

## **DREF Operation**

**Honduras: Dengue Epidemic** 





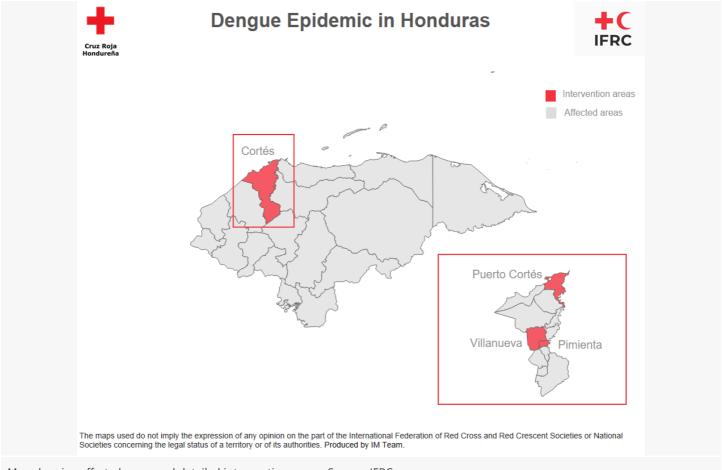
Honduran Red Cross volunteers carrying out vector control activities. Source: HRC.

Appeal: MDRHN023	Country: Honduras	Hazard: <b>Epidemic</b>	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 455,756	
Glide Number:	People Affected: 20,563 people	People Targeted: 15,000 people	
Operation Start Date: 11-06-2024	Operation Timeframe: 6 months	Operation End Date: 31-12-2024	DREF Published: 13-06-2024
Targeted Areas: <b>Cortes</b>			

## **Description of the Event**

#### Date of event

31-05-2024



Map showing affected areas and detailed intervention zones. Source: IFRC.

#### What happened, where and when?

Over the past 15 years, dengue fever, an endemic disease in the country, has triggered significant epidemics in 2010, 2019, and most recently in 2023. This year, due to the escalating number of reported cases, the Secretariat of Health (SESAL) issued an epidemiological alert in February. By March, the incidence of cases had escalated to epidemic proportions.

Despite extending the scope of the alert in May, the number of dengue cases and associated fatalities continued to rise. Consequently, a national emergency was declared on 31 May (1).

According to data from the Epidemiological Alert issued by WHO on 24 May 2024 (2), in Honduras, up to EW 19 of 2024, of the 20,563 dengue cases reported, 1,248 (6.0%) were laboratory-confirmed, and 266 (1.29%) were classified as severe dengue, as well as 27 deaths, with 11 of these fatalities directly attributed to the disease. The cases reported up to EW 19 of 2024 represent an increase of 445% compared to the same period of 2023, and 193% compared to the average of the last 5 years. In the same period, a total of 10 deaths were reported, corresponding to a case fatality rate of 0.049%.

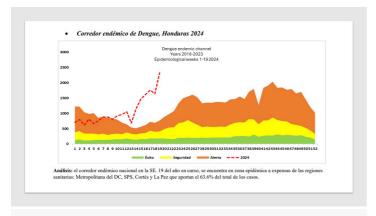
The cases are predominantly concentrated in the Departments the Central District (Incidence Rate (IR) 4.09), San Pedro Sula (IR 4.14), Cortés (IR 3.68), Bay Islands (IR 7.28), and La Paz (IR 5.35).

The Cortés region has been particularly hard hit, reporting the highest number of severe dengue cases (10 cases) and deaths (6 deaths). Within the department of Cortés, the municipalities of Pimienta, Potrerillos, Puerto Cortés, Omoa, and Villanueva have been most affected.

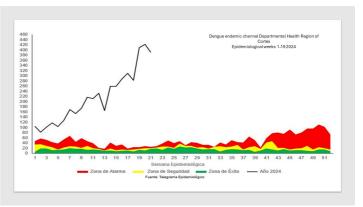
These statistics underscore the severity of the dengue epidemic and the urgent need for effective public health interventions. It is crucial



to enhance surveillance, improve vector control measures, and strengthen healthcare services to manage this public health crisis effectively. Additionally, community engagement in preventive measures and early detection of cases can play a vital role in controlling the spread of this disease.







Epicurve Cortés Department EW 1-19 2024. Years 2018-2023.

#### **Scope and Scale**

If the number of dengue cases continues to surge, the health system is at risk of being overwhelmed due to a lack of sufficient personnel and resources to cater to the entire population's needs. This escalating situation is putting an immense strain on the capacity of outpatient health facilities and hospitals.

