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DREF Final Report

Honduras: Population Movement



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

DREF Final Report	Operation no. MDRHN010
Date of issue: 22 December 2017	Operation start date: 1 October 2016
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Operation Start Date: 29 September 2016	Expected timeframe: 5 months (end date: 1 March 2017)
Number of people affected: 5,000 people	Number of people assisted: 4,394 people (1,196 women and 3,198 men)
Budget for the operation: 156,492 Swiss francs (CHF)	
Host National Society presence: The Honduran Red Cross' (HRC) organizational structure is divided into four regions, along with a Management Group at the national level and 4,700 volunteers duly registered in the Institutional Human Talent System. The National Society is represented in 52 municipalities across the country through its network of branches	
Number of National Societies that participated in the operation: Red Cross Honduras, International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC).	
Number of partner agencies that participated in the operation: The government of Honduras through its National Immigration Institute (INM for its acronym in Spanish).	

A. Situation Analysis

Description of the Disaster

- **November 2015:** The authorities at the National Migration Institute (INM for its acronym in Spanish) estimated that around 20,000 people – of mainly Cuban origin – passed through the region in 2014 and 2015.
- **August 2016:** The INM's Regional Office and the Centre for Assistance to Irregular Migrants (CAMI for its acronym in Spanish) received requests for assistance from an average of 2,500 migrants per month.
- **September 2016:** The Honduran Red Cross signed a letter of understanding with the INM to coordinate the humanitarian response actions following the emergency that affected irregular migrants.
- **October 2016:** The HRC began implementing the Disaster Relief Emergency Fund (DREF) operation: The HRC provided services to around **5,500** migrants, thereby exceeding the original target population of 4,000 migrants; the services included basic first aid care, the distribution of personal hygiene kits



Session on sharing key messages on hygiene promotion. Source: Honduran Red Cross

and key messages to promote hygiene as well as a restoring family links (RFL), which was jointly implemented with the ICRC, so that people could contact their families through the provision of a free telephone call. The migrants were mainly of Caribbean origin from countries such as Haiti and Cuba, while a smaller percentage of migrants were from the continent of Africa, including the Democratic Republic of Congo, Cameroon, Senegal, Angola, Kenya as well as Asian countries such as Bangladesh, Nepal, India, among others.

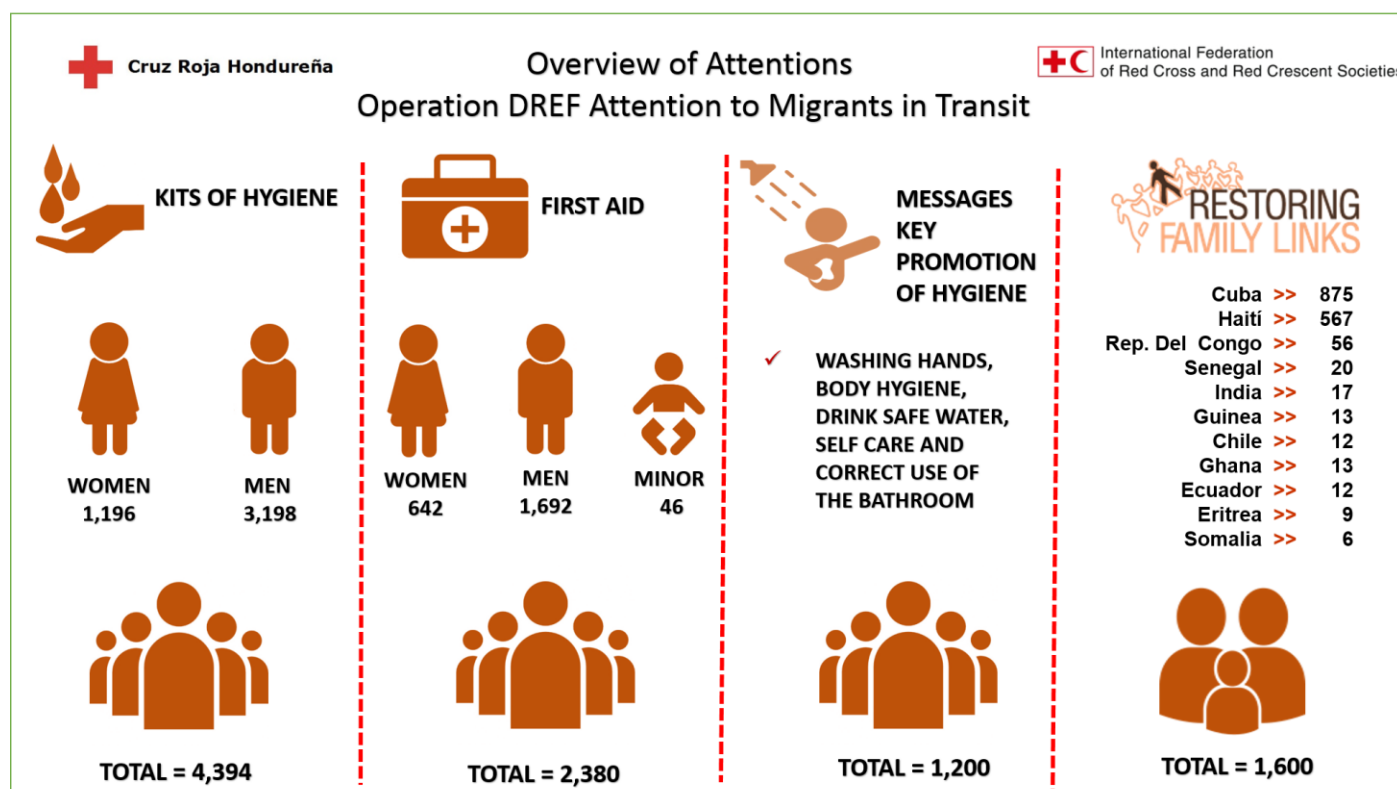
The situation at the CAMI evolved in terms of the number of migrants entering the country, ending with a low level of migrants at the close of the operations. In January and February 2017, less than 1,200 migrants were received, meaning that the administrative process was faster. In addition, there was less demand for the HRC's services; however, there was high demand for first aid care, which was received positively by the migrants.

