

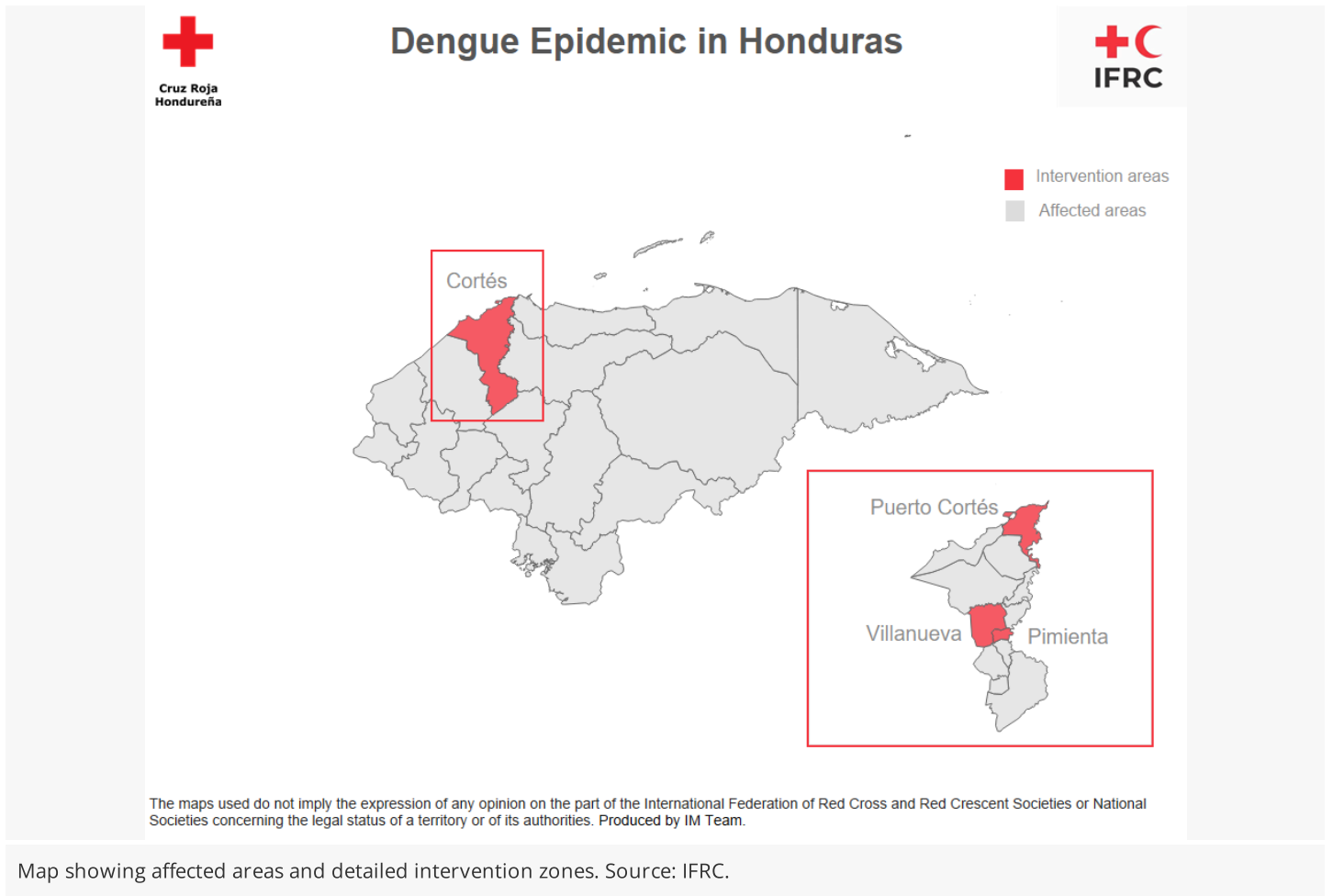


Dengue prevention actions implemented. August – September 2024. Source: HRC

Appeal: MDRHN023	Total DREF Allocation: CHF 455,756	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 20,563 people	People Targeted: 15,000 people	People Assisted: 18,609 people
Event Onset: Sudden	Operation Start Date: 11-06-2024	Operational End Date: 31-12-2024	Total Operating Timeframe: 6 months
Targeted Regions: Cortes			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date of event

31-05-2024

What happened, where and when?