These healthcare institutions are not only tasked with managing the dengue epidemic but also dealing with a broad spectrum of public health issues. These range from trauma-related incidents to chronic non-communicable diseases such as diabetes, heart disease, and cancer. The current epidemic situation could lead to these other critical health issues being neglected, further exacerbating the overall public health crisis.

Moreover, illness, particularly from dengue fever, is a significant cause of disability. It leads to increased absenteeism from work and school, disrupting daily life and productivity. This absenteeism has a ripple effect on the economy, leading to decreased productivity and potential economic downturn.

The economic impact extends beyond the direct costs of healthcare. It also includes indirect costs such as loss of income for individuals and families, reduced workforce productivity, and increased pressure on social services. In the long term, these factors can hinder economic development and exacerbate social inequalities.

The groups most vulnerable to this disease are those residing in communities with inadequate water and sanitation services. These individuals often inhabit densely populated neighbourhoods in peripheral urban areas, located near rivers, streams, or garbage dumps. These locations are prone to water stagnation, providing ideal breeding grounds for disease vectors.

Children and young adults are particularly susceptible due to their lack of natural immunity. They are also more likely to experience severe cases of the disease. Similarly, individuals with underlying health conditions, such as hypertension, renal insufficiency, and diabetes, are at a higher risk. If these conditions are not well-managed, these individuals may lack the necessary physiological reserves to combat the disease effectively.

In previous epidemics, entire neighbourhoods, have become hotspots for the disease. As long as these environmental and health factors persist, these communities will continue to be disproportionately affected.

Therefore, it is crucial to implement effective public health strategies to control the spread of dengue. This includes strengthening the healthcare system, improving surveillance and early detection, and promoting community engagement in preventive measures. By doing so, the impact of the epidemic on the health system and the economy can be mitigated.

#### **Source Information**

Source Name	Source Link
Source Hume	Source Link

1. (1) National epidemic alert	https://x.com/saludgobhn/status/17966447236894 64057
2. (2) WHO Epidemiological alert	https://www.paho.org/es/documentos/alerta- epidemiologica-inicio-temporada-mayor- circulacion-dengue-istmo-centroamericano

## **Previous Operations**

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDR42005 (2019), MDRHN019 (2023)

## 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:

Dengue is a disease whose prevalence is significantly influenced by environmental conditions, which are in turn exacerbated by climate change and inadequate sanitation infrastructure within communities. A substantial number of households, both in urban and rural areas, lack a consistent supply of potable water. This forces residents to store water in tanks, which unfortunately become breeding grounds for disease vectors. As long as these systemic and structural issues persist, dengue will remain an endemic disease in many Latin American countries.

In late 2023, the Secretary of Health sought assistance from the Honduran Red Cross to address the Dengue situation in the Department of Comayagua. This region was the most severely affected at the national level at that time, prompting a departmental level alert. Currently, a national state of emergency has been declared. It is worth noting that the area prioritized for response in this DREF is the department of Cortes, which is the region most severely affected at the national level. The National Emergency Committee of the Health Secretariat has been tasked with coordinating efforts with both national and international organizations. The aim is to bolster epidemiological surveillance, provide care for patients affected by the disease, control the vector population, and enhance risk communication. This collaborative approach is crucial in managing and eventually overcoming the dengue crisis.

#### Lessons learned:

In Honduras, a series of initiatives were undertaken to address the dengue epidemic that struck in 2019 and again in 2023. These efforts were funded through a regional appeal and the Disaster Response Emergency Fund (DREF), respectively.

The results of the recent intervention in Comayagua are quite telling. As per the epidemiological bulletin of Surveillance Epidemiology Week (SE) 8 for the Comayagua region, a significant shift was observed within the endemic channel. The trend line transitioned from a safety zone to a success zone, indicating a positive impact of the intervention. Given these encouraging results, a similar strategy is being implemented in other Departments through different operations and programs and it will be maintained for this operation.

Additionally, the experiences from these interventions have underscored the complex nature of dengue transmission, which is influenced by a multitude of environmental, social, and economic health determinants. These factors can create conditions conducive to the growth of the disease vector, thereby facilitating the spread of dengue.

One key insight gathered from these interventions is the critical importance of bolstering health promotion activities. This involves the organization and training of community organizations, employing methodologies such as Community-Based Health and First Aid (CBHFA).

The aim is to foster collaboration between these community organizations, health facilities, civil organizations, and Red Cross branches. Together, they can engage in social communication actions, promote hygiene and healthy habits, and manage water and sanitation works.