Summary of measures adopted

Overview of Host National Society

In September 2016, the Honduran Red Cross signed a letter of cooperation with the National Migration Institute to provide humanitarian assistance at the CAMI facilities in the city of Choluteca for migrants in transit; this assistance was focused on the following three main areas of action based on a needs analysis that was conducted:

1. Distribution of Hygiene Kits: In response to the migrants' hygiene needs and as a measure to maintain their health, the HRC distributed **4,394** personal hygiene kits in less than 90 days. The migrants were mainly male, as demonstrated by the fact that **73 per cent** of the kits were provided to men. The standard kits contained a month's worth of toiletries such as a bar of soap for clothes and personal use, shampoo, a razor for shaving, toothpaste and a toothbrush, a small cotton towel and sanitary napkins; it was packaged in a small, portable bag with straps. Please see the graphic below for an overview of the services offered by the HRC:



2. Basic First Aid Assistance: Assistance for migrants in transit: Two professionals were hired to provide first aid care to the target population; these workers provided basic health care during their 8-hour shifts within a cubicle in the CAMI that was stocked with basic medication and medical supplies. There were 10 volunteer first-aiders at the Choluteca branch. On average, the volunteers attended to 25

people per day, with most cases involving general sickness, muscle injuries, cuts and scrapes to the skin, digestive illnesses, respiratory problems, pregnancy and vaginal infections; patients in critical condition were transferred to the local hospital.

3. Spreading Key Messages on Hygiene Promotion: To complement the delivery of hygiene kits, educational material was handed out to migrants containing key messages on hygiene promotion; the messages were printed in four languages (Spanish, English, French and Creole). Educational measures were designed to raise awareness regarding the importance of using a correct hand washing technique, which is a way of creating a hygiene barrier that facilitates protection from the transmission of several diarrheic diseases and contributes to good health.

Overall implementation and financial situation: 77 per cent (119,534 Swiss francs) of this DREF's allocation was spent. The closing balance of 36,958 Swiss francs will be reimbursed to the DREF. There were less expenditures than initially budgeted because some costs related to first aid material were less than expected and the RIT deployment was cancelled. The initial plan was to deploy a RIT from Haiti because a large number of migrants crossing Honduras were French or Creole speakers; however, the country (Haiti) was impacted by the Hurricane Mathew and was not possible to deploy more personnel.

[Click here to view the final financial report](#)

Overview of Red Cross Red Crescent Movement in country

The IFRC's Pan American Disaster Response Unit (PADRU) and the IFRC's country coordinator maintained close communication with the Honduran Red Cross. Meetings were held with the institution's Migration Committee, which was coordinated by HRC's Doctrine, Law and Social Development staff member and supported by the ICRC, the IFRC, Partner National Societies (PNSs) such as the Spanish Red Cross, the Canadian Red Cross Society and the Norwegian Red Cross, and various departments within the HRC. Furthermore, the IFRC monitored the migration situation at the regional level, and the ICRC made regular visits to the Centre for Irregular Migrants to conduct assessments of the situation in Choluteca. The ICRC will continue providing the phone call service for as long as necessary even after the close of the operation, which will involve delivering phones, calling cards and furniture to the HRC to set up a RFL call centre at the CAMI; however, DREF funds will not be used to provide these services, as it is after the close of the operation and it is an ICRC operation that is independent of the DREF operation.

Restoring Family Links

Throughout the implementation of the DREF operation, the HRC offered RFL services in coordination with ICRC; this measure consisted of allowing migrants to make a three-minute phone call to a family member anywhere in the world; the ICRC funded this service, and volunteers trained in RFL from the branches in Choluteca, San Lorenzo and Perspire provided it. The ICRC plans to continue to offer the service for the remainder of the year in accordance with the level of demand.

Overview of non-RCRC actors in country

CAMI authorities, in partnership with the Municipal Council of Choluteca, held a number of meetings concerning different ways to improve the conditions for the migrants who were detained/were in custody and groups that were arriving for the first time.

B. Strategy and Plan of Action

Overall objective

Provide humanitarian assistance to the migrant population in transit, including pre-hospital care and hygiene promotion with a communication component with the beneficiaries.

Proposed Strategy

The strategy used by the Honduran Red Cross was based on its work at CAMI in coordination with other actors from the Red Cross Red Crescent Movement and migration authorities. The strategy required comprehensive measures, beginning with training for volunteers from the HRC on topics such as migration, minimum standards and protection principles. To provide assistance for different types of injuries that the

migrants had, it was necessary to have the participation of Pre-Hospital System Response Units throughout the operation; these Units also supported the distribution of hygiene kits.

Areas common to all sectors: A coordinator was hired to lead the different actions implemented by the DREF operation in the field and to facilitate timely coordination alongside other Movement components that were involved in the provision of assistance. An administrative assistant was hired to improve financial processes in the field. The Risk Management Office (OGR for its acronym in Spanish), the Monitoring Unit, HRC Project Evaluation staff and the IFRC made a number of monitoring visits throughout the implementation of the plan of action. The HRC Communications team designed a specific communications strategy focused on the issue of migration, which included the creation and dissemination of press releases, stories about the beneficiaries, informative bulletins and printed material, as well as a video to document the assistance that was being provided.

To better understand and increase awareness of the type of response that was provided throughout the operation, a workshop was held on the effects and causes of migration, minimum standards and norms for housing and temporary settlements and protection principles (taken from the Sphere Project), with participation from a significant number of HRC volunteers from the country's southern region; the ICRC were supported by the ICRC and civil servants who work for the national government in the area of migration supported these workshops.

Health and Care: First aid services and care for minor injuries suffered by migrants were provided within CAMI facilities in the city of Choluteca and externally when the migrants required a medical transport. HRC's emergency ambulance service was also made available, and two paramedics, a driver and a team of 10 voluntary first-aiders hired for this operation provided this service; furthermore, the HRC coordinated the ambulance service with the Choluteca Hospital to facilitate access and prioritize assistance for migrants who were in vulnerable conditions.