Over the past 15 years, dengue fever, an endemic disease in the country, triggered significant epidemics in 2010, 2019, and most recently in 2023. In 2024, due to the escalating number of reported cases, the Ministry of Health (SESAL) issued an epidemiological alert in February. By March, the incidence of cases had escalated to epidemic proportions.

Despite the extension of the alert's scope 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 epidemiological week (EW) 19, a total of 20,563 dengue cases had been reported, of which 1,248 (6.0%) were laboratory-confirmed and 266 (1.29%) were classified as severe dengue. Additionally, 27 deaths had been reported, with 11 of them directly attributed to the disease. The number of cases reported up to EW 19 of 2024 represented an increase of 445% compared to the same period in 2023, and 193% compared to the average of the last five years. During the same period, 10 deaths had been confirmed, corresponding to a case fatality rate of 0.049%.

Cases had been predominantly concentrated in the departments of 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 had been particularly hard hit, reporting the highest number of severe dengue cases (10 cases) and the highest number of deaths (6 deaths). Within the department of Cortés, the municipalities of Pimienta, Potrerillos, Puerto Cortés, Omoa, and Villanueva had been the most affected.

These statistics underscored the severity of the dengue epidemic and the urgent need for effective public health interventions. It was

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



Application of larvicide. September 2024.
Source: HRC



Distribution of toolkits for clean-up campaigns. December 2024. Source: HRC



Distribution of water storage containers. December 2024. Source: HRC

Scope and Scale

Had the number of dengue cases continued to rise, the health system would have faced a critical risk of being overwhelmed due to insufficient personnel and limited resources to meet the population's growing needs. This escalating scenario placed considerable pressure on outpatient health services and hospitals.

These institutions were not only tasked with managing the dengue outbreak but also had to respond to a broad range of public health needs, including trauma care and chronic non-communicable diseases such as diabetes, cardiovascular conditions, and cancer. The dengue epidemic posed a serious threat of diverting essential attention and resources from these other critical health areas, further intensifying the public health crisis.

Moreover, dengue-related illness became a leading cause of disability during the outbreak. It led to widespread absenteeism from work and school, disrupting daily routines and reducing productivity. These disruptions had cascading effects on the broader economy, contributing to declining workforce output and the potential for a deeper economic downturn.

The economic consequences extended well beyond direct healthcare costs, encompassing indirect impacts such as lost income for families, diminished productivity, and increased pressure on already fragile social protection systems. Over time, these effects hindered national economic development and exacerbated existing social inequalities.

The most vulnerable populations were those living in communities with poor access to clean water and sanitation services. These groups often resided in overcrowded urban peripheries, near rivers, drainage channels, or waste disposal sites—areas that fostered mosquito breeding due to stagnant water accumulation.

Children and young adults were particularly at risk due to their lack of natural immunity, and they showed a higher likelihood of developing severe forms of the disease. Similarly, individuals with underlying conditions such as hypertension, kidney disease, or diabetes were also at greater risk, especially when these conditions were not adequately managed, reducing their resilience to dengue infection.

In previous outbreaks, entire neighborhoods had been designated as dengue hotspots. As long as environmental and public health vulnerabilities persisted, these communities remained disproportionately affected.

Consequently, it was essential to implement comprehensive public health strategies to curb the spread of dengue. These strategies required strengthening the health system, enhancing disease surveillance and early case detection, and promoting active community engagement in preventive actions. Such measures were vital to mitigating the epidemic's health and economic impacts.

Source Information

Source Name	Source Link
1. (2) WHO Epidemiological alert	https://www.paho.org/es/documentos/alerta-epidemiologica-inicio-temporada-mayor-circulacion-dengue-istmo-centroamericano



National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?

No

IFRC Network Actions Related To The Current Event

Secretariat

The The International Federation of Red Cross and Red Crescent Societies (IFRC) maintained a Country Cluster Delegation for Central America, strategically headquartered in Honduras. This delegation oversaw a broad team that operated across the Central American region, ensuring extensive reach and effective coordination of humanitarian efforts.

In addition, the Honduran Red Cross benefited from robust technical support provided by the IFRC Regional Office in Panama. This office played a key role in guiding and reinforcing the actions of various countries in the region, tailoring its support to address specific needs and operational contexts.