By addressing the systemic issues that contribute to the spread of dengue, these collaborative efforts can play a vital role in mitigating the impact of future outbreaks. This comprehensive approach underscores the importance of community involvement and multi-sectoral collaboration in the fight against dengue.

## **Current National Society Actions**

### **Start date of National Society actions**

31-05-2024

Health	A DREF operation is currently being implemented in the department of Islas de la Bahía, specifically in the municipality of Roatán, with a component on dengue prevention, which involves a range of activities such as vector control measures to reduce the mosquito population, public health education to raise awareness about dengue prevention, and provision of medical support to those affected by the disease.  Vector control measures may include activities like indoor and outdoor spraying, elimination of mosquito breeding sites, and distribution of insecticide-treated nets. Public health education campaigns aim to inform the community about the symptoms of dengue, the importance of seeking early medical care, and preventive measures such as the use of mosquito repellents and bed nets for children, bedridden people and people with limited mobility.  Medical support involves providing care to those affected by dengue, from managing symptoms to preventing complications. This could also involve strengthening local healthcare facilities and training healthcare workers to better manage dengue cases.
Water, Sanitation And Hygiene	In the DREF currently being implemented in Roatán, a series of activities have been strategically planned to address two key aspects of dengue prevention.  Firstly, measures are being taken to facilitate the safe storage of water for human consumption. This is crucial as improper storage of water can lead to the creation of breeding grounds for Aedes mosquitoes, the primary vectors of dengue. The initiatives may include the distribution of safe water storage containers, promotion of regular cleaning of water storage units, and education on safe water handling practices.  Secondly, efforts are being made to empower the local population to eliminate potential dengue vector breeding sites in their surroundings. This involves educating the community about the common breeding sites of Aedes mosquitoes, such as stagnant water in containers, tires, flowerpots, and gutters. The community members are encouraged to regularly inspect their surroundings and eliminate any potential breeding sites.  These activities aim to reduce the risk of dengue transmission by targeting the root causes of mosquito proliferation.
Protection, Gender And Inclusion	A national Protection, Gender, and Inclusion (PGI) referent is in place who offers technical support to all sectors of the National Society. This includes the volunteers and staff who will support the operation. Given that PGI is considered a cross-cutting issue, its principles are integrated into all aspects of the operation.  Furthermore, coordination is maintained with various institutions related to the subject matter. This is facilitated through coordination tables, which are platforms for dialogue and collaboration. These tables enable the sharing of information, resources, and best practices, thereby enhancing the effectiveness of the operation and ensuring that PGI principles are upheld.
Community Engagement And Accountability	The Honduran Red Cross (HRC) has established a national focal point for Community Engagement and Accountability (CEA). This focal point provides extensive technical



support across all sectors, including to the volunteers and staff who are deployed in areas affected by emergencies.

Currently, the National Society has initiated dialogues with structured communities through bilateral meetings. The primary aim of these meetings is twofold. Firstly, they seek to identify individuals and structures that have been affected and need assistance. Secondly, they aim to communicate the role of the Honduran Red Cross in responding to the emergency.

These meetings serve as a platform for open communication, allowing for a better understanding of the needs of the affected communities and enabling the HRC to tailor its response accordingly. By engaging directly with the communities, the HRC can ensure that its efforts are targeted and effective, ultimately leading to a more impactful emergency response.

#### Coordination

The Honduran Red Cross (HRC) has been actively maintaining communication with the authorities of the Honduran Secretariat of Health (SESAL), specifically with the Health Surveillance Unit (UVS). This collaboration is crucial in monitoring the progression of the dengue epidemic and identifying the communities that are most severely affected.

The UVS plays a pivotal role in tracking the spread of the disease, analyzing data on reported cases, and identifying trends. This information is invaluable in guiding the response efforts, allowing resources to be directed where they are needed most.

In addition to monitoring the epidemic, the communication with the UVS also facilitates the exchange of information and expertise. The HRC can share its on-the-ground insights and experiences, while the UVS can provide updates on national strategies and guidelines. This two-way communication ensures that the response efforts are aligned and coordinated.

Moreover, this collaboration extends beyond immediate response efforts. The data gathered through this partnership can inform future strategies for dengue prevention and control. It can highlight areas for improvement, identify effective interventions, and provide insights into how the disease spreads within and between communities.

#### **National Society Readiness**

The National Society boasts a team of dedicated personnel and volunteers, many of whom have hands-on experience managing the Disaster Response Emergency Fund (DREF) in the context of a dengue epidemic. This includes individuals who have undergone training in the PARTE workshop, equipping them with the necessary skills to effectively respond to such health crises.

