this regard:

- **Irish Catholic Agency for World Development– Trócaire:** In San Pedro Sula, Cortés, conducting sensitization and fumigation actions aimed at 7,200 people.
- **Adventist Development and Relief Agency – ADRA:** In San Miguelito, Francisco Morazán and in San José, Choluteca, conducting cleaning campaigns and community education on vector control aimed at 1990 families.
- **Catholic Relief Services – CRS:** In Tegucigalpa, Francisco Morazán, printing of 25,000 flyers and banners to be distributed by the Ministry of Health.
- **United Nations Children's Fund – UNICEF:** Conducting an intervention strategy aimed at promoting behaviours that prevent and protect against zika
  - a) Mass media communications. A mass communications campaign will be conducted via radio, press, television, social networks and mobile phones, delivering zika prevention messages targeting the municipalities with the highest incidence. The target population is 1.5 million Hondurans.
  - b) Intervention with the education community. Prevention efforts in schools are being supported in collaboration with local governments, communities and non-governmental organizations. The intervention includes training to municipal educational development councils (COMDEs) and school development councils (CEDs); training to teachers via e-learning; and education to children 5-18 years of age so that they in turn promote prevention actions in their families. The first phase will build prevention capacity in 70,000 families.
  - c) Partnerships for community mobilization. Municipal Child, Adolescent and Youth programmes (PMIAJ), networks of child communicators, and community leaders in 75 municipalities are being mobilized to disseminate prevention messages.
- **United Nations Population Fund – UNFPA:** Support to UNICEF in its intervention strategy aimed at promoting behaviours that prevent and protect against zika through communications over mass media; prevention in schools in collaboration with local actors; and activation of Municipal Child, Adolescent and Youth programmes (PMIAJ), networks of child communicators, and community leaders in 75 municipalities to disseminate prevention messages.

The Government of Japan donated US\$ 250,000 to the Ministry of Health through UNFPA. These funds will be invested in improving the availability and use of family planning methods and to ensure access to reproductive health information and services, thus reducing risks and complications caused by zika

- **GOAL:** In Tegucigalpa, Francisco Morazán, in the sectors of Colonia Ulloa, Colonia Nueva Providencia and Colonia José Arturo Duarte; coordination with CODELs for awareness-raising campaign in schools.
- **Plan International:** Conducting cleaning campaigns in coordination with departmental health offices in Intibucá, Lempira, La Paz, Santa Bárbara and Choluteca.
- **Save the Children:** Promoting community mobilization to eliminate mosquito breeding grounds and awareness-raising in project areas in Valle, Intibucá and Francisco Morazán.
- **World Vision:** Surveillance and monitoring, prevention, education promotion and awareness-raising in Valle, Choluteca, Cortés and Yoro

## A.3 Needs analysis and scenario planning

According to Ministry of Health nationwide statistics to date, the curve continues within the epidemic zone, with high transmission rates and on an upward trend since the last weeks in 2015.

According to the current context, the main needs and actions must focus on:

- Vector control at the community level, with advice from Environmental Health technicians from the Ministry of Health.
- Public awareness campaign to achieve the population's engagement and support in reducing cases.
- Preventive education in schools, a sensitive population with great potential for multiplying prevention messages to households.
- Campaign to eliminate larvae breeding sites, with participation of families at home and at the workplace.
- Mosquito elimination campaign. Spraying where suspected and positive cases are reported.
- Continuing with communications campaign, both at the community level and over mass media.

The President of Honduras has requested that all organizations present in the country join the campaign by collaborating with community mobilization and conduction of common actions that contribute to reducing mosquito-borne diseases, especially zika.

Even though the Ministry of Health is providing coverage, the budget allocated by this government agency to respond to zika has been diminished by the procurement of chemicals and fuel and other operating expenses. It is therefore important to keep actions going on a permanent basis given that the rainy season will begin around 15 May, resulting in stagnant water in containers and therefore proliferation of the vector that transmits these viruses.