Furthermore, the IFRC Regional Logistics Unit was instrumental in delivering critical support, including the procurement of essential resources and the management of key process requirements. These efforts ensured the smooth implementation of relief operations and contributed significantly to the overall effectiveness of the IFRC mission in the region. This comprehensive and collaborative approach reflected the IFRC's strong commitment to addressing humanitarian challenges in Central America.

Participating National Societies

In Honduras, several Participating National Societies (PNSs) were actively involved, including the Swiss, Spanish, Norwegian, Italian, American, and German Red Cross. These organizations maintained 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 implemented funds received through multilateral cooperation. This approach enabled a more comprehensive and coordinated response to health crises by leveraging the collective resources and technical expertise of multiple partners.

However, at the time of submitting this DREF application, none of these Participating National Societies had planned to support this specific operation. This situation was subject to change depending on evolving needs and conditions in the field. Nonetheless, sustained collaboration among these organizations remained essential for effectively addressing public health challenges in Honduras.

ICRC Actions Related To The Current Event

A delegation from the International Committee of the Red Cross (ICRC) was present in the country, actively engaging with senior officials of the Honduran government. The ICRC provided both technical and financial support to the Honduran Red Cross for the implementation of various programs and projects. This support was aligned with the mandates of both organizations, ensuring effective and coordinated collaboration.

However, it is important to note that, at the time of submitting this DREF application, there were no plans for the ICRC to support this specific operation. This situation was subject to change depending on evolving needs and circumstances on the ground.



Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Honduran Ministry of Health (SESAL) had issued a national emergency declaration in response to the widespread dengue epidemic across the country. This critical measure encompassed several key actions aimed at mitigating the impact of the epidemic and safeguarding public health.</p> <p>Firstly, it required the mobilization of all available personnel across health facilities nationwide. These healthcare professionals were tasked with implementing a range of actions, including health promotion, disease prevention, and the treatment of those affected by dengue. This comprehensive approach ensured that every aspect of the health response was addressed, from educating the public about prevention measures to providing essential care for those infected.</p> <p>Secondly, the declaration enabled the expedited procurement of necessary supplies and medicines. Given the urgency of the situation, these resources were acquired swiftly to ensure that health facilities were adequately equipped to manage the growing number of dengue cases.</p> <p>Lastly, the declaration emphasized the importance of monitoring the evolution of the epidemic through robust epidemiological surveillance. This included tracking the number of dengue cases, identifying hotspots for targeted interventions, and evaluating the effectiveness of the response. The data collected through these efforts was essential to inform public health strategies and adjust actions as the situation evolved.</p>

Are there major coordination mechanism in place?

In Honduras, the national response to emergencies and disasters was coordinated by the Permanent Contingency Committee (COPECO). This official body collaborated with numerous 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) assumed responsibility for managing the response within the framework of COPECO. This structure ensured that health crises were addressed promptly and effectively, leveraging SESAL's technical expertise and resources.

At the municipal level, emergency responses were coordinated by Municipal Emergency Committees (CODEM), led by the mayor's office. In addition, Local Emergency Committees (CODEL) were established to tailor emergency responses to the specific needs and realities of each community.

In the context of the dengue epidemic, specialized intersectoral committees were formed. These committees operated under the leadership of health facilities and included various civil and community organizations. Their role was to coordinate and implement targeted strategies to combat the spread of dengue, capitalizing on the collective resources and capacities of all actors involved.

This multi-level and collaborative approach ensured that emergency responses—whether to natural disasters or public health crises like the dengue epidemic—were comprehensive, effective, and responsive to the needs of the affected populations.

Needs (Gaps) Identified



Given the alarming surge in dengue cases nationwide, the ability to respond swiftly and effectively from an epidemiological standpoint had been significantly strained. This strain had manifested 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 had been further exacerbated by a shortage of essential medications, such as acetaminophen and Hartman's Serum, which had hampered the ability to manage the complexity of dengue cases.



The Ministry of Health (SESAL) had faced shortages of human and logistical resources, chemical supplies, vehicles, and fumigation equipment. These shortages had impeded the implementation of preventive measures and effective vector control. As such, it had been imperative to undertake actions aimed at effectively communicating risks.