In terms of equipment, the organization has approximately 20 thermal foggers and a LECO machine for fumigation at its disposal. A portion of this equipment, along with some personnel, has been or is in the process of being mobilized to the island of Roatan. There, they will carry out dengue vector control actions as part of the response through the DREF Roatan fire.

Furthermore, in some of the Honduran Red Cross (HRC) projects in the departments of Cortés and El Paraíso, control actions have been implemented since the previous year. These efforts have been particularly supported by funding from the ECHO PPP project and the Norwegian Red Cross.

### **IFRC Network Actions Related To The Current Event**

#### Secretariat

The International Federation of Red Cross and Red Crescent Societies (IFRC) maintains a Country Cluster Delegation for Central America, strategically headquartered in Honduras. This delegation oversees an expansive team that operates throughout the entire Central American region, ensuring a wide reach and effective coordination of efforts.



	In addition to this, the Honduran Red Cross benefits from comprehensive technical support provided by the IFRC regional office located in Panama. This office plays a pivotal role in guiding and bolstering the actions of various countries in the region, tailoring its support to meet their specific needs and requirements.
	Furthermore, the Regional Logistics Unit of the IFRC is instrumental in providing essential support. This includes procuring necessary resources and managing specific process requirements. By doing so, it ensures the smooth operation of relief efforts and contributes to the overall effectiveness of the IFRC's mission in the region. This comprehensive and collaborative approach underscores the IFRC's commitment to addressing humanitarian challenges in Central America.
Participating National Societies	In Honduras, there are several Participating National Societies (PNS) actively involved, including the Swiss, Spanish, Norwegian, Italian, American, and German Red Cross. These organizations maintain a bilateral cooperation with the Honduran Red Cross, fostering a collaborative environment to address public health challenges.
	The Honduran Red Cross, as a National Society, also implements funds received through multilateral cooperation. This approach allows for a more comprehensive and coordinated response to health crises, leveraging the collective resources and expertise of multiple organizations.
	However, at the time of submitting this DREF application, there are no plans for any of these Participating National Societies to extend support to this particular operation. This situation may evolve based on the changing needs and circumstances on the ground. The continued collaboration among these organizations remains crucial in addressing public health challenges in Honduras.

## **ICRC Actions Related To The Current Event**

A delegation from the International Committee of the Red Cross (ICRC) is currently located in the country, actively engaging with toptier officials of the Honduran government. The ICRC extends both technical and financial assistance to the Honduran Red Cross (HRC) for the execution of various programs and projects. This support is provided in alignment with the mandates of both organizations, ensuring a harmonious collaboration.

However, it's important to note that at the time of submitting this DREF application, there are no plans for the ICRC to extend support to this particular operation. This situation may evolve based on the changing needs and circumstances on the ground.

## Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Honduran Secretariat of Health (SESAL) has issued a national emergency declaration in response to the widespread dengue epidemic across the country. This critical measure involves several key actions aimed at mitigating the impact of the epidemic and safeguarding public health.
	Firstly, it necessitates the mobilization of all available personnel across health facilities nationwide. These healthcare professionals are tasked with carrying out a range of actions, including health promotion, disease prevention, and treatment of those affected by dengue. This comprehensive approach ensures that every aspect of the health response is covered, from educating the public about dengue prevention to providing critical care for those affected.  Secondly, the declaration facilitates the expedited procurement of necessary supplies and medicines. Given the urgency of the situation, these resources are acquired swiftly



to ensure that health facilities are adequately equipped to handle the influx of dengue patients.

Lastly, the declaration underscores the importance of monitoring the evolution of the epidemic through robust epidemiological surveillance actions. This involves tracking the number of dengue cases, identifying hotspots for targeted interventions, and assessing the effectiveness of ongoing measures. The data gathered through these surveillance activities is crucial for informing the health response and adapting strategies as the situation evolves.

UN or other actors

#### Are there major coordination mechanism in place?

In Honduras, the national response to emergencies and disasters is coordinated by the Permanent Contingency Committee (COPECO). This official body collaborates with a multitude of civil society organizations, including the Honduran Red Cross, to ensure a comprehensive and effective response.

In the event of health emergencies, the Secretariat of Health (SESAL) assumes the responsibility of managing the response within the framework of COPECO. This ensures that health crises are addressed promptly and effectively, leveraging the expertise and resources of the health secretariat.

At the municipal level, emergency responses are coordinated by Municipal Emergency Committees (CODEM), which are led by the mayor's office. Additionally, Local Emergency Committees (CODEL) are established to ensure that emergency responses are tailored to the specific needs and circumstances of each locality.

