



Emergency Plan of Action (EPOA) Honduras: Health Emergency – Zika

 International Federation
of Red Cross and Red Crescent Societies

Emergency DREF	MDRHN009; Glide no. EP-2015-000175-HND
Date of issue: 29 February 2016	Date of disaster: 2 February 2016
Responsible for the EPOA: Felipe Del Cid	Point of contact: José Juan Castro Hernández, President of the Honduran Red Cross. Email: josejuan.castro@cruzroja.org.hn
Operation start date: 4 February 2016	Expected timeframe: 4 months
Overall operation budget: 97,489 Swiss francs (CHF)	
Number of people affected: 4,592 people affected directly 2 million people at risk	Number of people to be assisted: 30,000 people
Host National Society presence: 1 headquarter, 52 branches, 4,082 volunteers, of which 815 will participate in this operation	
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC, Swiss Red Cross, Norwegian Red Cross	
Other partner organizations actively involved in the operation: National Risk Management System (<i>Sistema Nacional de Gestión de Riesgos – SINAGER</i>), Ministry of Health, and Municipal Governments	

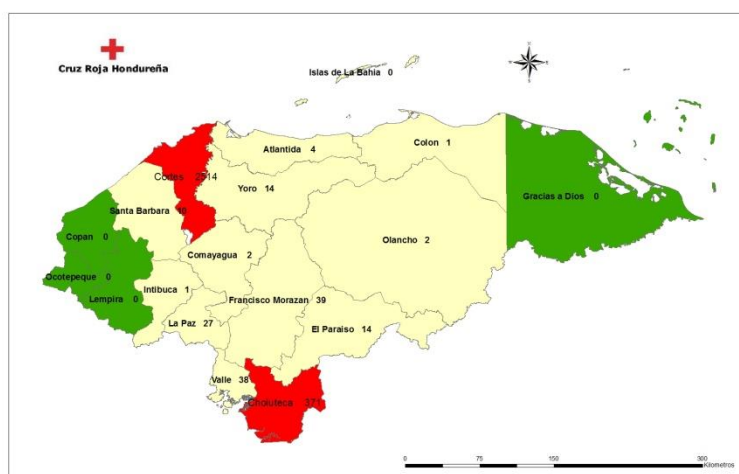
<Click [here](#) for the DREF budget. Click [here](#) for the contact information>

A. Situation Analysis

Description of the Disaster

According to the General Health Surveillance Directorate, suspected Zika virus infestation figures increased from 1,700 to 3,037 cases during the last days of January, a situation which led Central Government authorities to declare a national health emergency on 2 February 2016.

In epidemiological weeks 2 and 3, reported suspected Zika cases increased by more than 50 per cent, from 1,700 to 3,037, and by epidemiologic week 4 the figure was 4,473 suspected cases and 2 confirmed cases. Also, reports for epidemiologic week 4 from the General Health Surveillance Directorate show 2,644 cases of dengue and 3,348 cases of chikungunya, adding up to 10,440 infections caused by the same vector¹.



¹ http://reliefweb.int/sites/reliefweb.int/files/resources/HN-Informe_Zika_8-OPS-OMS-20160212.pdf

By 18 February 2016, country-wide accumulated suspected cases of Zika since December added up to 4,590, and 2 confirmed cases².

Map of departments affected by the Zika virus. Source: Ministry of Health

The World Health Organization (WHO) has also declared an international emergency due to the increased number of cases of children born with microcephaly, Guillain-Barre Syndrome (GBS), as well as other neurological disorders associated with the Zika virus in several sectors of the population.

On 2 February, the Honduran government officially issued a Health Emergency Decree due to Zika over mass media in order to combat the *Aedes Aegypti* mosquito, which transmits the Zika, dengue and chikungunya viruses. WHO's Emergency Committee has expressed that Zika virus is the main suspect in the increased number of congenital malformations in Brazil, although more research is still necessary to confirm that direct relationship.

Map of departments affected by the Zika virus. Source: Ministry of Health.

