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## DREF operation update

### Honduras: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency DREF Operations Update no. 1</b>	<b>MDRHN010</b>
<b>Date of issue:</b> 17 January 2017	<b>Operation start date:</b> 1 October 2016
<b>Responsible for the EPOA:</b> Felipe Del Cid; email: <a href="mailto:felipe.delcid@ifrc.org">felipe.delcid@ifrc.org</a>	<b>Point of contact:</b> Arnaldo Ponce; National Director of the Honduran Red Cross; email: <a href="mailto:arnaldo.ponce@cruzroja.org.hn">arnaldo.ponce@cruzroja.org.hn</a>
<b>Overall operation budget:</b> 145,963 Swiss francs (CHF)	<b>Expected timeframe:</b> 5 months Request for a one-month extension (the operation end date is now 1 March 2017)
<b>Number of people affected:</b> 5,000 people	<b>Number of people to be assisted:</b> 4,000 people
<b>Host National Society presence:</b> 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.	
<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 (INM).	
* The National Society is requesting a one-month, non-cost extension in order to complete the remaining activities and due to the increased influx of migrants and the continued increase in migrants foreseen by INM in the next few months. The operation end date is now 1 March 2017. The activities and the number of people to be assisted will remain the same.	

## A. Situation Analysis

### Description of the Disaster

Since October 2016, the Honduran Red Cross has been providing support to the National Immigration Institute (INM)'s regional Choluteca office, which is known as the Care Centre for Irregular Migrants (CAMI); through a Disaster Relief Emergency Fund (DREF) operation. The DREF support is being used to address the growing number of migrants coming into Honduras through Guasaule, which is located near Honduras' southern border with Nicaragua. Most migrants are from Haiti and Cuba and a smaller number are from African countries such as Congo, Cameroon, Senegal, Angola and Kenya. From October to December 2016, CAMI received approximately 5,000 irregular migrants that were in transit.

The emergency situation continues at CAMI

facilities because of the large number of people requesting immigration processes. Immigration staff is working double shifts to process safe passage letters for some 150 people each day. In the meantime, migrants have to wait 2 to 5 days in the city of Choluteca to get processed. During this time, they need to find lodging, food and a place to clean up and rest. Moreover, many require medical attention due to injuries they



**Red Cross volunteers distributing health kits to the migrant population. Source: Honduran Red Cross**

have sustained during their journey north. Most migrants are provided with minimal accommodations in private homes for a small fee. However, the migrants that do not have the resources have no choice but to seek shelter in the city's streets and parks, where they are forced to deal with hunger and the language barrier that prevents them from asking for help or something to eat.

