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## Emergency Plan of Action Honduras: Care to Migrants in Transit

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency DREF</b>	<b>MDRHN010</b>
<b>Date of issue: 29 September 2016</b>	
<b>Responsible for the EPoA: Felipe Del Cid</b>	<b>Point of contact: Jorge Zelaya</b>
<b>Operation start date: 1 October 2016</b>	<b>Expected timeframe: 4 months</b>
<b>Overall operation budget: 156,492 Swiss francs (CHF)</b>	
<b>Number of people affected: 5,000</b>	<b>Number of people to be assisted: 4,000</b>
<b>Host National Society presence</b> 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.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC).	
<b>Other partner organizations actively involved in the operation:</b> the government of Honduras through its National Immigration Institute.	

## A. Situation Analysis

### Description of the Disaster

The migration phenomenon has increased worldwide in recent years due to armed conflict, violence, economic crises and the desire for family reunification. It is believed that 3.4 per cent of the world's population is living outside its country of origin; this represents more than 247 million people.

Migration currently involves many routes and definite countries of destination. In Latin America, the most common destination country is the United States, with migrants using various means and routes to go there. In that regard, Honduras is a fixed point along the way, either as a stop along the way or a starting point. It is estimated that 40,000 to 100,000 people are currently transiting through Central America; however, Central American governments do not have official figures and the numbers that have been provided in this report are simply estimates. The Honduran Red Cross attempted to obtain information from the Honduran Ministry of Health and it even held a meeting with the agency to this end; nevertheless, it was unable to secure official information on the migration crisis.

According to estimates, 20,000 people have transited through Central America since November 2015; however, this number could be significantly higher as the irregular migrants could have used alternative routes that are not controlled by the Central American countries' border agencies.

According to the National Immigration Institute (INM for its acronym in Spanish), a total of 20,611 migrants passed through the country in transit to the United States in 2015, mostly from Cuba (18,652). Their point of entry has been the city of Choluteca where they receive care through the Care Centre for Irregular Migrants (CAMI for its acronym in Spanish), a government institution that in these last two weeks (21 August to 2 September, 2016) has received more than 2,500 migrants, most of which are from Haiti and to a lesser extent from Cuba, Congo, Senegal, Somalia, Eritrea, Pakistan, Bangladesh and Nepal. HRC and ICRC staff travelled to Choluteca from 13 to 14 September 2016 to assess the situation and verify that the number of migrants remained the same.

The government of Honduras maintains its policy of assisting irregular migrants in the sense that it provides them with humanitarian visas or permits that allow them travel through the country legally for 72 hours, after which time they must abandon Honduran territory; however, neither the limited accommodation capacity (26 people) nor the safe-passage procedures are set up for the influx of irregular migrants, as around 120 letters of safe-passage need to be processed per day and sometimes as many as 150 a day. Given the large number of migrants in transit, INM delivers transit permits almost a week after their arrival, resulting in conditions of insecurity and vulnerability for the migrants. According to INM, between 100 and 150 new migrants were arriving in the country every day since last month; however, although no official numbers are available, INM has indicated the number of new arrivals has increased significantly, and there are currently 2,000 migrants in the border area between Nicaragua and Honduras alone, which increased from just 100 in May 2016. The situation is worsening for the migrants, particularly the female migrants, as there are reports of violent attacks and sexual assaults during their passage through Nicaragua. Moreover, it is estimated that there will be a monthly influx of approximately 2,000 migrants to Honduras in the coming months.

Below is a breakdown of the number of migrants in Costa Rica, Honduras, and Panama from January to September 2016.

Total # of migrants	Country	Month(s)
7,000 (Cubans)	Costa Rica	January to May 2016
4,000 (Cubans)	Panama	May to June 2016
4,000	Panama	July to September 2016
2,000	Honduras	September 2016

According to the migrants themselves, a large number of people are travelling from South America toward the United States. There are two collective centres in Costa Rica (one at the Panamanian border and another at the Nicaraguan border) housing a large population of migrants, many of whom are only waiting for conditions to improve in order to resume their journey north.