### **Risk assessment**

The risk of zika cases spreading is high given that both it and dengue are transmitted by the same vector. This is evident by the evolution in recent weeks, taking into account the historical records of incidence of dengue fever in the country and the tropical climate conditions; therefore, prevention and eradication measures should be similar. HRC and IFRC staffs working in areas with high incidence of these diseases must adopt the necessary safety measures to avoid contracting the virus, so it is important to equip them with safety supplies.

Honduras continues to be a country where violence is an issue that must be carefully addressed given the high number of security related incidents occurring every day across the country; therefore, all personnel working for the project must adhere to the security standards established by HRC to reduce the possibility of security related incidents between National Society staff and beneficiaries.

The Ministry of Health has designated our institution to conduct zika prevention actions because of HRC's high credibility across the country, and considering that some areas of intervention are high risk. All our staff deployed in the field complies fully with Safe Access measures, which have allowed activities to be developed normally. No incidents have been reported to date.

## **B. Strategy and plan of action**

### **Overall objective**

Reduce the spread of the zika virus in the hardest hit municipalities in the department of Cortés, considering simultaneous action against dengue and chikungunya for 6000 direct beneficiaries and one million indirect beneficiaries.

### **Proposed Strategy**

The Honduran Red Cross strategy is based on working directly with communities and in coordination with local authorities, the Ministry of Health, and COPECO. The strategy involves comprehensive efforts, starting with actions to prepare Red Cross volunteers and community volunteers and families to conduct actions to prevent and eradicate the vector by raising awareness among vulnerable populations and community campaigns. Basic messages are designed so as to promote gender equality.

**Areas common to all sectors:** A national coordinator was hired, who is responsible for coordinating DREF actions while at the same time supporting and serving as the focal point in issues concerning dengue, chikungunya and zika in activities developed by other Movement partners in the country in support of Honduran Red Cross. During the plan of action's development, monitoring and evaluation are being conducted, both technical and by HRC's office in charge of project M&E, as well as by IFRC. The Communications Department prepares press releases and beneficiary stories aligned to the regional communications strategy, which is adapted and disseminated at the national level through the

publication of messages, videos, and printing of information material in order to reach as many people as possible through the mass media.

**Health and Care:** A refresher session on zika epidemiological control was held aimed at 25 Health NIT volunteers, who have been activated and deployed to conduct monitoring activities and participate in branch coordination meetings, as well as to support and track the evolution of the emergency at the national monitoring centre. In addition, two zika, dengue and chikungunya information workshops were provided to 48 HRC branch volunteers, as well as a workshop for 35 volunteers and collaborators working in pre-hospital areas on how to manage patients showing zika symptoms. Community groups were identified and prioritized, including schools, businesses, and health centre staffs, to participate in 15 days of training on zika, dengue and chikungunya prevention so that messages reach all levels, social strata, ages, and audiences.

**Water, sanitation and hygiene promotion:** The National Society is in the process of acquiring basic protection equipment for volunteers supporting activities. Home visits are being conducted in affected communities to identify and eliminate mosquito larvae. Eight campaigns to clean up around homes and HRC branch premises have been conducted, supplementing these actions with fumigation days and distribution of water container cleaning kits (*La Untadita*). Working in cooperation with community-based organizations and families has been promoted throughout the entire process.

*La Untadita* is a kit consisting of detergent, chlorine, and a brush. This method is very popular and used in the country to clean water basins and containers. These will be provided to 6000 families.

Although fumigation equipment already exists, HRC believes it would be advisable to increase the availability of equipment so branches can reach more communities, as zika has become a cause for concern among most of the population. Regardless of the different opinions with regard to the effectiveness of fumigation, it must be considered among the activities that need to take place simultaneously, which includes *La Untadita* and broadcasting key messages to prevent zika and the other diseases transmitted by *Aedes a.* in communities. In this way, the spread of the vector is addressed at all stages of its reproduction and a comprehensive impact is achieved in communities. It is necessary to recognize the high impact achieved by disseminating key messages, which happens through direct contact with families at the time of fumigation. This fumigation can be maximized by using foggers set up on moving vehicles, which allows covering more area and thus achieving more effective mosquito control.