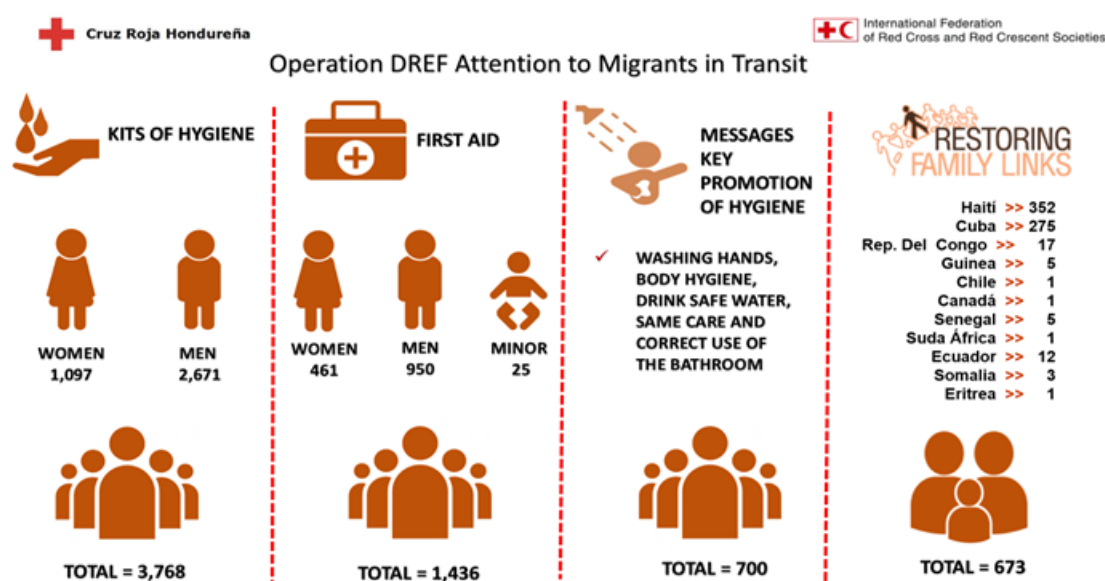
## Summary of current response

### Overview of Host National Society

In September 2016, the Honduran Red Cross signed a letter of cooperation with the National Immigration Institute to provide humanitarian aid to migrants in transit at CAMI facilities in Choluteca in four key areas determined by a needs analysis:

1. **Distribution of hygiene kits:** In response to migrants' hygiene needs and as a health measure, the HRC has distributed 3,768 personal hygiene kits designed to last for one month. The kit contains body and laundry soap, shampoo, shaving razor, toothbrush and toothpaste, a small towel and sanitary napkins, and it is packed in a little pouch with straps for easy transport.
2. **Basic First Aid care:** Through this DREF Operation, two professionals were hired to provide first aid care; these professionals are working 8-hour shifts; during which, they are delivering this care in a cubicle inside CAMI facilities equipped with basic drugs and supplies, where they are assisted by 10 volunteer relief workers from the Choluteca HRC branch. Some 25 people are treated daily, who generally have the following conditions: general malaise, muscle injuries, skin lesions, digestive illnesses, respiratory problems, pregnancy and skin infections; more serious cases are transferred to the regional health centre.
3. **Dissemination of key hygiene promotion messages:** To supplement hygiene kits, the HRC disseminates educational materials with key messages on hygiene promotion, which are translated into the migrants' four most commonly spoken languages (Spanish, English, French and Creole). The educational intervention is aimed at raising awareness regarding the importance of proper hand washing as a prevention against some diarrheal diseases and a way to maintain good health.
4. **Restoration of Family Links (RFL):** An RFL service has been established for the operation, with support and financing from the ICRC. This service provides migrants with a free 3-minute phone call to their relatives overseas. So far, 673 calls have been made, mainly to Haiti and Cuba; the HRC branches in Choluteca, San Lorenzo and Pespire are providing this service.

These four areas of intervention are visualized in the following infographic:



In addition, the HRC is promoting a cooperation agreement with the National Migration Institute to provide care at the Care Centre for Irregular Migrants.

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

The IFRC's Pan American Disaster Response Unit (PADRU) and the IFRC 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 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 areas within HRC. Furthermore, the IFRC is monitoring the migration situation at the regional level.

The ICRC continues to visit the Centre for Irregular Migrants 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 RFL call centre at the CAMI. First aid actions will continue after the DREF's implementation.

### **Overview of non-RCRC actors in country**

The Honduran government has improved the detention/custody spaces under the purview of the National Immigration Institute, which are being used to house irregular migrants. According to their policy, migrants should not have to wait more than 24 hours to have their documentation processed so that they can continue on their journey; however, the high flow of irregular migrants has increased the demand for care at the Choluteca CAMI.

CAMI authorities, together with Choluteca's Town Hall, have held coordination meetings on how to improve conditions for migrants in detention/custody and for newly arriving groups. One of the possible options is to offer small snacks such as cookies and cereal, among other items and rehydration.

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

The health, water and sanitation, and RFL needs established in the initial plan of action remain, and the demand for these services has increased due to the number of migrants coming into the country. The care being provided by Honduran Red Cross focuses on providing humanitarian assistance to any migrants who request it, without discrimination due to race, nationality or social status. Furthermore, the National Society has been publicizing its services through the information disseminated by its branches nationwide.

### **Risk assessment**

Honduras continues to be a country in which 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 the National Society's staff and the intervention's 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 components and immigration authorities. The strategy will involve comprehensive efforts, starting with actions to train HRC volunteers on migration issues and the 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

## Operational Support Services

Operational Support Services remain the same as the ones included in the [initial plan of action](#).