During an interview, migrants housed in Choluteca's CAMI said that a large part of the population moving north has lived and worked for a while in South America in Ecuador, Peru, Panama, Costa Rica, but mostly in Brazil. According to reports, conditions there have changed, as jobs are scarce and some migrants are forced to live in unsafe conditions. They claim that in some countries the lives and security of irregular migrants are at risk.

As mentioned, living conditions for irregular migrants in Honduras are precarious, and their physical and emotional health is affected. The CAMI currently does not provide medical services, basic medicine or a nurse that can provide a minimal level of assistance. In addition, the vulnerability of this population is increasing because there are no shelter facilities that can provide health, hygiene, clothing and food assistance. This situation has been corroborated by INM, and State policy does not include the setting up of collective centres in the country to house these irregular migrants. Therefore, plans have been considered to deal with the problem from the areas of health (first aid), water and sanitation (water supply, hygiene training, information materials), communications and building capacities within the National Society as a pre-emptive step for handling future crises of this kind.

## Summary of current response

### Overview of Host National Society

**HRC's experience and background in migration issues:** The National Society has extensive experience dealing with migration issues. In 2012 (9 July), with ICRC's support, it assisted migrant populations while setting up the Migrant Care Module in Corinto at the Honduran-Guatemalan border, which is the point of entry for Honduran migrants being deported from Mexico over land (up to September 2015) and the starting point for many migrants beginning their journey north (mostly Honduran migrants). The Module provided information, water, hygiene kits (based on gender and age, including for children), first aid, phone calls (restoration of family links [RFL]) and care in special cases (pregnant women, older adults, the infirm, among others).

After three years of providing services in Corinto, the Honduran Red Cross started managing the Centre for Returned Migrant Care in Omoa (CAMR-Omoa), a centre set up by Honduras to provide care to migrants returning by land. As the CAMR's administrator, the HRC is responsible for the physical space and coordinating with the various government agencies providing assistance to the returnees; CAMR-Omoa provides the same services as in Corinto.

The HRC is currently providing support to CAMR-SPS (San Pedro Sula) by enabling migrants returning by land, and by air from the US and Mexico to make phone calls. In 2016, it has become more common to assist migrants returning via Belize to Puerto Cortés by sea.

In order to address the humanitarian crisis declared in 2014 due to the detention of more than 60,000 accompanied and unaccompanied migrant children, as well as family groups, along the migration route, the government of

Honduras created the task force responsible for establishing the strategy to respond to this crisis. As a result, new mechanisms were set up to track and receive migrants and, as per the agreement between Mexico and Honduras, to arrange for their repatriation via a safe point under the direction of the Directorate for Children, Adolescents and Families (DINAF). As of that same year and with prior consent from national authorities, the HRC and the ICRC have set up a new point of assistance with the restoration of family links service, which is still being provided to date. This service is provided by the institution's volunteers in accordance with the previously established procedure.

In addition, the HRC has been participating in the Rights of Migrants in Action project since December 2014 together with Centre for Human Rights Research and Promotion (CIPRODEH for its acronym in Spanish), a partner civil society organization working on migration issues in the country. The project, which aims to "defend the human and labour rights of migrants and victims of human trafficking", is scheduled to end July 2017.

**Current situation of migrants in transit:** Together with the ICRC and the IFRC, several exploratory visits were made to CAMI-Choluteca in September 2016 to speak to local authorities, such as the INM Director, about the initiation of actions. Given the current crisis at the border, the National Society has decided to address the problem through emergency first aid, water and sanitation and RFL actions.

### Overview of Red Cross Red Crescent Movement in country

- The Pan American Disaster Response Unit (PADRU) and the IFRC's country coordinator are in close communication with the Honduran Red Cross. A meeting has been held with the institution's Migration Committee, which was coordinated by the HRC's Doctrine, Law and Social Development staff member and supported by the ICRC, the IFRC, Partner National Societies (PNSs) and various areas within the HRC.
- The IFRC is monitoring the migration situation at the regional level.
- The ICRC continues to visit the Centre for Irregular Migrant in order to conduct ongoing assessments of the situation in Choluteca. The ICRC will continue providing the phone call service for as long as necessary, which will involve delivering phones, calling cards and furniture to the HRC to set up a call centre (RFL) at the CAMI. First aid actions will continue after the Disaster Relief Emergency Fund (DREF)'s implementation.
- The HRC is promoting a cooperation agreement with the National Migration Institute to provide care at the Care Centre for Irregular Migrants.