Volunteers will be provided personal protection equipment, including suitable clothing and supplies to provide their services.

All these actions are being coordinated with the Government through meetings held between the President of Honduras, the regional IFRC director, and the Honduran Red Cross President.

## **B2 Operational Support Services**

Honduran Red Cross is part of the National Risk Management System (SINAGER), and therefore coordinates response and recovery actions with other system institutions during emergencies. There is also a national response plan that establishes response mechanisms in the event of disasters and crises, and determines the organizational structures through commissions composed of National Society strategic areas.

The national response plan determines the organizational structure for responding to emergencies, disasters or crises, integrating managers, directors and coordinators through established commissions. Furthermore, thematic axes within the national response plan include responding to humanitarian needs in terms of damage to livelihoods and resulting impact to the affected population.

## **Human Resources**

Honduran Red Cross mobilizes its emergency health national intervention teams and volunteers in nearby branches to support the implementation of the plan of action.

The operation's initial plan of action included the hiring of a general coordinator for all the actions the National Society would be conducting; however, considering the amount of work each donor supporting the emergency demands, the decision was made to hire a coordinator for each project. A full-time coordinator was hired through DREF, as well as an administrative assistant who is responsible for all the administrative aspects of the operation. In addition, two field technicians were hired to coordinate on-site activities, logistics and to activate the 815 volunteers as required. Volunteers are reimbursed for emerging expenses, meals, and transportation to activity sites, and are also provided personal protection gear for fumigation and cleaning activities. Project monitoring and coordination is led from Headquarters by the risk management office with support from the national health coordinator.

In sum, DREF supports the National Society through the following human resources:

1 General Coordinator  
1 Administrative Assistant  
2 field technicians.  
815 volunteers to undertake prevention actions and destroy mosquito breeding sites

## **Logistics and supply chain**

The National Society has a structure for the procurement of goods and services with procedures which for the most part are compatible with IFRC's system. It has a large and secure warehouse for storing any supplies the project may require. Purchases by the National Society provided for in the plan of action will be made locally, following procedures established by Honduran Red Cross in accordance with IFRC guidelines.

## **Information Technology (IT)**

The National Society has a computerized system and permanent basic internet access. ODK will be used in this operation to collect information for the detailed assessment, community epidemiological surveillance, and beneficiary satisfaction survey; and Mega V will be used during distribution of cleaning campaign supplies. ODK and Mega V will be implemented using the equipment acquired during the previous DREF operation.

To ensure communication in the field and team safety, a communication system via VHF radios will be set up in cars travelling across the area as an alternative means of communication.

## **Communications**

The National Society has a Communications Department which has been covering project actions and providing information to the media regarding the emergency situation and Red Cross actions, through the following:

### Internal Communications

- Tutorial videos
- Operation bulletins and reports (print and digital).
- Preparation of dissemination materials (brochures, flyers, posters, etc.)

### External Communications

- Press conferences.
- Tutorial videos
- Audio spots over the radio and loudspeakers.
- Press visits to the field.
- Promotional press tours.
- Publication of press releases.
- Beneficiary stories
- Video of the operation.
- Preparation of dissemination materials (brochures, flyers, posters, etc.)
- Campaign over social networks.

Part of the operation's goal is to increase documentation and dissemination of information regarding humanitarian impact actions by the National Society to assist in preparing informational and key messages, as well as resource mobilization to facilitate information and support from donors.

NS will ensure adequate management of operational communications at the internal level in order to disseminate information to affected communities and facilitate feedback from beneficiaries.

The Communications Department will maintain a close relationship and exchange of information with IFRC's Communications Department to disseminate actions by the Red Cross Movement through virtual, written and audio-visual media

## **Security**

Honduran Red Cross has analysed security conditions with authorities and community leaders, and operations are conducted during daytime hours. A Security Plan will be drawn up to implement the humanitarian actions included in the appeal and based on the Stay Safe and Safer Access tools. All personnel and equipment will be properly identified, highly visible and ensured, and staff will conduct themselves as per the code of conduct. The National Society has had their volunteers insured through IFRC's insurance in the event of an emergency.