Summary of current response

In light of the developing situation, the Honduran Red Cross (HRC) has activated its response system based on its National Response Plan, having so far conducted the following actions:

1. Meeting between the Honduran Red Cross's president; representatives of Partner National Societies (PNSs) present in country, International Federation of Red Cross and Red Crescent Societies (IFRC) regional director for the Americas, the regional disaster management coordinator and the IFRC country coordinator in order to analyze the emergency situation and the possibilities for cooperation with the National Society.
2. Honduran Red Cross branches in the municipalities of Villanueva and San Manuel in the department of Cortés have coordinated with the Ministry of Health, the Municipal Emergency Committee, City Halls, and local health committees to conduct actions in the most affected neighbourhoods in these municipalities, including:
 - Applying larvicide to water reservoirs.
 - Clean up of yards and elimination of mosquito breeding sites.
 - Fogging with insecticide. Fumigation efforts have started by using spraying machines that were pre-positioned at HRC branches, acquired for previous interventions (DREF Dengue).
 - Education (awareness-raising).
 - The Swiss Red Cross and the Norwegian Red Cross have begun education efforts and elimination of the Zika vector through projects they are implementing in southern Honduras and in the Aguan Valley in northern coastal regions in the country.
 - Mosquito nets were distributed to area hospitals with financial support from the Swiss Red Cross through their Strengthening of Community Resilience in Health and Risk Management in Southern Honduras project.

Institution	Mosquito nets
Hospital in San Lorenzo	100
Hospital in Choluteca	100
Mother and child clinic in Pespire	50
Mother and child clinic in Nacaome	50

3. The HRC President has formally contacted all branches to request their participation in regional and municipal coordination tables in order to join in awareness-raising, training, and fumigation activities with local authorities.

² <http://reliefweb.int/map/world/cumulative-locally-acquired-zika-cases-country-americas-2015-2016-18-february-2016>



HRC volunteers carrying out clean up and fumigation activities in communities in the north and south of Honduras. Source: HRC

The HRC has carried out actions in 4,749 homes by spreading larvicide in water sources, fumigating, eliminating breeding sites; as well as giving talks and trainings that have reached 2,145 people.

The HRC's National Response Plan in response to the Zika sanitary emergency is in motion, and proposals have been drafted for the financing of national preventive actions. HRC Strategic Monitoring Centres continue to collect information on actions carried out in each region.

Overview of Red Cross Red Crescent Movement in country

Movement Coordination

- The Pan American Disaster Response Unit (PADRU) and the IFRC Country Coordinator are in close communication with the HRC. A meeting was held with the Regional Disaster Management Coordinator for Central America in order to propose guidelines for responding to the emergency in Honduras.
- The HRC is preparing its nationwide global plan of action which serves as the basis for this DREF. The HRC's emergency plan of action will be 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 of the Ministry of Health.
- At the regional level, the IFRC has published an international emergency appeal to support regional strategic actions in 23 countries affected by Zika. So far press releases have been prepared and key messages have been disseminated to all NSs in the region.



Movement coordination meeting in Honduran Red Cross - source HRC

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 a communications campaign on the prevention of chikungunya, dengue, and Zika.

The President of the Republic has requested all Mayors in Honduras to initiate activities to control the spread of the mosquito and the diseases that it transmits, especially Zika. The President of the Association of Honduran Municipalities (AMHON), Dr. Nery Cerrato, said that local governments across the country are committed to fighting the epidemic.

The National Risk Management System (SINAGER), in coordination with the Permanent Contingency Committee (*Comité Permanente de Contingencias - COPECO*), is consolidating decision-making from all civil society organizations, private sector and Government in order to articulate all plans under one



Attendance to a meeting with the vice-minister of Health to define the objectives of the massive clean-up campaign. Source: HRC

single objective: Reducing cases of Zika, dengue and chikungunya to a minimum.