Water, Sanitation and Hygiene Promotion Four volunteers who had received National Intervention Training (NIT) training in water, sanitation, hygiene promotion and health were deployed to the region; they led processes alongside other local volunteers through the implementation of workshops designed to spread key messages on hygiene promotion. Educational materials in Spanish, French and Creole were designed, printed and distributed during the operation, which was complemented by the distribution of standard personal hygiene kits. Migrants and families that were travelling with minors that required breastfeeding were also identified and provided with disposable diapers.

Communication with beneficiaries: A communications strategy was designed together with beneficiaries to address issues concerning pre-hospital services, hygiene promotion and information on migration routes. The approach consisted of distributing messages through posters and leaflets that included key hygiene promotion and self-care messages that were translated into four languages: Spanish, English, French and Creole.

Human Resources

To implement the DREF operation, the following staff were hired: a field coordinator, an administrative assistant, an emergency unit driver (ambulance) that had received prior Driving Ambulances and Emergency Vehicle (MAVE for its acronym on Spanish) training, a paramedic and an advanced first aid assistant. Moreover, the support provided by 30 volunteers from the Choluteca, San Lorenzo, Perspire and Nacaome branches proved invaluable as they carried out specific administrative/logistical operations.

Logistics and Supply Chain

The National Society has a Logistics Unit for the purchase of goods and services, which used well-established procedures that are compatible with the IFRC's system. In addition, they have a large and secure warehouse that was used for storing the resources purchased for the project. All the National Society's purchases included in the plan of action were made locally, depending upon availability as well as the providers' capabilities and goods and services. As part of the operation, a package containing 4,000 hygiene kits provided by the IFRC's Logistics Unit was purchased.

Information Technology (IT)

The National Society has a computerized system and constant internet access. For this operation, the Open Data Kit (ODK) application for mobile devices was used to collect information. The Mega V software was also used to register beneficiaries, and devices purchased in previous operations were used to collect and maintain these records.

Communications in the field and the safety of teams were achieved through an alternative communications system using very high frequency (VHF) portable radios in vehicles deployed in the field and in CAMI facilities where pre-hospital services, hygiene promotion sessions and hygiene kits were provided.

Communications

The National Society has a Communications department, which was responsible for providing coverage and support for each of the areas of the project and ensuring that the media received information regarding the HRC's work during the DREF operation. Additionally, a staff member was hired for the operation who was directly responsible for sharing and disseminating information related to the humanitarian assistance that was provided as part of the operation.

Internal Communications

- Newsletters and reports from the operation (printed and digital).
- Creation of communication material for distribution (flyers, posters, leaflets etc.)

External Communications

- Press releases
- Testimonies from beneficiaries.
- A documentary on the operation
- Creation of communication material for distribution (flyers, posters, leaflets etc.)

The HRC's Communications Department enjoys a strong relationship with the main media outlets at both the local and national levels, which facilitates significant media coverage of the Red Cross Movement's work through virtual, print and media outlets.

Security

For each of the operation's activities, the HRC ensured the implementation of safety standards and security measures outlined in the Safest Access Manual, which outlines recommendations for staff and volunteers that are involved in the field actions.

Strict measures were adopted for staff that participated in the operation, depending upon the context that they were working in. The HRC emphasized the importance of wearing clothing with the Red Cross logo to its volunteers, as well as the importance of not exposing themselves to dangerous environments and unnecessary risk. The HRC's activities with migrants in the CAMI facilities were continuously coordinated with migration authorities.

Planning, Monitoring, Evaluation and Reports (PMER)

The HRC's the Monitoring, Evaluation and Report Unit (UMER) supported the planning, monitoring, evaluation and report stages, as well as the creation of the Monitoring and Accountability Strategy to identify better the achievements and objectives fulfilled by the operation.

Each coordination process was measured quantitatively using digital tools from the institution (iReport, Resource Management System [RMS]), which facilitated data collection and the preparation of reports on the monthly progress of the operation. Qualitative oversight visits were made periodically along with meetings to carry out monitoring of the activities.

Additionally, the regional disaster management coordinator and the IFRC's country coordinator offered support and provided accompaniment throughout the process.

Administration and Finances

The HRC has its own financial and accounting system as well as an internal department for audits, which guarantees the adequate use of financial resources in line with the conditions established in the memorandum of understanding (MOU) between the National Society and the donor. The management of financial resources was undertaken in accordance with the National Society's standards and the IFRC's procedures, and the relevant procedures from the National Society and the processes defined by the IFRC were used for the cost-justification process.

C. Detailed Operational Plan

Health & Care

Target population: in accordance with the assessment that was carried out and based on the needs that were identified within the population of migrants in transit, the HRC aimed to provide pre-hospital care and assistance to up to 20 people per day as part of this component.