## C. DETAILED OPERATIONAL PLAN

### Health & Care

**Needs analysis:** 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 marks the border 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 making it 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 of this is compounded by their lack of resources, as many have been robbed along the way, and the vector-borne illnesses to which they have been exposed during their travels through South and Central America (dengue, chikungunya, Zika among others).

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

Outcome 1: Immediate health problems among migrants are initially treated through pre-hospital care in Choluteca and referred to proper medical attention if needed.	Outputs		% achieved
	Output 1.1: The migrant population receives pre-hospital service from HRC staff		82%
Activities	Implementation on time?		% of progress
	Yes	No	
Purchase of first aid materials and supplies	X		100%
First aid care for migrants for four months	X		45%
Refresher workshop for staff supporting the pre-hospital care actions	X		100%
Deployment and establishment of a HRC mobile clinic (tent, ambulances, 2 emergency medical technicians, driver) for four months	X		100%
Distribution of self-care brochure to migrants	X		45%
Informational lecture on stress and self-care for volunteers	X		100%

### Progress

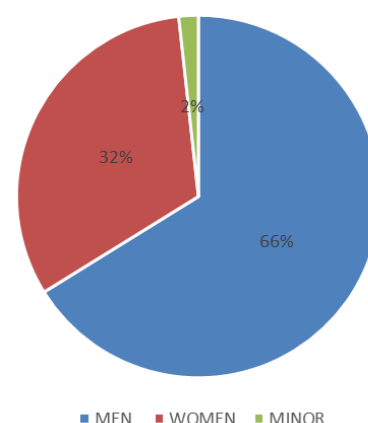
- Purchase of first aid materials and supplies**

Medicines and supplies used for first aid care to migrants housed at the CAMI were purchased. These materials were transferred to the HRC Choluteca branch, and they include basic supplies such as pain medicine, cold medicine, topical antibiotics, allergy medicine and antispasmodics, as well as surgical material such as disposable gloves, cotton, gauze, gauze rolls, masks, alcohol, iodine, surgical liquid soap, and equipment such as oxygen tanks and a nebulizer.

- First aid care for migrants for four months**

At the CAMI, with support from five relief volunteers, two qualified medical emergency technicians and an advanced first aid assistant provide first aid care on a daily basis from 8:00 am to 4:00 pm; as many as 25 people are treated per day, a number that varies according to the influx of migrants. So far, 1,436 people have been assisted, mainly for skin issues due to sun exposure, headaches, fevers, dizziness and vomiting, among other conditions. Men are the ones who have received the most treatment (66 per cent), followed by women (32 per cent) and children (2 per cent). Below is a table describing the treated ailments:

Graphic Attention of First Aid



CUMULATIVE NUMBER OF TREATMENTS	
Symptoms / Ailment	TOTAL
Colds	155
Headaches	220
Stomach pain	120
Painful and swollen limbs	83
General malaise	45
Respiratory illnesses/Asthma	9
Dizziness/Vomiting	123
Diarrhoea	59
Skin irritations	225
Hematoma/injuries	85
Wounds/sores	82
Mycosis	18
Earaches	15
Tonsillitis, pharyngitis	89
Hypertension	1
Diabetes	6
Hypotension	7
Toothaches	28
Fractures	1
Sprains	5
Extractions (finger/toenails)	20
Tuberculosis	0
Transfers	25
Other	15
<b>TOTAL</b>	<b>1,436</b>

- **Refresher workshop for staff supporting the pre-hospital care actions**

A first aid refresher workshop was held on 18 and 19 November 2016, which was attended by 22 volunteers from the Choluteca branch (7 women and 15 men), who are now providing pre-hospital assistance to migrants.

- **Deployment and establishment of an HRC mobile clinic (tent, ambulances, 2 emergency medical technicians, driver) for four months**

The initial plan was to set up a tent as a mobile clinic to provide care to migrants; however, part of the agreement between INM and the HRC provided for a space within the CAMI to ensure that the provision of this service provision was more comfortable, private and safer. As a result, staff and volunteers provide assistance from a cubicle inside the immigration building.

- **Distribution of self-care brochure to migrants**

In coordination with the ICRC, educational material has been printed with self-care messages translated into Spanish and English, of which 900 have been distributed. Messages are also being prepared in Portuguese and French.

