### Fumigation activity in Zarzal community, Danlil by HRC volunteers and SESAL community members - Programmatic Partnership project (HRC, July 2023).

**Appeal:** MDRHN019  
**Country:** Honduras  
**Hazard:** Epidemic  
**Type of DREF Response**

<table>
<thead>
<tr>
<th>Crisis Category</th>
<th>Event Onset</th>
<th>DREF Allocation</th>
<th>People Affected</th>
<th>People Targeted</th>
<th>Operation Start Date</th>
<th>Operation Timeframe</th>
<th>Operation End Date</th>
<th>DREF Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Slow</td>
<td>CHF 303,692</td>
<td>9,278 people</td>
<td>3,500 people</td>
<td>2023-08-07</td>
<td>4 months</td>
<td>2023-12-31</td>
<td>2023-08-07</td>
</tr>
</tbody>
</table>

**Targeted Areas:** Comayagua
What happened, where and when?

Dengue is an endemic disease in Honduras, and over the past 15 years, the country has experienced frequent outbreaks, some of them severe. In 2019, the situation escalated to the extent that a national emergency was declared, and this emergency status was even maintained during the COVID-19 pandemic.

On 17 July, the Comayagua branch of the Honduran Red Cross received a request of immediate support from the Secretariat of Health (SESAL, by its Spanish acronym) in Comayagua to support in the response to the current dengue outbreak with prevention and destruction of mosquito breeding sites due to lack of human and material resources to reach communities.

Subsequently, on 24 July, the National Society participated in a coordination meeting with SESAL authorities. During the meeting, the government shared their response plan, focus areas, and identified gaps in their efforts to combat the outbreak. With this, the Honduran Red Cross was able to prepare a Plan of Action that complements the response effort of local authorities.

Furthermore, although the numbers of chikungunya and Zika are relatively low compared to dengue, with 2 cases (0.2%) and 12 cases (0.3%) respectively, it is crucial not to underestimate the presence of these diseases, as they can also have a significant impact on public health and require appropriate care. As of 1 August, Civil Protection...
Authorities (COPECO) have declared a green alert (preventive) in 12 out of the 18 departments due to a tropical wave and seasonal rains, which could reinforce the increase trend in dengue cases in the coming weeks.

Sources:
(1) https://www.salud.gob.hn/sshome/index.php/dengue#boletin
(2) https://tiempo.hn/reportan-nuevos-casos-de-dengue-en-honduras/

Scope and Scale

Honduras is currently facing an outbreak that according to the Epidemiological bulletin on the situation of Arbovirosis from the Health secretariat (SESAL) indicates that the country is in an epidemic zone in 7 departments and the most affected regions by Epidemiological Week 29 are: Comayagua, La Paz, Yoro, Atlantida, Olancho, Copan and Ocotepeque and other 8 departments are in an alert stage.

Up to epidemiological week 29 (16 - 22 July), SESAL has reported at least 9,278 cases of dengue of which 63 are cases of severe dengue. The cases have increased since week 16 and the epidemic is expected to intensify over the next few weeks unless emergency actions are taken, mainly in urban areas with environmental and demographic conditions conducive to the proliferation of the vector due to seasonal rains and the lack of proper water storage for domestic consumption. The highest accumulated cases by Epidemiological week 29 are Central District (Francisco Morazan) with 3,522 cases (13 severe) and Comayagua with 922 cases (5 severe).

The epidemic situation is exacerbated due to limited capacities to respond in regions such as Comayagua where health authorities have requested support from the National Society; in other regions such as Cortes and Francisco Morazan there is an underreporting of cases due to political strife at health units (take over of facilities by unions) since several months ago which have halted the register of cases and community actions.

The occurrence of dengue as a health emergency affects the most underprivileged and less responsive regions of the country. This situation primarily arises due to the deficit in water supply, which encourages the proliferation of the Aedes aegypti mosquito. In response to this water scarcity, many individuals turn to various containers for storage; however, these stagnant and uncovered containers inadvertently facilitate mosquito breeding. Furthermore, the lack of financial resources and limited healthcare infrastructure in these areas hinders the effective prevention and management of the disease, subsequently increasing the risks of complications and fatalities.