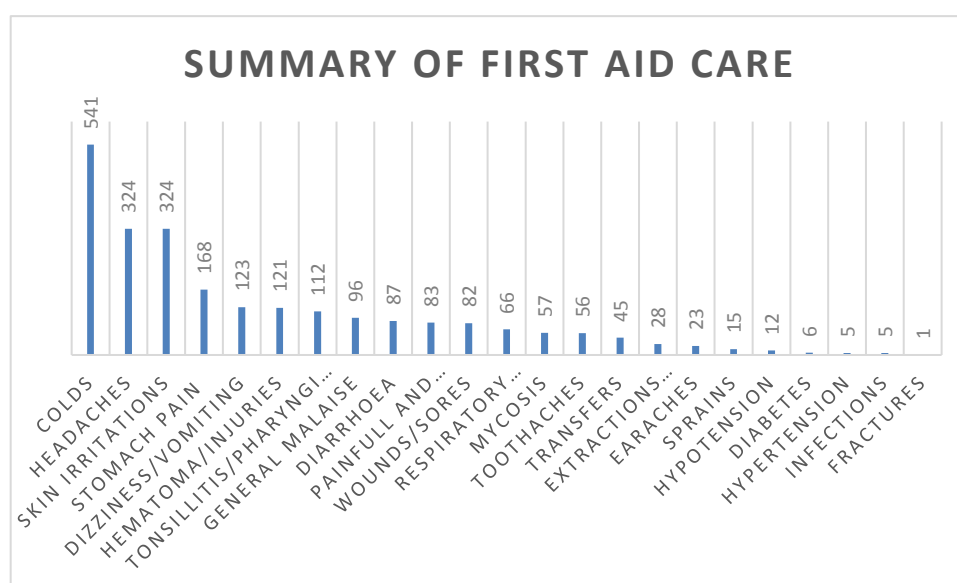
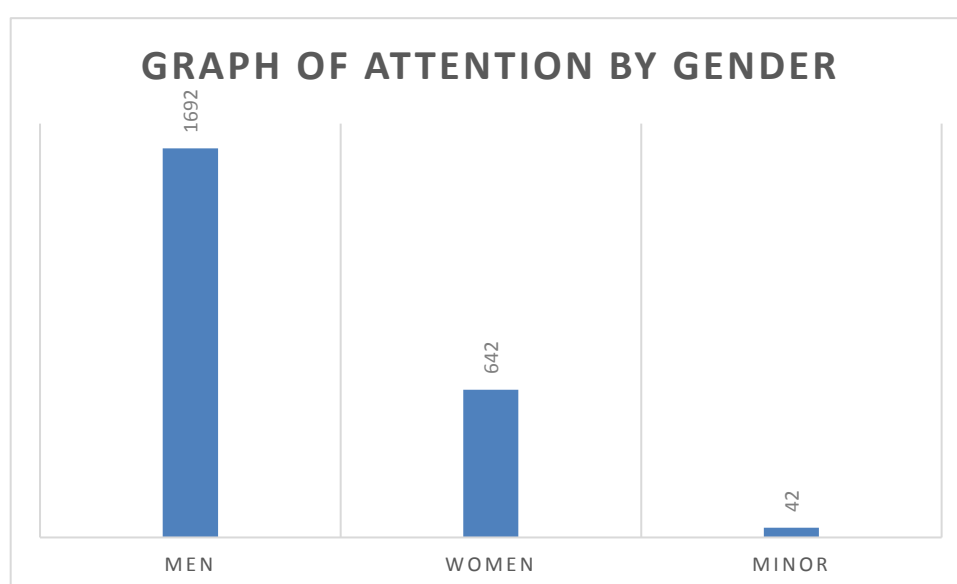
Outcome 1: Immediate health problems among the migrants are treated through pre-hospital care in Choluteca city.	Output	% achieved
	Output 1.1: The migrant population receives pre-hospital care from HRC staff	100%
Activities		% progress
Purchase of first aid material and supplies		100%
First aid care provided to migrants for 4 months		100%
Refresher workshop for staff supporting the pre-hospital care actions		100%
Deployment and establishment of a HRC mobile clinic (tent, ambulances, 2 medical emergency technicians and a driver) for 4 months.		100%
Distribution of self-care brochure to migrants		100%
Informative lecture on stress and self-care for volunteers		100%

Purchase of first aid material and supplies

For this operation, a basic set of generic medications and medical supplies was purchased and used to provide first-aid care to migrants at the CAMI; the medication that was used most frequently included pain-killers, flu medication, topical antibiotics, anti-allergenic medication, anti-spasmodic medication, alcohol and providone-iodine. Surgical materials were also purchased including disposable gloves, cotton, gauze, rolls of gauze, masks, alcohol, povidone-iodine and liquid soap for surgery, and some medical equipment was purchased such as oxygen cylinders, manual blood pressure equipment and an electronic nebulizer.

First aid care provided to migrants for 4 months

An emergency medical technician, an advanced first aid assistant and 5 first aid volunteers provided basic first aid and pre-hospital care at the CAMI from 8:00am to 4:00pm each day. In November and December 2016, there was greater demand for the service, with staff attending to an average of 25 migrants per day. By the end of the operation, 2,376 people had received assistance, as shown in the graph: 1,692 men (71 per cent), 642 women (27 per cent) and 42 minors (2 per cent). Families with young children also received disposable diapers and emphasis was placed on their children's respiratory health and oral rehydration.



Refresher workshop for staff supporting the pre-hospital care actions



Refresher first aid workshop for volunteers. Source: HRC

To train and strengthen the skills of volunteers in the region, two first aid refresher workshops were held. The first workshop took place on 18 to 19 November 2016, and the second one took place from the 10 to 12 February 2017; four migration inspectors participated in the second session, and 26 volunteers from the councils in Choluteca, San Lorenzo, Pespire and Nacaome participated in the workshops: 9 females and 17 males. This DREF covered mainly the per diem of volunteers participating in this training.

Deployment and establishment of a HRC mobile clinic (tent, ambulances, 2 medical emergency technicians and a driver) for 4 months

First aid care for migrants was provided in a cubicle within the CAMI building; this activity was the result of an agreement signed between the HRC and INM to offer patients greater comfort, safety and privacy. It is evident in the graph below that respiratory problems, headaches and skin irritation were the most recurring types of health problems suffered by the target population, followed by general malaise, stomach pain and skin infections. Furthermore, it is important to note that some migrants had suffered serious injuries to their limbs, which possibly required amputation, and these cases were referred to the local hospital.

Distribution of self-care brochure to migrants

Throughout the operation, leaflets containing messages on self-care were distributed to migrants; this activity was implemented jointly with the ICRC, and the material was translated into Spanish, English, French and Creole.

Informative lecture on stress and self-care for volunteers

This session was held with volunteers for stress management and self-care, with the participation of 25 volunteers from the Choluteca branch; an HRC volunteer, who is a psychologist, facilitated the workshop.

Challenges

First aid care became difficult when certain migrants did not speak or understand Spanish; nevertheless, whenever communication became difficult, a spouse, family member or somebody in the group was asked to interpret the conversation between the patient and paramedic.

Lesson Learned

- The care of patients in the CAMI demanded a large amount of medicine because of the wide range of injuries and illnesses afflicting the affected population; consequently, it is important to maintain some flexibility when choosing which medicine to purchase.
- The multitude of languages was a major challenge; however, this was resolved by working with the migrants that spoke Spanish and using them to translate for the non-Spanish-speaking migrants that shared the same native language as them.

Water, sanitation and hygiene promotion

The target population: Around 1,000 people per month (4,000 total) were assisted through the distribution of hygiene kits at the CAMI. Migrants were sensitized through the delivery of flyers containing key hygiene promotion messages; moreover, toilet paper, hand gel and shower soap dispensers were provided at the CAMI.