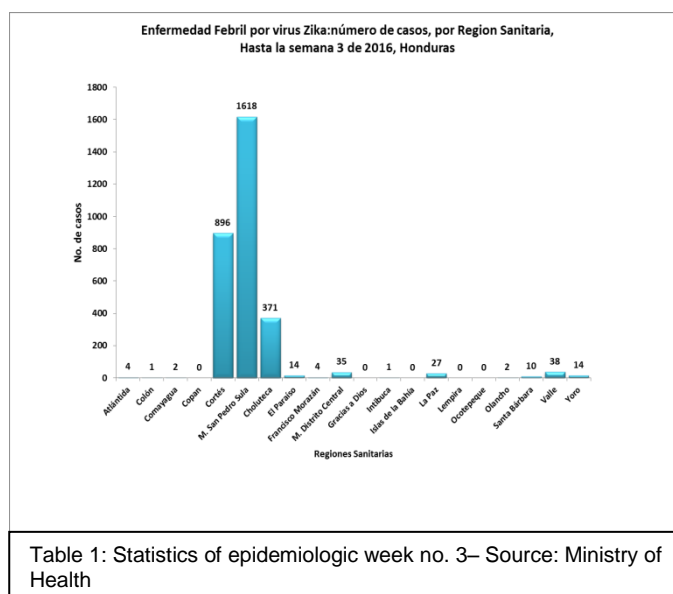
Needs analysis, beneficiary selection and risk assessment and scenario planning

The official data reported up to epidemiological week 3 (18-23 January) indicate 3,037 suspected cases of Zika; the city of San Pedro Sula being the most affected with 1,618 cases (53 per cent), followed by Choloma with 553 cases (18.2 per cent), Villanueva with 314 cases (10.3 per cent) and Choluteca with 286 cases (9.4 per cent). Tegucigalpa, the capital city, has reported 35 suspected cases, and the potential for a sharp upsurge of cases over the next few weeks necessitates continuing actions to consolidate the strategy for fighting the vector.

In epidemiological weeks 2 and 3, reported suspicious cases of Zika increased by more than 50 per cent, from 1,700 to 3,037, which makes the situation alarming. **See table 1.**

According to the 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 the diseases transmitted by this vector, especially Zika. The HRC has participated in the first meetings with the President of Honduras and expressed its full support to response actions that can be implemented with funds from the emergency DREF and donors present in the country.

A rise in reported cases is not a requisite for the justification of an intervention. It is important to initiate sustained shock actions to encourage community participation and raise awareness regarding the importance of cleanliness and the measures that need to be taken to prevent larvae growth. Therefore, the mobilization of all HRC branches in the country, especially those in Cortés, is recommended in order to encourage the active participation of children, men, women, and all local authorities. Using social networks, mass media, and disseminating key messages is key to ensure peer-to-peer communication.

Risk assessment

Honduras currently has seen an increase in Zika cases, as well as of reported cases of dengue fever and chikungunya. The *Aedes aegypti* mosquito is present in different parts of the country, and propagation of suspected cases is high given that Zika, dengue and chikungunya are transmitted by the same vector. This is evidenced by the evolution shown in recent weeks. Considering historical records of incidence of dengue fever in the country and the tropical climate conditions, prevention and eradication measures should be similar. HRC and IFRC staff working in areas with high incidence of these diseases must adopt the necessary safety measures to avoid contracting the virus, thus it is important to equip them with safety supplies.

In Honduras, the issue of violence related to organized crime (drug trafficking and gangs) must be carefully assessed given the high number of security related incidents occurring every day across the country; therefore, all personnel working within this operation must adhere to the security standards established by the HRC to reduce the possibility of security related incidents among NS staff and beneficiaries.

B. Operational strategy and plan

Overall objective

Intercept the chain of transmission of the disease caused by the Zika virus in the most affected municipalities in the department of Cortés through response actions that effectively and efficiently control the vector, community awareness, and coordination.

Proposed Strategy

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

Areas common to all sectors: A national coordinator will be recruited, who will be 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 the Honduran Red Cross. During the plan of action's development, monitoring and evaluation visits will be conducted, both technical and by the HRC's office in charge of project M&E, as well as by the IFRC. The Communications Department will prepare press releases and beneficiary stories aligned to the regional communications strategy, which will be adapted and disseminated at the national level through the publication of messages, videos, and printing of information material with an aim to reach as many people as possible through the mass media.