Moreover, geographical and economic disparities that had disproportionately impacted certain segments of the population—particularly those in marginalized urban areas—had posed additional challenges. These disparities had increased the difficulty in accessing healthcare services, thereby heightening the risk of delayed treatment for severe dengue cases (or dengue with warning signs) and associated complications. Given these disparities, it had been crucial to deploy trained volunteers equipped with personal protective equipment who could mobilize to these hard-to-reach areas and carry out preventive control measures.

In terms of mental health and psychosocial support, Honduras had had a limited number of institutions providing counseling and only two specialized psychiatric hospitals; therefore, available resources had been insufficient to meet the country's growing mental health needs.

The mental health situation had been further worsened 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 had also contributed to the stress and anxiety experienced by the population—particularly among those with sick family members, residents in high-incidence areas, and individuals with disabilities who lacked adequate protection against mosquito bites.

The limited capacity of health services to respond to these challenges had led to feelings of helplessness and powerlessness within affected communities. Furthermore, the scarcity of resources and the prioritization of clinical interventions had often resulted in the psychological and emotional needs of the population being overlooked.

Given these challenges, it had been crucial to implement actions aimed at strengthening mental health and fostering resilience within communities. This had included addressing critical gaps in mental health and psychosocial support and ensuring that emotional well-being had not been neglected amidst physical health crises.



Water, Sanitation And Hygiene

In Honduras, the need for safe and drinkable water had been a constant concern. This need had often led to excessive and improper water collection practices, along with 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 had further exacerbated the reproduction of the vector.

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

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

Addressing these challenges had required a comprehensive approach that included 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, between 1 January and 31 March 2024, 31 cases of violent deaths of children, adolescents, and young people were recorded. These groups were in a situation of vulnerability due to the precarious or nearly nonexistent guarantee of their fundamental rights, and they also faced contexts of criminal violence. In March alone, according to media outlets El Heraldo and La Tribuna, 10 children were admitted to the University School Hospital due to dengue, while another 18 remained hospitalized in maternal and child wards because of the disease—excluding additional cases in other parts of the country.

In terms of access to health care, according to data from PAHO, about one-third of people in the Americas (29.3%) reported not seeking care when needed due to multiple access barriers. Despite progress, access to health services remained one of the most unequal in the



world.

The process of reducing inequalities became even more complex due to emerging epidemiological and demographic patterns. In Honduras alone, according to the most recent data, the country continued to have the highest infant mortality rate in Central America. In addition, according to the Association for a More Just Society (ASJ), more than 1,052,485 children and adolescents remained without access to education. As a result, these groups suffered the cumulative impact of multiple events, highlighting the need for emergency operations to include mechanisms for prevention and assistance in cases of rights violations—helping to mitigate humanitarian consequences and restore the effective exercise of rights.

It was also important to highlight that one of the most invisible groups directly affected by dengue was persons with disabilities. Access to health services posed multiple barriers that hindered universal access. In Honduras, 14% of the population had some form of disability, according to the National Human Rights Commission (CONADEH). Moreover, many of these individuals with disabilities were older adults who were highly vulnerable due to partial or complete dependence on their families or on state-subsidized services. Even older adults without disabilities faced comorbidities or weakened immune systems, making them a highly vulnerable group—not only because of their medical conditions but also due to their invisibility in humanitarian responses.



Community Engagement And Accountability

Given the surge in disease cases, it had been crucial to conduct community-level consultations. Therefore, the Community Engagement and Accountability (CEA) approach had been integrated into these consultations. Community work plans focused on behavioural change and information dissemination had been implemented to support disease control efforts.

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

These mechanisms had involved not only health personnel but also representatives from other local sectors. This approach had ensured a comprehensive and context-sensitive emergency response that respected the cultural and social nuances of the community.

Adopting this approach had enhanced the effectiveness of interventions and fostered community acceptance and collaboration throughout all stages of the process—including planning, implementation, and evaluation of response actions.

Operational Strategy

Overall objective of the operation

Through this DREF Application, the Honduran Red Cross aimed to contribute to the national response to the dengue epidemic by supporting the 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 for a six-month period.

At the end of the operation, the Honduran Red Cross reached a total of 18,609 people (approximately 3,722 families) through the various planned activities.

Operation strategy rationale

This DREF operation was designed to support the actions of the Honduran Ministry of Health (SESAL) in responding to the nationwide dengue epidemic in Honduras. The situation at the time required urgent and effective interventions to reduce the transmission of dengue and other arboviruses, particularly among the most vulnerable populations.