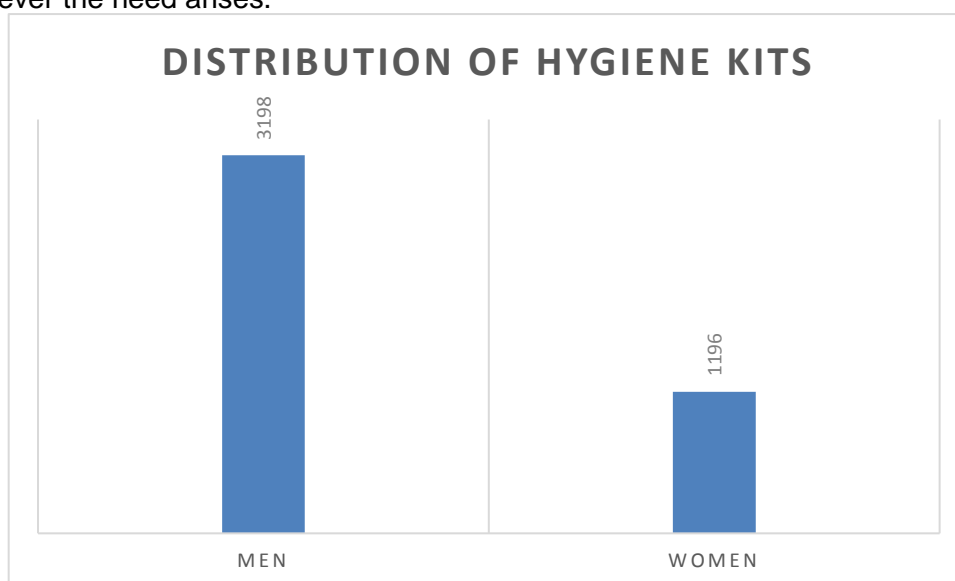
Outcome 2: The migrant population receives hygiene promotion	Outputs	% achieved
	Output 2.1: Hygiene promotion activities are provided to the entire migrant population at the CAMI.	75%

awareness-raising material, hygiene items, and it is actively involved in hygiene promotion sessions.	Output 2.2: 4,000 personal hygiene kits are distributed amongst the migrants and are differentiated for men, women and children.	100%
Activities		% progress
4,000 hygiene kits are purchased		100%
4,000 hygiene kits are distributed		100%
Dissemination of materials containing key hygiene promotion messages in English, French, Creole and Spanish		100%
Acquisition and installation of toilet paper, hand gel and soap dispensers in CAMI facilities		100%
Design and printing of materials containing key hygiene promotion messages		100%
Deployment of water and sanitation Regional Intervention Team (RIT) member for 3 months		0%

Achievements

4,000 hygiene kits are purchased

A total of 800 family hygiene kits were purchased in Panama, with support from the IFRC's Logistics Unit. The IFRC had a number of items in stock that were pre-purchased and stored in HRC's strategic warehouse and later authorized for distribution. The family kits had to be divided into 4,000 individual kits; to make this possible, small cloth bags with straps were purchased locally for the hygiene products. Additionally, another 2,400 kits were purchased to ensure that the surplus for this budget line was reinvested. The aim was to have access to a batch of pre-purchased kits so that distribution can be resumed whenever the need arises.



4,000 hygiene kits are distributed

The preparation, separation and distribution of the kits was implemented with the support of volunteers from the Community Council of Choluteca and was dependent upon the number of migrants; the kits distributed to an average of between 70 and 90 migrants per day in November and December 2016. During the operation, **4,394** hygiene kits were distributed to both male and female migrants.

Dissemination of materials containing key hygiene promotion messages in English, French, Creole and Spanish

Please see the "Design and printing of materials containing key hygiene promotion messages" activity below for information on this activity.



A HRC volunteer disseminating hygiene promotion messages and delivering a hygiene kit to a migrant at the CAMI in Choluteca. Source: HRC

Acquisition and installation of toilet paper, hand gel and soap dispensers in CAMI facilities

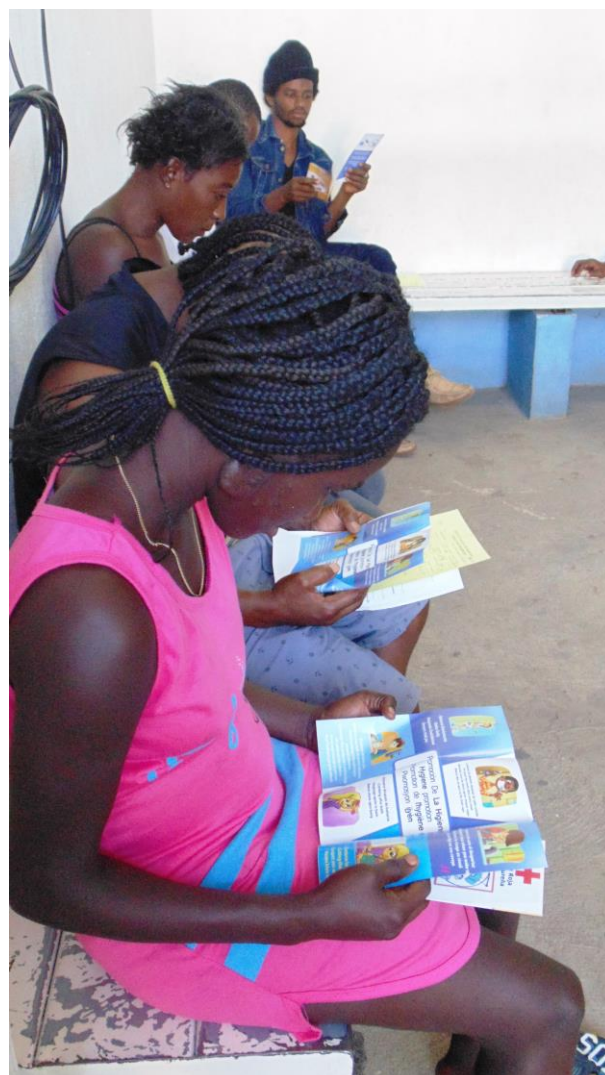
The showers and toilets in the CAMI were successfully renovated. Toilet paper, liquid soap and anti-bacterial gel dispensers were installed. Additionally, a second batch of toiletries was purchased to refill the dispensers. The DREF operation supported the installation of security facilities like fire extinguishers in the migration post.