### Overview of non-RCRC actors in country

Most of the actors linked to actions to protect and assist migrants are focusing on Honduran returning migrants. Civil society organizations (CSOs) in Honduras are providing support in this regard, such as the Human Mobility Pastoral, which provides situational analyses of the migrant situation, manages CAMR-SPS and supports services provided by the National Commission for Returning Migrants with Disabilities (CONAMIREDIS for its acronym in Spanish) and the National Migration Forum (FONAMIH), with representation from CSOs before the Commission; additionally, it is also an umbrella organization for smaller organization defending migrant rights, predominantly the issue of missing migrants.

As for the Honduran government, it has improved the facilities where irregular migrants are detained or held in custody that are under INM's purview. According to policy, the process for documenting migrants to allow them to continue on their way should not exceed 24 hours, but the amount of irregular migrants has overwhelmed CAMI-Choluteca's capacity.

### Needs analysis, beneficiary selection and risk assessment and scenario planning

1. **Health:** Access to medical and first aid services: Many irregular migrants arrive in the country after a long trek through the Nicaraguan jungle and across the Guasaule River, which is a border point between Honduras and Nicaragua. They are treated badly in some of the populated areas along the way, and many are robbed. Those interviewed say that getting to Honduras is very difficult due to the presence of criminals, and women become victims of sexual violence in some cases. By the time they arrive in Honduras, many are suffering from skin abrasions, infected wounds, blistered feet, injured toenails, diarrhoea and minor respiratory infections; all this is compounded by their lack of resources - as they have been robbed along the way - and the vector-borne illnesses to which they have been exposed during their travels across South and Central America (dengue, chikungunya, Zika among others).

As they have no shelter, migrants roam the cities' streets in extremely hot weather, and sometimes rain given that the hurricane season has started; this affects their health even more.

Through the DREF, the HRC will set up a mobile clinic at the CAMI to provide care to migrants, which is necessary because Centre hours are from 8:00 a.m. to 4:00 pm and only Monday to Friday, and it will provide ambulances to cover transport needs should migrants need to be transferred to medical centres.

The CAMI has a clinic, but no doctor or nurse that can provide assistance nor staff to provide first aid to cases that do not require specialized care; critical cases are taken to an area hospital in Choluteca.

2. **Water and sanitation:** Migrants express that they have no access to safe water along the migration route, which forces many to drink water from rivers or any other sources they find available. This explains why many are suffering from diarrhoea and other stomach problems when they arrive in Honduras. Once they get to the CAMI, they are provided with safe water as facilities have water dispensers; however, since the space is so limited, those who lack the resources to pay for accommodations elsewhere remain in the same conditions and without access to safe water; this is not the case for migrants who have resources, since they have the option of staying in private homes that charge very little. Even so, they do not always find ideal shelter conditions while they wait for the transit permit documents that will allow them to travel legally in the country.

Moreover, water storage conditions at the CAMI are not the best, and there is no water supply to bathrooms because the water pump is out of order. In addition, the use of these facilities varies considerably depending on the country of origin of the migrants. Despite these conditions at the CAMI, water service in Choluteca is regular, which means that the CAMI is able to access the city's water supply network.

There are no urgent water supply needs at this time because the CAMI has both above and below-ground water storage facilities. There is enough for human consumption and for conducting sanitation and hygiene promotion actions. Nevertheless, the bathroom must be improved due the large number of people at the border; as a result, the operation will analyze whether the rental of a mobile bathroom to cover the migrants' needs is feasible.