Furthermore, we will consider not conducting activities at times of greater risk of being stung by mosquitoes, and personal protection and insect repellent will be used. Personal protection equipment will be acquired for fumigation teams and volunteers conducting community actions, also considering equipment for those relieving volunteers.

## Planning, monitoring, evaluation and reporting (PMER)

Honduran Red Cross has a Monitoring, Evaluation and Reporting Unit (UMER) which is responsible for the planning, monitoring, evaluation and reporting (PMER) process. A monitoring and evaluation plan will be designed during the planning phase which will include information on how the project will be reviewed and evaluated, and will indicate: the assumptions on which programme goal achievement depends; the relationship expected between activities and outcomes and indicators (logical framework); well-defined conceptual measures, along with baseline data; indicator monitoring matrix; and assessments.

The National Society is validating a tool to monitor and track projects through Resource Management System (RMS) software. Monitoring is currently being conducted via this system, and DREF is part of this RMS pilot process. The system is based on indicator fulfilment, but does not replace the field visits conducted by the Monitoring, Evaluation and Reporting Unit (UMER), which has already made one visit to the field. There is a report that reflects the project's overall progress according to projections to 13 April, showing progress of 37 per cent of the 86 per cent expected to that date.

A satisfaction survey will be conducted at the end of the intervention to reflect the achievement of results and the analysis of qualitative information so as to determine the extent of fulfilment, best practices and lessons learned.

In addition, the Regional Disaster Management Coordinator and IFRC's Country Coordinator support the corresponding process.

## Administration and Finance

Honduran Red Cross has a financial and accounting system and an internal audit department which ensure the proper use of financial resources in accordance with conditions established in the memorandum of understanding between the National Society and the donor. Financial resource management will be according to National Society regulations and IFRC procedures. The National Society's own procedures will be applied to justification of expenses, and will be done on formats established by IFRC.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

#### Needs analysis:

**Population to be assisted:** 6,000 families to be identified in municipalities in the Department Cortés, which most of confirmed zika cases are concentrated. It is expected that the communications campaign will reach one million people indirectly.

Activities	Implementation on time		% of progress
	Yes	No	
Hiring of operational staff and staff to support the operation in the field	X		100%
12 Community assemblies to present the project	X		100%
2 Monitoring visits	X		50%

Outcome1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs	% achieved
	Output 1.1. The management of the operation is, implemented by a comprehensive monitoring, evaluation and coordination system	80%
	Output 1.2 One anti-zika campaign implemented	56%
	Output 1.3 Operation activities are disseminated at the local, national and regional levels	56%

Progress reports on the affected communities/ DREF operation update		X	50%
4 coordination meetings with the Ministry of Health	X		100%
Beneficiary satisfaction survey	X		0%
Lessons learned workshop	X		0%
Develop, print and disseminate the communication strategy material to the branches and national, regional and local mass media		X	50%
Development of beneficiary stories		X	50%
3 IFRC monitoring	X		67%

#### Achievements

##### **Hiring of operational staff and staff to support the operation in the field**

Following National Society guidelines, one coordinator, one administrative assistant and two technicians were hired. The latter were assigned work areas according to need and activities within the plan of action. An induction on administrative and technical processes was conducted at Headquarters.

##### **12 Community assemblies to present the project**

The project was presented to 12 communities where zika prevention actions were to be conducted. Socialization sessions were supported by Ministry of Health staff.

The project was also presented to council boards targeted areas, reaching agreements on logistical support to the operation and volunteer activation mechanisms.

##### **2 Monitoring visits**

UMER conducted a visit to the field in order to measure progress of actions contained in the plan of action.

##### **Progress reports on the affected communities/ DREF operation update**

A DREF operation update report has been prepared describing progress, changes and adjustments to actions within the initial plan of action.

##### **4 coordination meetings with the Ministry of Health**

Project technical staff has held coordination meetings with the Ministry of Health at the municipal level in Puerto Cortés, San Pedro Sula, Choloma and Villanueva, reaching agreements on where the actions will be conducted. HRC presented its work methodology, also agreeing on the support it will get from municipal governments and, where they exist, inter-sectoral health committees.