Design and printing of materials containing key hygiene promotion messages

Awareness campaigns for the promotion of hygiene were implemented using printed material that contained key messages; these messages were translated into 4 different languages: Spanish, English, French and Creole and placed on banners, posters and brochures. The approach was quite straightforward given that most of the migrants that arrived in Honduras from Haiti and Africa already understood Spanish, which meant that it was easy to share the educational messages with them. In exceptional cases in which there were small groups of migrants that only spoke English, French, Creole or Portuguese, the HRC asked if anyone in the group could help with interpretation and transmit the message to the rest of the group.

Deployment of water and sanitation Regional Intervention Team (RIT) member for 3 months

The deployment of a water and sanitation RIT was not possible given the high demand of delegates sent to provide assistance to the emergency in Haiti. The Honduran Red Cross used trained water and sanitation National Intervention Team (NIT) members and health NITs to lead the activities are aimed at hygiene promotion in place of the RIT; a total of 650 people received information from this activity.



Migrants review HRC hygiene promotion materials at the CAMI in Choluteca. Source: HRC

Challenges

The language barrier was a challenge in the promotion of hygiene; nevertheless, the HRC have found ways to transmit the messages and instructions to migrants who did not speak Spanish.

Lesson Learned

- The provision of hygiene kits was a major challenge during the operation because the hygiene kits had to be divided into individual kits since most of the migrants were traveling alone and the kits were suited for families; additionally, some of the kit items in the HRC's warehouse were found to be expired; therefore, the National Society determined that it should have pre-positioned stock for future emergencies such as this one and that it should conduct periodic inspections of its stock.

Quality programming / Areas common to all sectors

Outcome 3: An adequate management, communication and support system is used for the implementation of the operation.	Output	% achieved
	Output 3.1 The management of the operation is informed by a comprehensive monitoring and evaluation system	100%
	Output 3.2 Operational activities are disseminated at the local, national and regional levels	100%

Activities	% Implemented
Hiring of operational staff	100%
4 monitoring visits by the IFRC	100%
2 operation dissemination sessions: 1 with HRC volunteers and 1 with CAMI Immigration staff	100%
Preparation of a communications plan with beneficiaries	100%
Preparation of a documentary video on the operation	100%
Preparation of beneficiary stories	100%
Preparation of informational newsletters	100%
Preparation of a strategy for delivering information to migrants	100%
One workshop on minimum standards and protection principles	100%
One migration workshop for volunteers and staff who will be participating in the operation's actions	100%
Internal and external coordination meetings	100%
Lessons learned workshop	100%
Achievements	
<p>Hiring of operational staff The DREF operation hired 6 people from the National Society to strengthen the implementation of activities in the field: a coordinator, an administrative assistant, a communications officer, 2 medical emergency technicians and a logistics assistant/driver.</p> <p>4 monitoring visits by the IFRC Virtual meetings were held with the IFRC to coordinate and monitor the operation's plan of action. The IFRC's Country Representative and the disaster management coordinator conducted a field monitoring visit in February 2017.</p> <p>2 operation dissemination sessions: 1 with HRC volunteers and 1 with CAMI Immigration staff Two dissemination sessions for the operation were held; the first on 20 October 2016, with the participation of 20 volunteers and authority figures from the Choluteca branch (15 males and 5 females); this session covered the operation's objectives, components and results, as well as the role that the volunteers would perform. The second session took place on the 4 November 2016, with members from the 24 people from the Choluteca branch and CAMI (6 females and 18 males); the objective of the session was to raise awareness regarding the agreements detailed in the letter of cooperation between the INM and the HRC and to coordinate actions to be implemented to achieve the best outcome for the target population.</p> <p>Preparation of a communications plan with beneficiaries The communication strategy and plan were designed with participation from beneficiaries; the strategy and plan identified the methodologies, techniques and appropriate educational material, which included key messages on hygiene promotion and staying healthy.</p> <p>Preparation of a documentary video on the operation A 6-minute documentary about the operation was produced, which included photographs and video clips on the main actors and activities carried out; it will be published with English subtitles on HRC's site in May 2017.</p> <p>Preparation of beneficiary stories The beneficiary stories were part of the communication strategy, and the National Society developed a video for this activity. The video can be accessed in the following link: https://www.youtube.com/watch?v=JoMb2P1uwnE</p> <p>Preparation of informational newsletters External communication involved monthly press releases disseminated by national printed media; additionally, the local television media covered the operation throughout its implementation.</p> <p>Preparation of a strategy for delivering information to migrants</p>	

An internal and external communication strategy was developed with beneficiaries, which identified methodologies and approach techniques and helped develop the educational material with key messages on hygiene promotion and health preservation.

One workshop on minimum standards and protection principles and migration workshop for volunteers and staff who will be participating in the operation's actions

Short meetings were held periodically with government staff that work in Migration services so that they could coordinate the work of their institutions to avoid duplicating actions in the work that they carry out. Within the framework of cooperation and support from other branches in the region, meetings were held with the Chairman, the regional vice-chairman and the presidents of the branches in Pespire, San Lorenzo and Nacaome, with the aim of supporting the volunteers at the Choluteca branch in their work at the CAMI

The HRC conducted a workshop at the regional level, in which 19 volunteers and technical team members from the project participated; the workshop was held to raise awareness on migratory issues and the National Society's actions.

Internal and external coordination meetings

In terms of the meetings that were held with internal and external partners, the ICRC carried out a number of field visits to ensure the continuation of the RFL service, and it even offered the service of a free phone call to migrants in 2017 to the director of CAMI. Meetings were also held with Honduran government health coordinators and the Secretariat of Health to implement preventative vaccinations against hepatitis B, influenza and tetanus for all staff and volunteers taking part in the project.