3. **Communications/ Restoration of Family Links:** It is believed that a large number of the migrants in transit have not had any contact with their families during the last stretch of the journey prior to entering Honduras, which might be anywhere between two to three months depending on the problems encountered along the migration route. Some of the migrants (although not the majority) have phones, which are able to connect to the towns' Wi-Fi that is normally available in the country's main squares and parks, and therefore, they have frequent contact with their families. This activity will be carried out by the ICRC as part of comprehensive Movement actions.

## Risk assessment

Honduras continues to be a country where violence is an issue that must be carefully addressed given the high number of security-related incidents occurring every day throughout the country; therefore, all personnel working for the project must adhere to the HRC's security standards in order to reduce the possibility of security-related incidents between National Society staff and beneficiaries, thereby providing timely care at the officially designated sites.

## B. Operational strategy and plan

### Overall objective

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

### Proposed Strategy

The HRC's strategy will be based on working directly with the CAMI in coordination with other Movement actors, the IFRC, the ICRC and immigration authorities. The strategy will involve comprehensive efforts, starting with actions to train HRC volunteers on migration issues, Minimum Standards and Protection Principles. In order to provide care for the various injuries suffered by migrants, it will be necessary to have a Pre-Hospital Care System Response Unit and to distribute hygiene kits. Lastly, in accordance with the lessons learned from the migration crisis in Europe, protection will be taken into account during the implementation of the activities and advocacy with the Honduran government will be promoted.

A 4-month DREF instead of the typical 3-month DREF is being requested due to the lessons learned from the Costa and Panama DREFs, where extensions had to be granted in both cases, and the changing scenario and a possible increase in the number of migrants in the coming weeks; therefore, it would be prudent to establish a 4-month time period for this operation and to later incorporate Honduras into a regional appeal.

**Areas common to all sectors:** There will be a coordinator to lead DREF on-site actions and conduct timely coordination with other Movement actors involved in response. An administrative assistant will be hired to expedite the financial processes in the field. During the plan of action's implementation, the HRC's monitoring and evaluation (M&E) office will conduct technical and other types of monitoring visits, and the IFRC will monitor the plan of action's execution. The Communications and Image Department will design a communications strategy aimed specifically at the migration issue, including press releases, beneficiary stories, a video documenting the care being provided to beneficiaries, printing of informational materials and newsletters, and a person will be hired to address the communications dealing specifically with migration.

In order to gain a better understanding of the response during the operation, a workshop will be conducted on migration, minimum standards and protection principles with staff who will be involved in the operation. These sessions will be supported by ICRC and INM staff.

**Health and Care:** A mobile clinic will be set up at the CAMI in Choluteca in order to provide pre-hospital care and thus meet the care needs of migrants. An ambulance will be made available with the necessary supplies to provide assistance; the assistance will be provided by the staff to be hired: two paramedics, one driver and two volunteer aid providers. For cases requiring psychosocial care, paramedic personnel will provide psychosocial first aid; however, cases will be referred to Ministry of Health specialists or to other institutions with expertise in this area. HRC volunteer staff will receive guidance on how to identify signs of stress, as well as on self-care to enable them to work properly with the migrant population.

**Water, sanitation and hygiene promotion:** Deployment of a hygiene promotion Regional Intervention Team (RIT) member that speaks Spanish, French, Creole and English in order to support processes, advise HRC volunteers, design and disseminate key hygiene promotion messages in different languages for a more effective approach, and for the purchase and distribution of individual hygiene kits based on gender and age (male and female children, adult males and females). The migrants' potable water needs will be covered by local authorities.

**Communications with beneficiaries:** A communication strategy will be established to address pre-hospital assistance, hygiene promotion and information regarding the migration route

## Operational Support Services

### Human Resources

In order to implement the DREF operation, a coordinator, an administrative assistant, an ambulance driver and two paramedics will be hired. Two volunteer aid providers from the Choluteca Departmental Council will participate actively every day.

A Water, Sanitation and hygiene promotion RIT will be deployed to provide support National Society staff and volunteers on the issue.

In summary, the DREF will support the National Society through the following human resources:

- 1 general coordinator
- 1 administrative assistant
- 1 ambulance driver
- 1 communications officer
- 2 paramedics
- 2 aid providers
- 50 volunteers

### Logistics and supply chain

The National Society has a structure in place for the procurement of goods and services with procedures, which are compatible with those of the IFRC's system for the most part; it also has a large and secure warehouse for storing any supplies the project may require. All purchases for the plan of action will be made in-country according to the vendors' capacity.