There was a clear need to strengthen the capacities of both communities and health service providers to lower the number of cases in the most affected areas. A key component of this effort involved clean-up campaigns targeting mosquito breeding sites. These activities, together with the distribution of educational materials and the implementation of awareness-raising campaigns, played a crucial role in limiting the spread of the disease and protecting public health.

The response strategy aimed to complement SESAL efforts by working in a coordinated and focused manner with affected communities. The overall objective was to mitigate the impact of the epidemic and improve the quality of life of the population. This approach underscored the importance of community participation and multisectoral collaboration in the effective management of 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 was targeted by this operation?

The focus was primarily on populations residing in marginalized urban communities that were grappling with inadequate water and sanitation infrastructure and had limited access to health services. These communities, due to their circumstances, were among the most vulnerable and therefore required urgent attention and resources.

By prioritizing these areas, the Honduran Red Cross ensured that those most in need received the necessary support and services. This approach was crucial in mitigating the impact of the health emergency and contributed to 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 branch is present and there is an adequate number of volunteer personnel participating in the operation.



Total Assisted Population

Assisted Women	3,456	Rural	20%
Assisted Girls (under 18)	6,375	Urban	80%
Assisted Men	3,056	People with disabilities (estimated)	5%
Assisted Boys (under 18)	5,722		
Total Assisted Population	18,609		
Total Targeted Population	15,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
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.
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.

Please indicate any security and safety concerns for this operation:

There were risks for health personnel and volunteers working in high-risk or difficult-to-access areas. As mitigation measures, a training on safety and self-protection was conducted for the personnel involved in the operation, along with the implementation of the Health Services Protection Guidelines.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Budget: CHF 185,620

Targeted Persons: 15,000

Assisted Persons: 18,609

Targeted Male: 8,995

Targeted Female: 9,614

Indicators

Title	Target	Actual
Number of people reached with vector control actions.	15,000	18,470
Number of community volunteers trained in health promotion, vector control and Psychological First Aid (PFA).	60	66
Number of schools participating in communication and vector control actions.	20	13
Number of schools receiving psychoeducation and sensitization on self-care measures.	2	9

Narrative description of achievements

Field activities began with the collection of larval indices to determine the level of infestation by the dengue-transmitting mosquito. This phase was critical for targeting public health actions. Surveys were conducted in 3,694 households, reaching a total of 18,470 people—a number that exceeded initial projections due to increased demand from the Ministry of Health (SESAL) to support additional families in prioritized communities.

To carry out these activities, health committees were either formed or strengthened in the eight selected communities. The intervention was coordinated with local health facilities, the Cortés Regional Health Authority, and volunteers from the Red Cross councils in Cortés, Pimienta, and Villanueva.

Vector control actions included breeding site elimination campaigns, community clean-up days and door-to-door educational visits. These were implemented with active community involvement, led by trained health committee members.

Educational and illustrated materials (stickers, posters, and flyers) were designed and distributed, containing practical and accessible information on dengue prevention.

As part of school-based efforts, informational talks were conducted in 13 schools across the three municipalities to raise student awareness about dengue prevention measures. Although fewer schools were reached than originally planned due to scheduling conflicts



with educational authorities, the sessions were highly appreciated by both students and teachers. Additionally, in 9 of these schools, self-care sessions were held, emphasizing the importance of these practices within the context of the dengue emergency.

To further build local capacities, community health promotion and vector control workshops were conducted, training 66 community volunteers. Additionally, two clinical management workshops led by medical specialists were held, benefiting 73 healthcare professionals from the intervention areas.

Finally, the National Society strengthened its community-centered approach through workshops on Community Health and First Aid, training 64 volunteers—surpassing the original target due to increased demand for participation.

Lessons Learnt

- Early coordination with SESAL was key to an efficient operation. Involving the Ministry of Health from the planning stage allowed for the identification of priority areas, avoided duplication of efforts, and enabled a rapid response to emerging requests to expand coverage.
- Community leadership enhanced the impact of interventions. The activation and training of community health committees facilitated key actions such as clean-up campaigns and door-to-door education visits, while reinforcing local ownership of the process.
- Adapting educational messages and materials to the cultural context was essential for understanding and acceptance. Using illustrations, simple language, and everyday questions helped the community better assimilate preventive information and increased their engagement.