In the context of the dengue epidemic, specialized intersectoral committees have been established. These committees operate under the auspices of health facilities and comprise various civil and community organizations. Their role is to coordinate and implement targeted strategies to combat the spread of dengue, leveraging the collective resources and expertise of the participating organizations.

This multi-tiered and collaborative approach ensures that emergency responses, whether to natural disasters or health crises like the dengue epidemic, are comprehensive, effective, and tailored to the specific needs of the affected communities.

## **Needs (Gaps) Identified**



Given the alarming surge in dengue cases nationwide, the ability to respond swiftly and effectively from an epidemiological standpoint is significantly strained. This strain is manifesting as an overwhelming influx of patients at healthcare facilities, including hospitals and emergency services, thereby jeopardizing their ability to manage dengue and other high-priority diseases. The situation is further exacerbated by a shortage of essential medications, such as acetaminophen and Hartman's Serum, which hampers the ability to manage the complexity of dengue cases.

The Secretariat of Health (SESAL) is currently facing a shortage of human and logistical resources, chemical supplies, vehicles, and fumigation equipment. This shortage impedes the ability to implement preventive measures and control vectors effectively. As such, it is imperative to undertake actions aimed at communicating risks effectively.

Moreover, the geographical and economic disparities that disproportionately impact certain segments of the population, particularly those in marginalized urban areas, pose additional challenges. These disparities result in increased difficulties in accessing healthcare facilities, thereby heightening the risk of delayed treatment for severe dengue cases (or dengue with warning signs) and the complications associated to severe dengue. Given these disparities, it is crucial to have trained volunteers equipped with personal protective equipment who can mobilize to these hard-to-reach areas and carry out preventive control measures.

In terms of mental health and psychosocial support, Honduras has a limited number of institutions that provide counselling and only two specialized psychiatric hospitals, therefore, the resources are insufficient to address the current national mental health needs.

The mental health situation is further exacerbated by emerging risk factors such as violence, unemployment, migration crises, natural disasters, human rights violations, discrimination, and the vulnerability of minority populations. Pandemics and epidemics also



contribute to the stress and anxiety experienced by the population, particularly among those with family members affected by disease, those living in high-incidence areas, and individuals with disabilities who lack protective measures against mosquito bites.

The limited capacity of health services to respond to this situation can lead to feelings of helplessness and powerlessness within the community. Furthermore, the scarcity of resources and the prioritization of clinical interventions often result in the psychological and emotional needs of the affected population being overlooked.

Given these challenges, it is crucial to implement actions aimed at strengthening mental health and fostering resilience within communities. This includes addressing the significant gaps in mental health and psychosocial support and ensuring that the emotional well-being of the population is not neglected in the face of physical health crises.



## Water, Sanitation And Hygiene

In Honduras, the need for safe and drinkable water is a constant concern. This need often leads to excessive and improper water collection practices, and a lack of appropriate sanitation measures, thereby fostering conditions conducive to the proliferation of the dengue vector. Poor solid waste management practices and inadequate cleaning in homes and communities further exacerbate the reproduction of the vector.

Therefore, it is crucial to promote healthy habits among the population, encouraging them to maintain cleanliness in their homes, yards, vacant lots, and streets. However, this task is challenging due to the lack of basic cleaning tools in communities, which are necessary for effective cleaning and elimination of mosquito breeding sites.

At the household level, there is a shortage of cleaning supplies, such as brushes and disinfectants for cleaning sinks. Meanwhile, at the health system level, there is a lack of equipment and chemical supplies needed for the physical and chemical control of the vector. This includes fumigation and abatization in areas with a high incidence of dengue cases, as well as ongoing training in entomological management.

Addressing these challenges requires a comprehensive approach that includes improving water collection and sanitation practices, promoting healthy habits, providing necessary cleaning tools and supplies, and enhancing the capacity of the health system to control the dengue vector.



## **Protection, Gender And Inclusion**

According to the observatory of children's rights of Casa Alianza Honduras, from 1 January to 31 March 2024 "there is a record of 31 cases of children, adolescents and young people who have been registered as violent deaths". Children and youth are in a situation of vulnerability due to the precarious or almost null guarantee of fundamental rights, and also face situations of criminal violence. In March alone, according to El Heraldo and La Tribuna media, 10 children were admitted to the hospital Escuela Universitario because of dengue and 18 others remained in the maternal and child wards because of this disease, without counting the cases in the interior of the country.

In terms of access to health care, according to PAHO data, about one third of the people in the countries of the Americas (29.3%) reported not seeking health care when they needed it due to multiple barriers to access; despite the progress made, access to health care continues to be one of the most inequitable in the world.