Consequently, intensive vector control actions are needed as requested by health authorities; as well as training at community level on recognizing cases of dengue with no warning signs; strengthen local capacities to refer patients
to health services; and implement education campaign to raise awareness regarding keeping homes free of vector breeding sites.

## Previous Operations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a similar event affected the same area(s) in the last 3 years?</td>
<td></td>
</tr>
<tr>
<td>Did it affect the same population groups?</td>
<td></td>
</tr>
<tr>
<td>Did the National Society respond?</td>
<td></td>
</tr>
<tr>
<td>Did the National Society request funding from DREF for that event(s)?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please specify which operations</td>
<td>MDRHN013; MDR42005</td>
</tr>
</tbody>
</table>

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

Even though Honduras has encountered outbreaks of dengue fever in the past, the extent of its impact fluctuates in terms of severity. Consequently, DREF funds have only been requested to respond to this health emergency in very specific cases when the local authorities' response capacity has been exceeded. For instance, in 2019, Honduras confronted its most severe dengue outbreak in half a century, recording over 42,346 cases. In response to this situation, the Honduran Red Cross launched a DREF Operation (MDRHN013) in July 2019, which later scaled up to an Emergency Appeal by September 2019.

Besides this, the Honduran Red Cross launched other DREF Operations to respond to Dengue Outbreaks back in 2016 (MDRHN009), and 2013 (MDRHN007).

To mitigate this problem, a comprehensive approach is required, including improving access to safe water and sanitation, implementing dengue prevention and control strategies, and strengthening health infrastructure in the most vulnerable regions of the country. This is the only way to reduce the impact of dengue and protect the health of the affected population.

**Lessons learned**

Lessons learned from previous operations are being considered to mitigate similar challenges in the current DREF operation. Advance planning and preparedness will be carried out, anticipating the peak risk season and establishing contingency plans with local authorities and health agencies. Epidemiological surveillance will be strengthened, with close monitoring of dengue cases and early identification of outbreaks for rapid response.

Public awareness and education campaigns will be intensified to prevent the spread of dengue, with emphasis on elimination of breeding sites and proper hygiene practices. Local capacity will be strengthened through the allocation of additional resources and training of health staff and volunteers for effective emergency response.

Inter-agency coordination and international cooperation will be key priorities, facilitating collaboration between different entities to comprehensively address dengue. Continuous assessments of the operation will be conducted, and results will be constantly monitored to make adjustments and improvements in a timely manner.
## Current National Society Actions

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordination</strong></td>
<td>Close coordination with the Ministry of Health and the different regions into which the Ministry is divided. Particularly, coordination with regional departments of SESAL at national level is ongoing.</td>
</tr>
<tr>
<td><strong>Activation Of Contingency Plans</strong></td>
<td>There is a National Response Plan and a Procedures Manual, which establishes scenarios, in the specific case of epidemics, and determines the steps to follow for the activation of the Response Plan and thus the activation of the Contingency Plans. The plan has been activated and 3 branches in Tegucigalpa, Comayagua and San Pedro Sula are under alert.</td>
</tr>
<tr>
<td><strong>National Society Readiness</strong></td>
<td>At the moment the National Society has not carried out actions in the targeted area due to lack of funds. However, it has shared key messages through social networks on practical actions for dengue prevention. Also, volunteers and staff from the Comayagua branch are currently participating in the technical coordination groups of SESAL Dengue Operation to evaluate the evolution of the epidemic on a weekly basis. Volunteers in Tegucigalpa and San Pedro Sula are closely monitoring the epidemiological situation. Throughout its history, the Honduran Red Cross has been working on disaster, emergency and crisis preparedness, including health scenarios. The training processes have been extended to the national level and the National Society has human talent capacities in different areas: vector control and national teams specializing in health. This human talent will be made available to develop the actions that have been determined in this DREF Plan of Action.</td>
</tr>
<tr>
<td><strong>Community Engagement And Accountability</strong></td>
<td>The CEA approach is cross-cutting and used in activities implemented as part of different intervention strategies. Proposed activities include the establishment of two-way dialogues with communities and their community structures to support beneficiary identification and assessment, the promotion of physical and mental health during and after the emergency through social networks, small group sessions, newsletters and, in addition, the establishment of a mechanism for complaints, consultations and recommendations during the emergency. The CEA approach will be fundamental in all processes and community accompaniment to make the population aware of the selection criteria, accountability mechanisms and feedback from the people assisted on the effectiveness and use of these. The CEA approach will support Health and WASH activities to ensure the development of risk communication messages based on community perceptions and contexts.</td>
</tr>
<tr>
<td><strong>Protection, Gender And Inclusion</strong></td>
<td>The National Society has staff trained at the national level; there is a national PGI referent who provides technical support to all areas of the National Society, as it is considered a cross-cutting issue. Coordination is maintained with coordination tables of different institutions related to the subject. A Child Safeguarding Risk Analysis under IFRC guidance is under preparation for this operation.</td>
</tr>
</tbody>
</table>
Water, Sanitation And Hygiene