Challenges

- Limited coordination with the formal education system. Although broader school interventions were planned, agreements with all local education authorities could not be secured due to school calendar constraints and differing institutional priorities.
- Challenges in sustaining community committee operations. Although effective during the operation, the lack of incentives, resources, and continued technical support could undermine their long-term viability.



Water, Sanitation And Hygiene

Budget: CHF 200,731

Targeted Persons: 15,000

Assisted Persons: 18,470

Targeted Male: 8,866

Targeted Female: 9,604

Indicators

Title	Target	Actual
Number of families receiving 1500-liter water tanks and household water filters	900	396
Number of families reached with fumigation campaigns	3,000	3,694
Number of families reached with hygiene promotion kits (cleanliness kits)	900	2,000
Number of families reached with hygiene promotion activities	900	3,694
Number of volunteers trained in WASH	25	73

Narrative description of achievements

As part of its comprehensive dengue response operation, the Honduran Red Cross conducted a household census in prioritized communities. Based on this data and previously validated technical selection criteria, the organization distributed "La Untadita" hygiene kits, mosquito nets, and water storage tanks. Community health committees actively participated in the selection process, ensuring



transparency and the relevance of the distributions.

A total of 396 water storage tanks (750 liters each) were distributed—fewer than initially planned—due to supplier limitations in meeting the required quantity before the operation's closure. Additionally, although the initial plan included the distribution of water filters, none of the identified suppliers could guarantee timely delivery while meeting the required quality standards, leading to the decision not to proceed with the purchase.

On the other hand, the operation successfully distributed 2,000 “La Untadita” hygiene kits, exceeding the original target. This was made possible by sourcing supplies from a vendor who provided the required items at a lower cost while maintaining quality, allowing for an efficient use of funds. Furthermore, three full fumigation campaigns were carried out, reaching 3,694 households (approximately 18,470 people) through actions such as BTI (*Bacillus thuringiensis israelensis*) application, indoor thermal fogging, and household-level hygiene and dengue prevention education. A higher number of people than originally planned was reached, following a request from the Secretariat of Health (SESAL) to extend support to more families within the same target communities.

In line with the SESAL national dengue prevention strategy, 900 mosquito nets were also distributed to households with individuals at higher risk, such as persons with reduced mobility, children under five, and patients with chronic illnesses who remained bedridden.

All changes to the intervention plan were clearly communicated to both field teams and affected communities to ensure consistent and transparent messaging.

Finally, to strengthen local response capacity, the National Society conducted training sessions for community volunteers on hygiene and basic sanitation principles in the context of epidemics. A total of 73 volunteers were reached, exceeding the initial target due to the high demand for participation.

Lessons Learnt

- Involving community health committees in the selection and distribution processes significantly strengthened transparency, ownership, and the appropriateness of the response.
- Clear and consistent communication of operational changes helped maintain trust and manage community expectations effectively.

Challenges

- Limited supplier availability impacted the timely acquisition of key items like water tanks and filters, highlighting the need for pre-identified suppliers with rapid response capabilities.



Protection, Gender And Inclusion

Budget: CHF 12,567

Targeted Persons: 60

Assisted Persons: 73

Targeted Male: 34

Targeted Female: 39

Indicators

Title	Target	Actual
Number of volunteers and technical staff trained in PGI, Safeguard, PSEA	60	73
Updated mapping of actors and services	1	1
Number of schools that receive training in PGI	6	0



Narrative description of achievements

As part of its comprehensive response approach, the Honduran Red Cross updated the directory of local actors responsible for providing protection services and managing safe referrals, ensuring timely and appropriate response to potential protection issues arising during the emergency. This directory was shared internally with operational teams to reinforce understanding of the National Society protocol for handling protection-related situations.

Additionally, the National Society conducted training sessions for volunteers on minimum standards for Protection, Gender and Inclusion (PGI) in emergencies, safeguarding, and Prevention and Response to Sexual Exploitation and Abuse (PSEA). The training followed a cascade approach: an initial group of volunteers in each municipality received the training, and then replicated it with other members of their local branches. As a result, a total of 73 volunteers were trained, exceeding the original target and strengthening community capacity to monitor and report protection concerns.