##### **Beneficiary satisfaction survey**

This activity will be conducted at the end of the operation to measure the impact the project has had at the community, local partner and authority levels.

##### **Lessons learned workshop**

This activity will be conducted at the end of the operation.

##### **Develop, print and disseminate the communication strategy material to the branches and national, regional and local mass media**

Materials to be printed have been validated and anti-zika communications campaigns have been socialized. Campaigns will begin in the third week in May.

##### **Development of beneficiary stories**

This activity has been planned, spokespersons have been identified, and the approach to be used has been determined. HRC's Communications and Image staff will travel to the field to address this subject.

##### **3 IFRC monitoring**

IFRC has been providing technical support and advice. The regional disaster response coordinator for Central America, Mexico and Panama conducted an induction session to technical staff already on-site. IFRC's finance delegate also conducted a visit to assess the operation's level of financial progress.

#### Challenges

Implementing the plan of action within the established timeframe, taking into account the quality of activity implementation and impact at the community level

#### Changes

So far no changes have been made in this outcome.

## Health & Care

**Population to be assisted:** In total, 3,108 families are to be identified in municipalities in the department of Cortés where the greatest incidence of suspected zika cases has been detected. The campaign is expected to indirectly reach one million people. Additionally, up to 30,000 people to be reached by mass media campaign developed and disseminated by Honduran Red Cross.

Health			
Outcome1: Consequences of zika virus disease on community health have been reduced through effective health emergency risk management in affected and at risk countries.	Outputs		% achieved
		<b>Output 1.1.</b> Honduran Red Cross human resources are trained to develop an educational campaign at the work cell level, and to move people with complications from any of the following diseases: zika/dengue/CHIK	
Activities	Implementation on time		% of progress
	Yes	No	
Activation of the zika/dengue/chikungunya technical response team.	X		100%
3 Coordination meetings: Planning and Tracking	X		67%
Participation in Emergency Municipal Committees of municipalities involved	X		100%
Deployment of 8 Health NIT to monitor activities and for inter-agency coordination meetings in branches and Monitoring Centre	X		25%
Development of 2 regional dengue, chikungunya and dengue fever workshops for volunteers	X		100%
Development of a workshop on epidemiological control of dengue/CHIK/ and especially zika for ambulance staff	X		100%
One refresher workshop for NIT staff on epidemiological control of dengue/CHIK/and especially zika.	X		100%
15 days of training on dengue fever/CHIK/and especially zika prevention to community-level groups: schools, transport companies, markets, health facilities, and public places where large number of people gather	X		53%
<b>Achievements</b>			
<p><b>Activation of the zika/dengue/chikungunya technical response team.</b> For this activity, councils in the zone of influence have been activated through local deployment of the specialized team which has been participating in cleaning campaigns and sessions conducted so far</p> <p><b>3 Coordination meetings: Planning and Tracking.</b> The technical team has held two coordination meetings: one in Headquarters to plan work at the project's outset, and another at Puerto Cortés council premises to review and make adjustments to financial support documents. Headquarters' administrative assistant was mobilized for this activity.</p> <p><b>Participation in Emergency Municipal Committees of municipalities involved.</b> HRC is participating in meetings convened by the Ministry of Health, having attended those held in San Pedro Sula, Puerto Cortés, Choloma and Villanueva. Regional issues are addressed with San Pedro Sula, since this is where the regional health office is located. HRC has attended two meetings of the metropolitan health office.</p> <p><b>Deployment of 8 Health NIT to monitor activities and for inter-agency coordination meetings in branches and Monitoring Centre.</b> So far Honduran Red Cross has deployed to 2 volunteers from its specialized team. NIT members deployed support actions in the field in Puerto Cortés and Choloma. These volunteers belong to Region 1, representing municipal councils from San Lorenzo and Pespire.</p>			

### **Development of 2 regional dengue, chikungunya and dengue fever workshops for volunteers**

One workshop was held in San Pedro Sula as part of coordination with the Ministry of Health, which assigned the head of environmental health from the San Pedro Sula metropolitan health office to provide training on how to manage dengue, chikungunya and zika information. This workshop was attended by 15 volunteers from Villanueva, 15 volunteers from San Pedro Sula, and 5 volunteers from the Chamelecón local council, which supports actions carried out in San Pedro Sula. Another workshop was held in Puerto Cortés where 33 more volunteers from this same council were trained, thus training a total of 48 volunteers in this subject.