The National Society has a National Water, Sanitation and Hygiene Officer, who is responsible for implementing activities in this line of work. The HRC also has a high-tech logistical equipment strengthened by previous operations and other programs (i.e. Hurricanes Eta and Iota, ECHO PP) that allows to produce, store and distribute safe water.

Health

The National Society has a Health Management Department, which is in charge of providing technical support in case of emergencies, as well as implementing community development projects with a focus on health. Training curriculum on epidemic control for volunteers is under review; also the strategy for the Health Technical Response Unit is under review for this operation. Specific vector control activities are undertaken in Santa Barbara and Danli as part of health programming.

Movement Partners Actions Related To The Current Event

IFRC

The IFRC Country Cluster Delegation for Central America has its headquarters situated in Honduras, with an extended team operating across the entire Central America region. Honduras Red Cross also receives technical support from all areas of the IFRC regional office in Panama, which guides and supports the actions of the countries according to their needs and requirements.

ICRC

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

At the writing of this DREF application, there is no planned support from the ICRC to this operation.

Participating National Societies

There are several Participating National Societies present in Honduras - such as the Swiss, Spanish, Norwegian, Italian, American and German Red Cross - with which the Honduran Red Cross maintains bilateral cooperation. In turn, the National Society implements multilateral cooperation funds.

At the writing of this DREF application, there is no planned support from any PNS to this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance

No

As of 31 July, the Honduran Secretariat of Health (SESAL) has started implementing sectorized communication and education campaigns, as well as vector control measures in the most affected areas. In addition, epidemiological surveillance and timely patient care have been reinforced. However, SESAL does not have sufficient human and logistical resources, including equipment and supplies to control the epidemic, so it is necessary to continue monitoring
National authorities

the epidemic and strengthen prevention and control strategies to reduce the incidence of the disease and protect the health of the Honduran population. Furthermore, in recent months SESAL's capacities at central level have been affected due to strikes and takeovers of facilities by union of health workers which has slowed down the response at local level, particularly in Cortes and Tegucigalpa Departments.

However, despite this scenario, the Ministry of Health (SESAL) has taken action to deal with the health emergency:
- Coordination meetings in departmental technical tables, have identified the seriousness of the situation and have requested support at the localized level.
- Activation of Municipal Emergency Committees (CODEM), in accordance with the National Risk Management System (SINAGER).
- Dengue prevention, control and surveillance activities.
- Promotion of prevention measures through the mass media and education campaigns.
- Some cleaning operations/campaigns, use of chemical and biological agents for vector control.
- Recording and use of information for constant monitoring of the behavior of the epidemic, taking the corresponding measures.

UN or other actors

This DREF operation complements other interventions such as ECHO Programmatic Partnership that focuses in other regions such as Danli, where volunteers are already participating in eliminating breeding sites and raising awareness at home.