- **Informational lecture on stress and self-care for volunteers**

On 20 November, a session was held with volunteers to address stress management and self-care, which was attended by 25 volunteers from the Choluteca branch; the session was facilitated by a volunteer psychologist from the Honduran Red Cross.

## Challenges

The main challenge identified in the first aid care with the migrants is that they do not understand Spanish, which is an indispensable element of good care.

## Steps taken

In cases where there are non-Spanish speakers, a Spanish-speaking family member or group member will translate for the patient.

## Water, sanitation and hygiene promotion

**Needs analysis:** Migrants have expressed 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 arrive at the CAMI, they are provided with safe water as facilities have water dispensers; however, since space is so limited, those who lack the resources to pay for accommodation 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.

**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.

Outcome 2: The migrant population receives hygiene promotion awareness-raising material, hygiene items,	Outputs	% achieved
	Output 2.1 Hygiene promotion activities are provided to the entire migrant population at the CAMI.	44%

Activities	Implementation on time?		% of progress
	Yes	No	
Design and printing of materials containing key hygiene promotion messages	X		100%
Acquisition and installation of toilet paper, hand gel and soap dispensers in CAMI facilities	X		30%
Dissemination of materials containing key hygiene promotion messages in English, French, Creole and Spanish	X		45%
Deployment of water and sanitation Regional Intervention Team (RIT) member for three months		X	0%
Purchase of 4,000 hygiene kits	X		100%
Distribution of 4,000 hygiene kits	X		94%

## PROGRESS

### • Purchase of 4,000 hygiene kits

The IFRC stock pre-positioned in HRC's warehouse was used, i.e. 800 family hygiene kits. Based on identified needs and considering that many people did not migrate with their families, these 800 family kits were split up into 4,000 individual kits, which required the purchase of fabric bags with straps in order to pack hygiene products and facilitate its transport and use.

### • Distribution of 4,000 hygiene kits

With support from six volunteers, the hygiene kits are distributed on a daily basis, according to the influx of migrants, which on average is between 70 to 90 per day. A total of 3,768 hygiene kits have been distributed to male migrants, who account for 71 per cent of the total, and female migrants, who account for the other 29 per cent.

### • Design and printing of materials containing key hygiene promotion messages in English, Spanish, French and Creole.

Hygiene promotion awareness sessions were held using printed materials with key messages in four languages (Spanish, English, French and Creole) on canvas banners, posters and paper brochures. The approach has been relatively easy as the majority of Haitian migrants already understand Spanish when they arrive in Honduras, which facilitates the dissemination of educational communications. In exceptional cases with small groups of migrants who speak English, French, Creole or Portuguese, volunteers ask who among them is able to translate for the rest and help communicate messages and directions. Please see the annex for infographic material on hygiene promotion.

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

Supplies have been purchased to prepare showers and toilets (toilet paper, liquid soap and anti-bacterial gel dispensers), which are about to be sent to the CAMI along with their corresponding refills.

### • Deployment of water and sanitation RIT for three months



Red Cross volunteers explaining the hygiene kit's contents to migrants.  
Source: Honduran Red Cross

So far, it has not been possible to deploy a water and sanitation RIT member with the required languages needed to support (i.e. Creole and French), and there is a significant demand for these delegates for the ongoing Hurricane Matthew emergency in Haiti. In response, the Honduran Red Cross has mobilized volunteer staff with RIT training to lead hygiene promotion activities through the use of printed messages and short lectures for 650 people (63 per cent men and 37 per cent women)

## Challenges

The main challenge has been the language barrier for non-Spanish speaking migrants.

## Steps taken

A spouse, relative or another member of the group is asked to help translate for the non-Spanish speaking migrants.