The process of reducing inequalities is becoming more complex due to new epidemiological and demographic patterns. In Honduras alone, according to the latest data, it continues to have the highest infant mortality rate in Central America, while access to education according to ASJ data to date, more than 1,052,485 children and adolescents continue without access to education, Therefore, children and adolescents suffer the cumulative impact of multiple events, therefore emergency operations should generate mechanisms for prevention and assistance to situations of violation, allowing to mitigate the humanitarian consequences and restore the effective exercise of rights.

It is important to highlight that one of the most invisible groups that can be directly affected by Dengue are people with disabilities, access to health services presents multiple barriers that allow universal access to services, in Honduras 14% of the population has some type of disability as indicated by the National Human Rights Commission (CONADEH). In addition to this, many of these people with disabilities are older adults who are more vulnerable because they are partially or totally dependent on their families or subsidized by the services provided by the State. Older adults who do not have disabilities may have comorbidity or have a weak immune response, making them a highly vulnerable group, not only because of their medical condition but also because they are an invisible group.





### **Community Engagement And Accountability**

Given the surge in disease cases, it's crucial to conduct community-level consultations. Therefore, the Community Engagement and Accountability (CEA) approach should be integrated into these consultations. Community work plans focusing on behavioural change and information dissemination should be implemented to aid in disease control efforts.

Moreover, it's essential to establish mechanisms for consultation, participation, and follow-up that enable the identification and accurate understanding of the community's most pressing needs. This includes adaptations to local health practices.

These mechanisms should involve not just health personnel, but also representatives from other local sectors. This ensures a comprehensive and context-sensitive emergency response that respects the cultural and social nuances of the community.

Adopting this approach will enhance the effectiveness of interventions and foster community acceptance and collaboration throughout all stages of the process. This includes planning, implementation, and evaluation of response actions.

## **Operational Strategy**

#### Overall objective of the operation

Through this DREF Application, the Honduran Red Cross aims to contribute to the national response to dengue epidemic providing support to emergency needs of 3,000 families (15,000 people) in the areas of health, water, sanitation and hygiene (WASH), protection, gender and inclusion (PGI), and community engagement and accountability (CEA) in the municipalities of Pimienta, Villanueva and Puerto Cortés in the department of Cortés.

#### **Operation strategy rationale**

This DREF operation is designed to support the actions of the Honduran Secretariat of Health (SESAL) in addressing the nationwide dengue epidemic in Honduras. The current epidemic necessitates immediate and effective interventions to curtail the transmission of dengue and other arboviruses, particularly among the most vulnerable populations.

There is a clear need to bolster the capacity of both the community and health service providers to reduce the number of cases in the hardest-hit areas. Key to this effort will be the implementation of clean-ups at dengue vector breeding sites. This, coupled with the distribution of educational materials and the launch of awareness campaigns, will be instrumental in combating the disease's spread and safeguarding the health of the population.

The response strategy aims to complement SESAL's efforts and work in a coordinated and dedicated manner with the affected communities. The goal is to alleviate the epidemic's impact and enhance the quality of life for the region's inhabitants. This approach underscores the importance of community involvement and multi-sectoral collaboration in effectively managing public health emergencies.

Summary of the intervention:

#### HEALTH:

a) Community surveillance:

- Larvo-rapid larval surveys (LIRA) to inform decision making.
- Educational campaigns in schools.
- Mosquito breeding site elimination campaigns in homes and communal land
- Insecticide spraying.
- Organization of community health committees

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 HIGIENE:

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 900 1,500-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?

The focus will primarily be on populations residing in marginalized urban communities that are grappling with inadequate water and sanitation infrastructure and have limited access to health services. These communities, due to their circumstances, are often the most vulnerable and therefore require urgent attention and resources. By prioritizing these communities, the Honduran Red Cross can ensure that those most in need receive the necessary support and services. This approach is crucial in mitigating the impact of health emergencies and improving overall community health and well-being.

#### Explain the selection criteria for the targeted population

- 1. Communities where the population has unmet basic needs, particularly in relation to water supply and a lack of water and sanitation facilities.
- 2. Populations facing obstacles in accessing health services, whether due to geographical constraints, economic hardships, or other circumstances such as violence.

3.Communities located in municipalities where a Honduran Red Cross (HRC) branch is present and there is an adequate number of volunteer personnel participating in the operation.