Although PGI sessions were initially planned for schools, they could not be implemented due to the heavy academic schedule, which limited opportunities to introduce additional educational sessions.

Lessons Learnt

- The cascade training approach was effective in rapidly expanding the number of trained volunteers, improving local capacity without requiring significant additional resources.
- Volunteers trained in PGI and PSEA became essential protection focal points, helping increase awareness and accountability at the local level.

Challenges

- Limited availability of time in schools prevented the implementation of awareness sessions on PGI for children and adolescents, highlighting the need to plan early and coordinate closely with the education sector.



Community Engagement And Accountability

Budget: CHF 9,692

Targeted Persons: 1,500

Assisted Persons: 228

Targeted Male: 97

Targeted Female: 131

Indicators

Title	Target	Actual
Number of volunteers trained in Community Engagement and Accountability (CEA) and feedback mechanisms.	60	69
Number of feedback mechanisms implemented.	1	1
Percentage of people surveyed to measure satisfaction after implementation of activities and delivery of humanitarian assistance.	10	0
Percentage of people in communities using available feedback mechanisms.	10	10
Number of meetings with community representatives to evaluate the implementation of the operation.	20	14
Number of coordination meetings with authorities of the Ministry of Health and the Municipal Mayor's Office.	5	5



Narrative description of achievements

As part of its commitment to community-centered approaches, the Honduran Red Cross conducted training sessions on the fundamental elements of Community Engagement and Accountability (CEA) in emergencies, including the importance of implementing context-specific feedback mechanisms. These sessions not only increased team awareness but also enabled the design and implementation of an adapted feedback system. A total of 69 volunteers were trained, surpassing the initial target due to high interest and engagement from volunteer teams.

In coordination with the National Society CEA focal point and based on the results of community surveys, a WhatsApp line was selected and implemented as the preferred feedback mechanism. This tool was used by approximately 186 people, representing 10% of 10% of the population reached through the operation, thereby meeting the minimum feedback standards in emergency contexts.

Through this channel, the community was able to ask questions about the dates and locations of activities, verify information related to the selection criteria for targeted individuals, express concerns about the content and quality of distributed kits, and make specific requests—such as the inclusion of people with chronic health conditions. Positive feedback was also received regarding the usefulness of the materials delivered, along with suggestions to improve the logistics of distribution, including extended hours and additional service points.

To reinforce local accountability, 14 community assemblies were conducted to present planned actions, operational progress, challenges encountered, and final results. A total of 200 people participated in these meetings. The number of assemblies was lower than originally planned, as the format was streamlined to accommodate participants' limited availability due to their post-emergency responsibilities.

Throughout the operation, coordination meetings were held with local authorities, mayors, municipal representatives, and staff from the Secretariat of Health (SESAL), with 28 institutional stakeholders participating. These meetings helped align strategies and ensure effective and coordinated field implementation.

Although post-distribution satisfaction surveys had been initially planned, delays in the delivery of key supplies significantly reduced the available time for implementation. Furthermore, it was deemed inappropriate to proceed with the surveys to avoid overwhelming people with multiple consultations. As a result, other community consultation and assessment spaces were prioritized, and the targeted number of survey respondents was not reached.

Lessons Learnt

- Establishing a feedback mechanism based on community preferences increased trust and improved the relevance of information exchange between the population and the National Society.
- Community assemblies proved to be effective platforms for building transparency and maintaining the engagement of affected populations throughout the response.

Challenges

- Delays in supply delivery limited the ability to conduct satisfaction surveys, impacting the availability of evidence on community perception of the response.
- Balancing the number and timing of community meetings with participants' availability required adaptive planning to avoid overburdening communities recovering from the emergency.



Secretariat Services

Budget: CHF 11,715

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
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Monitoring visits	1	2
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Narrative description of achievements

As part of the technical and strategic support provided by the IFRC, representatives from the Country Cluster Delegation for Central America—including the Disaster Risk Management Coordinator, the Senior Officer for Planning, Monitoring, Evaluation and Reporting (PMER), and the Health Assistant—conducted a joint field monitoring visit. During the mission, they held meetings with technical teams from the Honduran Red Cross, volunteers, community representatives, and affected individuals.

This visit provided a valuable opportunity to observe the implementation of response actions firsthand, assess progress, and identify operational challenges in real-time. It complemented the virtual follow-up meetings that the Delegation had held regularly with the National Society throughout the operation.