Are there major coordination mechanisms in place?

At the municipal level, there are currently inter-institutional technical tables for information and coordination. In the working sessions, they update the situation, cross-check statistics, plan the response and support actions in the municipality. In Comayagua and Tegucigalpa branches are already participating in working groups in charge of assessing the evolution of the epidemic on regular basis.
Needs (Gaps) Identified

Water, Sanitation And Hygiene

In the context of the dengue epidemic in Honduras, it is imperative to address needs in the WASH sector to complement the comprehensive approach to prevention and control. Significant improvement in basic sanitation infrastructure is required, with special attention to access to safe drinking water and adequate wastewater disposal. Appropriate hygiene practices need to be promoted in affected communities, encouraging frequent hand washing and personal hygiene to prevent the spread of the virus. In addition, it is necessary to work together with communities to identify and eliminate mosquito breeding sites, through clean-up campaigns and the application of preventive measures, such as the destruction of containers where stagnant water accumulates. Social mobilization will be key to actively involve the population in these actions and achieve an effective response to dengue control, especially protecting the most vulnerable populations.

All these actions are part of the requests made by the national authorities to the National Society, in order to provide an optimal response to the current dengue epidemic. Mainly by strengthening prevention and control strategies to reduce the incidence of the disease.

Health

The current dengue epidemic in Honduras requires a comprehensive approach: first, training first and second level health care teams in the clinical management of dengue with warning signs by SESAL (30 health staff targeted, focusing on residents); and second, working with communities (9) to carry out surveillance and follow-up tasks so that dengue cases can be detected quickly and immediately referred to health services, with a focus on high-risk populations: children, pregnant women, people living with HIV and older adults, which is the categorization for vulnerable groups defined by Honduran Red Cross for all interventions.

All of the above will be accompanied by a systematic plan to address the conditions conducive to the presence and proliferation of the vector in the targeted areas. This means carrying out important coordination with the communities, house-to-house visits, cleaning campaigns, destruction of breeding sites and application of larvicides and insecticides approved by SESAL. It will also be necessary to carry out social mobilization campaigns to involve the population in mass activities together with a communication plan against dengue.

Any identified gaps/limitations in the assessment

Available epidemiological data does not show incidence (new cases) in a timely manner, data shows prevalence (accumulated reported cases); also, underreporting in specific departments such as Cortes and Francisco Morazan limits the analysis since health facilities are taken by unions and community activities are virtually halted in certain areas.
Operational Strategy

Overall objective of the operation

Through this DREF Application, the Honduras Red Cross aims to contribute to the national response to dengue epidemic providing support to emergency needs of 700 families (3,500 people) in the areas of health, water, sanitation and Hygiene (WASH), protection, gender and inclusion (PGI) and community engagement and accountability (CEA) in the department of Comayagua.

Operation strategy rationale

This DREF operation aims to contribute to SESAL's actions to address the dengue epidemic that mainly affects central Honduras.

The current dengue epidemic demands immediate and effective actions to reduce the risk of transmission of dengue and other arboviruses, especially among the most vulnerable populations. The need to strengthen the capacity of the community and health service providers is evident in order to reduce the number of cases in the affected area. The implementation of dengue vector breeding site clean-ups, together with the distribution of materials and awareness-raising campaigns, will be fundamental to combat the spread of the disease and protect the health of the population. The response strategy seeks to contribute to SESAL's actions and work in a coordinated and committed manner with the affected communities, thus seeking to mitigate the impact of the epidemic and improve the quality of life of the region's inhabitants.

Summary of the intervention:

HEALTH:

a) Community surveillance:
- Larvo-rapid larval surveys (LIRA) to inform decision making.
- House-to-house educational visits.
- Mosquito breeding site elimination campaigns in homes and communal land
- Insecticide spraying.
- Training on preparedness and response to epidemics and pandemics (PARTE) for National Society and SESAL.

b) Institutional strengthening for the community approach:
- Training of institutional and community staff.
- Training in CEA/behavioural change.

c) Capacity building for health service providers in the management of dengue with warning signs:
- Training of first and second level health personnel in the appropriate management of dengue with warning signs.
- Training of community personnel on the detection and timely referral of cases.