## **Total Targeted Population**

Women	4,929	Rural	20%
Girls (under 18)	3,021	Urban	80%
Men	4,371	People with disabilities (estimated)	5%
Boys (under 18)	2,679		
Total targeted population	15,000		

## **Risk and Security Considerations**

#### Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Impact on the perception of the institution by working in only a few sectors or specific areas.	Application of operational communication, assertive participation in the media, development of appearances and implementation of information campaigns.
Duplication with other ECHO-funded projects	The ECHO PPP project is implementing community health actions in pillar 2 in the departments of El Paraíso, Cortés and Santa Bárbara. In the department of Cortés the actions are focused in



	the municipalities of Villanueva and San Manuel, but only in 2 communities in each municipality which will not be part of the present DREF. Rather, the installed capacity in terms of technical staff and ECHO PPP volunteers will be used to support the actions in the other communities selected by the DREF, i.e., the interventions will be complemented.
Capacity to implement current projects: DREF in Roatan, Pillar 2 of the ECHO PPP.	Segregation of duties: Roatan DREF is being led by the Risk Management area of the National Society. Hiring of one DREF coordinator and two technicians for each delegation to ensure continuity of actions in other projects such as ECHO-PPP.
Traffic accidents, robberies, assaults, false accusations.	Application of security regulations, personnel trained in Safer Access, permanent context analysis, personnel registered in the Human Resources System and duly identified, activation of insurance for volunteers / Solidarity Fund.

#### Please indicate any security and safety concerns for this operation

Risks for health personnel and volunteers working in high-risk or difficult-to-access areas. As mitigation measures, a training in safety and self-protection measures is planned for personnel involved in the operation and the implementation of the Health Services Protection Guidelines.

Has the child safeguarding risk analysis assessment been completed?

Yes

## **Planned Intervention**



**Budget:** CHF 185,620 **Targeted Persons:** 15,000

#### **Indicators**

Title	Target
Number of people reached with vector control actions.	15,000
Number of community volunteers trained in health promotion, vector control and Psychological First Aid (PFA).	60
Number of schools participating in communication and vector control actions.	20
Number of schools receiving psychoeducation and sensitization on self-care measures.	2

#### **Priority Actions**

- Vector control actions: cleaning and solid waste management campaigns, larval index surveys, cleaning of piles, elimination of breeding sites.
- Organization of community health committees
- Communication campaign on health and hygiene promotion.
- Psycho-education for the school population.



- Training of community volunteers in PAP, health promotion and vector control.
- Training of volunteers and staff on CBHFA.



## Water, Sanitation And Hygiene

**Budget:** CHF 200,731 **Targeted Persons:** 15,000

#### **Indicators**

Title	Target
Number of families receiving 1500-liter water tanks and household water filters	900
Number of families reached with fumigation campaigns	3,000
Number of families reached with hygiene promotion kits (cleanliness kits)	900
Number of families reached with hygiene promotion activities	900
Number of volunteers trained in WASH	25

#### **Priority Actions**

- Distribution of water tanks for prioritized households.
- Distribution of family cleaning kits
- Distribution of mosquito nets to families with children under 5 years of age and elderly people.
- Training of community volunteers on hygiene and basic sanitation.
- Fumigation campaigns with thermal foggers.



## Protection, Gender And Inclusion

**Budget:** CHF 12,567 **Targeted Persons:** 60

#### **Indicators**

Title	Target
Number of volunteers and technical staff trained in PGI, Safeguard, PSEA	60
Updated mapping of actors and services	1
Number of schools that recieve training in PGI	6

#### **Priority Actions**

- Training of volunteers and staff in PGI, Safeguarding, PSEA
- Mapping of actors for referral routes.
- Training on PGI in schools





### **Community Engagement And Accountability**

**Budget:** CHF 9,692 **Targeted Persons:** 1,500

#### **Indicators**

Title	Target
Number of volunteers trained in Community Engagement and Accountability (CEA) and feedback mechanisms.	60
Number of feedback mechanisms implemented.	1
Percentage of people surveyed to measure satisfaction after implementation of activities and delivery of humanitarian assistance.	10
Percentage of people in communities using available feedback mechanisms.	10
Number of meetings with community representatives to evaluate the implementation of the operation.	20
Number of coordination meetings with authorities of the Ministry of Health and the Municipal Mayor's Office.	5

#### **Priority Actions**

- Training of Volunteers and Technical staff in CEA and implementation of feedback mechanisms.
- Implementation of satisfaction surveys after the delivery of humanitarian assistance.
- Meetings with Community representatives for the evaluation of actions carried out.
- Coordination with authorities of the Health Secretariat (SESAL) and the Municipal Mayor's Office.