## Quality programming / Areas common to all sectors

Outcome 3: A proper management, communication and support system is used for the implementation of the operation.	Outputs		% achieved
	Output 3.1 The management of the operation is informed by a comprehensive monitoring and evaluation system		84%
	Output 3.2 Operation activities are disseminated at the local, national and regional levels		58 <sup>1</sup> %
Activities	Implementation on time?		% of progress
	Yes	No	
Hiring of operational staff	X		100%
4 monitoring visits by IFRC	X		75%
Two operation dissemination sessions, one with HRC volunteers and one with CAMI Immigration staff.	X		100%
Preparation of a communications plan with beneficiaries	X		60%
Preparation of a documentary video on the operation	X		30%
Preparation of beneficiary stories	X		30%
Preparation of informational newsletters	X		50%
Preparation of a strategy for delivering information to migrants	X		50%
One migration workshop for volunteers and staff who will be participating in the operation's actions	X		100%
One workshop on minimum standards and protection principles	X		100%
Internal and external coordination meetings	X		100%
Lessons learned workshop	X		0%

## PROGRESS

- Hiring of operational personnel**

<sup>1</sup> Output 3.2 encompasses the "Preparation of documentary video on the operation" through "Lessons learned workshop" activity.

The operation currently has hired all the required personnel: an operation coordinator, an administrative assistant, a communications officer, two emergency medical technicians and a driver for the emergency unit.

- **4 monitoring visits by the IFRC**

The IFRC's disaster management coordinator for Central America has conducted three monitoring visits to review progress and provide technical support to the National Society. Field visits are planned for the coming months.

- **Two operation dissemination sessions, one with HRC volunteers and one with CAMI Immigration staff**

Two dissemination sessions: the first on 20 October to authorities and Choluteca branch volunteers (15 men and 5 women). The HRC shared the operation's commitments, components and results, as well as the role that volunteers would undertake. The second session was held on 4 November with members of the Choluteca branch and CAMI authorities, which was attended by 6 women and 18 men; the purpose of this session was to learn about the agreements contained in letter of cooperation signed between INM and the HRC and to coordinate better the work in order to benefit the migrants.

- **Preparation of a communications plan with beneficiaries and beneficiary stories**

In November, a communications plan and strategy was drawn up with beneficiaries. The information is being disseminated over National Society media channels, such as Twitter, written press, radio and television, allowing for the identification of methodologies and approach techniques, and the dissemination of educational material with key messages on hygiene promotion and maintaining good health.

- **Preparation of a documentary video about the operation**

The Terms of Reference for producing the video documentary of the operation have been presented, and the first video recordings and interviews with key actors have begun.

- **Preparation of informational newsletters**

Monthly press releases have been submitted, which include a beneficiary's story on video.

<http://www.latribuna.hn/2016/12/01/cruz-roja-hondurena-brinda-apoyo-migrantes-irregulares/>

- **One workshop on minimum standards and protection principles**

This workshop was conducted by HRC facilitators, which dealt with minimum standards and principles of protection. This training was attended by 25 National Society volunteers

- **Internal and external coordination meetings**

In regard to coordination meetings with internal and external donors, the ICRC has made visits to the field in order to continue providing RFL services, and it has even offered free calls throughout 2017 to CAMI's director. Coordination meetings have been held with the Health Secretariat in order to arrange the administration of the p vaccinations against hepatitis B, influenza and tetanus for all of the personnel and volunteers participating in the project.

Short meetings are held periodically with immigration personnel to coordinate the tasks carried out by each institution in order to avoid wasting time. On 6 December 2016, the National President and the President of regional branches led a coordination meeting on providing support to the Choluteca branch's actions at CAMI.

- **Lessons learned workshop**

This activity will be completed during the extension.

## Challenges

There were difficulties in conducting the minimum standards and principles of protection workshop as per plans established in the first weeks.

## Steps taken

The workshop was finally held with the appropriate materials and conditions.

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## Contact Information

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

### In the Honduran Red Cross:

- José Juan Castro Hernández, President of the Honduran Red Cross; email: [josejuan.castro@cruzroja.org.hn](mailto:josejuan.castro@cruzroja.org.hn); telephone: +504 2237 1800.