WATER, SANITATION AND HYGIENE:

a) Vector control:
- Chemical and biological control in fixed water containers according to contexts (application of larvicides to reduce their numbers) or the use of BTI (Bacillus thuringiensis israelensis), which is a biological larvicide effective against mosquito larvae.
- Campaigns for the elimination of mosquito breeding sites in homes and communal land.
- Distribution of cleaning kits for water reservoirs
- Education for prevention through the Untadita according to contexts.
- Distribution of 300 1,000-liter tanks to prioritized families.
b) Institutional strengthening for the community approach:
- Training for institutional and community staff.
- Logistical support to HRC branches to assist in community actions.

**Targeting Strategy**

**Who will be targeted through this operation?**
This operation has prioritized contributing to direct attention to families in the department of Comayagua.

This prioritization is based on SESAL’s epidemic reports and the emerging needs of the population, including the particular needs of the collective vulnerable population (children, people with disabilities, women, older adults, migrants, among others). Households for targeted activities (water tanks distribution) will be identified through larval surveys where water storage conditions will be analyzed and the HH with inadequate water storage facilities will be prioritized.

It is worth highlighting that close monitoring will be undertaken through branches in other departments such as Francisco Morazán and Cortes which historically have been among the most affected regions by vector borne diseases and underreporting might be occurring. If the situation evolves, the National Society will be ready to present an Operations Update to scale up the intervention.

**Explain the selection criteria for the targeted population**
The department selected for the activities is Comayagua, which is in an epidemic alert zone, including both urban and rural areas. The disaggregated data by sex, age and geographic zones are generated with the support of the National Institute of Statistics official website.

**Total Targeted Population**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Rural %</th>
<th>Urban %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women:</td>
<td>800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls (under 18):</td>
<td>1,100</td>
<td>54.00 %</td>
<td>46.00 %</td>
</tr>
<tr>
<td>Men:</td>
<td>600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys (under 18):</td>
<td>1,000</td>
<td>2.00 %</td>
<td></td>
</tr>
<tr>
<td><strong>Total targeted population:</strong></td>
<td><strong>3,500</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk and security considerations**

**Please indicate about potential operational risk for this operations and mitigation actions**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties in inter-institutional coordination and international cooperation.</td>
<td>- Establish an inter-agency working group to coordinate efforts and share information.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate with local authorities and health agencies to implement preventive strategies.</td>
</tr>
<tr>
<td>Low public awareness of dengue prevention and elimination of breeding sites.</td>
<td>- Conduct awareness and education campaigns in vulnerable communities.</td>
</tr>
<tr>
<td>Limited epidemiological surveillance capacity and late detection of outbreaks.</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- Use effective media to disseminate preventive messages.</td>
<td></td>
</tr>
<tr>
<td>- Strengthen epidemiological surveillance systems, with regular monitoring of cases and early notification of outbreaks.</td>
<td></td>
</tr>
<tr>
<td>- Implement advanced technologies to map risk areas.</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any security and safety concerns for this operation

- Possible acts of sabotage or resistance in dengue-affected communities.
- Risk to health staff and volunteers working in high-risk areas.
- Security threats related to transporting medical and logistical supplies to remote areas.

Protective measures:
- Raise awareness and educate the community on the importance of the anti-dengue operation and its health benefits.
- Provide security training and self-protection measures to personnel involved in the operation.
- Coordinate with security forces and local authorities to ensure safe access to affected areas and protect medical and logistical supplies.
- Implement NS security protocols for field operations.
## Planned Intervention

<table>
<thead>
<tr>
<th>Water, Sanitation And Hygiene</th>
<th>Budget</th>
<th>CHF 153,425</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Persons</td>
<td>3500</td>
<td></td>
</tr>
</tbody>
</table>