### **Development of a workshop on epidemiological control of dengue/CHIK/ and especially zika for ambulance staff.**

Seeking to build capacity in HRC Region 3 volunteers, two workshops were held on clinical management of chikungunya, dengue and zika patients. Workshops focused on councils in Choloma, Puerto Cortés, San Pedro Sula and Villanueva, which were attended by 65 volunteers. One of these was held in Puerto Cortés and attended by Choloma staff, and the other was held in Villanueva and attended by the San Pedro Sula council.

### **One refresher workshop for NIT staff on epidemiological control of dengue/CHIK/and especially zika.**

This workshop was aimed at Health NIT staff and staff specializing in vector control, taking this opportunity to deal with issues such as use of spraying machines, epidemiological control, and effective destruction of breeding sites. This training was attended by 25 volunteers from the councils in Choloma, San Pedro Sula, Villanueva and Puerto Cortés. This activity was coordinated with technical staff and volunteers from the anti-zika campaign underway in Tegucigalpa funded by Norwegian Red Cross. Teams shared knowledge and lessons learned in the field.

### **15 days of training on dengue fever/CHIK/and especially zika prevention to community-level groups: schools, transport companies, markets, health facilities, and public places where large numbers of people gather.**

Four schools in Puerto Cortés have received training: Escuela San Martin de Porres, Escuela Republica de México, Escuela Benigno Augusto Estrada and Centro de Estudios Navales. The latter is supporting actions conducted within the context of zika prevention in this municipality. Cerro Verde Kindergarten in Choloma has also received training, as well as schools in Villanueva ( Escuela Lempira, Escuela Manuel Bonilla, Escuela Gabriela Mistral)

#### Challenges

#### Changes

In this section, the activity for participation in the National Zika, Dengue and Chikungunya Prevention Committee was eliminated since the national committee was never organized. Emergency response is being conducted through inter-sectoral committees and municipal emergency committees, both of which are led by the Ministry of Health.

Honduran Red Cross is part of the inter-sectoral committees and is actively involved in municipal committees organized for this purpose. DREF has allowed HRC to actively participate in Choloma, Puerto Cortés, San Pedro Sula and Villanueva.

## **Water, sanitation and hygiene promotion**

**Needs analysis:** The accumulation of waste material, the current rains, and the sudden change in temperature in northern Honduras has enabled the accelerated growth in the number of mosquitoes. It is important to support community actions, in coordination with municipalities, to reduce the risk of spread of zika, without forgetting that this is the same vector for dengue fever and chikungunya. It is necessary to deliver mosquito prevention and control messages in a comprehensive way to the entire at-risk population, regardless of age or socio-economic level, working on social promotion and efforts with work groups organized in each neighbourhood, school and municipality to ensure a common message to all sectors. Spraying campaigns are not sufficient and current coverage by health centres is limited, so this action plan sees fumigation as a complement to all community-based social mobilization actions.

**Population to be assisted:** A total of 3,108 families to be identified in municipalities in the department of Cortés where the greatest incidence of confirmed zika cases has been detected. The campaign is expected to indirectly reach one million people.