Health and Care: A refresher session on Zika epidemiological control will be held aimed at Health National Intervention Teams (NIT) volunteers, who will be 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 will be provided to HRC Branch volunteers, as well as a workshop for volunteers and collaborators working in pre-hospital areas on how to manage patients showing Zika symptoms. Community groups will be identified and prioritized, including schools, businesses, and health centre staffs, to participate in training on prevention of Zika, dengue and chikungunya so that messages reach all levels, social strata, ages, and audiences.

Water, sanitation and hygiene promotion: In the early stages, basic protection equipment for volunteers supporting activities, as specified under the security sector, will be identified and acquired. Home visits will be conducted in affected communities to identify and eliminate mosquito larvae, conduct cleaning campaigns around homes and HRC Branch premises, and supplementing these actions with fumigation days and distribution of water container cleaning kits (*La Untadita*). Working in cooperation with community-based organizations and families will be 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 3,108 families.

Although fumigation equipment already exists, the HRC believes it would be appropriate 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 Aegypti* 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 acknowledge 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 protective 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.

Beneficiary selection criteria

- Population at high risk
- Population living in areas with high incidence of Zika, dengue or chikungunya.
- Vulnerable groups in general.
- Population living in geographical areas historically affected by dengue.

Population to be assisted

DEPARTMENT	MUNICIPALITY	PEOPLE	FAMILIES
Cortés	San Pedro Sula	7,500	1,500
	Villanueva	7,500	1,500
	Choloma	7,500	1,500
	Puerto Cortés	7,500	1,500
TOTAL		30,000	6,000

Operational Support Services

The 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 has 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, core issues 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

The Honduran Red Cross will mobilize its emergency Health NITs and volunteers in nearby Branches to support the implementation of the plan of action.

Considering DREF community activities, a full-time Operations Coordinator needs to be hired to coordinate the implementation of the DREF plan of action and to liaise in the implementation of all actions aimed at controlling the Zika emergency being conducted by the HRC and funded by Partner National Society. In addition, two field technicians will be hired to coordinate activities in the field, logistics and volunteers. Up to 815 volunteers will be reimbursed for any costs incurred during the provision of services, and will be provided with personal protective equipment for cleaning and fumigation activities, as well as insurance against accidents or death while they are active in the operation.

In sum, this allocation of DREF funds will support the National Society in securing the services of the following human resources for the operation:

- 1 general coordinator
- 1 administrative assistant
- 2 field technicians
- 815 volunteers

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 those of the IFRC system. It has a large and secure warehouse for storing any supplies the project may require. All purchases for the plan of action will be made in country.

For community activities, the plan of action includes renting a vehicle to transport volunteers.

Information Technology (IT)

The National Society has a computerized system and constant 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 supplies for the cleaning campaigns. ODK and Mega V will be implemented using the equipment acquired during the previous DREF operation.

To ensure communication in the field and the safety of the teams, a communication system via very high frequency (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 will be 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 about humanitarian impact actions by the National Society for preparation of information and key messages. Resource mobilization will be key to facilitate information and support from donors.

Adequate management of operational communications at the internal level will be ensured, as well as and dissemination of information to affected communities and facilitation of feedback from beneficiaries.

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

The IFRC Communications Department is preparing a communication campaign to support chikungunya, dengue and Zika prevention actions.