### Indicators

| Number of water tanks purchased and distributed | 300 |
| Number of communities/target sites with WASH situation assessments conducted at least once | 9 |
| Number of people reached by water, sanitation and hygiene assistance | 3500 |

### Priority Actions:

- Initial and final larval survey days (18)
- Purchase of thermal foggers (10)
- Purchase of insecticide and larvicide
- Purchase of La Untadita cleaning kits (700)
- Elimination of breeding sites (9 cleaning campaigns).
- Purchase of 1,000 litre tanks (300 units), for prioritized HH after larval surveys

<table>
<thead>
<tr>
<th>Protection, Gender And Inclusion</th>
<th>Budget</th>
<th>CHF 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indicators

| # of child safeguarding measures implemented after risk analysis | 1 |

### Priority Actions:

- Develop the Child Safeguarding Risk Analysis by IFRC guidelines
- Establish child-friendly spaces and community child protection activities according to the risk analysis and integrated in health and wash community activities

<table>
<thead>
<tr>
<th>Community Engagement And Accountability</th>
<th>Budget</th>
<th>CHF 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indicators

| Target | |
| **Priority Actions:** | Community participation and feedback mechanisms (i.e. mailbox, short surveys, open microphones, community meetings) in targeted areas as part of Health and WASH activities |

**Health**

<table>
<thead>
<tr>
<th><strong>Indicators</strong></th>
<th><strong>Target</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of suspected cases among the total identified at community level and derived to health facilities from the communities</td>
<td>100</td>
</tr>
<tr>
<td>% of target population reached with health promotion as a response to an emergency</td>
<td>100</td>
</tr>
<tr>
<td>Number of people reached with vector control in emergencies</td>
<td>3500</td>
</tr>
<tr>
<td>Number of people reached with health promotion in response to an emergency by community volunteers</td>
<td>3500</td>
</tr>
</tbody>
</table>

**Priority Actions:**
- Dengue clinical management workshop for medical staff (2), implemented in coordination with SESAL facilitators
- Epidemic Control Workshop HRC volunteers (3)
- Community surveillance workshops (9)
- Elaboration of educational material
- Radio campaign and social networks
- PARTE workshop for National Society and SESAL
- Community health fairs (9)

**Secretariat Services**

<table>
<thead>
<tr>
<th><strong>Indicators</strong></th>
<th><strong>Target</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td># of IFRC monitoring visits</td>
<td>1</td>
</tr>
<tr>
<td># of surge personnel deployed</td>
<td>1</td>
</tr>
</tbody>
</table>

**Priority Actions:**
- IFRC monitoring visit
- Communication support
- Surge personnel (Public Health in Emergencies -PHiE- Officer) for 3 months

<table>
<thead>
<tr>
<th>National Society Strengthening</th>
<th>Budget</th>
<th>CHF 60,325</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Persons</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

**Indicators**

| # of people carrying out community actions on the ground duly identified. | 100 |
| # of staff trained in security risk analysis and mitigation | 100 |
| # lessons learned workshop | 1 |

**Priority Actions:**

- Insurance for 100 volunteers participating in the operation
- Purchase of visibility and protection equipment for teams in the field (100)
- Purchase of complete uniforms for volunteers (100)
- Lessons learned workshop (face-to-face)

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**About Support Services**

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

100 volunteers will be activated for this operation in the departments of Comayagua to lead community activities, support trainings and carry out WaSH, CEA, health activities.

Additionally, six staff will be hired for the implementation of this Operation, in support to HQ and branch of Comayagua to carry out field activities along with volunteers, these include:

1x Field coordinator to monitor and coordinate actions at field level.
1x Administrative Assistant at field level to prepare reports, procurement processes in coordination with HQ department.
1x Administrative support (Junior) to arrange supporting documentation of processes, means of verification and general administrative chores.
1x Health technical staff at field level to support Health manager in HQ to plan and implement health related activities
2x WaSH technical staff for vector control activities and surveys, as well as distributions.