## Information Technology (IT)

The National Society has a computerized system and constant basic internet access. Open Data Kit (ODK) will be used in this operation to collect information for the detailed assessment, community epidemiological surveillance and the beneficiary satisfaction survey, and Mega V will be used during distribution of cleaning supplies for cleaning campaigns. ODK and Mega V will be implemented using the equipment acquired during the previous DREF operation.

In order to ensure communication in the field and the teams' safety, a communication system via very high frequency (VHF) radios will be set up in cars travelling in the field and to facilities providing pre-hospital care.

## Communications

The National Society has a Communications Department which will be covering the project's actions and providing information to the media regarding the emergency situation and Red Cross actions through the following activities:

### Internal Communications

- Operation bulletins and reports (print and digital).
- Preparation of dissemination materials (brochures, flyers, posters, etc.)

### External Communications

- Publication of press releases.
- Beneficiary stories
- Video of the operation.
- Preparation of dissemination materials (brochures, flyers, posters, etc.)

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

## Security

The HRC has a Safer Access Manual detailing security measures to which staff must comply.

For this operation and given the migration context, strict measures will be taken to ensure that staff involved in the operation use the emblem at all times while conducting actions.

As part of coordination and security actions, an immigration agent will always be present while pre-hospital care is being provided.

## Planning, monitoring, evaluation and reporting (PMER)

The HRC has a Monitoring, Evaluation and Reporting Unit (UMER), which is responsible for the planning, monitoring, evaluation and reporting (PMER) process. As part of this process, a monitoring and evaluation plan will be designed during the planning phase; the plan includes information on how to examine and evaluate the project, indicates the assumptions on which project target fulfilment depends, the expected relationship between activities and results and indicators (the logical framework) and provides well-defined conceptual measures, along with baseline data, monitoring matrix and assessments.

All coordination processes will be monitored quantitatively through tools that will be processed in institutional software (iReport, Resource Management System [RMS]), and progress will be reported on a monthly basis. On-site qualitative monitoring will be conducted, and monitoring meetings will be held to review the progress achieved in the planned activities and the implementation of the strategy, all of which will serve to inform the joint decision making aimed at improving the project's implementation.

A lessons learned workshop is being considered, given that this a topic of particular interest in the region; the workshop would focus on actions undertaken and areas for improvement.

In addition, the National Society will have the regional disaster management coordinator's and the IFRC's country coordinator support during the process.

## Administration and Finance

The Honduran Red Cross has a financial and accounting system and an internal audit department, which ensure the proper use of financial resources in accordance with the conditions laid down in the memorandum of understanding between the National Society and the donor. Financial resource management will be according to National Society regulations and the IFRC's procedures, and the National Society's own procedures will be applied to the justification of expenses and use the IFRC's formats.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

It is important to mention that the building where the CAMI is housed is relatively new, has no evacuation routes, fire extinguishers nor areas identified as safe zones. This operation intends to support those actions that are important to the targeted group and to the staff that will be providing care at the CAMI through the identification of safe spaces as part of the mobile clinic's actions. It should be noted that while Restoring Family Links (RFL) is not included in the DREF Plan of Action, the ICRC is establishing a call centre as mentioned above.