## **Water, sanitation and hygiene promotion**

<b>Outcome1:</b> The risk of zika, chikungunya and dengue is reduced through information and rural and urban community mobilization	<b>Outputs</b>		<b>% achieved</b>
	<b>Output 1.1.</b> sustained campaign for cleanliness, fumigation and application of larvicide is implemented, which allows interrupting the transmission cycle of the arbovirus		39.8%
<b>Activities</b>	<b>Implementation on time</b>		<b>% of progress</b>
	<b>Yes</b>	<b>No</b>	
3,108 home visits to promote the identification and elimination of mosquito larvae		X	51%
28 fumigation activities in project branches, rural communities and urban areas, including schools and places where large numbers of people gather		X	0%
Purchase and distribution of 3,108 "La Untadita" kits		X	50%
Development of 28 cleaning activities in communities, urban areas and HRC branches.		X	28%
Provide protection material for project branch volunteers (repellent, gloves, hard hats, long-sleeve shirts, caps and masks).		X	50%
Mobilization of communities, schools and municipal organizations at all levels in each project area to conduct prevention activities.	X		100%
Mobilization of NITs for monitoring and evaluation internships, implementation and support to branch activities.	X		0%

#### Achievements

##### **3,108 home visits to promote the identification and elimination of mosquito larvae**

So far 1606 home visits have been made, 750 in Villanueva and 856 in San Pedro Sula, managing to sensitize 8,030 people in this way.

##### **28 fumigation activities in project branches, rural communities and urban areas, including schools and places where large numbers of people gather**

This is a by-process activity that must be conducted according to the vector elimination cycle, so it has not yet started. It is expected to begin in the third week in May, which is according to the elimination cycle used by the Ministry of Health.

##### **Development of 28 cleaning activities in communities, urban areas and HRC branches.**

In Choloma: the neighbourhood board and the Association of Evangelical and Catholic Pastors of Colonia Brisas del Campo have been trained. Cleaning activities have been conducted as a community, and the population is actively involved.

In Villanueva: the neighbourhood boards of Comunidad Flor del Campo, Colonia La Unión and Colonia Municipal have been trained.

All four councils where the project is being implemented have conducted breeding site elimination campaigns inside their premises

##### **Provide protection material for project branch volunteers (repellent, gloves, hard hats, long-sleeve shirts, caps and masks).**

The procurement process has started according to National Society administrative guidelines and procedures. Staff will be provided with equipment; meanwhile, volunteers are using own visibility material and personal protection equipment, which will be replaced when the purchase is complete.

##### **28 mobilizations of communities, schools and municipal organizations at all levels in each project area to conduct prevention activities. .**

Boards involved in the project, which have been trained by technical staff and the Ministry of Health, are actively supporting the home visits underway.

##### **Mobilization of NITs for monitoring and evaluation internships, implementation and support to branch activities**

This activity is planned for the third week in May, an internship to support and monitor processes being conducted by councils.

Challenges
Continuing with community mobilization and the interest shown by communities in conducting zika prevention actions.
Changes
The National Society is requesting that IFRC grant a 30-day extension as of 26 May 2016, which is the date when the DREF operation will end. This extension is necessary to develop and complete the activities within this project's plan of action, with quality and following a logical sequence. This will result in the achievement of the impact expected in DREF

## Contact Information

**For further information specifically related to this operation please contact:**

### **In the Honduran Red Cross:**

- José Juan Castro Hernández, President of the Honduran Red Cross; email: [josejuan.castro@cruzroja.org.hn](mailto:josejuan.castro@cruzroja.org.hn), Telephone: +504 2237 1800.

### **In the Americas Region:**

- Felipe del Cid, Disaster Management Regional Coordinator for Central America and Mexico, email: [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org) , mobile: +504 9463 3064

### **In Geneva**

- Cristina Estrada, operations quality assurance senior officer; email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org) ; telephone: +41 22 730 42 60

### **For Resource Mobilization and Pledges:**

- Alejandra Van Hensbergen, senior relationship management officer; email: [alejandra.vanhensbergen@ifrc.org](mailto:alejandra.vanhensbergen@ifrc.org)

### **For In-Kind donations and Mobilization table:**

- Stephany Murillo, Senior Regional Logistics Officer; email: [douglas.baquero@ifrc.org](mailto:douglas.baquero@ifrc.org)

### **For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)**

- Priscila Gonzalez; planning, monitoring and reporting coordinator; email: [priscila.gonzalez@ifrc.org](mailto:priscila.gonzalez@ifrc.org)

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