**Will surge personnel be deployed? Please provide the role profile needed.**

1x Public Health in Emergencies -PHiE- Officer with experience in epidemic control, preferred with experience in vector borne diseases, to be deployed for 3 months in support to the operation in support to the Health Unit to revise strategies, educational campaigns among others.

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

The HRC has a procurement structure for goods and services, with defined procedures compatible with the IFRC system. In addition, it has a large and secure warehouse for the safekeeping of supplies. Procurement planned in
the HRC Action Plan will be done locally according to the capacities of the suppliers.

All procurement related to this operation will follow the IFRC's standard procurement procedures and Sphere standards for the procurement of household goods.

How will this operation be monitored?
The HRC has a Monitoring, Evaluation and Reporting Unit in charge of the Planning, Monitoring, Evaluation and Reporting (PMER) process. As part of this process, the PMER unit develops a monitoring and evaluation plan for each intervention, which is created in the planning phase. This plan includes a detailed description of the specific activities that will be carried out to monitor the progress of the operation and evaluate its impact.

Within the monitoring and evaluation plan, the assumptions and critical factors that influence the achievement of the operations objectives are clearly identified. It also establishes the expected relationships between the activities implemented, the results obtained, and the outputs delivered. In addition, conceptual measures are precisely defined, and baseline data are established so that progress can be measured over time.

The plan also includes an indicator monitoring matrix, which contains key indicators that will be used to measure and evaluate the performance of activities. This matrix will be reviewed periodically to ensure that the indicators selected are relevant and adequate to measure the impact of the operation.

Throughout the operation, the HRC will actively promote transparency and accountability through regular communications with stakeholders and beneficiaries. The results and findings of evaluations will be communicated in a clear and accessible manner both internally and with relevant external partners and stakeholders.

In addition, a lessons learned workshop will be implemented at the end of the operation. In this workshop, all members of the operation team will meet to reflect on the experiences and lessons learned. It will seek to identify good practices and opportunities for improvement for future operations. Representatives from other humanitarian organisations will also be invited to share experiences and knowledge, which will enrich the learning process.

The outcome of this monitoring, evaluation and learning process will enable the RHC to make more informed and strategic decisions in future humanitarian operations. It will also contribute to improving the efficiency and effectiveness of interventions, ensuring greater positive impact on communities affected by disasters or emergencies.

Please briefly explain the National Societies communication strategy for this operation.
The HRC has a Communication and Image Department, which will provide coverage of the operation's actions and provide information so that the media can disseminate the emergency and the actions of the Red Cross, through the following actions:

Internal Communication
- Bulletins and reports of the operation (printed and digital).
- Production of information material (brochures, posters, flyers, etc.).

External Communication
- Publication of press releases.
- Human interest stories.
- Videos of the operation.
- Production of information material (brochures, posters, flyers, etc.)
## Budget Overview

**DREF OPERATION**

**MDRHN019 - Honduran Red Cross**

**Honduras: Dengue**

### Operating Budget

<table>
<thead>
<tr>
<th>Planned Operations</th>
<th>210,058</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter and Basic Household Items</td>
<td>0</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>0</td>
</tr>
<tr>
<td>Multi-purpose Cash</td>
<td>0</td>
</tr>
<tr>
<td>Health</td>
<td>56,633</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>153,425</td>
</tr>
<tr>
<td>Protection, Gender and Inclusion</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
</tr>
<tr>
<td>Migration</td>
<td>0</td>
</tr>
<tr>
<td>Risk Reduction, Climate Adaptation and Recovery</td>
<td>0</td>
</tr>
<tr>
<td>Community Engagement and Accountability</td>
<td>0</td>
</tr>
<tr>
<td>Environmental Sustainability</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabling Approaches</th>
<th>93,634</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and Partnerships</td>
<td>0</td>
</tr>
<tr>
<td>Secretariat Services</td>
<td>33,308</td>
</tr>
<tr>
<td>National Society Strengthening</td>
<td>60,325</td>
</tr>
</tbody>
</table>

**TOTAL BUDGET** 303,692

*all amounts in Swiss Francs (CHF)*
Contact Information

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

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[Click here for the reference]