## **Secretariat Services**

**Budget:** CHF 11,715 **Targeted Persons:** -

#### **Indicators**

Title	Target
Monitoring visits	1

#### **Priority Actions**

- IFRC monitoring visit
- Operational support (finance, purchases, PMER, coordination)



## **National Society Strengthening**

**Budget:** CHF 35,431 **Targeted Persons:** -



#### **Indicators**

Title	Target
Number of volunteers receiving visibility supplies or uniforms	60
Number of volunteers trained in operational safety	60
Lessons learned workshop	1

#### **Priority Actions**

- Acquisition of visibility supplies for volunteer personnel (vests, caps, bibs, etc.)
- Support with payment of basic services (light, electricity, water, internet) in the branches involved in the operation.
- Training volunteers in operational safety issues.
- Hiring of an administrative assistant
- Hiring of an Ops Coordinator
- Lessons learned workshop

## **About Support Services**

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

A team structure that ensures a comprehensive approach to managing the project, with clear roles and responsibilities for each team member will be assembled. This will facilitate effective coordination and execution of the planned activities.

Project Coordinator: This individual will be responsible for planning activities in collaboration with regional and local health authorities. Their duties will include organizing technicians and volunteers to execute the work plan, representing the Honduran Red Cross in interinstitutional workspaces, and submitting regular reports to health management.

Administrator: This role involves managing the purchasing processes and funds for executing activities. This includes handling requests and liquidations in accordance with the processes of the Honduran Red Cross and ensuring compliance with IFRC processes. Additionally, the Administrator will manage the equipment, vehicles, and supplies necessary for the project's implementation.

Project Technicians (6, 2 per branch): These individuals will be tasked with executing the planned activities. They will work with the support of Red Cross branches volunteers and in coordination with community volunteers and health facility staff.

Branch Volunteers: These volunteers will receive training in Community-Based Health and First Aid (CBHFA) to assist in health promotion and vector control activities. The participation of approximately 20 volunteers from each of the three branches involved in the response throughout the operation is anticipated, for a total of 60 volunteers, plus community volunteers that will accompany community actions.

Within the National Society, the DREF team will receive direct support from the Community Health Officer. This officer will provide comprehensive assistance in all technical, administrative, and labour-related processes. The entire operation will be under the purview of Health Management, which in turn reports to the Directorate of Programs and Projects. This structure ensures a streamlined workflow and efficient communication within the organization.

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

Most of the procurement will be managed by the National Society. However, due to potential national shortages of chemicals and biological materials used for vector control, it may become necessary to source these items from the international market. In such instances, the International Federation of Red Cross and Red Crescent Societies (IFRC) will provide support.

### How will this operation be monitored?

Monitoring will be conducted through a systematic monthly review of planned activities, based on the monthly reports submitted by the Project Coordinator to Health Management. The Community Health Officer will perform this verification at least twice a month,



conducting site visits with the team to oversee the processes.

The Red Cross headquarters, specifically the Monitoring and Reporting Unit (UMER), will take on the responsibility of tracking progress and ensuring adherence to activity indicators.

To proactively address or identify potential issues, a monthly monitoring meeting will be convened. This meeting will involve the DREF Coordinator, the Community Health Officer, and the Health Manager. The goal of these meetings is to facilitate informed decision-making to ensure compliance with both programmatic and financial execution. This approach ensures a proactive and collaborative approach to project management and execution.

# Please briefly explain the National Societies communication strategy for this operation

The Communication Unit is responsible for documenting and broadcasting the key activities of the operation. This involves the creation of digital content for distribution across various institutional platforms. These platforms include, but are not limited to, social media channels, internal newsletters, and audio-visual materials. The aim is to ensure comprehensive and effective communication of the operation's progress and achievements.



## **Budget Overview**



## **DREF OPERATION**

MDRHN023 - Honduran Red Cross Dengue

#### **Operating Budget**

Planned Operations	408,610
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	185,620
Water, Sanitation & Hygiene	200,731
Protection, Gender and Inclusion	12,567
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,692
Environmental Sustainability	0
Enabling Approaches	47,146
Coordination and Partnerships	0
Secretariat Services	11,715
National Society Strengthening	35,431
TOTAL BUDGET	455,756

all amounts in Swiss Francs (CHF)

Internal 13/06/2024 #V2022.01

Click here to download the budget file



## **Contact Information**

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

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IFRC Appeal Manager: Nelson Aly Rodriguez, Head of Country Cluster Delegation, nelson.alyrodriguez@ifrc.org

IFRC Project Manager: Mariela Gomez, Disaster Management Coordinator, mariela.gomez@ifrc.org

IFRC focal point for the emergency: Mariela Gomez, Disaster Management Coordinator, mariela.gomez@ifrc.org

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

Click here for the reference