Lessons learned workshop

The lessons learned workshop took place on 26 February; it was facilitated by the IFRC's disaster manager for Central America and Mexico and the DREF operation coordinator in the National Society. The workshop was attended by 24 people (18 males and 6 females) from the 4 branches that participated in the operation. Three main areas were covered: 1) first aid; 2) hygiene promotion; and 3) communications, and the findings and proposals for viable solutions to these issues were sent to the HRC's general manager and national chairman. A [summary lessons learned report](#) is available in the IFRC Evaluations Database and at the end of this document.

Challenges

- Initially, there was no bank account available for minor purchases in the field and to cover the costs involved in running the workshops.
- Working with beneficiaries that spoke different languages from the staff affected the type of assistance that was provided and its quality.

Lessons Learned

- ✘ Opening a local bank account facilitated and accelerated the operation's administrative activities.
- ✘ Hiring a person to manage internal and external communications helped the HRC make significant progress in the acceptance and awareness of the operation's actions.

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

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1. [Return to the homepage](#)
2. [View the final financial report](#)
3. [Summary of Lessons Learned workshop](#) (In Spanish)

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRHN010 - Honduras - Population Movement

Timeframe: 29 Sep 16 to 01 Mar 17

Appeal Launch Date: 29 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2015-2017/11	Programme	MDRHN010
Budget Timeframe	2015-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		156,492				156,492	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		156,492				156,492	
C4. Other Income		156,492				156,492	
C. Total Income = SUM(C1..C4)		156,492				156,492	
D. Total Funding = B + C		156,492				156,492	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		156,492				156,492	
E. Expenditure		-119,534				-119,534	
F. Closing Balance = (B + C + E)		36,958				36,958	

Disaster Response Financial Report

MDRHN010 - Honduras - Population Movement

Timeframe: 29 Sep 16 to 01 Mar 17

Appeal Launch Date: 29 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2015-2017/11	Programme	MDRHN010
Budget Timeframe	2015-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A							B	A - B
BUDGET (C)			156,492				156,492	
Relief items, Construction, Supplies								
Construction Materials			1				1	-1
Food			215				215	-215
Water, Sanitation & Hygiene	46,932		43,759				43,759	3,172
Medical & First Aid	28,272		18,355				18,355	9,916
Teaching Materials	4,889		1,240				1,240	3,649
Other Supplies & Services	352		81				81	271
Total Relief items, Construction, Sup	80,444		63,652				63,652	16,792
Logistics, Transport & Storage								
Transport & Vehicles Costs	5,573		6,926				6,926	-1,353
Logistics Services			1,389				1,389	-1,389
Total Logistics, Transport & Storage	5,573		8,315				8,315	-2,742
Personnel								
International Staff	14,666							14,666
National Staff			5,768				5,768	-5,768
National Society Staff	21,471		16,845				16,845	4,626
Volunteers	5,061		10,780				10,780	-5,719
Other Staff Benefits			1,124				1,124	-1,124
Total Personnel	41,198		34,518				34,518	6,680
Workshops & Training								
Workshops & Training	8,174							8,174
Total Workshops & Training	8,174							8,174
General Expenditure								
Travel	3,129		1,098				1,098	2,031
Information & Public Relations	3,921		2,258				2,258	1,663
Office Costs	1,076		1,550				1,550	-475
Communications	3,035		821				821	2,214
Financial Charges	391		25				25	366
Total General Expenditure	11,551		5,753				5,753	5,799
Indirect Costs								
Programme & Services Support Recover	9,551		7,295				7,295	2,256
Total Indirect Costs	9,551		7,295				7,295	2,256
TOTAL EXPENDITURE (D)	156,492		119,534				119,534	36,958
VARIANCE (C - D)			36,958				36,958	

Disaster Response Financial Report

MDRHN010 - Honduras - Population Movement

Timeframe: 29 Sep 16 to 01 Mar 17

Appeal Launch Date: 29 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2015-2017/11	Programme	MDRHN010
Budget Timeframe	2015-2017/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	156,492		156,492	156,492	119,534	36,958	
Subtotal BL2	156,492		156,492	156,492	119,534	36,958	
GRAND TOTAL	156,492		156,492	156,492	119,534	36,958	

Resumen de las recomendaciones recopiladas por la Cruz Roja Hondureña y la Federación Internacional durante del taller de lecciones aprendidas del proyecto “DREF Movimiento de Población” – MDRHN010

De acuerdo a los lineamientos del Marco de la Federación para Evaluaciones, el documento adjunto recoge las recomendaciones del taller de lecciones aprendidas de la operación Movimiento de Población (MDRHN010), completada en Choluteca el 26 de febrero de 2017. Este resumen busca documentar y asegurar un seguimiento eficaz a las recomendaciones. El resumen de las Lecciones Aprendidas y recomendaciones son compartidos públicamente a través del sitio web de la FICR (Informe Final de dicha operación DREF y en la Base de Datos de Evaluaciones) y con las partes interesadas.

Información de contexto:

- **Fecha y duración del taller:** 26 de febrero de 2017 en la ciudad de Choluteca, duración 6 horas.
- **Responsable (es):** Cruz Roja Hondureña – Federación Internacional Sociedades de la Cruz Roja y la Media Luna Roja (La Federación Internacional)
- **Miembros del grupo de la gestión del taller:** Felipe Del Cid
- **Miembros del grupo de trabajo en la SN:** Carlos Colindres y Gerardo Machado

Información de contexto:

Noviembre de 2015, las autoridades del Instituto Nacional de Migración (INM) estiman que durante el 2014 y 2015 unas 20,000 personas cruzaron el territorio, siendo estos mayormente cubanos.

Agosto de 2016, la oficina regional del INM, Centro de Atención al Migrante Irregular (CAMI), reciben un promedio de 2,500 migrantes por mes.

Septiembre de 2016, Cruz Roja Hondureña (CRH) firma carta de entendimiento con el INM, con el fin de coordinar acciones de respuesta humanitaria ante la emergencia que afecta a los migrantes irregulares.