Additionally, the Senior PMER Officer conducted a second field visit to support and facilitate the Lessons Learned Workshop, contributing to institutional capacity strengthening and technical analysis of the operation's results.

Lessons Learnt

- Joint monitoring visits enable real-time identification of operational challenges, strengthen coordination between IFRC and National Society teams, and enhance the effectiveness of humanitarian response.

Challenges

- The collection and systematization of information during monitoring visits may be limited by the operational workload of field teams, making it difficult to obtain up-to-date and disaggregated data for real-time decision-making.



National Society Strengthening

Budget: CHF 35,431

Targeted Persons: 60

Assisted Persons: 73

Targeted Male: 29

Targeted Female: 44

Indicators

Title	Target	Actual
Number of volunteers receiving visibility supplies or uniforms	60	73
Number of volunteers trained in operational safety	60	0
Lessons learned workshop	1	1

Narrative description of achievements

The Honduran Red Cross strengthened its operational capacity by hiring five key staff members specifically for the DREF operation: one operations coordinator, one administrator, and three field technicians—one for each prioritized municipality. This decentralized structure enabled more agile and context-specific responses at the community level.

In line with its commitment to volunteer safety, the National Society also provided visibility and personal protection items (caps, bandanas, t-shirts, etc.) to 73 active volunteers. This number exceeded the original target due to increased volunteer engagement, reflecting the strong community commitment during the emergency.

Although an operational safety training workshop for volunteers had been planned, it could not be implemented due to the



prioritization of urgent activities in other sectors, such as health and vector control. This decision was made to maximize the available time and human resources.

To close the operation, a lessons learned workshop was conducted in each of the three intervention municipalities. Each workshop included two segments: one with individuals reached by the DREF operation and another with volunteers from local Red Cross branches. This approach enabled broader participation and allowed for a more comprehensive analysis of the operation from multiple stakeholder perspectives.

Lessons Learnt

- Volunteer commitment can exceed projections when actions are clearly linked to community needs and visibility efforts are in place.
- Segmented lessons learned sessions with both volunteers and community members provide richer insights and help identify tailored improvements for future operations.

Challenges

- Balancing the execution of operational activities with volunteer capacity-building efforts can be difficult, especially during emergency contexts.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRHN023 - Honduras - Dengue

Operating Timeframe: 11 jun 2024 to 31 dic 2024

Selected Parameters			
Reporting Timeframe	2024/6-2025/4	Operation	MDRHN023
Budget Timeframe	2024/6-12	Budget	APPROVED

Prepared on 04/Jun/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	455.756
DREF Response Pillar	455.756
Expenditure	-248.171
Closing Balance	207.585

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	174.291	95.129	79.162
PO05 - Water, Sanitation & Hygiene	188.479	76.047	112.432
PO06 - Protection, Gender and Inclusion	11.800	4.916	6.884
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	27.816	37.109	-9.293
PO10 - Community Engagement and Accountability	9.100	1.646	7.454
PO11 - Environmental Sustainability			0
Planned Operations Total	411.486	214.847	196.639
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	11.000	6.724	4.276
EA03 - National Society Strengthening	33.269	26.599	6.669
Enabling Approaches Total	44.269	33.323	10.945
Grand Total	455.755	248.171	207.584

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 455,756 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 248,171. The unspent balance of CHF 207,585 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures are primarily due to the fact that the full purchase of water storage tanks could not be completed, as no supplier had the required quantity available for delivery within the established timeframe. As a result, unspent funds remained not only for the tank acquisition but also for the associated logistics and distribution costs.



In addition, several vector control activities—both physical and chemical—were implemented in close coordination with the Ministry of Health (SESAL). This collaboration enabled more efficient use of resources and, in many cases, significantly reduced the costs associated with procuring supplies, as SESAL contributed materials and technical staff to support the operation.



Contact Information

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

National Society contact: Hugo Orellana, National President Honduran Red Cross, hugo.orellana@cuzroja.org.hn

IFRC Appeal Manager: Marjorie Sotofranco, Head of Country Cluster Delegation, marjorie.sotofranco@ifrc.org

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

IFRC focal point for the emergency: Diana Oviedo, Programs and Operations Coordinator, diana.oviedo@ifrc.org

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

[Click here for reference](#)