OBJECTIVES	INDICATORS			
<b>Outcome 1:</b> A properly management, communication and support system is used for the implementation of the operation.	The operation has a communications strategy for targeted groups and donors			
<b>Output 1.2</b> The management of the operation is informed by a comprehensive monitoring and evaluation system	National Society and IFRC evaluation systems conduct monitoring visits according to plan. 4 visits by staff and the administrative technician. 30 Volunteers knowledgeable in migration issues, such as its causes, how to address it and advocacy. 2 external coordination with the Health centres and Minister of Migration.			
<b>Output 1.2</b> Operation activities are disseminated at the local, national and regional levels	There are statistics regarding dissemination of the operation through: 3 informational newsletters 1 documentary video on beneficiaries 3 beneficiary stories. No. of people who receive informational messages through the migrants' self-care brochure as part of the communications plan with beneficiaries			
Activities	October	November	December	January
Hiring of operational staff	■			
4 monitoring visits by the IFRC		■	■	■
Two operation dissemination sessions, one with HRC volunteers and one with CAMI Immigration staff.	■			
Preparation of a communications plan with beneficiaries	■			
Preparation of a documentary video on the operation			■	■
Preparation of beneficiary stories	■	■	■	■
Preparation of informational newsletters		■	■	
Preparation of a strategy for delivering information to migrants	■	■	■	
One migration workshop for volunteers and staff who will be participating in the operation's actions		■		
One workshop on minimum standards and protection principles		■		
Internal and external coordination meetings	■	■		

## Health & Care

### Needs analysis:

**Population to be assisted:** According to assessments carried out and based on the needs found in the migrant population, the National Society intends to provide pre-hospital care to an average of 20 people per day.

OBJECTIVES	INDICATORS											
<b>Outcome 2:</b> Immediate health problems among migrants are initially treated through pre-hospital care in Choluteca and referred to proper medical attention if needed.	No. of people benefitting from pre-hospital care services.											
	No. of people referred to medical care services.											
<b>Output 2.1:</b> The migrant population receives pre-hospital service from HRC staff	No. of people reached with first aid services in CAMI.											
<b>Activities</b>	October			November			December			January		
Purchase of first aid materials and supplies												
First aid care for migrants for four months												
Refresher workshop for staff supporting the pre-hospital care actions												
Deployment and establishment of a HRC mobile clinic (tent, ambulances, 2 emergency medical technicians, driver) for four months												
Distribution of self-care brochure to migrants												
Informational lecture on stress and self-care for volunteers												

## Water, sanitation and hygiene promotion

### Needs analysis:

**Population to be assisted:** As a result of the projections, around 1,000 people per month (4,000 total) will be assisted through the distribution of hygiene kits at the CAMI. Migrants will be sensitized through the delivery of flyers containing key hygiene promotion messages. Moreover, toilet paper, hand gel and shower soap dispensers will be provided at the CAMI.

OBJECTIVES	INDICATORS											
<b>Outcome 3:</b> Migrant population receives hygiene promotion awareness-raising material, hygiene items and is actively involved in hygiene promotion sessions.	At least 1,000 migrants receive information on proper hygiene											
<b>Output 3.1:</b> Hygiene promotion activities are provided to the entire migrant population at the CAMI.	No. of people benefitted from hygiene promotion activities											
<b>Output 3.2:</b> 4,000 hygiene kits for children, men and women are distributed to migrants	4,000 people receive personal hygiene kit											
<b>Activities</b>	October			November			December			January		
Purchase of 4,000 hygiene kits												
Distribution of 4,000 hygiene kits												
Design and printing of materials containing key hygiene promotion messages												
Acquisition and installation of toilet paper, hand gel and soap dispensers in CAMI facilities												
Dissemination of materials containing key hygiene promotion messages in English, French, Creole and Spanish												
Deployment of water and sanitation RIT for three months												

### Contact Information

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

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## DREF OPERATION

MDRHN010 - Honduras - Population Movement

29/09/2016

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	46,932
Medical & First Aid	28,272
Teaching Materials	4,889
Utensils & Tools	0
Other Supplies & Services	352
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>80,444</b>
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	5,573
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>5,573</b>
International Staff	14,666
National Staff	0
National Society Staff	21,471
Volunteers	5,061
Other Staff Benefits	0
<b>Total PERSONNEL</b>	<b>41,198</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	8,174
<b>Total WORKSHOP &amp; TRAINING</b>	<b>8,174</b>
Travel	3,129
Information & Public Relations	3,921
Office Costs	1,076
Communications	3,035
Financial Charges	391
Other General Expenses	0
Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>	<b>11,551</b>
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	9,551
<b>Total INDIRECT COSTS</b>	<b>9,551</b>
<b>TOTAL BUDGET</b>	<b>156,492</b>