Strategic actions by the Communications Department have focused on the following:

Internal Communications

Core issues:

- Zika: general information and how to talk about it
- Operational communications
- NS and IFRC activities (before, during and after the appeal)

Target Audience	Channel
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National Society (Management and administrative staff)	- Electronic bulletin (Intranet)
Volunteers	- Polymedia or tutorial videos - Brochures - Preparation of information murals or boards
National Society, cooperating agencies, volunteers	- Videos: Stories of affected populations, actions conducted and follow-up

External Communications

Core issues:

- Zika: general information (awareness-raising)
- Community-based prevention
- National Society and IFRC activities

Target Audience	Channel
Press and society	Social networks
Press	Microsite or Press room devoted exclusively to appeal issues
Press, government, and aid agencies	Press conferences, releases, and bulletins
Society in general	Radio and TV spots
Communities	Brochures, posters
Society in general	Media tour: arranging for interviews over traditional mass media
Press and society in general	Videos: Stories of affected populations, actions conducted and follow-up

The HRC will develop campaign material, as well as adapt the regional material that the technical staff already has to conduct these efforts so as to optimize resources. This plan includes the rental of computer equipment to edit communications material such as stories, videos, banners, brochures, etc.

Community engagement & accountability

The aim of the communication efforts in this respect is to ensure community understanding, engagement, ownership and implementation of prevention control measures through effective social mobilization and communication interventions.

Community based solutions to conquer Zika are at the forefront of the response. Regardless of how many solutions are provided, the communities are the main implementers. Establishing systems in the communication space that allow them to clearly voice their understanding of the issues and provide feedback on how services are being delivered, which will strengthen trust and ensure a more community-led solution.

Media platforms such as radio, TV, social media and mobile phones can communicate preventive, life-saving and risk-mitigating information rapidly and efficiently to crisis-affected communities on a large scale, and help countries at risk prevent possible outbreaks. This proposal will support the HRC in engaging these critical actors in behavioural and social interventions that are centred in community participation efforts through the activation of media programmes, production of communication material to be adapted locally and the coordination and cross-fertilization of approaches and strategies.

Mediated communication will be combined with an environment of open participation through interpersonal communication and group discussion to prevent the spread of the disease and encourage families and communities to seek health support. Debates in the communities should be encouraged around ways and means of prevention.

Actions to provide accurate and timely information from trusted sources about the health threat must be included to address the concerns of populations. Fear due to the unknown nature of an emerging new disease is a natural human

reaction. Responders should not downplay these emotions but instead counter them by being truthful and attentive to these concerns by engaging with communities through dialogue and a range of communication channels.

Efforts will focus on effective and sustained two-way communication and engagement with beneficiaries, as the most effective means to tackle the disease and build a lasting community understanding of how to prevent and control Zika virus. The focus of the health promotion and community engagement efforts will be on building collective trust and confidence in the response efforts, and prompting community action. In particular, Red Cross communication activities will provide accurate information on Zika, its preventive measures and steps to take if suspicion of exposure or case; encourage early care at the onset of fever; reinforce messages around hygiene.

This would be achieved through the following activities:

- Establish (if not currently existing) a system for data collection and analysis from all beneficiary communication activities to inform behaviour change communication approaches, including mediated communication SMS, interactive voice response (IVR), social mobilization work with a clearer understanding of current community thoughts and understandings of Zika (identify gaps and community perceptions)
- Assessment of risk perceptions and key strategies to increase/address risk
- Assessment of trusted sources of information and channels by communities and individuals on outbreak-related issues
- Community mobilization through volunteering (cultural activities, community events, etc.)

Security

The Honduran Red Cross will analyze security conditions with authorities and community leaders, and operations will be 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 its volunteers insured through the IFRC insurance in the event of an emergency.

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

Personal protective equipment for fumigations

1	Double filter mask
1	Ear protectors
1	Goggles for agricultural use
1	PVC or neoprene gloves

Personal protective equipment for community actions

1	Cap
2	Face mask
1	Long-sleeve shirt
3	Repellent
1	Rubber gloves
1	Red Cross bib

Planning, monitoring, evaluation and reporting (PMER)

The Honduran Red Cross has a Monitoring, Evaluation and Reporting Unit (UMER), which are responsible for the 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.

All coordination and community processes will be quantitatively monitored through tools that will be processed on institutional software (iReport, Resource Management System [RMS]), and progress will be reported on a monthly basis. Qualitative field monitoring will be conducted, and monitoring meetings will be held to review activity progress and strategy implementation. This will help with joint decision-making to improve the project's implementation.