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### In Geneva

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- Mauricio Bustamente, Head of Regional Office Logistics Unit - Global Logistics Service; email: [Mauricio.bustamente@ifrc.org](mailto:Mauricio.bustamente@ifrc.org)

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Click [here](#) to return to the title page

**ANNEX 1**

**Infographic material**

### Promoción De La Higiene Hygiene promotion Promotion de l'hygiène Pwomosyon ijyèn



Lávese las manos con agua y jabón después de limpiarse la nariz, estornudar o toser

Se laver les mains avec de l'eau et du savon après se moucher, éternuer ou tousser

Lavar as mãos com água e sabão após limpar o nariz, após espirrar e tossir

Wash your hands with soap and water after blowing your nose, sneezing or coughing

Lave men nou avèk savon ak dlo apre nou fin mouchè nen nou outyen estèrnen ouve toussè



**Pwoteje tèt ou kont mikwòb pa lave men**

**Protégez-vous des germes par le lavage des mains**

- ✓ El lavado de manos es la manera más fácil de prevenir infecciones
- ✓ Le lavage des mains est la meilleure façon de prévenir les infections
- ✓ Lavar as mãos é a melhor maneira de prevenir as infecções
- ✓ Handwashing is the easiest way to prevent infections
- ✓ Lave men nou yo se yon fason ki pi fasil pou pa pran mikwòb

**LAVADO DE MANOS**



**HAND WASHING**

**LE LAVAGE DES MAINS**



**LAVE MEN**



**Cruz Roja Hondureña**



**Lavado de manos  
Hand washing  
Le lavage des mains  
Lave men**

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

### Promoción De La Higiene Hygiene promotion Promotion de l'hygiène Pwomosyon ijyèn



- Bañarse Diariamente  
- Bathe Daily  
- Baignade Quotidienne  
- Benyen chak jou



- Lavarse los dientes después de cada comida  
- To wash the teeth after every meal  
- Brossez-vous les dents après chaque repas  
- Bwose dan ou apre ou fin chak repa



- Lavarse la cara al despertar  
- Wash your face when you wake up  
- Se laver le visage au réveil  
- Lave figi ou sou reveye



- Peinarse después de bañarse  
- Combing after bath  
- Peignage après le bain  
- Bwose cheve apre beny



- Cortarse las uñas  
- Cutting the nails  
- Coupez vos ongles  
- Koupe klou ou





Lávese las manos con agua y jabón antes y después de atender a un enfermo.

Se laver les mains avec de l'eau et du savon avant et après de prendre soin d'un malade.

Wash your hands with soap and water before and after caring for a sick person.

Lave men nou avèk savon ak dlo anvan ak apre nou pran swen yon malad

Lávese las manos con agua y jabón antes de comer.

Wash your hands with soap and water before eating.

Se laver les mains avec de l'eau et du savon avant de manger.

Lave men nou avèk savon ak dlo anvan nou ale manje



**Cruz Roja Hondureña**



**Higiene Personal  
Personal Hygiene  
De l'hygiène personnelle  
pou ijyèn pèsone!**

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

# USO DEL SERVICIO SANITARIO!

USE OF THE HEALTH SERVICE - UTILISATION DU SERVICE DE SANTÉ - SEVI AK NAN SEVIS LA SANTE



**CUIDE DE LA SALUD DE SU FAMILIA Y DE SUS COMPAÑEROS, LAS HECE CONTAMINAN EL MEDIO AMBIENTE Y CAUSAN ENFERMEDADES. NO DEFEQUE EN EL CAMPO Y DEPOSITE LOS PAÑALES EN CONTENEDORES DE BASURA.**

**TAKE CARE OF THE HEALTH OF YOUR FAMILY AND YOUR COMPANIONS STOOLS CONTAMINATE THE ENVIRONMENT AND CAUSE DISEASES. DO NOT DEFECCATE IN THE FIELD AND DEPOSIT DIAPERS IN DUMPSTERS.**

**PRENEZ SOIN DE SANTÉ DE VOTRE FAMILLE ET DE VOS COMPAGNONS LES SELLES CONTAMINENT L'ENVIRONNEMENT ET CAUSENT DES MALADIE, NE PAS DEFEQUER EN PLEIN AIR ET JETER LES COUCHES DANS LES BENNES À ORDURES.**

**PRAN SWEN SANTE FANMI OU YO 'AK ZANMI OU YO TOU POUPOU KONTAMINE ANVIWONMAN AN EPI LI LAKÓZ MALADI PA POUPOU NAN JADEN EPI JETE KOUCHÉT TIMOUN YO NAN FATRA**

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