Octubre de 2016, CRH inicia la Operación DREF Atención a Migrantes en Tránsito, brindando servicios a unas **5,500** personas migrantes con atenciones básicas de primeros auxilios, distribución de kits de higiene individuales, mensajes claves de promoción de higiene, y en coordinación con el Comité Internacional de la Cruz Roja (CICR) se brindó el servicio de restablecimiento del contacto entre familiares (RCF), mediante una llamada telefónica gratuita. Las personas migrantes eran principalmente originarias de países caribeños como Haití y Cuba. Otros en menor porcentaje de países del continente africano: República Democrática del Congo, Camerún, Senegal, Angola, Kenia, y países asiáticos: Bangladesh, Nepal, India entre otros.

Distribución de kits de higiene: En respuesta a las necesidades de higiene de los migrantes y como medida para preservar la buena salud CRH en un periodo menor a 90 días distribuyó **4,394** kit de higiene personal. Prevalciendo el grupo de los hombres con un **71%** de estas entregas. Los paquetes estándar

contienen artículos para limpieza pensados para un mes de duración; jabón en barra para el cuerpo y ropa, shampoo para el cabello, maquinilla para afeitar, crema y cepillo dental, toalla de algodón pequeña y compresas femeninas. Presentado en una útil bolsita con tirantes para transporte.

Atención básica de Primeros Auxilios: Con la Operación DREF Atención a Migrantes en Tránsito, contrataron a dos personas profesionales para la atención de los primeros auxilios, ellos brindan servicios primarios de salud en turnos de 8 horas, en un cubículo dentro de las instalaciones del CAMI equipado con medicamentos del cuadro básico e insumos, con la asistencia de 10 socorristas voluntarios de la filial de Choluteca. Un promedio de 25 atenciones por día, la prevalencia de casos atendidos; malestares generales, lesiones musculares, lesiones en la piel, enfermedades digestivas, problemas respiratorios, embarazo e infecciones vaginales. Los pacientes que presentaban cuadros críticos se trasladaron al centro Hospitalario de la región.

Difusión de mensajes claves de Promoción de Higiene: De forma complementaria a la entrega de los kits de higiene, se hizo difusión de material educativo con mensajes clave sobre promoción de higiene, los mensajes se imprimieron en 4 idiomas (español, inglés, francés y Creole). La intervención educativa se orientó para sensibilizar en la importancia de la forma correcta de lavado de manos como barrera de transmisión de algunas enfermedades diarreicas y para preservar una buena salud.

Principales retos identificados

De acuerdo al análisis realizado por los participantes del taller, se identificaron los siguientes retos durante la implementación de las actividades de la operación:

1. La atención de pacientes en el CAMI demandó un amplio número de medicamentos debido a la diversidad de lesiones o padecimientos de la población, la operación fue flexible en la compra de los medicamentos requeridos, sin embargo, existe preocupación que estos medicamentos solamente deben ser aplicados por personal calificado y certificado.
2. La diversidad de idioma fue un reto importante, esto se logró resolver con la colaboración de los mismos migrantes ya que dentro de los grupos había personas que hablaban español y colaboraron con el personal de Cruz Roja Hondureña para la atención de pacientes y los mensajes de promoción de la higiene.
3. La atención pre hospitalaria solamente se realizó durante el día debido a que no se contaba con personal contratado para realizar turnos de noche, incluyendo conductores y paramédicos.
4. La compra de kits de higiene familiares fue un reto importante en la operación debido a que el pre posicionamiento que tenía la Federación Internacional en Honduras se tuvo que dividir para hacer los kits personales, algunos de los artículos estaban vencidos y las cantidades dentro del kit no son suficientes para hacer kits individuales para 5 personas. Resultó más caro realizar la separación y complementar los artículos vencidos o complementarios que realizar la compra a nivel nacional.

5. A diferencia de la operación DREF anterior (DREF Zika), en este proyecto de contó con una profesional de Comunicación que representó un importante avance y reconocimiento de CRH en la ciudad de Choluteca. Sin embargo, podría mejorarse la calidad de los productos de audio y video realizados en la operación mediante el acceso al equipamiento comprado en la operación anterior.
6. Se identificó que hubo retrasos en la elaboración y reproducción de material de promoción de la higiene debido al proceso lento de revisión y compra de estos productos.
7. Hubo tardanza en las transferencias bancarias de parte de la Federación Internacional a la CRH, lo que limitó la ejecución de las actividades en los consejos, y estos retrasos se dieron tanto en la primera transferencia (recibida el 15 de marzo, considerando que se firmó el convenio 26 de febrero) como en la segunda transferencia (recibida el 16 de junio y hasta la fecha del 24 de junio no han sido liberados los fondos).
- 8.

Recomendaciones

Recomendación no. 1: Se recomienda que en futuras operaciones se integre más personal (un paramédico y un conductor de ambulancia) para realizar turnos de 8 horas a fin de brindar la asistencia de primeros auxilios las 24 horas del día.

Recomendación no. 2: Durante la entrega de los primeros kits individuales de higiene, se realizó la compra de mochilas para los migrantes, esto representó un gasto que en futuras operaciones podría utilizarse para la compra de más kits y empacándolos en pequeñas bolsas biodegradables que sean más fáciles de transportar en los equipajes de mano de los migrantes. Se recomienda que las compras de kits individuales se realicen en el mercado local para disminuir los costos siempre y cuando los procesos de compra sean ágiles a nivel nacional.

Recomendación no. 3: Valorar en futuras ocasiones la implementación de programas de transferencia de efectivo mediante estudios de factibilidad al inicio de las operaciones para identificar la modalidad de entrega basada en las necesidades de los beneficiarios y el contexto socioeconómico, ejemplo: Entrega en especie, voucher, tarjetas, efectivo, etc.

Recomendación no. 4: Contratación de un profesional capacitado en el área de Comunicación e Imagen durante el proceso de inicio y finalización del proyecto con lineamientos específicos para difundir local y nacionalmente las actividades que realiza la Cruz Roja Hondureña y con acceso a equipamiento adecuado para la realización de las actividades de comunicación.

Recomendación no. 5: Contratar un profesional en el área o una empresa publicitaria para que pueda realizar en el menor tiempo posible el diseño, impresión y entrega de todo el material educativo e informativo, encuestas de satisfacción, videos, testimonios de beneficiarios, spots radiales y de televisión. Todos los productos deben ser validados, aprobados y archivados en formatos editables para futuras operaciones de emergencia similares que se presenten en el país.