At the end of the intervention, a beneficiary satisfaction survey will be conducted 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 the IFRC Country Coordinator will support the corresponding process.

Administration and Finance

The Honduran Red Cross has a financial and accounting system and an internal audit department, which ensures 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 the IFRC's procedures. The National Society's own procedures will be applied to the justification of expenses, and it will be done on formats established by the IFRC. Due to ongoing staff turnover, additional technical support will be provided by the IFRC, and it has been budgeted for accordingly.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

OBJECTIVES	INDICATORS			
Outcome 1 Continuous and detailed assessment and analysis are used to inform the design and implementation of the operation.	% of activities implemented on time and quality			
Output 1.2 The management of the operation is implemented by a comprehensive monitoring, evaluation and coordination system	Plan of action and sectorial plans for which a monitoring and evaluation plan has been developed Planned evaluations take place with lessons learned and a management response provided # movement coordination meeting for Zika, dengue and chikungunya activities # external coordination with municipalities, Health centres, Minister of health, national and international non-governmental organization (INGO)			
Output 1.2 An anti-Zika communications campaign is implemented	At the end of the first month of the project, a communication strategy for Zika virus has been developed and implemented			
Output 1.3 Operation activities are disseminated at the local, national and regional levels	No. of press releases issued No. of beneficiary stories prepared No. of publications in the media reporting GRC actions			
Months	February	March	April	May
Hiring of operational staff and staff to support the operation in the field				
Community assemblies to present the project				
Monitoring visits				
Progress reports on the affected communities/ DREF operation update				

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.

OBJECTIVES	INDICATORS			
Outcome 1 The risk of Zika, chikungunya and dengue is reduced through information and rural and urban community mobilization	# of people receiving key messages directly or indirectly # of communities and neighbourhoods receiving support from the HRC # of Branches participating in promotion activities in coordination with local authorities % of reduction of the larval infestation rate			
Output 1.2 A A sustained campaign for cleanliness, fumigation and application of larvicide is implemented, which allows interrupting the transmission cycle of the arbovirus	# of community promotion visits conducted by volunteers # of working groups working in cells to eliminate mosquito breeding sites # of cleaning campaigns in branches and communities # of fumigations conducted # of families receiving the <i>Untadita</i> kit			
Months	February	March	April	May
Home visits to promote the identification and elimination of mosquito larvae				
Fumigation activities in project Branches, rural communities and urban areas, including schools and places where large number of people gather				
Purchase and distribution 3,108 of the <i>untadita</i> kit				
Development of cleaning activities in communities, urban areas and HRC Branches				
Provide protection material for project Branch volunteers (repellent, gloves, hard hats, long-sleeve shirts, caps and masks)				
Mobilization of communities, schools and municipal organizations at all levels in each project area to conduct prevention activities				
Mobilization of NITs for monitoring and evaluation internships, implementation and support to Branch activities				

Contact Information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

- Alejandra Van Hensbergen, senior relationship management officer; email: alejandra.vanhensbergen@ifrc.org

For In-Kind donations and Mobilization table:

- Douglas Baquero, Head of Zone Office Logistics Unit - Global Logistics Service; email: 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

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DREF OPERATION

MDRHN009 - Zika Virus Outbreak Honduras

29/02/2016

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	26,666
Medical & First Aid	0
Teaching Materials	9,898
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	36,564
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	5,395
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	5,395
International Staff	0
National Staff	0
National Society Staff	11,779
Volunteers	16,074
Other Staff Benefits	3,712
Total PERSONNEL	31,565
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	5,939
Total WORKSHOP & TRAINING	5,939
Travel	2,475
Information & Public Relations	3,712
Office Costs	3,712
Communications	1,336
Financial Charges	247
Other General Expenses	594
Shared Office and Services Costs	
Total GENERAL EXPENDITURES	12,076
Partner National Societies	
Other Partners (NGOs, UN, other)	
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	5,950
Total INDIRECT COSTS	5,950
TOTAL BUDGET	97,489